

Name	Organization	Comment Topic
Amanda		Impact on Patient Access/Patient Advocacy
Pamela Wiyninger		Impact on Physician-Patient Relationship
Ben Harrison		Impact on Patient Access/Patient Advocacy
Carol walker		Impacts on Business
Rachelle Shepherd		Impact on Patient Access/Patient Advocacy
Braden Hartsell	Citizen	Impact on Patient Access/Patient Advocacy
Richard Ford	Vape Oddities	Customer Service and Processing Apps
A. Stone	N/a	Impact on Patient Access/Patient Advocacy
Bob Sandera	Canabanoid local research	
Billy Spiva		Impact on Patient Access/Patient Advocacy
Pamela Landry	Healthcare professional	Impact on Physician-Patient Relationship
Christian Blacet	Oklahoma State University	Impacts on Health/Product Safety
Arturo Liptak	Arturo Liptak Dispensary	Customer Service and Processing Apps
Kevin Black		Customer Service and Processing Apps

Hailey Henderson		Impact on Patient Access/Patient Advocacy
Katherine		Impacts on Health/Adverse Events
Susan Hurtado		Impact on Patient Access/Patient Advocacy
Shanna Foster	Concerned Parent	Impacts on Health/Adverse Events
Jermaine Down		Impact on Privacy & Physician-Patient Relationship
Susan Hurtado		Impact on Patient Access/Patient Advocacy
Wyatt Butler	NA	Impact on Patient Access/Patient Advocacy

Heath Merchen	Merchen Farms, LLC	Impact on Physician-Patient Relationship
Samantha Hollis		Impacts on Health/Adverse Events
Michael Downes		Impact on Patient Access/Patient Advocacy
Melody Ball		Impacts on Health/Adverse Events
Katlynn Carlisle		
Kelsey Morris	OKC-County Health Dept (Intern)	Impact on Patient Access/Patient Advocacy
Brent Wilson		Impact on Patient Access/Patient Advocacy
David Kinback		Impact on Local/State/Tribal Jurisdictions & Revenue

Anthony Vogt		Impact on Patient Access/Patient Advocacy
KATHERYN LAMSON		Impact on Patient Access/Patient Advocacy
Shannon Burke	Bakery	Impacts on Business
Robert Fagnant		Impacts on Business
Shon Borneman		Impact on Patient Access/Patient Advocacy
Dana Granger-Herrera	SELF	Impact on Patient Access/Patient Advocacy

Skyler Hoffstatter		Impact on Patient Access/Patient Advocacy
Noel Treadwell		Impact on Patient Access/Patient Advocacy
Don Berry	Patient / cultivator	Impact on Patient Access/Patient Advocacy
Mike		Impact on Law Enforcement/Criminal Justice
Tara R. Conner	INCITE	Customer Service and Processing Apps
Tim McDaniel		Customer Service and Processing Apps
Linda		Customer Service and Processing Apps
Ryan		Customer Service and Processing Apps
Jordan	Independent	
Natalie Schnell		Impact on Physician-Patient Relationship
Teresa Link		Impact on Patient Access/Patient Advocacy
Jill Gilley		Impacts on Business

Joanne DeLong		
Rebecca Contreras		Industry Experts / Food Processing Board
Jarod		Impact on Privacy & Physician-Patient Relationship
Amber meeks		
Kenny Morton	Disabled Vet	Impact on Patient Access/Patient Advocacy
Robert	Baptist	
Arcillia Miller	CEASECon, has a mission to increase awareness and to educate consumers about the medical and economic benefits of cannabis as a legalized product.	Impact on Patient Access/Patient Advocacy
Cameron D Priddy	N/A	Impact on Patient Access/Patient Advocacy
Jake Hubbard		
Robert Konrath	N/a	Impacts on Business

Rhonda Cupp	American citizen and Oklahoma resident	Impact on Patient Access/Patient Advocacy
Kim		Impact on Patient Access/Patient Advocacy
Brandon Eggleston		Impact on Patient Access/Patient Advocacy
Ryan		Impact on Patient Access/Patient Advocacy
Zakkrey Short		Impact on Patient Access/Patient Advocacy

Anna Codutti		Impact on Law Enforcement/Criminal Justice
Ariana Hendricks		
Cody Barlow	Activist/advocate for SQ-788	Impact on Patient Access/Patient Advocacy
Ryan Turner	None	Impact on Patient Access/Patient Advocacy
Aaron Griffith	Individual	Impacts on Business
Dexter Scott		Impacts on Business
Kathleen Barrow	788	Customer Service and Processing Apps
Eric Everett	Everettindustries LLC	Impacts on Health/Adverse Events
James Thiessen	Combs Thiessen PLLC	Impact on Law Enforcement/Criminal Justice

Joey Ertman	Ertman Ranch	Impacts on Business
Roberta Gilbert, PhD		Impact on Privacy & Physician-Patient Relationship
David Reffner		
Nick Seefeldt	Not applicable	Impacts on Business
Veronica Senkowski		Impact on Patient Access/Patient Advocacy
Angie Anglin		Impacts on Business
Michael Durham		Impacts on Business
Chase McGouldrick		Impacts on Business
James Jonathan Cooper	Self	Impacts on Business
Rex huckeby	Self	Impact on Privacy & Physician-Patient Relationship
Jesse Mann	Sooner Than Later Alternatives, LLC	Impacts on Business

Hobert Miller		Impacts on Business
Ron Marlett, LCSW	Clinical Social Worker License #375	Impact on Patient Access/Patient Advocacy
Josh Fisher		Impact on Law Enforcement/Criminal Justice
Elizabeth Pence		Impact on Patient Access/Patient Advocacy
dean griffin	Griffins Organics	Impacts on Business
Seah	Oklahoma resident	Impact on Patient Access/Patient Advocacy
Sasha Conklin		Impact on Patient Access/Patient Advocacy
Pamela Street	BSN/RN retired American Cannabis Nurses Association	Industry Experts / Food Processing Board

David Cordle		Impacts on Business
EJ Bancroft	CannaHealth of Oklahoma	Impacts on Business
Reginald Thomas	My Name Is Reginald Im 27 With Scoliosis an Have Seizures I See The Doctor Twice A Month Somtimes More .	Customer Service and Processing Apps
Reba caldwell		
Patricia Martin		
Aaron LaBounty	None	Impact on Patient Access/Patient Advocacy
James Russell		Impact on Patient Access/Patient Advocacy
Laura Lee		Impacts on Business
Hobert Miller		Impacts on Business
Eric Dean	n/a	Impact on Patient Access/Patient Advocacy
Jeremy		
Shayla		

Cathy		
John Tarkington		Impact on Patient Access/Patient Advocacy
Ladonna bails		
Stephen Hendrix		Impact on Privacy & Physician-Patient Relationship
Jeannie Yarger		Impact on Law Enforcement/Criminal Justice
Jeff Lindsay	Retired Firefighter	Impact on Law Enforcement/Criminal Justice
Nathan Gray		Impact on Patient Access/Patient Advocacy
Jerry Paramore		Impacts on Business
Kenneth Suter	Legalize Medical Marijuana Oklahoma SQ788	Impact on Privacy & Physician-Patient Relationship

Dave Faust	Surety Bond Agent and Broker	Impacts on Business
Steve R. McGuire		Customer Service and Processing Apps
dustin		
Ricky Fowler		Impacts on Business
Michael Brown	none	Impacts on Business
Amber Hallum		Impacts on Business
S. Handschumacher		Impact on Patient Access/Patient Advocacy

Stormee Ellis		Impact on Patient Access/Patient Advocacy
Zach Vance	Cannabis for Veterans founder	Impact on Patient Access/Patient Advocacy
Emily Craig	N/A	Impact on Patient Access/Patient Advocacy
Jacob Poff		Impact on Patient Access/Patient Advocacy
Andrew Pitchford		Impacts on Health/Adverse Events

Bradley Schiska		Impact on Patient Access/Patient Advocacy
Douglas Sadler		Impact on Patient Access/Patient Advocacy
Jeannie Yarger		Impact on Law Enforcement/Criminal Justice
Gary Howard		Impact on Patient Access/Patient Advocacy
Josh hanson		Impact on Law Enforcement/Criminal Justice
Daniel Robinson		Impact on Privacy & Physician-Patient Relationship
Dorothy Thomas	None	Impacts on Business
Dan Valega		Impacts on Business
Mary Sharp Stone		Impact on Patient Access/Patient Advocacy
dean grffin	Griffins Organics	Impacts on Business
Scott Sligar	OK420	Customer Service and Processing Apps

Mimi Miller	Human Being	Impact on Patient Access/Patient Advocacy
Anthony A Nichols	1965	Impacts on Health/Adverse Events
Zach		Impact on Patient Access/Patient Advocacy
Patsy J Wiseman		Impact on Patient Access/Patient Advocacy
Trenton Flanagan		Impacts on Business
Jason		Impact on Patient Access/Patient Advocacy

Donna		Impact on Patient Access/Patient Advocacy
Phil Nelson	Law Firm	Impacts on Business
Sean Wyatt	J2 LLC	Impact on Law Enforcement/Criminal Justice
Nancy Terry		Impact on Patient Access/Patient Advocacy
Jonathan Robinson		Impact on Patient Access/Patient Advocacy
Jason Hall		Impact on Patient Access/Patient Advocacy
Cara Johnson		Impact on Patient Access/Patient Advocacy

David DeLong	individual	Impact on Patient Access/Patient Advocacy
Brandon McCoy		
Doug		Impacts on Business
Davin Putnam		Impact on Patient Access/Patient Advocacy
Nathan Gray		Impact on Patient Access/Patient Advocacy

Scott Michener, MD	Comanche Memorial Hospital	Impact on Privacy & Physician-Patient Relationship
Freddy Vega		Impacts on Business
Earl Desuba		Impact on Patient Access/Patient Advocacy
Phillip Church		Impacts on Business

Nathan		Impact on Patient Access/Patient Advocacy
Devany Vallencourt	Farmer/owner High Tides & Green Fields	Impacts on Business
Ricky Fowler		Impacts on Business

Travis Martin	Silver Studio Farms, Medical as well as i502 Washington Cannabis Producer / Processor (moved back to OK last year)	Impacts on Business
Abigail Coble		Impact on Law Enforcement/Criminal Justice
Valecia Dirck	Dr. Cannabis LLC	Impacts on Business
Wesley Eddings		Impacts on Business
Harold Sleeper		Impact on Law Enforcement/Criminal Justice

Chelsea Marlett Kennedy	Patients and Activists for 788	Impact on Patient Access/Patient Advocacy
James Pearson	Commercial Grow an dispensary ???s	Impacts on Business
John		
Sherril Flood		Impact on Patient Access/Patient Advocacy
Ken northcutt		Impact on Privacy & Physician-Patient Relationship
Aledia Jones White		Impacts on Business
Robert Harnishfeger		Impacts on Business

Emily G		Impacts on Business
RANDEL LANE	N/A	Impacts on Health/Adverse Events
matt	basic human rights	Impact on Patient Access/Patient Advocacy
Bart Binning	Central Oklahoma Commercial Association of REALTORS(r)	Impacts on Business

Seth Ramsey	Retired Vet	Impact on Patient Access/Patient Advocacy
Paula Thomas	Mother of a 22 year old who has been on ADHD medications for 8 years	Impact on Patient Access/Patient Advocacy
Adam Bode		Impacts on Health/Adverse Events
Emiley Ellison	Medical supplies	Impact on Local/State Jurisdictions & Revenue
Janie Howard		Impact on Patient Access/Patient Advocacy
CP	NA	Impacts on Business

Dave Banfield		Impact on Law Enforcement/Criminal Justice
Austin Keathly		Impacts on Health/Adverse Events
Denise Burkhart		Impact on Patient Access/Patient Advocacy
Concerned citizen	None needed	Impact on Law Enforcement/Criminal Justice
Austin		
Everett Shissler	RETIRED	Impact on Privacy & Physician-Patient Relationship
Chelsea		Impact on Privacy & Physician-Patient Relationship
James Sicking	JD Sicking Law, PC	Impact on Patient Access/Patient Advocacy
Daniel G. Morris, DO	Premier Pain Associates, Inc.	Impacts on Health/Adverse Events

Christina Speis		Impact on Patient Access/Patient Advocacy
Adam Watts		Impact on Local/State/Tribal Jurisdictions & Revenue
Jim J Cramer	Cramer Rentals	Impacts on Business
Chris Miller		Impact on Law Enforcement/Criminal Justice
Tommie Morgan	I am an Oklahoma voter and taxpayer	Impact on Patient Access/Patient Advocacy
Ricky Wynkoop		Impact on Law Enforcement/Criminal Justice
Ben Neal		Impact on Patient Access/Patient Advocacy
Robert Frank		Impact on Patient Access/Patient Advocacy
Linda Jones		Customer Service and Processing Apps
Adrienne P Sherman		Impacts on Business
Joanna Wulf		Impact on Patient Access/Patient Advocacy
Chris Shafer		Impact on Patient Access/Patient Advocacy
Kim mcdaniel		
susan henry		Impact on Patient Access/Patient Advocacy
Rebekah Roberts		Impact on Patient Access/Patient Advocacy

Michael R. Vanderburg	City of Ponca City	Impacts on Business
Rachel Dillin		Impacts on Business
Casey Grippando		Impact on Patient Access/Patient Advocacy
Rachel Dillin		Impacts on Business
Zach Meeks		Impact on Patient Access/Patient Advocacy
Dorothy Thomas	None	Impact on Patient Access/Patient Advocacy
Dave Drake		Impact on Law Enforcement/Criminal Justice
Jacob DeLaughter	Citizen	Impact on Patient Access/Patient Advocacy

Josh Fisher		Impacts on Business
john hendricks		
Lainey Porter		Impact on Patient Access/Patient Advocacy
Lainey Porter		Impact on Patient Access/Patient Advocacy
sven wallin	Sky Dragon Corporation	Impacts on Business
Susan Lobsinger	Lobdock Impairment Detection - We help businesses execute drug free workplaces	Impacts on Health/Adverse Events
Chris Schemmer		Impact on Patient Access/Patient Advocacy
Ryan Garton		Impact on Privacy & Physician-Patient Relationship
CHRISTOPHER OTIS		
Jan Tipton	I work for a non-profit that engages in youth development and substance abuse prevention.	Impacts on Health/Adverse Events
Valerie Ogle	1987	Impact on Patient Access/Patient Advocacy

Jay Bellator	Green Country Cannabis Collective	Impacts on Business
Kenneth Horton		Impact on Law Enforcement/Criminal Justice
Chris Myres		Impacts on Business
Tammy Backman		
Rick Howard		Impacts on Health/Adverse Events
Brady	I am considering opening a business in cannabis concentrate processing.	Impacts on Business
Brenda Gayle Barozinski	Concerned Citizen	Impacts on Health/Adverse Events
Jason		Impacts on Health/Adverse Events
Meagan Wagner		Impact on Patient Access/Patient Advocacy

Michael Richey		Impact on Patient Access/Patient Advocacy
Cheryl Estep		Impact on Patient Access/Patient Advocacy
Mary Allen		Impact on Patient Access/Patient Advocacy
Martha Humes		Impact on Patient Access/Patient Advocacy
Carol L Averitt		Impact on Patient Access/Patient Advocacy
Angeleen woolf		Impact on Patient Access/Patient Advocacy
Vona Cox		Impact on Patient Access/Patient Advocacy
Shawna S.		Impact on Patient Access/Patient Advocacy
Kate Thorp		Impact on Patient Access/Patient Advocacy
Dave Brown		Impact on Patient Access/Patient Advocacy
Jazzie K		Impact on Patient Access/Patient Advocacy
Daniel Burk		Impact on Patient Access/Patient Advocacy

Jason		Impact on Patient Access/Patient Advocacy
Michael Beard	Grady Memorial Hospital	Impact on Patient Access/Patient Advocacy
Jane Dempsey		Impact on Patient Access/Patient Advocacy
Anita Kennedy		Impact on Patient Access/Patient Advocacy
Masaru Iwata		Impact on Patient Access/Patient Advocacy
Jaime Trevino		Impact on Patient Access/Patient Advocacy
Jonah Walton		Impact on Patient Access/Patient Advocacy
Rachel Hall		Impact on Patient Access/Patient Advocacy
Jaime Trevino		Impact on Patient Access/Patient Advocacy
Heather Johnson		Impact on Patient Access/Patient Advocacy
Brandon Pascual		Impact on Patient Access/Patient Advocacy
Zack Brittingham		Impact on Patient Access/Patient Advocacy
Jerry Pollard		Impact on Patient Access/Patient Advocacy
Brian whitlock		Impact on Patient Access/Patient Advocacy
Patricia Davenport		Impact on Patient Access/Patient Advocacy
TC RODGERS		Impact on Law Enforcement/Criminal Justice

Brandon Eggleston		Impact on Patient Access/Patient Advocacy
Angela Creekmore		
Andrew Collins	Quick Cash Pawn	Impact on Patient Access/Patient Advocacy
Jerry Williams		Impact on Patient Access/Patient Advocacy
Kristen Hoggard		Impact on Patient Access/Patient Advocacy
Brad Greer		Impact on Patient Access/Patient Advocacy
Samantha McDonald		Impact on Patient Access/Patient Advocacy
Sharon Sutherlin	Citizen	Impact on Patient Access/Patient Advocacy
Brandon Scott		Impact on Patient Access/Patient Advocacy
Danny Tolbert	Dannys Auto Service	Impact on Patient Access/Patient Advocacy
Megan Schmelzenbach	Citizen	Impact on Patient Access/Patient Advocacy
Danny Tolbert	Dannys Auto Service	Impact on Patient Access/Patient Advocacy
Brad Greer		Impact on Patient Access/Patient Advocacy
Sean Johnson	Disability Attorney	Impact on Patient Access/Patient Advocacy
Holli Peters		Impact on Patient Access/Patient Advocacy
Bradley Thompson		Impact on Patient Access/Patient Advocacy

Sam Villines	Disabled Veteran	Impact on Patient Access/Patient Advocacy
Jeff Echeverry		Impact on Patient Access/Patient Advocacy
Mika		Impact on Patient Access/Patient Advocacy
Erin Lynch		Impact on Patient Access/Patient Advocacy
Jeff Echeverry		Impact on Patient Access/Patient Advocacy
Veta Burdine	Personal	Impact on Patient Access/Patient Advocacy
NATASHA F STEVENS		Impact on Patient Access/Patient Advocacy
maci griffin		Impact on Patient Access/Patient Advocacy
Jeff Echeverry		Impact on Patient Access/Patient Advocacy
Samuel L Villines	Disabled Veteran	Impact on Patient Access/Patient Advocacy
Braden McCain		Impact on Patient Access/Patient Advocacy
Jeff Echeverry		Impact on Patient Access/Patient Advocacy
Joe Blaha		Impact on Patient Access/Patient Advocacy
Heidi Wallis		Impact on Patient Access/Patient Advocacy

Sean Johnson	Disability Attorney	Impact on Patient Access/Patient Advocacy
Justin		Impact on Patient Access/Patient Advocacy
Jarred Fausett		Impact on Patient Access/Patient Advocacy
Guyla Estep		Impact on Patient Access/Patient Advocacy
DeShawn Harry		Impact on Patient Access/Patient Advocacy
Nick neel		Impact on Patient Access/Patient Advocacy
Kathryn Helton		Impact on Patient Access/Patient Advocacy
Andriea moss		Impact on Patient Access/Patient Advocacy
Brandon Scott		Impact on Patient Access/Patient Advocacy
Deryk Z Eckols	A member of the voting public!	Impact on Patient Access/Patient Advocacy

Cooper Denton		Impact on Patient Access/Patient Advocacy
Brandon Scott		Impact on Patient Access/Patient Advocacy
Frank Grove	Vote Yes on 788 PAC	Impact on Patient Access/Patient Advocacy
Jaime Trevino		Impact on Patient Access/Patient Advocacy
Roxanne Drumm		Impact on Patient Access/Patient Advocacy
Amada Logan	None	Impact on Patient Access/Patient Advocacy
Christopher M Bonner	Chronic pain sufferer and teacher	Impact on Patient Access/Patient Advocacy
Kari Jones		Impact on Patient Access/Patient Advocacy
Kent		Impact on Patient Access/Patient Advocacy
Angelo Baca		Impact on Patient Access/Patient Advocacy
Craig Wesson III		Impact on Patient Access/Patient Advocacy
Kari Jones		Impact on Patient Access/Patient Advocacy
dean grffin	Griffins Organics	Impact on Patient Access/Patient Advocacy
Rachel Florence	Concerned citizen	Impact on Patient Access/Patient Advocacy
Abraham Sanchez		Impact on Patient Access/Patient Advocacy
Andrew		Impact on Patient Access/Patient Advocacy
Doug white		Impact on Patient Access/Patient Advocacy
Mark		Impact on Patient Access/Patient Advocacy
John Haymes		Impact on Patient Access/Patient Advocacy

Adam G		Impact on Patient Access/Patient Advocacy
Coda		
Jennifer Farmer		Impact on Patient Access/Patient Advocacy
John kaiser	Patient	Impact on Patient Access/Patient Advocacy
Kent		Impact on Patient Access/Patient Advocacy
Kelly Hawkins		Impact on Patient Access/Patient Advocacy
andrea Brandon		Impact on Patient Access/Patient Advocacy
Tarra Bigler		Impact on Patient Access/Patient Advocacy
Chase Garten		Impact on Patient Access/Patient Advocacy
Scott Scieszinski		Impact on Patient Access/Patient Advocacy
Joanna Francisco	Drug Policy Reform Network of Oklahoma	Impact on Patient Access/Patient Advocacy
Pam D.		Impacts on Business

Mark		Impact on Patient Access/Patient Advocacy
E. L. Mitchell-Waltman		Impact on Patient Access/Patient Advocacy
Chase Garten		Impact on Patient Access/Patient Advocacy
Joanna Francisco	Drug Policy Reform Network of Oklahoma.	Impact on Patient Access/Patient Advocacy
Tim THOMPSON	Na	Impact on Patient Access/Patient Advocacy
Shana Honeycutt		Impact on Patient Access/Patient Advocacy
Keith Oburn		Impact on Patient Access/Patient Advocacy
J. David Snider		Impact on Patient Access/Patient Advocacy
Ragenna Tudor		Impact on Patient Access/Patient Advocacy
Stephanie naifeh		Impact on Patient Access/Patient Advocacy
Richard Ford		Impact on Patient Access/Patient Advocacy
Doran Pierce		Impact on Patient Access/Patient Advocacy
Nick DeLong		
Ryan Rouleau	N/A	Impact on Patient Access/Patient Advocacy
Fallon Long		Impact on Patient Access/Patient Advocacy
Sean wyatt	J2 LLC	Impact on Law Enforcement/Criminal Justice
Christina		Impact on Patient Access/Patient Advocacy
Craig Dawkins	No organization	Impact on Patient Access/Patient Advocacy

Morgan Burleson	N/A	Impact on Patient Access/Patient Advocacy
Jordan		Impact on Patient Access/Patient Advocacy
Jason		Impact on Patient Access/Patient Advocacy
Megan		Impact on Patient Access/Patient Advocacy
Brett Sanders		Impact on Patient Access/Patient Advocacy
Stacy Wacker		Impact on Patient Access/Patient Advocacy
Jay Ernst, DC		Impacts on Business
J. Davis		Impact on Patient Access/Patient Advocacy
Kent cook		Impact on Patient Access/Patient Advocacy

Kristopher I Bradley		Impact on Patient Access/Patient Advocacy
Jessica		
Daniel Byard	Citizen	Impact on Patient Access/Patient Advocacy
Scott perkins		Impact on Patient Access/Patient Advocacy
Tyler Rock		Impact on Patient Access/Patient Advocacy
Jerren	U.S. Military	Impact on Patient Access/Patient Advocacy
Jason		Impact on Patient Access/Patient Advocacy
Harve Harvey		Impact on Patient Access/Patient Advocacy
Jessica Hawkins	Oklahomans for health	Impact on Patient Access/Patient Advocacy
Tyler Rock	Thetylo.com	Impact on Patient Access/Patient Advocacy
Joseph	None	Impact on Patient Access/Patient Advocacy
Graham Bloyed		Impacts on Business
Kasey holman		Impact on Patient Access/Patient Advocacy
Marcus Young		Impact on Patient Access/Patient Advocacy

Tim holman		Impact on Patient Access/Patient Advocacy
Diana Bonitz	Yes On 788	Impact on Patient Access/Patient Advocacy
Amy C Kirk	Concerned Citizen on 788 Rules	Impact on Patient Access/Patient Advocacy
Haley Botello		Impact on Patient Access/Patient Advocacy
Marcus Young		Impact on Patient Access/Patient Advocacy
David harff		Impact on Patient Access/Patient Advocacy
Amanda	None	Impact on Patient Access/Patient Advocacy
Linda Sconyers	Pecan Valley River Farm	
Ryan Bennett		Impact on Patient Access/Patient Advocacy
Michelle edwards		Impact on Patient Access/Patient Advocacy
Tracey Campbell	Oklahoma's for cannabis	Impact on Patient Access/Patient Advocacy
Bridget	Green the vote	Impact on Patient Access/Patient Advocacy
Wesley Simmerman		Impact on Patient Access/Patient Advocacy

Ashley Mullen	Oklahoma Chics for Cannabis, Green the Vote	Impact on Patient Access/Patient Advocacy
Allen Buller	Next Level Medicine	Impact on Patient Access/Patient Advocacy
Charity Farmer		
Brandon Hale		Impact on Patient Access/Patient Advocacy
joseph atwood		Impact on Patient Access/Patient Advocacy
William Paschen		Impact on Patient Access/Patient Advocacy
Marcus Wray	Blaine County Cannabis Association	Impact on Patient Access/Patient Advocacy
Tiffany Rung	None	Impact on Patient Access/Patient Advocacy
Catherine flowers		Impact on Patient Access/Patient Advocacy
Tina Wilson	Disability	Customer Service and Processing Apps
Candace Morton		Impact on Patient Access/Patient Advocacy
Brittney		Impact on Patient Access/Patient Advocacy
Niki Weed-Gossett	Oklahomans for cannabis	Impact on Patient Access/Patient Advocacy
Tammy Long		Impact on Patient Access/Patient Advocacy

April		Impact on Patient Access/Patient Advocacy
LaNona Becknel	Self	Impact on Patient Access/Patient Advocacy
Jeff Pickens		Impact on Patient Access/Patient Advocacy
Brylea		Impact on Patient Access/Patient Advocacy
Bridget	Green the vote	Impact on Patient Access/Patient Advocacy
Randall Smith		Impact on Patient Access/Patient Advocacy
Kalon	None	Impact on Patient Access/Patient Advocacy
T Sanders		Impact on Patient Access/Patient Advocacy
Justin Waldron	Tulsa Health Collective, LLC	Impact on Patient Access/Patient Advocacy
Adam Tarver	Mr	Impact on Patient Access/Patient Advocacy
Noah O Falling III		Impact on Patient Access/Patient Advocacy
Richard McGee		Impact on Patient Access/Patient Advocacy
Ethan Sullivan		
Michael hutton	Owner of Hutton's Edge	Impact on Patient Access/Patient Advocacy
Kaci		Impact on Patient Access/Patient Advocacy
Joshua patton		Impact on Patient Access/Patient Advocacy
Ashley		
Keilea Johnson		Impact on Patient Access/Patient Advocacy

Brandon Hurd		Impact on Patient Access/Patient Advocacy
Hailey Harris		Impact on Patient Access/Patient Advocacy
Stacy Easter		Impact on Patient Access/Patient Advocacy
Donna Waldrop		Impact on Patient Access/Patient Advocacy
Christy Atkinson		Impact on Patient Access/Patient Advocacy
Valerie G Gardner-White		Impact on Patient Access/Patient Advocacy
Jessica		
Taylor Rogers		Impact on Patient Access/Patient Advocacy
Meredith Owens		Impact on Patient Access/Patient Advocacy
Ashlee Ryans		Impact on Patient Access/Patient Advocacy
Aaron Fritz	Self Representation	Impact on Patient Access/Patient Advocacy
Matt Clary	Surviving S4 cancer patient	Impact on Patient Access/Patient Advocacy
AMY ANDERSON		Impact on Patient Access/Patient Advocacy
Kelvin medina		Impact on Patient Access/Patient Advocacy
Cody		Impact on Patient Access/Patient Advocacy
Zachary Bowman		Impact on Patient Access/Patient Advocacy
Morgen Phillips		Impact on Patient Access/Patient Advocacy

Aaron Wilder		Impact on Patient Access/Patient Advocacy
E. Wayne Jones		Impact on Patient Access/Patient Advocacy
Kellee Sehuame		Impact on Patient Access/Patient Advocacy
Vicki Gaylor		Impact on Patient Access/Patient Advocacy
Jonathan Merriman	Oklahoma Citizen	Impact on Patient Access/Patient Advocacy
Londa Bates	Oklahomans for health	Impact on Patient Access/Patient Advocacy
Mike Klinglesmith		Impact on Patient Access/Patient Advocacy
Marcus Wray	Blaine County Cannabis Association	Impact on Patient Access/Patient Advocacy
Omar Perez Rojo		Impact on Patient Access/Patient Advocacy
Michael Velasquez	On behalf of Veterans	Impact on Patient Access/Patient Advocacy
Gaynal mcalister	Patient	Impact on Patient Access/Patient Advocacy
Aaron Hale		Impact on Patient Access/Patient Advocacy
Daniel Wolbert		Impact on Patient Access/Patient Advocacy
Kenneth Suter	Legalize Medical Marijuana SQ788	Impact on Patient Access/Patient Advocacy
Mary mathis		Impact on Patient Access/Patient Advocacy
Christy Brock		Impact on Patient Access/Patient Advocacy
Kelly Coley	Family ties	Impact on Patient Access/Patient Advocacy

Victoria New		Impact on Patient Access/Patient Advocacy
Micah		Impact on Patient Access/Patient Advocacy
Rebecca Morgan		Impact on Patient Access/Patient Advocacy
Kristy Beam		Impact on Patient Access/Patient Advocacy
John Shatto		Impact on Patient Access/Patient Advocacy
Estee Cervantes	Green the Vote	Impact on Patient Access/Patient Advocacy
Kristen Martin		Impact on Patient Access/Patient Advocacy
Brande		Impacts on Health/Adverse Events
Omar Perez Rojo		Impact on Patient Access/Patient Advocacy
Rebecca Whistler		Impact on Patient Access/Patient Advocacy
Shelley Morris, LCSW	Premier Pain Associates	Impacts on Health/Adverse Events
Brandon Andres		Impact on Patient Access/Patient Advocacy

Amber Penner		Impact on Patient Access/Patient Advocacy
Jared Blalack		Impact on Patient Access/Patient Advocacy
Haylee	Citizen	Impact on Patient Access/Patient Advocacy
Kim Ashe		Impact on Patient Access/Patient Advocacy
Gina Smith		Impact on Patient Access/Patient Advocacy
Matthew Casteel		Impact on Patient Access/Patient Advocacy
Gina Smith		Impact on Patient Access/Patient Advocacy
Tabitha Moura		Impact on Patient Access/Patient Advocacy
Ellis knight		Impact on Patient Access/Patient Advocacy
Rebecca Whistler		Impact on Patient Access/Patient Advocacy
Bryan Hamner		Impact on Patient Access/Patient Advocacy
CP		Impact on Patient Access/Patient Advocacy
Casey J Doyle		Impact on Patient Access/Patient Advocacy
matt mason	human	Impact on Patient Access/Patient Advocacy
Lauren Dawson	Cannabis Champs	Impact on Patient Access/Patient Advocacy
Brian	norml	Impact on Patient Access/Patient Advocacy

Cathy		Impact on Patient Access/Patient Advocacy
Heather Hughes	Yes on 788	Impact on Patient Access/Patient Advocacy
Cathy		Impact on Patient Access/Patient Advocacy
Jason Murray	n/a	Impact on Patient Access/Patient Advocacy
Amanda L Collins		Impact on Patient Access/Patient Advocacy
Estee Cervantes	Green the Vote	Impact on Patient Access/Patient Advocacy
Linda Merrell	Oklahomans for Cannabis Facebook	Impact on Patient Access/Patient Advocacy
Casey Ohlsson		Impact on Patient Access/Patient Advocacy
Shelby Thomson	We the People	Impact on Patient Access/Patient Advocacy
Doug Mikes		Impact on Patient Access/Patient Advocacy
Zachary Roberts	N/A	Impact on Patient Access/Patient Advocacy
Joseph Price		Impact on Patient Access/Patient Advocacy
Misty Vaughan		Impact on Patient Access/Patient Advocacy
David Emrich		
Chandler Thomas		Impact on Patient Access/Patient Advocacy
Yolanda Lozada		Impact on Patient Access/Patient Advocacy
Charles Allison		Impacts on Health/Adverse Events

Micah Green Clopton	New Health Solutions Oklahoma	Impacts on Business
Donna McCarthy		Impact on Patient Access/Patient Advocacy

Richard Ford		Impact on Patient Access/Patient Advocacy
Craig Reynolds		Impact on Patient Access/Patient Advocacy
Dustin Belden		Impact on Patient Access/Patient Advocacy
Samantha Pinnell		Impact on Patient Access/Patient Advocacy
Russell Quesenberry		Impact on Patient Access/Patient Advocacy
Michael McLaughlin	Mind Future 3D	Impact on Patient Access/Patient Advocacy

Jennifer Ezzhani	Chronic Pain/Neuropathy patient	Impact on Patient Access/Patient Advocacy
Kristen		Impact on Patient Access/Patient Advocacy
Nick morris		Impact on Patient Access/Patient Advocacy
Jason Sheline		Impact on Patient Access/Patient Advocacy
Derek		
Hunter		Impact on Patient Access/Patient Advocacy
William Jones	N/A	Impact on Patient Access/Patient Advocacy
sindy fellanto	Green the Vote	Impact on Patient Access/Patient Advocacy
christina armstrong		Impact on Patient Access/Patient Advocacy
Sandra Patterson		Impact on Patient Access/Patient Advocacy
Larry Frazier		Impact on Patient Access/Patient Advocacy
Eric Moss		Impact on Patient Access/Patient Advocacy
Marshall Tyler	Disabled medical patient	Impact on Patient Access/Patient Advocacy
Kenda Woodburn		Impact on Patient Access/Patient Advocacy
Howard Lasiter		Impact on Patient Access/Patient Advocacy
Katelyn Tallent		Impact on Patient Access/Patient Advocacy
Josh Walker		Impact on Patient Access/Patient Advocacy
Leona Woodson		Impact on Patient Access/Patient Advocacy

Charles smith		Impact on Patient Access/Patient Advocacy
Susan Cogan	CoganBooks	Impact on Patient Access/Patient Advocacy
Jill Hull		Impact on Patient Access/Patient Advocacy
Rebecca Whistler		Impact on Patient Access/Patient Advocacy
Ashley Sartin	CRPS WARRIOR	Impact on Patient Access/Patient Advocacy
Jacob Rhoades		Impact on Patient Access/Patient Advocacy
Keaton Esselstrom	The University of Central Oklahoma	Impact on Patient Access/Patient Advocacy
Erin Cooper		Impact on Patient Access/Patient Advocacy
Tanya Gentry		Impact on Patient Access/Patient Advocacy
Eric Moss	n/a	Impact on Patient Access/Patient Advocacy
James Thomas		Impact on Patient Access/Patient Advocacy
Tracy Denney		Impact on Patient Access/Patient Advocacy
Holly	N/a	Impact on Patient Access/Patient Advocacy
Pamela Huey	Yes on 788	Impact on Patient Access/Patient Advocacy
Zane		Impact on Patient Access/Patient Advocacy

Jeremy jones	The	Impact on Patient Access/Patient Advocacy
Dillon		Impact on Patient Access/Patient Advocacy
Janie Young	N/a	Impact on Patient Access/Patient Advocacy
Heather Cooper		Impact on Patient Access/Patient Advocacy
Denise Burkhart		Impact on Patient Access/Patient Advocacy
Judith Henderson		Impact on Patient Access/Patient Advocacy
Ashley Cruz	none	Impact on Patient Access/Patient Advocacy
Joe miller		Impact on Patient Access/Patient Advocacy

Chase Watkins		Impact on Patient Access/Patient Advocacy
Jacob		Impact on Patient Access/Patient Advocacy
ashley	none	Impact on Patient Access/Patient Advocacy
Michael Givel	Not applicable	Impact on Patient Access/Patient Advocacy

Angie woolf		Impact on Patient Access/Patient Advocacy
Robert Binswanger		Impact on Patient Access/Patient Advocacy
Jessica		Impact on Patient Access/Patient Advocacy
William Ziegler		Impact on Patient Access/Patient Advocacy
Sharon Cole		Impact on Patient Access/Patient Advocacy
Justin Bell		Impact on Patient Access/Patient Advocacy
Amanda Kaiser	Citizen	Impact on Patient Access/Patient Advocacy
Ruby Coyle		Impact on Patient Access/Patient Advocacy
Brian Torgerson	Pain Management of Tulsa	Impact on Patient Access/Patient Advocacy
Sherry Stetson		Impacts on Health/Adverse Events
Megan		Impact on Patient Access/Patient Advocacy
Tanmy Clinton		Impact on Patient Access/Patient Advocacy
DAVID JEFFERSON	none	Impact on Patient Access/Patient Advocacy
Jade Willard		Impact on Patient Access/Patient Advocacy

Robert Allen Dishong Jr.	Citizen	Impact on Patient Access/Patient Advocacy
LaRae Luetgen	None. Grani who cares	Impact on Patient Access/Patient Advocacy
Pamela Rader		Impact on Patient Access/Patient Advocacy
Chris Jones		Impact on Patient Access/Patient Advocacy
Marc		Impact on Patient Access/Patient Advocacy

Chase Watkins		Impact on Patient Access/Patient Advocacy
Kenneth Perry		Impact on Patient Access/Patient Advocacy
Aaron Wingender		Impacts on Business
Justin Kieffer		Impact on Patient Access/Patient Advocacy
Michael S Compton		Impact on Patient Access/Patient Advocacy
Lola		Impact on Patient Access/Patient Advocacy
Miriam Fillmore		Impact on Patient Access/Patient Advocacy
Katharine Self		Impact on Patient Access/Patient Advocacy
gary batt		Impact on Patient Access/Patient Advocacy

Katharine Self		Impact on Patient Access/Patient Advocacy
Michael Compton		Impact on Patient Access/Patient Advocacy
Shantana Allen	S & S Farming	Impact on Patient Access/Patient Advocacy
Carolyn Walker		Impact on Patient Access/Patient Advocacy
Anthony Clark	Private Citizen	Impact on Patient Access/Patient Advocacy
Allison Watson		Impact on Patient Access/Patient Advocacy
David		Customer Service and Processing Apps
Erin McDonald		Impact on Patient Access/Patient Advocacy
Allison		Impact on Patient Access/Patient Advocacy
Lindsey Chrisman		Impact on Patient Access/Patient Advocacy
Cynthia Thomas		Impact on Patient Access/Patient Advocacy
Forrest Harrington		Impact on Patient Access/Patient Advocacy
Daniel Rueb		Impact on Patient Access/Patient Advocacy

Todd Larkin	Pure Wellness	Impact on Patient Access/Patient Advocacy
Aaron Braly		Impact on Patient Access/Patient Advocacy
Blake Williams		Impact on Patient Access/Patient Advocacy
Tony Pierce		Impact on Patient Access/Patient Advocacy
Michael ford		Impact on Patient Access/Patient Advocacy
Michelle Carbone		Impact on Patient Access/Patient Advocacy
Lisa walls		Impact on Patient Access/Patient Advocacy
Onder Pulat		Impact on Patient Access/Patient Advocacy
Dylan bilby	The Dankery Llc	Impact on Patient Access/Patient Advocacy

Leo Mendus II	Mendus Law Offices, PLLC	Impact on Patient Access/Patient Advocacy
Debra Clark		Impact on Patient Access/Patient Advocacy
Nathaniel Weygant		Impact on Patient Access/Patient Advocacy
Evan Jackson		Impact on Patient Access/Patient Advocacy
Michael Crane		Impact on Patient Access/Patient Advocacy
Evan Jackson		Impact on Patient Access/Patient Advocacy
Brian Ramirez		Impact on Patient Access/Patient Advocacy
Toni Lanie		Impact on Patient Access/Patient Advocacy

Suzanne Hughes		Impact on Patient Access/Patient Advocacy
Chris Hawk		Impact on Patient Access/Patient Advocacy
Kevin Anderson	N/A	Impact on Patient Access/Patient Advocacy
Brayden Cheatham	N/a	Impact on Patient Access/Patient Advocacy
Heather Choate		Impact on Patient Access/Patient Advocacy
Miranda Harbaugh		Impact on Patient Access/Patient Advocacy
Ryan Madison	Oklahoma citizen	Impact on Patient Access/Patient Advocacy
karen coleman		Impact on Patient Access/Patient Advocacy
Josh Allen		Impact on Patient Access/Patient Advocacy
Shannon Haucke		Impact on Patient Access/Patient Advocacy
Amy		Impact on Patient Access/Patient Advocacy
Katie Mabrey	Plan to apply for dispensary license	Impacts on Business
Luke Williams		Impact on Patient Access/Patient Advocacy
Ben Harrison		Impact on Patient Access/Patient Advocacy
Darrell Kilgore		Impacts on Business
Howdy carper		Impact on Patient Access/Patient Advocacy
Anthony Goodell	MM Consumer	Impact on Patient Access/Patient Advocacy
Zach Reynolds		Impact on Patient Access/Patient Advocacy

Devin Valentine	N/A	Impact on Patient Access/Patient Advocacy
Ashton Lippel		Impact on Patient Access/Patient Advocacy
William Hart	Oklahoma Green Waste Recovery (pending incorporation) - collection and disposal of medical marijuana waste.	Impact on Patient Access/Patient Advocacy
Theresa		Impact on Privacy & Physician-Patient Relationship
Jennifer Williams		Impact on Patient Access/Patient Advocacy
Melissa Kappel		Impact on Privacy & Physician-Patient Relationship
Breanna Smith	Private Citizen; R.N.	Impact on Patient Access/Patient Advocacy

Joel Kinsch	Farmers	Impacts on Business
Rodney Wagner		Impact on Patient Access/Patient Advocacy
Greg Dorholt		Impact on Patient Access/Patient Advocacy
Dewayne Miller		Impacts on Business
Karisa Smedley		Impact on Patient Access/Patient Advocacy
jeremy rocheleau		Impacts on Business
Reba Caldwell		Impact on Patient Access/Patient Advocacy
Rhet	Oklahoma peoplw	Impact on Patient Access/Patient Advocacy

Brian		Impact on Patient Access/Patient Advocacy
Scott Wilson	human being who suffers from extreme chronic pain	Impact on Patient Access/Patient Advocacy
Ian Cavett		Impact on Patient Access/Patient Advocacy
Adam Turner	Poppy Discount Goods	Impact on Patient Access/Patient Advocacy
Michelle	N/A	Impact on Patient Access/Patient Advocacy
Cindy Bolden	Sq 788	Impact on Patient Access/Patient Advocacy
Karla Dotson		Impact on Patient Access/Patient Advocacy
Jonathan Steinbiser		Impact on Patient Access/Patient Advocacy
Christian Garland	N/A	Impact on Patient Access/Patient Advocacy
Kolby Wilson		Impact on Patient Access/Patient Advocacy
Erica		Impact on Patient Access/Patient Advocacy
Brady	I am considering opening a business in cannabis concentrate processing.	Impact on Patient Access/Patient Advocacy

Braden Hartsell		Impact on Patient Access/Patient Advocacy
Jared Johnson		Impact on Patient Access/Patient Advocacy
Ellis Knight		Impact on Patient Access/Patient Advocacy
david padden		Impact on Patient Access/Patient Advocacy
Steve Jones	N/A	Impact on Patient Access/Patient Advocacy
Jason Anderson		Impact on Patient Access/Patient Advocacy
Twiyila lambson		Impact on Patient Access/Patient Advocacy
Shawn payne		Impact on Patient Access/Patient Advocacy
Michael Hankins		Impact on Patient Access/Patient Advocacy
Josie McFarland		Impact on Patient Access/Patient Advocacy
Sandy		Impact on Patient Access/Patient Advocacy
Russell Abbott		Impact on Patient Access/Patient Advocacy
Katie Mabrey	Plan to apply for dispensary license	Impact on Patient Access/Patient Advocacy
Rodney Wagner		Impact on Patient Access/Patient Advocacy
Jodi Daffern		Impact on Patient Access/Patient Advocacy

Arlin G. Akins		Impact on Patient Access/Patient Advocacy
Marcus Greene		Impact on Patient Access/Patient Advocacy
Tim Sowecke	none - Member of public and Oklahoma resident	Impacts on Business
Christopher Mogleston		Impacts on Business
Ruthie Buller		Impact on Patient Access/Patient Advocacy
Rhonda Ballard		Impacts on Health/Adverse Events
Jessica Purser		Impact on Patient Access/Patient Advocacy
Travis Biggert	N/A	Impact on Patient Access/Patient Advocacy
Ruthann stone		Impact on Patient Access/Patient Advocacy
Charles Reeves		Impact on Patient Access/Patient Advocacy

Ruthann		Impact on Patient Access/Patient Advocacy
Rhonda G Lamb		Impact on Patient Access/Patient Advocacy
Corbin Craycraft		Impact on Patient Access/Patient Advocacy
Deborah Vogt	Citizen	Impact on Patient Access/Patient Advocacy
Michael Lapolla	Retired	Impacts on Business
Sherrl X	Thanks for Dem Midterm Campaigning!!	Impact on Patient Access/Patient Advocacy
Richard Ford		Impact on Patient Access/Patient Advocacy
Wesley		Impact on Patient Access/Patient Advocacy

Aaron Griffith	Individual	Impact on Local/State/Tribal Jurisdictions & Revenue
Steven Laner		Impacts on Business
Joe Forcum		Impacts on Health/Adverse Events
Hilary		Impact on Patient Access/Patient Advocacy
Michael Whiteman		Impact on Patient Access/Patient Advocacy
James	Concerned citizen	Impact on Patient Access/Patient Advocacy
Katelyn Parker		Impact on Patient Access/Patient Advocacy
Patty		Impact on Patient Access/Patient Advocacy
Anthony W Morton		Impact on Patient Access/Patient Advocacy
David mcwhirter		Impact on Patient Access/Patient Advocacy
Jeremy Lance		Impact on Patient Access/Patient Advocacy
Tempest Blair	Citizens of Oklahoma	Impact on Patient Access/Patient Advocacy
David Curtis		Impact on Patient Access/Patient Advocacy
Brad Wilson	1964	Impacts on Business
w ackley		Impacts on Business

Micah Melton		Impact on Patient Access/Patient Advocacy
Missy Green		Impact on Patient Access/Patient Advocacy
R Rogers		Impact on Patient Access/Patient Advocacy
Sam Hinds		Impact on Patient Access/Patient Advocacy
Elliott koskie		Impact on Patient Access/Patient Advocacy

Harbour Foltz		Impact on Patient Access/Patient Advocacy
Emily brou		Impact on Patient Access/Patient Advocacy
Rebecca Grotta		Impact on Patient Access/Patient Advocacy
David Henderson		Impact on Patient Access/Patient Advocacy
Dolores Majewski		Impact on Patient Access/Patient Advocacy
Lindsay		Impact on Patient Access/Patient Advocacy
Marty Wayne Jackson		Impact on Patient Access/Patient Advocacy
Lacy lorenz	Na	Impact on Patient Access/Patient Advocacy
Marty W Jackson		Impact on Patient Access/Patient Advocacy
Bryce Smith	Emerald Ventures LLC, Grower / Processor	Impact on Patient Access/Patient Advocacy
Janes		Impact on Patient Access/Patient Advocacy
Deneisha Taylor		Impact on Patient Access/Patient Advocacy
Karlie Huckaby		Impact on Patient Access/Patient Advocacy
Wolf Fowler		Impact on Patient Access/Patient Advocacy
Melissa Curran		Impact on Patient Access/Patient Advocacy

Reagan Fedell		Impact on Patient Access/Patient Advocacy
TA Hursh	Myself	Impact on Patient Access/Patient Advocacy
Mildred Stratton		Impact on Patient Access/Patient Advocacy
Clint Brothers	Yesq788	Impact on Patient Access/Patient Advocacy
Joe Hart		Impact on Patient Access/Patient Advocacy
Neil Reeves		Impact on Patient Access/Patient Advocacy
Dale Halfacre		Impact on Patient Access/Patient Advocacy
Wesley simmerman		Impact on Patient Access/Patient Advocacy
Bret Nipper		Impact on Patient Access/Patient Advocacy
Rebecca Grotta		Customer Service and Processing Apps
Daniel Wolbert		Impact on Patient Access/Patient Advocacy
Heather Thurman		Impact on Patient Access/Patient Advocacy
Rebecca Church		Impact on Patient Access/Patient Advocacy
Hobert miller		Impact on Law Enforcement/Criminal Justice

Jami Short		Impact on Patient Access/Patient Advocacy
Elizabeth Whitehead		Impacts on Health/Adverse Events
Kim Cummins		Impact on Patient Access/Patient Advocacy
Rhonda Watson	NA	Impact on Patient Access/Patient Advocacy
margaret padden		Impact on Patient Access/Patient Advocacy
kenneth		Impact on Patient Access/Patient Advocacy
Kenneth Williams		Impact on Patient Access/Patient Advocacy
Dena Carter		Impact on Privacy & Physician-Patient Relationship
E ellison		Impact on Patient Access/Patient Advocacy
Brandon Starkey		Impact on Patient Access/Patient Advocacy
Bill Mullen		Impact on Patient Access/Patient Advocacy
Lawrence Pasternack	Patient Advocate	Impact on Patient Access/Patient Advocacy
John R Schlichting		Impact on Patient Access/Patient Advocacy
John R Schlichting		Impact on Patient Access/Patient Advocacy

Michele		Impact on Patient Access/Patient Advocacy
Cody Slater		Impact on Privacy & Physician-Patient Relationship
Pam		Impact on Privacy & Physician-Patient Relationship
Michelle wegner	Citizen	Impact on Patient Access/Patient Advocacy
Tyler Wimmer	Citizen	Impact on Patient Access/Patient Advocacy
Jason Frandsen		Impacts on Business
Margaret Chapman		Impact on Patient Access/Patient Advocacy
Courtney ross	State question 788	Impact on Patient Access/Patient Advocacy
Jacob Evett		Impact on Patient Access/Patient Advocacy
Rhonda Sweetman		Impact on Patient Access/Patient Advocacy
Cynthia Alexander, DVM		Impact on Privacy & Physician-Patient Relationship
DeAnna Batary		Impact on Patient Access/Patient Advocacy
kenneth chambers		Impact on Patient Access/Patient Advocacy
Alan Morse		Impact on Patient Access/Patient Advocacy
kenneth c.		Impact on Patient Access/Patient Advocacy
Marshall Leasure		Impact on Patient Access/Patient Advocacy
George	Concerned US Veteran	Impact on Patient Access/Patient Advocacy

Private Resident		Impact on Privacy & Physician-Patient Relationship
Aaron Hansen		Impact on Patient Access/Patient Advocacy
Jim		Impact on Patient Access/Patient Advocacy
kenneth chambers		Impact on Patient Access/Patient Advocacy
Eugene Albin	n/a	Impact on Patient Access/Patient Advocacy
Dan Smith	Doctor Duckies Sweet Weeds llc	Impact on Patient Access/Patient Advocacy
Stephani Dooley		Impact on Patient Access/Patient Advocacy
Alan Morse		Impact on Patient Access/Patient Advocacy

Raven Sixkiller	citizen, voter, caregiver and parent of disabled adult	Impact on Patient Access/Patient Advocacy
Richard Howard		Impact on Patient Access/Patient Advocacy
Juble Barrett	Potential cultivator	Impact on Patient Access/Patient Advocacy
Ashlynn	SQ 788	Impact on Patient Access/Patient Advocacy
Kyle Torbert		Impact on Patient Access/Patient Advocacy
William Dunbar II	Tulsa Hydroponics Company, LLC	Impact on Patient Access/Patient Advocacy
Joseph A. Parra	YAK	Impacts on Business
Annette H. Stange	Just me.	Impact on Patient Access/Patient Advocacy
Casey O'Mary		Impact on Patient Access/Patient Advocacy

Adam B. Collins		Impact on Patient Access/Patient Advocacy
Trace T Stone		Impact on Patient Access/Patient Advocacy
Morgan Haynes		Impact on Patient Access/Patient Advocacy
Ruthann		Impact on Patient Access/Patient Advocacy
Daniel Skaggs	OK resident	Impact on Patient Access/Patient Advocacy
Mat Reed	Citizen in Cleveland county	Impact on Patient Access/Patient Advocacy
Bethany Enerson		Impact on Patient Access/Patient Advocacy
LaDon Butler		Impact on Patient Access/Patient Advocacy
Leonard Harding	Green leaf canopy (commercial grower)	Impacts on Business
Jacob Leon		Impact on Patient Access/Patient Advocacy
Blake Howard		Impact on Patient Access/Patient Advocacy

Luke Lawson		Impact on Patient Access/Patient Advocacy
Clark		Impacts on Business
Kierra Knight		
John Noble	Concerned citizen	Impact on Patient Access/Patient Advocacy
Rick Thompson		Impact on Patient Access/Patient Advocacy
E. Wayne Jones	Citizen	Impact on Patient Access/Patient Advocacy
Anthony		Impact on Patient Access/Patient Advocacy
Rocky Root		Impact on Patient Access/Patient Advocacy
Adam B. Collins		Impact on Patient Access/Patient Advocacy

Anthony Bachler	Olde English (future) Marijuana Farm	Impacts on Business
Sarah Burris	Individual	Impacts on Business
Steven W Emmons M.D.		Impact on Patient Access/Patient Advocacy
Emily		Impact on Patient Access/Patient Advocacy
Joe Faught		Impact on Patient Access/Patient Advocacy
Lori		Impact on Patient Access/Patient Advocacy

Justin Michael Hayden		Impact on Patient Access/Patient Advocacy
Johnathan sexton		Impact on Patient Access/Patient Advocacy
Dorian Estebane		Impact on Patient Access/Patient Advocacy
William Reavis	My Family members who are dying of cancer	Impact on Patient Access/Patient Advocacy
Drew		Impact on Patient Access/Patient Advocacy
Justin Rice		Impacts on Business

Seth Allen		Impacts on Business
Justin		Impact on Patient Access/Patient Advocacy
Danny George		Impacts on Business
Robert Barker		Impact on Patient Access/Patient Advocacy
Kevin Black		Impact on Patient Access/Patient Advocacy
Adrian Morgan		Impacts on Business
Lance Swisher		Impact on Patient Access/Patient Advocacy
Ashley		Impacts on Business
Matthew Whitehead	Whitehead Construction	Impacts on Business
Anthony Bachler	Olde English Hog Farm	Impacts on Business
Chris Daniel	Casino	Impact on Privacy & Physician-Patient Relationship

tylerr harris	T-Town Lawn Care	Impact on Patient Access/Patient Advocacy
Catherine Parks	Metrc, LLC - Franwell, Inc.	Impacts on Business
Lee Ann Boyer	Owasso Farmers' Market	Impact on Patient Access/Patient Advocacy
John		Impacts on Business
Danny George		Impacts on Business
Artie Brewster		Impact on Patient Access/Patient Advocacy

Russell Engebretson		Impact on Patient Access/Patient Advocacy
Noah O Falling III		Impact on Patient Access/Patient Advocacy
Gregory Goodman	Medical Marijuana Processor	Impact on Patient Access/Patient Advocacy
Bob Meyer	Holy Smokes Growers	Customer Service and Processing Apps
Jim Tedrow, MT(ASCP)	CRG Laboratories. Licensed workplace drug and alcohol testing facility.	Impacts on Business
Terry McMillan		Impacts on Business

Weston Chapman	Texoma House of Cannabis	Impact on Patient Access/Patient Advocacy
Bernerd Carner		Impact on Patient Access/Patient Advocacy
JOHN THOMAS COMBSphx5245@gmail.com		
Terry McMillan		
Jeremy ivers		Impact on Patient Access/Patient Advocacy
Barton Kelley		Impact on Patient Access/Patient Advocacy
Michael Jones		Impact on Patient Access/Patient Advocacy

Christina Speis		Impact on Patient Access/Patient Advocacy
Sam Fisher	Future hopeful OK medical growing/processing facility	Impact on Patient Access/Patient Advocacy
Jordan Pack	Jordan Pack LLC	Impact on Patient Access/Patient Advocacy
Melvin E Dikeman		Impact on Patient Access/Patient Advocacy
Jason Mixon		Impact on Patient Access/Patient Advocacy
Annette.H. Stange		Impact on Patient Access/Patient Advocacy

Bri		Impact on Patient Access/Patient Advocacy
Millie Thompson		Impact on Patient Access/Patient Advocacy
Timothy Holder M.D.	medical practice	Impact on Patient Access/Patient Advocacy
Luke Grossman		Impact on Patient Access/Patient Advocacy
Colin Newman		Impact on Patient Access/Patient Advocacy
Amethyst C		Impact on Patient Access/Patient Advocacy

Josh Fisher		Impacts on Business
Victoria Varga		Impact on Patient Access/Patient Advocacy
carole bullock	NA	Impact on Patient Access/Patient Advocacy
Jessica Birt	Latham Nelson & Assoc.	Impacts on Business
Matt		Impact on Patient Access/Patient Advocacy
Stephen Torbert		Impact on Patient Access/Patient Advocacy
Clint Shields		Impact on Patient Access/Patient Advocacy
julie Welch		
Eldon Hollinger		Impact on Patient Access/Patient Advocacy
Manuel Crespo, DO	Hospitalist @ Nazih Zuhdi Transplant Institute	Impact on Privacy & Physician-Patient Relationship
Elizabeth Denise Smith	citizen of Oklahoma	Impacts on Business
Matt McGowan		Impact on Patient Access/Patient Advocacy
Leonard Harding	Green Leaf Canopy	Impact on Patient Access/Patient Advocacy

Bonnie Caldwell		Impact on Patient Access/Patient Advocacy
Gerald Durr		Impact on Patient Access/Patient Advocacy
Sara Richmond		Impact on Patient Access/Patient Advocacy
Samuel Harbison		Impact on Patient Access/Patient Advocacy
Andrew Polly, Esq.		Impact on Patient Access/Patient Advocacy
Michael Trojahn		Impact on Patient Access/Patient Advocacy
Shannon Bailey		Impacts on Health/Adverse Events
SHELLY SABATA		Impact on Patient Access/Patient Advocacy

Andrew Theiss	Private Company	Impacts on Business
Chris		Impact on Patient Access/Patient Advocacy
Brad Hand		Impact on Patient Access/Patient Advocacy
Trever Carreon		Impact on Patient Access/Patient Advocacy
Seth Rogen	Peta	
Samantha L Vicent		
H. Warren Johnson	AL Pharma, Inc.	Impacts on Health/Adverse Events

Mark Miller		Impact on Patient Access/Patient Advocacy
Joseph Norwood	Norwod Law Firm	Impact on Patient Access/Patient Advocacy
Karlie Buntin	NA	Impact on Patient Access/Patient Advocacy
Rob boulton		Impact on Patient Access/Patient Advocacy
Marnie Sanders		Impact on Patient Access/Patient Advocacy

James Spurgeon		Impacts on Business
John Brock	Individual	Industry Experts / Food Processing Board
Bryan Williams	Williams farms	
Rhiannon Donellan		Impact on Patient Access/Patient Advocacy
Sundy Corbin	Prospective Vertical Business Owner	Impacts on Business
Linda Isaak		Impact on Patient Access/Patient Advocacy
Michael O'Rourke	Personal	Customer Service and Processing Apps
Pissed		Impact on Patient Access/Patient Advocacy

Rachael Sourjohn		Impact on Patient Access/Patient Advocacy
michelle styve	N/a	Impact on Patient Access/Patient Advocacy
Tanner Smith	Private	Impact on Law Enforcement/Criminal Justice
Kaleb Walker		Impact on Patient Access/Patient Advocacy
Gerald Haffey		Impact on Patient Access/Patient Advocacy
Glen Sargent	N/A	Impacts on Business
Tyler Scheller		Impact on Law Enforcement/Criminal Justice
Joseph Walker		Impacts on Business

Grady Epperly	Hi-Fi Public Relations	Impact on Patient Access/Patient Advocacy
Corby Smithton D.O.	StillwaterFamilycare	Impact on Patient Access/Patient Advocacy
Khari McVey		Impacts on Business
Micheal White		Impact on Patient Access/Patient Advocacy
Skye Scott		Impact on Patient Access/Patient Advocacy

Rob Wright		Impact on Patient Access/Patient Advocacy
Mitchell H McVey	Sasquatch Green LLC.	Impact on Patient Access/Patient Advocacy
Karen Harrison		Impact on Patient Access/Patient Advocacy

Bradley Cline		Impact on Patient Access/Patient Advocacy
Brandon Isaak		Impact on Patient Access/Patient Advocacy
Lynne White	Oklahoma Hospital Association	Impacts on Health/Adverse Events
Victoria Sattler		Impact on Patient Access/Patient Advocacy
Ashley Cline		Impacts on Health/Adverse Events
Gary Flinchum	NARFE non-profit, Abiding Joy Ministries	Impact on Patient Access/Patient Advocacy
Julia Cochran		Impact on Patient Access/Patient Advocacy
TAMMYE STEVENS		Impact on Patient Access/Patient Advocacy
Jeremey caldwell	a concerned citizen	Impact on Patient Access/Patient Advocacy

Roger Clement	Clement Farms	Impacts on Business
Benjamin Caldwell	Oklahoman's for Health	Impact on Patient Access/Patient Advocacy
Zach V	Veteran owned and operated medical marijuana cooperative	Impact on Patient Access/Patient Advocacy
David Austin	I am a registered nurse in home health.	Impacts on Health/Adverse Events

James Harber		Impacts on Business
Mark Byrd	Okshomas for healthi believe	Impact on Patient Access/Patient Advocacy
Cooper Smith	Mmj grow and sales consultant	Impacts on Business
JoAnn Ryan, D.O.	Dispensary	Impacts on Business

Cody coward	Cannabis grower	Impact on Patient Access/Patient Advocacy
Felicia Hill		
Michael Mayes	Quantum 9, Inc.	Impacts on Business
Jonathan Conway		Impacts on Business
Judy Kilby	Gateway to Prevention and Recovery is an opatient substance abuse counseling facility	Impacts on Health/Adverse Events
Laura K. McDevitt	City of Oklahoma City, Office of the Municipal Counselor	Impact on Local/State/Tribal Jurisdictions & Revenue
Miranda Carman		Impacts on Business

Robin Parker	Oklahoma City Indian Clinic	Impacts on Health/Adverse Events
Joseph Walker		Impacts on Business
Holden Rowe		Impacts on Business
Teresa Collado	Non-profit outpatient addiction treatment center	Impacts on Health/Adverse Events
Kevin Gross	Hillcrest HealthCare System	Impacts on Health/Adverse Events
Kaitlyn Niles		Impacts on Business
Wayne		Impacts on Business

Chris Moxley	Virtue Center - Board Member	Impacts on Health/Adverse Events
Robert Chambers	N/A	Industry Experts / Food Processing Board
Ann Benson	The Virtue Center, Norman, OK- board member	Impacts on Health/Adverse Events
Jean Hausheer, MD	Oklahoma State Medical Association	Impacts on Health/Adverse Events

Kenneth B Hess		Impacts on Business
Amber Hallum		Impact on Patient Access/Patient Advocacy
Brian Hallum		Impact on Patient Access/Patient Advocacy
Chase Hinkle		Impact on Patient Access/Patient Advocacy
Jenna Cansler		Impacts on Health/Adverse Events
Anthony Rodriguez	Cannabis Cultivation	Impact on Patient Access/Patient Advocacy
Bryce Holland		Impacts on Business
Taylor Putman		Impacts on Business
Jesse Vanosdol		Impact on Patient Access/Patient Advocacy
Lana G Ivy	Oklahoma Osteopathic Association	Impact on Privacy & Physician-Patient Relationship
Kyle Torbert		Impacts on Business
Sally Rauh		Impacts on Business

Ronald E. Durbin, II	Durbin Law Firm, PLLC	Impacts on Business
Megan Cannon	N/A	Impacts on Health/Adverse Events
Blake Howard		Impact on Patient Access/Patient Advocacy
Kathryn Schein		Impact on Patient Access/Patient Advocacy

jj		Impacts on Business
Frank J Gallagher		Impact on Privacy & Physician-Patient Relationship
Julian Taylor	T&V Cleaning Service LLC	Impacts on Health/Adverse Events
AMANDA SHELTON		Impacts on Business
Mike Fina	Oklahoma Municipal League	Impact on Local/State/Tribal Jurisdictions & Revenue
Lawrence Pasternak		Impacts on Business
Lucky Lamons	St. John Health System	Impacts on Health/Adverse Events

Eric Redding		Impact on Patient Access/Patient Advocacy
Aaron Jaqua	Board member - The Virtue Center	
Kyle Felling	Felling Analytical Services and Technology (F.A.S.T.), LLC	Impacts on Business
Maddie Gregory		Impact on Patient Access/Patient Advocacy
Vanessa Marvin	American Lung Association	Impacts on Health/Adverse Events
Linda Morgan	Parents Helping Parents, Inc.	Impacts on Health/Adverse Events
jade morris		Impact on Local/State/Tribal Jurisdictions & Revenue
Justin Winters		Impact on Patient Access/Patient Advocacy
Sandy Coats	Crowe & Dunlevy, Attorneys and Counselors at Law	Impacts on Business

Karen Powers		Impacts on Health/Adverse Events
Tammy	CBD Boutique	Impact on Patient Access/Patient Advocacy

Shelley Brown	Parent of a child who overdosed!!!	Impacts on Health/Adverse Events
Clark Townsend		Impact on Local/State/Tribal Jurisdictions & Revenue

Heather Reynolds		Impacts on Health/Adverse Events
Lynsi Mayfield		Impacts on Health/Adverse Events
Dwight Clark	Vicente Sederberg LLC	Impacts on Business
Aledia Jones		Impacts on Business
Brady Watkins	I am interested in opening a concentrate processing facility.	Impacts on Business
Michael Kirk		Impact on Patient Access/Patient Advocacy

Stephen Fuhrman	N/A	Impacts on Health/Adverse Events
Scott Johnson	N/A	Impacts on Health/Adverse Events
Randy Feagan		Impacts on Business
Elizabeth C. Nichols	Elizabeth C. Nichols	Impacts on Business
Ken Bryan	City of Edmond	Impacts on Business
Ashleigh j rosson	Two Mile Loop Verify MC	Impacts on Business
Ken Bryan	City of Edmond	Impacts on Business

Carl Fratus		Impact on Patient Access/Patient Advocacy
Marla R Peek	Oklahoma Farm Bureau	Impacts on Business
B. Chris Mitchell		Impact on Patient Access/Patient Advocacy
Sarah Keates	INTEGRIS Health, Inc.	Impacts on Health/Adverse Events
Michaëlle Statham	Citizen of OKC	Impacts on Health/Adverse Events
Leota Betts		Customer Service and Processing Apps
Mikeal Copeland		Impacts on Business
Stacy		Impacts on Business

Johnny Johnson	4 million Oklahomans	
Leonard Harding	Green Leaf Canopy LLC.	
Daniel Leonard Lively	2A Alternative Ag	

Joanna Hamrick	Cultivation facility	
Betty Watson	NA	
Joshua Turnage		

Danica Higgins

Chelsi E House

Dustin Belvin

The Remedy LLC

Matt Keller		
Nicolas Whittington		
Nathan Palmer		
David Goldsmith	Summit	
Gail Ripley	na	
Rick Dunkin		
Jennifer		
Jake Talbott	Independent	
Dairianna Kennedy		
Bradly Jackson		
Karen O'Keefe	Marijuana Policy Project	
Seth Flint		
Rachael L Griffith		
Tiffany		

Jessica Johnson		
Daniel Onley		
Linda Pace		
Mark Marshall	Interested party sq 788 voter	
Erin Lynch		

Public Comment

Medical marijuana should not be just for terminal patients or severe cases; medical marijuana should be given as an alternative medicine, in a case-by-case basis, overseen by a board certified physician who approves medical cannabis to treat qualifying ailments.

This is what we, the people of Oklahoma, voted for on state question 788.

My need for medical marijuana needs to be left up to my physician who is familiar with my conditions...I have several "conditions" I took medicine for...I didn't like the side effects..Thank you

We need to be able to use it for medical conditions such as depression, anxiety, ptsd, pain relief, seizures, etc.....

This appears to completely shut out growing in greenhouses.

Was this intentional? Other states allow greenhouse growing, with adequate security.

How can this be remedied for potential commercial growers in oklahoma?

What about the cost for disabled veterans requiring cannabis? Why should disabled veterans pay the full \$100 cost when many of us do not have traditional health insurance to go outside of the VA, who's doctors are FEDERAL employees and cannot sign ANY paperwork approving something still federally illegal? So I have to pay full cash price for a non-VA doctor AND full price for the license, while on a fixed income & unable to work?

In the rules proposed it states a person must have written permission from their landlord to grow medical marijuana this is a direct attack on the poor community. Over long term it would be cheaper for a person to grow their own marijuana. Not to mention the question provided framework that would protect medical marijuana holders from discrimination of landlords.

Looks fine. Keep it like this and get it on the books asap!

The decision to use medical marijuana should be between a person and their doctor. This should apply to pregnant women too. As written, the emergency rules takes the choice away from pregnant women. Given that marijuana may provide relief from the extreme nausea and vomiting some women experience during pregnancy without the side effects of current pharmaceuticals, pregnant women should not be prohibited from getting a permit. This paternalism will likely result in costly court challenges that the state will lose. Please amend that section.

There is no medical or administrative purpose for you to be collecting fingerprints from applicants. Funny that the VA center can handle my medical without needing my fingerprints. No other background check I've been subject to have ever needed my fingerprints either.

It seems to me that your trying to make the application process as difficult as possible. Just make a form we can fill out with the same documentation requirements that we would have for voter registration.

Specific educational guidelines for physicians ? What are they and who enforces and how? What are the specific guidelines for patient follow up ? Labs? Frequency of re check, reports back to physicians if patients are misusing such as from the legal system.

Also, what information is per law necessary for patients to divulge to their employers or clients? What are the restrictions on driving , performing specific duties ? What type of cognitive testing is to be done and at what intervals to people using ...to assure the public of safety ?

What research is set up to assess the effect on society Medical profession and physicians?

This medication ,in my opinion, has no place being ordered from an ER or urgent care setting. This should be restricted to attending physician with routine check ups

Thank you

A necessary consideration for Medical Marijuana is the as of yet experimental, but highly effective, merits of medical marijuana on anxiety disorders such as Post Traumatic Stress Disorder, Anxiety, Depression and the like. The research has been insufficient, but tends towards beneficial use (particularly in relation to PTSD). The use of medical marijuana for mental illness should not be ruled out defacto by physicians, license processes, or any individual who obtains a position of influence in the approval or denial of an individual applying for medical marijuana. The benefits seem to be anecdotally verified, as well as experimentally verified. I feel this needs to be either a well announced consideration, or made explicit within the text. Thank you for your dedicated service in enacting this law and I hope that this works to benefits of many ailing Oklahomans.

The application for a dispensary is not on the website omma.ok.gov

Where do I locate and complete an application for a dispensary

Where can seeds or seedlings be bought by a license holder? Will these be only available at a licensed dispensary in Oklahoma?

To the Department,

I am not a felon, however I assert that it is unfair to disqualify non-violent felons currently serving probation (supervised or otherwise). While they are prohibited from consuming alcohol and non-prescribed narcotics, some are permitted to consume other prescribed narcotics as deemed medically necessary. According to the original language passed, felons are not directly prohibited from participating. While it is perhaps a good idea to disqualify those with some possession and distribution charges, there are a litany of other non-violent offenses that are completely unrelated to the trafficking of illegal substances. Felons with these non-narcotic-related convictions should be included among qualifying applicants. This is about providing people with necessary treatment for debilitating ailments, not giving all felons a "free pass" to get "high". Some offenders are required to submit to polygraph tests, and these tests will indicate whether the offender is abusing their privilege. Please do not disqualify persons who will greatly benefit from these laws who have not shown a valid reason for disqualification.

Thank you,

Hailey Henderson

A time limit on marijuana use.

A penalty on growers if a child (a person under the age of 18 years) uses marijuana with our without the knowledge of the grower.

Prevent use of marijuana in the house in the presence of children (persons under the age of 18 years), such as, but not limited to, a diffuser or humidifier.

The rules that have been suggested create a situation where people who live near, at, or below the poverty line will be unable to receive the benefits of medical marijuana which will increase already existing health disparities. One doctor's diagnosis and prescription is sufficient. In addition, minors who have qualifying health problems should absolutely have access to any and all medication that is available to them. Medical marijuana does not cause any addictions and in its medical for does not create any intoxication effects. To prevent minors for using oils, balms, etc. that could greatly improve their health and quality of life is cruel and inhumane. Imagine you are a parent of a child who has a seizure disorder. You would get to watch every day, every minute while your child suffers even though the medication is safe and legal, simply because of a stigma bias that has nothing to do with drug use. Please make the regulations reasonable and secure access to anyone that needs it, irregardless of age, race or economic status.

This bill needs regulations for qualifying conditions and employers need to be able to restrict employees from coming to work high. What if my child is at the local pool and the lifeguard is intoxicated? What if my child falls down on the monkey bars under supervision of an intoxicated employee? This bill does not protect the employers. The distance from a school needs to be further then 1000 feet. How are we generating money for the state if people can grow it at home? How are you going to regulate high THC levels if there is no money from people making their own? How are we going to fund education if only 7% is the tax?

Comment on OAC (Draft) 310:681-1-9-a-10-D

The prohibition on physicians recommending medical marijuana, if they themselves are patients, seems very punitive as there are no restrictions on prescribing any other medications, opiates included, if a physician is also prescribed the same medication. While I am all for not allowing a physician to practice while under the influence of any intoxicating substance, prescription or non-prescription, this seems unfair to any number of physicians who may have ailments that may benefit from medical marijuana treatment.

The rules that have been suggested create a situation where people who live near, at, or below the poverty line will be unable to receive the benefits of medical marijuana which will increase already existing health disparities. One doctor's diagnosis and prescription is sufficient. In addition, minors who have qualifying health problems should absolutely have access to any and all medication that is available to them. Medical marijuana does not cause any addictions and in its medical for does not create any intoxication effects. To prevent minors for using oils, balms, etc. that could greatly improve their health and quality of life is cruel and inhumane. Imagine you are a parent of a child who has a seizure disorder. You would get to watch every day, every minute while your child suffers even though the medication is safe and legal, simply because of a stigma bias that has nothing to do with drug use. Please make the regulations reasonable and secure access to anyone that needs it, irregardless of age, race or economic status.

Mary Fallon stated she wants to change what's in the law. She needs to leave it alone. It's the law of the land. Yes rules and regulations need to be put on it but the law itself is exactly the way it needs to be. Over half a million Oklahomans voted for the way it is and it needs to stay that way. Mary Fallon is a lame duck and out of office at the end of the year and she needs to stay out of it.

I am requesting that OSDH modify its proposed rules to allow outdoor, field marijuana grow operations by existing Oklahoma farmers or ranchers who own at least 500 acres but no more than 5000 acres and who have at least five years of farming and/or ranching experience. The initial acreage for any grow operation could be limited to 100 acres, and increase annually based on years of successful compliance and production. Small family Oklahoma farmers and ranchers have faced incredibly tough economic times due to low cattle and grain prices, and have no viable alternative crop. Allowing existing farmers and ranchers to cultivate marijuana legally gives the Oklahoma Ag community a much needed alternative crop and counters the power consumption and environmental hazards posed by indoor operations. The acreage minimums and maximums help to ensure that the rule would include existing family owned farms and ranches but would exclude large corporate operations as well as small startups by those with no farming or ranching background. Furthermore, limiting growing operations to indoor facilities simply caters to those segments of society who have been cultivating illegally and who already sell other controlled substances illegally, all while placing the grow operations in dense urban settings. Oklahoma's outdoor environment and soil is well suited to seasonal crop growth and those best suited to responsibly raise the crop are those with experience in farm and ranch operations.

I hope that it'll be considered to have something in place that states a change in drug testing for medical Marijuana. I had a friend talking to me about how they are afraid that once they are able to apply through their doctor because of their cancer that when they return to work they will be drug tested and fired still because of it. It would be medical discrimination to do so but I know in some states they haven't put anything in place for those instances yet.

I urge the rule making board to reconsider proposed language barring Oklahomans with non-violent felonies within the last 2 years and violent felonies in the last 5 years from holding a marijuana license.

Current Oklahoma law doesn't bar this group from filling prescriptions at a pharmacy, and they shouldn't be barred from medical marijuana licenses either.

I understand the proscription for parolees and those on probation, but if someone has completed their sentence, they should be allowed a medical marijuana license.

The emergency rules do not include a definition of cannabis disorder, yet that is one of the topics a physician must discuss with a patient. Please include the definition (preferably from the DSM-5) in the definitions, along with the disclaimer that these psychiatric conditions are under continual revision and updating, as further study proves or disproves the reliability of the definitions of stated conditions therein.

To whom it may concern:

I urge you to please use the passage of this state question to improve equity for Oklahomans of color, who are disproportionately punished for drug offenses.

I am well aware of the inadequate funding appropriated for DoH. Creating more rules and restrictions that punish cannabis users is not the solution to this problem. Despite the budget crisis, the passage of this measure is not an emergency; it is an opportunity to improve the well-being of Oklahomans, particularly those with chronic pain, eating disorders, and illnesses both mental and physical.

Please use this opportunity to promote health equity and bodily autonomy, not to encourage punishment of extralegal users, particularly those who have already borne the brunt of the gratuitous violence of our state's carceral system.

Kind regards,
Mx. Kelsey Morris
B.A. Sociology
M.P.H. Student, OU-HSC

The citizens voted. Let's listen to them. Do not strip this. Allow MMJ to actually help the citizens.

Why have you limited the "proof of identity" to only three tribes within Oklahoma (Cherokee, Muskogee/Creek, and Choctaw Nations), eventhough, there are 39 federally recognized tribes?

I have two opinions here.

Is there not a possibility of allowing Sunday afternoon times to be open? Sunday may be a good time for people otherwise unable to go other days or, as it is medical, if someone is in need on a Sunday and otherwise has none available. Pharmacies even have Sunday hours, and if it's medical a comparison to pharmacy hours may be better fitting, rather than hours similar to wine and spirits shops.

For products attractive to children, some think literally anything can be attractive. Perhaps a small quantity of edibles in opaque packing can help keep children from being interested.

I would like to urge the legislature to not screw this up for those of us with chronic pain. This is monumental for our state and I would hope that the drafted new law wont change too much.

I live and work in central OK. Zip code 73012.

Will there be regulations regarding a bakery type dispensary?

310:681-1-4. "Medical Marijuana Product"

THC content should not be restricted except by a physician. This restriction interferes with medical treatment that only a patient's physician should be providing. Medical Marijuana is not for recreation and should not be limited as such, for example restricting alcohol content in beer.

310:681-2-8(4)(E)

No copy of a physician's recommendation should be kept by a dispensary. It is part of a medical record and violates doctor-patient privilege. As part of a medical record, HIPAA may become involved. Further, the dispensary is already keeping a record of the amount dispensed to a patient.

310:681-6-2(b)

With the requirement for commercial-grade outside locks, biometric access control seems overly burdensome both in initial cost and maintenance. Commercial-grade outside locks should be more than sufficient for security (along with the required cameras).

310:681-6-5(b)(2)

The requirement for cameras on all exterior walls is redundant and overly burdensome. All ingress areas are already covered by cameras as well as all areas used to grow, process, manufacture or store medical marijuana. It is unnecessary for security and increases costs.

Thank you for your time and consideration.

I'm not sure if this is the correct place to submit this, but I have concerns about the process to get a medical marijuana card.

I have been in pain management for almost 10 years. I have severe neuropathy, degenerative disc disease, and peripheral artery disease. I'm in constant pain every day. I am on a lot of high dose medication. I have a pain pump that delivers a mixture of fentanyl, morphine, and bupivacaine. I also take oral medication. Even with all of the medication I take, there is never a day when I don't experience at least moderate pain and many days, it's so bad that I can't even get out of bed. I don't know if medical marijuana would help me or not, but I'm willing to try.

This brings me to my concern. This morning I texted my doctor's p.a. and asked how Dr. Kelly was handling the patients that wanted to try it. He texted back with the response that he doesn't know Dr. Kelly's stance on the topic. I thought that was an odd answer because we have been trying so hard to make my quality of life better. I started wondering why he would have reservations, if he does, and a thought came to mind. If the medical marijuana gives me a better quality of life than the opioids, then I would no longer need a pain management doctor. He would lose business. Now, I don't want to make accusations, but in Oklahoma, most PC's require you to see a pain management doctor to get medication. There are clinics set up just as pain management. If they no longer need pain management, then they are going to lose a lot of patients. How is it going to be handled when these pain management doctors don't want to sign the application because it may mean losing their patients?

I would like to see answers on how the State of Oklahoma will handle rules, regulations and fee's governing Disabled Veteran's.

Be SMART with SQ788 and allow it to have necessary impact on our overcrowded and disproportionate criminal justice system. Many of these incarcerated black/brown folk are locked up because of possession of marijuana due to medicinal purposes. The SQ only charges a \$400 fine to anyone without a prescription in possession that can state a medical condition. I'm sure many of our incarcerated would take that option over being locked away from their families, jobs, livelihoods. Too many have seen their probation revoked, misdemeanors upscaled to felonies, and economic opportunity falter because of the criminalization of marijuana. Now that we have SQ788, let's be smart about how we implement it and allow it to be a positive beacon in the lives of all Oklahmonas, including our incarcerated.

The people voted for the medical benefits that cannabis has to offer. Restrictions on THC content deprived many medical conditions to be untreated by medical cannabis. These conditions that high THC content help include appetite disorders, pain, sleep disorders and PTSD among many others. I am currently on pain medication that has negative side effects and I voted for ALL the medical benefits cannabis has to offer, not just what the state decides to restrict it to.

Is there any possibility of changing the wording to properly call it what it is cannabis not a made-up name marijuana.

Need to tax it more. Need to make penalties high for violations

Wanting any and all updates and information on this as it comes to fruition. Thank you for your time and effort.

Tara R. Conner
918-470-7380

When will the cost of a license for transporters, growers and dispensaries be available? Will it increase or stay the same as originally written in the bill?

When can I get a medical card???

What is the law for having a medical marijuana card and owning guns? I seen it states that Your state conceal carry license can't be taken away. But I've heard people say you can't have guns and a MMC.

I've read all pages of question 788 and agree with all stipulations and ask NO modifications take place. Thank you.

My husband was the victim of a suspected poisoning in the early 2000s. He started having seizures and when his organs shut down he developed severe nerve damage in his feet and legs as well as other medical problems. In 2009 he was hospitalized for a month with blood clots in both legs and lungs and severe nerve pain. There was a medicine there, Fentora, That helped him but even after consulting the medical doctor in boston that did a study on its use for neuropathic pain and submitting the information he sent us Insurance would not cover it. My husband has had two spinal stimulators implanted and a pain pump. The spinal stimulators were removed last September due to secondary problems they were causing. We have tried every option available to us to provide relief just so he can function daily without luck. we have been to Mayo Clinic, tried CBD oil, CBD balm, and CBD pills. We have tried water therapy, physical therapy, etc. We would like to ask that licensure not be limited to certain diagnosis such as cancer, MS, etc. There are many patients with medical problems not fully understand. It is very unfair to deny them treatment that works just because they do not fit in a specified box. My husband has never tried Cannabis as we have always abided by the legal rules with his treatments, however we do want to try and hopefully it will allow him a quality of life again. We would be more than happy to talk to anyone that would like more information about his situation and how rules would affect patients like him. Jimmy and Natalie Schnell 405-317-6873

As a terminal cancer patient, all I ask is you make it affordable to those on a fixed income. It is taken into account when getting a license, \$20 is affordable to me. What about cost of the medication? Will there be a way to get it covered by Sooner Care? I am so excited to be able to use THC and not pain pills.

Will banks who are FDIC insured be able to accept deposits of money from a product that is still illegal on the federal level?

Please make the following changes:

Deletion of THC content limits in 310:681-1-4 Definitions {Mature Plant (20%), and Medical Marijuana Product (12%)} all other information to remain intact.

Removal of 310:681-1-5 (b) Fingerprint Collection (This is a violation of the 4th Amendment, and is furthermore an unreasonable intrusion which is not made in good faith as per the exclusionary rule.)

Removal of 310:681-1-9 Recommending Physician Standards (a) (10) (D) (D) Firstly, prohibiting physicians from entering a joint venture with either a grower, producer, or dispensary company greatly infringes on the physician's freedom of association. Sufficient safeguards exist in preceding points within this section to curtail undesirable conduct. There are two line items for (D), which I assume is a typo. Secondly, the notion that a recommending physician cannot also be a Medical Marijuana Patient is profoundly discriminatory; there are no such limits on other prescription medications.

Removal of 310:681-2-11 (b) [Entire text] This is an unjustifiable regulation, especially considering the preceding point (a) cites the Smoking in Public Places and Indoor Workplaces Act. The aforementioned Act covers school events, homes used as day care facilities, and all other public places where minors would be present; anything further would be an undue burden.

Removal of 310:681-5-12 Marijuana Servings and Transaction Limitations (a) Placing a limit of 10mg THC on a "single serving" of a medical marijuana product is arbitrary at best; the limits on transactions are in accordance with SQ788.

Thank you for your time.

My concern is that the Medical Marijuana Industry Expert Board is appointed rather than elected and the people are not represented. The people are the ones that voted SQ 788. They should have a seat at the Expert Board in some capacity.

Let the 10 year+ student of medicine decide what warrants a marijuana license. Politicians need to stick to being the voice of the people and should be weary of usurping said people.. The people of Oklahoma are not stupid and know exactly what we voted for.

Can we please Add 100% disabled vets TBI, PTSD, ect .
And will our Tax exp still apply

Keep Mary Failing out of it she has screwed up way to much of Oklahoma already! Up to and including the health department, teachers and the great people of Oklahoma also don't let it be ran by big Indian tobacco either!

We believe it is important to incorporate measures that are intended to promote the participation of persons of color and women in commerce related to cannabis. Applicants for cultivation and dispensing should include in their initial applications a diversity plan that spells out how they will achieve racial equity through ownership, employment and contracting.

I just want to be clear that I'd like this to cover mental illnesses and not just physical. Marijuana has been proven to help significantly with not just symptoms like joint pain and epilepsy, but GAD (Generalized anxiety disorder) and insomnia, both of which I personally suffer from.

Thank you,
Cameron

Marijuana is a slang word derived from Mexican immigrants. The correct term is Cannabis. If you are creating a governmental agency to regulate Cannabis then you need to look professional and stop using slang terms.

Would pharmaceutical companies only be licensed for farming and production and is it likely that the state will allow only production of non-THC oils and pills as medication and that these products be distributed and sold only by pharmacies with a doctors prescription. This would eliminate smoking and marijuana laced foods and help to avoid having to police of every single home to insure that people are not abusing the law. This would also keep people from driving while intoxicated as well as using at work.

The following are my thoughts and/or objections to the proposed rules.

1. An applicant must be 25 years old to obtain a license. There is no medical reason that a person who can legally buy the much more dangerous and damaging drug, alcohol, at 21 years of age should have to wait another 4 years to obtain medical marijuana. There are countless young people in this state who suffer from conditions that will be greatly helped by marijuana. Lacking any sufficient justification, there is no reason for this.
2. Moreover, there is a gap in the rules. People under 18 can get a license under certain circumstances and 25-year-olds may apply for their own, but where does that leave those aged 19-24, many of whom suffer from conditions that will be greatly helped by marijuana. This gap needs to be addressed.
3. There is simply no justification for denying felons the right to have this medication. While I realize this state likes to be as punitive as possible, the fact remains that they are people who suffer from their illnesses just as much as non-felons. Felons who have fulfilled their obligations are not forced to wait years to get other medications, and they shouldn't have to for this one either. What is done now with probationers or parolees who suffer from debilitating illnesses? That's what should be done in this case.
4. The THC content is limited to 12%. Most indicas and sativas are at 18%-25%. Consider raising this limit to make more effective medicine available to those who need it.
5. Prohibiting the manufacture of anything that could be deemed "attractive" to children is too vague and leaves manufacturers with little guidance and too much liability. Either specify each and every type, flavor, and shape of prohibited items or dispense of this altogether. There are numerous medicinal products that could be seen as attractive to children, such as grape-flavored cough syrup, gummy chewable aspirin, and even laundry detergent pods. None of these are regulated in this way.

To conclude, most of these rules are overly rigorous and run the risk of running afoul of the spirit of the law that was duly voted on and approved by the public.

Sincerely,
Rhonda Cupp, lifelong resident of Oklahoma

I implore you to make medical marijuana and products available to people like myself who struggle with multiple chronic illness like Rheumatoid and Osteoarthritis, Lupus, Fibromyalgia, IBS, Migraines and many more painful effects from them.

I am also a responsible gun owner so it would be very unfair to me and many other law abiding citizens who stand w/the 2nd amendment, if we were not allowed to receive medical marijuana because we own guns, so please reconsider that rule also. Thank you very much.

Please do not cripple this bill to the point that it defeats what the people want and severely limits the access people need to this medication! Senator Yen wanted to do this and the people spoke at the ballots by electing Howell in the primaries. This shows that the people want access to medical marijuana to treat all sorts of ailments and when you try to limit that access then the people speak out. PLEASE think of the people and not the lobbyists when enacting these rules. We WILL remember those who put special interests over the people. Thank you

What is the law for having a medical marijuana card and owning guns? I seen it states that Your state conceal carry license can't be taken away. But I've heard people say you can't have guns and a MMC.

The current proposed bill is a good standard to start with. The 788 bill took suggestions from all of the other medical states from around the US and implemented practices that have been field-tested. The fact that all products have to be tested for pesticides and other harmful chemicals is a stand-out. This is a great standard to start with and hopefully stick to. I am sure the 72 oz proposed amount for edibles may change, UNLESS this weight includes packaging and the weight of the whole product. IF we are just measuring thc/cbd amounts, then this is measured in the milligram levels, and should be lowered to something more reasonable like a few grams. The flower amount is good, because it protects people who may be interested in privately growing their own. People may rather grow a large batch just once a year and use their medication throughout the year. The concentrate amount is fair too, it is similar to medical markets all over. (NY, CA, WA, CO, etc.) I think the DOH or the newly OMMA should maybe start a reference list for their suggested doctors that may be more informed or trained on medical marijuana. I believe this is a good start, and that Oklahoma should test things out before we make adjustments. Nothing can be done in public, like consumption or growing, so I think this is fair.

Nurse practitioners, who prescribe other controlled substances and may be just as knowledgeable about cannabis, should not be precluded from recommending MMJ treatment.
Patients should be protected from the state's zero-tolerance law if tested for impaired driving because THC metabolites remain in the system long after the intoxication and negative cognitive effects. Alternatively, new law enforcement rules should be put in place--people who have field experience know they need a better test than saliva.

To whom it may concern,

I have spent a great deal of time with people on all sides of this state question and I am a medical marijuana patient myself. I would like to help represent the interests of the people of Oklahoma, and supporters of SQ-788, as well as work with the legislature and supporting committees by providing insight from my experience with marijuana use for medical purposes. I am a U.S. Navy Veteran with service related disabilities, including PTSD. I understand the will of the people, as well as the concerns about setting up an effective framework to govern SQ-788 properly. Please contact me if you would allow me the honor of helping provide guidance on this issue. I can attend meetings at the Capitol if necessary.

Very Respectfully,
Cody Barlow

I have a specific grievance with 310:681-1-9, subsection 10, item D: "Hold a patient medical marijuana license in his or her personal capacity or as a caregiver if actively marking recommendations under these provisions for other patients;"

As I read this, it seems to effectively bar physicians from access to medical marijuana if they have, in their official capacity as licensed physicians, at any point issued a medical marijuana recommendation. It does not seem reasonable to deny medicine to a person, simply because they are in a capacity to issue a recommendation for the same. Imagine a doctor who is a veteran Navy Corpsman who saw combat and suffers from PTSD, but he can't medicate or must choose to never issue a medical marijuana recommendation.

I recommend this line be struck from the draft. It seems reasonable to believe that all other conditions in that section are enough to prevent bias, abuse, and gamesmanship among the medical physician community in Oklahoma.

To keep the Cartels from infiltrating and corrupting the legal MMJ market, common sense regulations should be put in place to require that all MMJ businesses E-Verify all their workers and illegal aliens should be prohibited from obtaining licenses with criminal/civil penalties for violations. Regulations should be put in place requiring that only U.S. citizens can be eligible to apply for and obtain licenses or recommendations.

If Felons and pregnant women are prohibited in the draft regulations, then why aren't non-citizens and illegal aliens prohibited, too?

Commercial growers should be allowed to grow in greenhouses. These proposed rules will make it difficult for mom and pop growers to start a grow operation. This should be a great opportunity for Oklahomans who wants to start a new venture but these proposed rules will limit it to entities with large amounts of cash on hand.

You should also consider allowing individuals to grow for patients who don't have the capabilities to grow for themselves

Please reconsider allowing commercial sellers to be open on Sundays. A pharmacy can be open on Sunday and alcohol can be sold on Sunday.

When will the people of Oklahoma that would benefit from SQ788 be able to receive there medical marijuana cards? And where would we go to get them?

Hopefully you will require lab testing and potency testing for safety of those purchasing medical marijuana

This paragraph appears to be missing some content:

310:681-5-15. Entry to Commercial Establishments

(a) Minors under the age of 18 may enter commercial establishments unless the minor is a patient license holder accompanied by their appointed parent or legal guardian. In addition to dispensary employees, only patient and caregiver license holders may enter dispensaries.

The types of structures the emergency bill is suggesting sounds like someone talked to people in Colorado who were only able to grow only in indoor facilities. Indoor facilities use a large amount of energy to drastically increase every single person in the states energy bills. Greenhouses, with supplemental lighting, and darkening capabilities are far superior to any indoor grow. However, greenhouses typically do not have slab floors, they do however have structurally sound greenhouses with visibly diffused walls. How will greenhouses play role in keeping the costs down for other citizens, if they cannot be used?

Looks really, really good. Photo on the MML and requiring both it & a photo ID at dispensaries is excellent. I especially like: 310:681-1-9. Recommending Physician Standards, Subchapters 5,6, 7 and 8. Well written and comprehensive. Good work.

HOWEVER: This sentence in 310:681-2-7. needs to be stricken or strictly redefined to limit law enforcement access to MML holders names: "This system shall be made available to all law enforcement and regulating entities as determined by the Department." Medical Marijuana License Verification System needs work restricting 1) who has access, 2) to what specific information each entity can accessed and 3) for what specific purposes each entity can access. Law-enforcement entities do not need direct access to the registry. In fact, Registry ID card with photo and expiration date, etc should be sufficient to verify authenticity. The system's access needs carefully controlled --an good example would be ADSAC assessors DUI search on ODMHSAS Access Control. A medical marijuana patient registry is confidential medical information, similar to a hospital or doctor's office patient record, and therefore is protected by HIPPA. Plus since the Federal government still considers marijuana in any form illegal, there could be many criminal implications -you need to make sure names in MML registry cannot get into law enforcement's criminal database (as happened in Colorado in 2013).

It may also be helpful to work with the legislature regarding MML holders and gun ownership--as you now many Oklahoma's own guns and some may be applying for a mml for pain, etc. Their Second Amendment rights shouldn't be abridged/denied because of a medical problem--medical marijuana should be considered no different than any other prescription medication.

Thank you.

Please don't mess with the bill. It is fine as it is.

In the draft, Marijuana Product definition limits the percentage of THC to 12%. This includes oil and any other products. This is not a realistic percentage as most plant strains currently produced in Colorado and California exceed this value. Additionally oils and other similar products will have significantly higher percentages so that the patient can use much less quantity of product to administer their dosage. This reduces intake of non-benefial plant matter during dosing.

There should be no limit to the percentage of THC on marijuana products, though the percentage should be tested and clearly labeled.

If qualifying conditions are added to the rules, please consider Ehlers-Danlos Syndrome as a qualifying condition.

It is a rare degenerative genetic connective tissue disorder that causes systematic problems and joint issues that are extremely effective.

Local anesthetics do not work on people with Ehlers-Danlos Syndrome, and many patients with this condition often have variants of the CYP450, OPRM1, and COMT genes that prevent proper metabolism of necessary meds for pain control, insomnia, mental health disorders, gastrointestinal issues, and more.

You have no provisions for those who want to grow the young plants for the dispensaries to sell to home growers.

Please consider making transportation license available to transport companies (courier company). I would consider a heavily secured vehicle system driven by certified security officers to transport. This would alleviate one less stress for growers/dispensaries/researchers if they could hire a company to move inventory for them. Thanks.

Why is the THC level of Medical Marijuana limited to 12%?

My only concern is that the transporting of Cannabis doesn't require armed security personal. And considering that these will all be cash deals, where is the armed security provision for the transportation of cannabis cash and how much cash a dispensor can have on location.

What training for DR. before they can recommend? Is it something they have already or will will you provide? Will each DR. In OK have to attend training before they can recommend?

Commercial Establishments need to be able to grow outside.

Plants should be able to grow taller than the fence they are held within.

The definition a of a mature plant cannot contain thc levels greater than 20%,should be taken out of this description, because this number cannot be guaranteed. When growing plants they produce whatever thc content they are going to produce. It's like the federal rules for bay shrimper who are told they can only catch 100 pounds of shrimp a day, so they put their nets in and catch 200 pounds they have to throw 100 pounds back and its usually dead, so that's wasted resources. Or like saying a corn plant can only produce 1 ear of corn when it could produce more.(Marijuana has never killed anyone)

Remember no one has ever died from an overdose of marijuana and a doctor should have the right to prescribe a non-lethal drug at his will!

Please do not exclude children with life threatening seizure disorders. Please do not exclude any residents of nursing homes. Please do not exclude any veterans suffering from PTSD.
For children and the elderly, edibles and oils should be the preferred delivery systems.
Please do not exclude a wide range of psychiatric disorders.
Certain psychotic disorders should be considered sideree for exclusion as they can exacerbate the symptoms.

To keep the Cartels from infiltrating and corrupting the legal MMJ market, common sense regulations should be put in place to require that all MMJ businesses E-Verify all their workers and illegal aliens should be prohibited from obtaining licenses or recommendations with criminal/civil penalties for violations. Regulations should be put in place requiring that only U.S. citizens can be eligible to apply for and obtain licenses or recommendations.

If Felons and pregnant women are prohibited in the draft regulations, then non-citizens and illegal aliens definitely should be prohibited, too. And Pregnant Women not discriminated against.

I propose the following be included in the rules:
Proof of identity should include birth certificate for adults over 18, VA benefits card with photograph, or dependant/retired military I.D. (NOT active duty, as prohibited by federal law and UCMJ)
An appeal process for patient applicants who are denied license.
Distance from a public or private school should be extended to at least a mile, and public parks for children should have a distance of at least 1,000 yards.
Legal protections for employers, educators should include the right to deny employment/admission for certain job/student positions.
Patient protections regarding family law including but not limited to custody and adoption.
Employees of dispensaries should qualify as patients or caregivers.
Dispensaries should be able to apply for a license (like liquer licence for bars) to be able to allow responsible and safe consumption of marijuana and byproducts on premises.

Right to Grow Cannabis Outside. Hello, I live way out and no one can see my house from a road. My backyard is fenced and I would like to be able to grow my cannabis plants outside, beside my tomatoes, pepper plants and other vegetables. I consider a ban on outdoor growing to be an invasion on my rights. Indoor lights are costly to run and goes against my way of living of being a conservative and caring about the power needed to run such lights and the damage to the environment. I think God wants me to grow cannabis under the sun he provided. I am hoping that passing 788 makes many people free, but I will still not feel as a free man unless I can grow my plants outside.

I don't think you guys should change anything in SQ788 the 63 pages is a little excessive that you guys came up with. Why is it so hard to let the people that voted on this and passed it have what they want? Do you like conflict? Or maybe you guys just greedy is what it sounds like.. you guys need to figure out when to leave stuff alone and this SQ788 is one of them.

SQ788 was voted in by WE THE PEOPLE. It should be left alone and as-is.

I am concerned that "industry experts" may not have the best individual interest of patient rights in mind. I hope the board will have a few patient citizens in representation. I spent an entire career in nursing and on boards and representing health care models, special populations and patient rights. I have 2 published pieces on pt rights and ethical legislation that have been sent to many legislators, agencies and associations that I will forward at your request. I would volunteer at no pay to see that the patient has a voice and balance my approach with science and the observations of home health patients cannabis medicine successes. Adecdoctal evidence is used in medicine every day, it just killed my mom, yet no one listens to the actual patient whom has a wealth of information about their cannabis healing experiences. I also spent time in Clinical Outcomes Research and fully understand an off balanced medical system, the bodies biological response to chemical medicines and a much needed nutritional pathway approach. Sincerely and at your service P Street 4054739427

<p>I would like to comment on the following part of the rules: Dispensaries cannot be co-located with any other business entity and may only sell or otherwise offer medical marijuana and medical marijuana products.</p> <p>Due to federal tax issues under 280E many dispensaries are having to run co-located businesses under the same room such as wellness centers, patient advocacy, counseling, etc to reduce thier federal tax. Under 280E the IRS will not allow a dispensary to write off any businsses expenses, but wiht a co-located business the 2nd business can write off these expenses thus reducing the tax issue.</p> <p>With the very vague language in SQ 788, there are no specific strain requirements for home growers. If a Medical Card holder is truly seeking relief through "smokable" Marijuana and intends to grow their own, they should be required to buy specific, high CBD, low THC seeds from a licensed dispensary rather than having the ability to grow high THC strains strictly for the purpose of getting high. I have stores located in Woodward and OKC and if granted a dispensary license, I will sell infused products, however, I will not carry smokable pot. I will carry high CBD/ low THC seeds for those seeking a truly medicinal strain. There should be regulation on this otherwise there will high THC plants grown in all of these homes with zero medicinal value, which smokable pot does not provide anyway. CannaHealth of Oklahoma is committed to setting a standard for the Cannabis Industry in the state that is second to none. My goal is to offer the public a quality, all natural product that will provide actual medicinal results rather than a "high." Thank you for your time. EJ Bancroft CannaHealth of Oklahoma 580-216-2417</p>
<p>I Dont Have A Portable Document Format But I Can Have Them Faxed To You Bye The Doctor's</p>
<p>It appears that almost all of the emergency rules treat this as a medical product. Using words like Patient, and regulating tight control measures for testing and labeling medical marijuana, but when it comes to the hours of operation for dispensaries the rules treat them like a liquor store.</p> <p>310:681-5-14. Hours of Operation (a) A dispensary may only be open to the public and offer for sale medical marijuana and medical marijuana products Monday through Saturday from 10:00am to 9:00pm with no sales or operation on Sunday.</p> <p>I don't see how this serves public interest or safety, and no other businesses that I can think of in Oklahoma have any sort of regulation like this other than liquor stores. So unless all these regulations are changed to regulate medical marijuana like a liquor and beer, I think this section should be struck from the working draft.</p> <p>I am a lawful gun owner. My weapons are locked up and safely secure in my home. My wife has epilepsy and believe medical marijuana can provide effective treatment. Can she still get a medical card? Will her or I lose any of our constitutionally protected rights, including an Oklahoma Handgun License?</p> <p>I am possibly interested in obtaining a dispensary license. After reading the draft of rules, I realize that education will be of the utmost importance. <u>Will the health department, growers and/or distributors be offering any classes to better educate potential licensees?</u></p> <p>Limiting a mature plant to 20% THC is something that can't be regulated, a person doesn't know what the THC content is until after the plant is grown and harvested and should not be punished because the plant tested out too strong for this regulation (THC content for a mature plant).</p> <p>REMEMBER NO ONE HAS EVER DIED FROM A MARIJUANA OVERDOSE!!!</p> <p>Doctors should have the right to prescribe a non-lethal drug at their discretion to any that need it.</p> <p>Please modify the regulations to not only explicitly allow gun ownership and purchase by medical marijuana patients who would otherwise pass the background check, and to seal medical marijuana patient records from the federal government, so as to allow said gun ownership. Medical Marijuana laws already contradict federal law, and it's important to err in favor of states rights. Oklahoma is a gun culture, and we shouldn't force our citizens to choose between the two.</p>

By will of the people we voted on 788. Don't dilute it with regulations that are contrary to the gist of the bill. Home grow is a hallmark of the bill. Make the bill happen.
Qualifying conditions should be determined by a physician. Due to the safety of cannabis' use throughout recorded history, it should be for a Dr to determine as well as the 100s of cannabinoids and phytochemicals present in the plant that provide synergistic benefit.
Thank you.
Oklahoma needs Montana's Walsh legislation to protect gun owning marijuana growers and users.
Will at all times the law allowing the use of Medical MJ be contingent on federal laws as well. For instance it's against the federal law to possess a fire arm if you use MJ including for medical purposes.
I'm concerned about the doctor requirement... A lot of us don't regularly use a doctor. I see mine every couple of years or so when something needs looking at... Or I'll use a doctor in a minor emergency.
It seems for those who only use minor emergency doctors, your rules would make it so where they cannot have access to medical marijuana.
The requirements for a physical also seem a bit much... We all know marijuana is safe and natural- it's not going to kill us. Maybe offer the physical as a suggestion but not a requirement... Offer education materials on the subject but not require people pay for a physical on top of the \$100 every two years. Some of us don't have money to spare.
Thank you.
Common sense regulations should be put in place to require that all businesses E-Verify all their workers and illegal aliens should be prohibited from obtaining licenses or recommendations with criminal/civil penalties for violations. Regulations should be put in place requiring that only U.S. citizens can be eligible to apply for and obtain licenses or recommendations. Felons and pregnant women should be prohibited as well. In addition LLCs and ownership of more than one farm or dispensary should not be allowed. State residents that have been in state 7 or more years can only own farms or dispensaries.
310:681-6-5 Video Surveillance System TOO MUCH SURVEILLANCE REQUIRED!! why so much?
310:681-2-1. Application for Patient License Why do they need our phone # AND e-mail address? wording should include e-mail optional
Hello, I am the admin of https://www.facebook.com/YESonSQ788
Other concerns will be sent as the public presents them to us.

We wrote bonds for cultivators and dispensaries in Arkansas last year when they opened their state up for medical marijuana business.

We sold bonds that covered the following of rules under the license and I think that this is appropriate. Know that bonds over \$50k become difficult to obtain without a full financial underwriting, so if you want your applicants underwritten on more than a credit report, consider the bond penalty.

In addition to a bond guaranteeing that the licensee follow the rules under the State's license, you may want to consider a separate tax payment bond similar to what is required for liquor sales.

I say to keep these two bond obligations separate because the more items required / guaranteed under one bond, the harder it will be to get bonded. The last thing we want to do in an emergency situation is draft a bond form that is un-writeable.

If you have questions about this please feel free to contact me directly at the numbers below.

Phone: 918 -337-4100

Email: Dave@thebondpro.com

Thank you,

Dave

I'm unable to print on my PC so I would like to know where I can pick up documents to be filled out

Under Prohibited acts, the draft will NOT ALLOW for someone that is unable to get to a dispensary on their own (disabled, but not bedridden, an in need of a caregiver) to have their medication delivered. My parents will be MMJ card holders when available, and neither of them can just "hop down to the local store," and while they do NOT fit the rules and guidelines for the commissioning of a "caretaker" they will also not be able to get their medication. Other pharmacies are allowed to deliver medication to their customers. This should be allowed, and regulated under the transportation subsection. Keeping a person away from their medication, because they're not ambulatory enough to walk into the store, but also not in bad enough health to be "bedridden".

A Maximum of 12% THC!?!???? That cuts out A LOT of strains that are popular in the medical use community.

And if you insist on closing a MEDICAL DISPENSARY on Sundays, then you are saying that you're not actually regulating MEDICINE, but you are regulating a recreational substance (must like Alcohol was and still is) To clone the alcohol laws only tells the people that this is NOT a medical bill WHICH IT IS.

How are retailers supposed to stock their stores with inventory grown in Oklahoma when growing won't become legal or permitted for several weeks. It wil then take them several more weeks to complete a harvest? Are we permitted to bring in out of state product.

I don't believe the dispensaries should be closed on Sundays. This is ridiculous and obviously based on religious preferences.

Keep the rules as they originally were! We the people chose it this way due to the many illnesses that cannabis can help with and CURE!!

Thank you.

S. Handschumacher

To whom it may concern,

I am very concerned that the Governor and associates are going to try and make it excruciatingly difficult for anyone but those who have severe diseases, such as cancer, to get a medical card.

Those with mental illnesses deserve medical cards, too. I personally suffer from Bipolar Type 1, Anxiety, Depression, and OCD. I hate shoving chemical filled pills into my body and making myself numb and lifeless to the world.

On top of my mental illnesses I also suffer from physical ailments such as ulcers, back pain, joint pain, and chronic headaches. I am killing my liver with how much Tylenol I have to take daily, it's absolutely ridiculous.

The good Lord blessed us with this natural plant because he knew his people would need something like it. We need to take advantage of this beautiful resource that we have and we need to help the people! Everyone. We, the people, deserve it.

Thank you for taking the time to read this, I truly hope the officials do not ruin this for us, we voted for SQ788, we did not vote on a heavily restricted bill making it impossible for people to get help who need help.

From depression to cancer, we all deserve help.

Good afternoon.

I feel the rules, as is, are near perfect! The only changes I would make are increasing that at home amount to at least 2 pounds. Six plants can grow much more than 2 pounds though. When it comes to doctor recommended conditions, I would like to say that cannabis has more conditions to help can really be listed and is almost holistic aside from our endocannabinoid system. A doctor should be able to sign off on a recommendation, not prescription, for whatever they feel medically it will help according to their patients needs. As long as they see a doctor first, the patient should be able to use within the current limits set fourth, except increasing current weight limits at their residency. Patients should be able to give freely plants or product to other patients. When it comes to permits for producers/growers. It is important to keep Oklahoma a more mom and pop, small business mind set. Permits need to have a cap on square footage you can grow, outdoors and indoor, keeping the big corporate backed farms from taking over. This needs to be more for small and local businesses and their competition. That is probably the biggest thing. No one should have a monopoly because they have a huge farm and can drive price down with inferior product. There should also be standards on quality of product and pesticide usage on product. Producers should be allowed to bring in clones/small plants AND seeds. A producer should be allowed to bring in previously known strains. I feel no medicine should be on shelves until the 3 to 4 months it takes to grow and process after the first licenses are given out. Also NOT banning concentrates is a big deal. Cannabis concentrates are very important and crucial medicine!! This is a GREAT thing for the state, its economy, and its veterans. We can not mess this up.

As a family who has a minor child on over 15 various medications all of which are currently costing over \$6000/month we urge the board to approve insurance coverage for medical marijuana treatment for minor children on soonercare so that we may reduce the amount of his pharmaceuticals each month as well as the cost of his care each month. Thank you for taking the time to consider this request.

After reading through the draft emergency rules, I believe they are far too complicated, and I believe it will confuse many people who need medical marijuana, and also make it more difficult for those who need it to acquire it. If this is how it is going to be then i would hope that instructions on acquiring a medical marijuana card would be made much simpler so you wouldnt need to hire a lawyer just to help you get one.

Thank you.

I want to say thanks for your best to fix and some clarify how to guide process. I do support SQ 788 but the conditional where it misleads... I would recommend have the doctor taking the workshop to train and understand better the percent of THC and CBD and the supply we are getting for health condition.

However, the food/candy thing I am concern that may appear look like candy for kids should banned like Colorado did banned on their part. I think it should be same to Oklahoma that does not look friendly for kids access or locks zip bag require before put on shelves.

In regards to SQ 788, I believe it's necessary to raise the tax to 10% with a maximum at 15%. Also, other than changing the language to exclude vets, dentists, and other doctors, I feel as though everything else should remain the very similar if not exactly the same. There should be no conditions required as our laws only hold us back once the scientific research is proven. As we have seen in the past, it takes months if not years to correct a simple change to these bills. So it's best to keep it as close as possible to what the people voted for.

Thanks,

Bradley Schiska

Please leave 788 as written as the citizens voted for it.

We need legislation like Montana's Walsh legislation to protect gun owning marijuana growers and users.

Leave SQ788 alone. We voted it in on the it's current framework, leave it be.

The only thing that needs to change is allowing the purchase of firearms while possessing a medical marijuana license. Nothing else needs to change.

Please make sure the privacy of patients information is included with HIPPA, or policy to ensure card holder information remains private, so no entity or person can know if a person holds a medical marijuana license that doesn't need to know

I'd really like to a way for an individual with a medical marijuana card to be able to sell any surplus they had to a dispensary.

Page 3, the limit on medical marijuana products thc content to 12% does not make sense. The flower sold in dispensaries in Colorado may be over 12% THC in many cases. If you extract just the oils from a 10% THC and 10% CBD plant into a concentrate, the percentage in the concentrate will go up by about the same amount for each, so you would have an oil with 20%THC, and 20% CBD or maybe an oil with 40% THC, and 40% CBD. I'm not an expert, but I'd check with dispensary in other states that sell concentrates & you will see the percentage is always much higher in a concentrate. Do not put a limit on THC percentage in flower either. Thanks

Good day all,

I am 36 years old, have been a legal resident of the great state of Oklahoma since age 12, and a tax paying registered voter since I was 18 years old. I am a successful business person; serve on as a director on the board for a professional state association, and 788 gained my "yes" vote. I send this correspondence to implore you NOT to promulgate away the ability for physicians to effectively prescribe medications to their patients. Legislators and state regulatory agencies do not have the right to limit prescription medications of any other drugs, why should medical marijuana be any different? We have a medical board to determine if a physician has been unethical or committed malpractice, let the physicians and their board do what they do best: health care. Now, some individuals have opposed the passage of 788 stating moral/religious reasons. If you believe in God, then you believe he made everything on this Earth, including plants. Plants that are poisonous to imbibe kill or make one ill, marijuana does neither, so even God must be pro-marijuana. A person's religious affiliation and beliefs may deter them from using medical marijuana, but in NO WAY should another's personal beliefs infringe on the rights and ability for others to make their own choice on using prescribed medication. Marijuana is not addictive, and for those who claim pot is a "gateway drug," I have to politely disagree. An individual can link their love of Skittles to obesity, but it is not the fault of the Skittles, the fault is on the individual themselves, their life choices, and their will power. I don't blame marijuana for making people use other drugs, much like I do not blame guns for killing people: it is what people choose to do with the resources at hand that make affects and effects, not the resources. In case you are wondering, yes, I have smoked marijuana on occasion when I am really stressed out, and have done so responsibly. I have never tried any other drugs, rarely drink alcohol, and I refuse to use pills for anxiety and depression as the side effects are too numerous to list. If the truth was told, many responsible adults partake in marijuana and are fine upstanding citizens; you probably know some of these people personally, even if they do not come out and speak about it for fear of retribution. Honestly, I could go on and list many more reasons our State should leave alone the verbiage of 788 as it was proposed, but the most important reason for keeping promulgation minimal is simply the fact this was the will of the people. Over half of a million people came out to vote yes for 788, we had a record of 42% (=/-) voter turnout on a primary, a primary in Oklahoma. Please show the people their votes really counted by not undermining what they said by passing this bill, in this form, by such a large margin. Voter apathy frightens me more than anyone smoking pot for medical purposes, and why will people keep voting if all the government does is ignore their voices cast by ballots?

I live way out and my garden is fenced. I will not feel free if we can not grow our plants in our garden, next to peppers, tomatoes and such.

Otherwise is to make us a slave to an indoor light, a slave to pay money to make it run. I want my medicine grown naturally, under the sun.

We would like to file for a emergency injunction for Love County for a dispensary

Cannabis contains many compounds. Those compounds are called Cannabinoids, Terpenes, Vitamins and Minerals. We already have laws for these compounds on the books. We know Hemp is Cannabis Sativa L and Hemp fed the troops during World War 1. In the early 1900's Eli Lilly wrote his dissertation on Cannabis Sativa L. In 1937 Cannabis was in all textbooks and medical instruction .. as go too medicine for any illness. No one was afraid of a high until 1937. The plant used since creation. Some of us know we should have Cannabis Juice in the stores like 7/11. There are no harmful side effects from Cannabis. Prohibition was based on lies to block free enterprise. This SQ788 was not written by Lobby interests but for Human Interests. Truly a Grass Roots movement. So thankful they have the opportunity. Your job @ the Oklahoma Health Department is to provide the truth for the People of Oklahoma. Please show the State of Texas and the rest of America how it is done. You have a chance to make history that can change the world with #Truth. This is one issue that Science, People and God (God said Genesis 1:29) where we can all agree. The only people not agreeing are some Pastors (who support prosperity gospel, hate and division), Police (who make tons from forfeitures in the law), Politicians, and their Lobby Handlers. There was once a link I shared from USDA that showed 74 vitamins and minerals in Hemp Hearts. That link was scrubbed this year from USDA but there are many links showing 25 vitamins and minerals. Cannabis extract is concentrated nutrients and essential for those with cancer or other serious diseases. Covered under the Dietary Supplement Act of 1994 https://ods.od.nih.gov/About/dshea_wording.aspx

I do feel that the 1000ft distance should be at least what the liquor store requireent is of 1500 Ft. Arkansas is 3000ft

I also do not feel that processors using any type of chemical, butane or ethanol, to produce concentrated and edible marijuana, should be allowed to be in the same address or connected in any way to a marijuana grow facility. Those harmful chemicals can poison any marijuana at any stage of the growing process.

What constitutes a public or private school? Is that a daycare, a karate school full of kids, YM/WCA, or any host of businesses that have primarily children as customers/guests?

just wondering

My main concern is to see that what the people voted for is what gets implemented by the state. The people did not vote for the state to determine what conditions are treatable with medical marijuana. The people voted for individual physicians to determine, on a case by case basis, if a patient would benefit from medical marijuana treatment. What gets implemented should be what the people voted for, anything less is unacceptable. The people have spoken and it is the job of the employees of the state to work for the people regardless of their personal beliefs.

I would like to strongly suggest that Advanced Practice Registered Nurses be allowed to make the recommendation for patients. APRN's are trained to educate their patient. Education will be a big part of a new process. Many in the medical community are opposed to the bill and allowing APRN's to make recommendations will help to prevent additional lack of access to medical care. Specifically stating that APRN's can make recommendations will make it clear in the bill.

Thank you.

In regards to the allowed grow methods— it would be in the economic best interest of the cannabis industry to allow for outdoor growth. These outdoor farms would need double layered fence security, lights, and proper locks, biometric scanners etc to enter the facility. Regulations would be a bit different in comparison, but I'm sure it wouldn't be too hard to figure out— it's been done in agriculture for centuries.

10.E:

States that a doctor can't recommend a Medical Marijuana lic. If they themselves have one.

If this is not true for other prescription medication, then to hold medical marijuana to that standard appears to be an attempt to limit access and clearly against the spirit of 788 and the will of the majority vote in Oklahoma.

I would like my voice to be heard on SQ788 regulations on medical marijuana. Please make commercial growers have the ability to do so easily, not just in locked warehouses, but in secure locations that can grow massive amounts of plants as to keep costs down for people who medically need this drug. Oklahoma has lots of land and with the tariffs going in place, people won't import our products as much. Keep production LOCAL and keep the jobs/money for growing these plants local as to keep drugs being imported from other states/countries.

Also, please allow doctors to make the choices for conditions that can benefit from the plant and do not have pre-labeled uses in the law other than for medical purposes. Don't forget that a lot of people who need the medical benefits of the plant will NOT be smoking it, they will be using edibles and drops and such. Make it easy for them to have access as many are on fixed incomes and already spending too much on medications as is.

Also, while dispensaries should be secure, do not make them vaults where people going there will be targeted as 'drug seekers'. Putting them away from other populated areas due to the restrictive nature of the buildings in the proposed rules would make it hard for people with limited transportation, such as people using public transportation or people who are in wheelchairs who have a hard time going to town for anything to get to them to buy their needed medications. Fencing would mean they could not be in any existing buildings even with great security like window and door bars.

Please allow those that sell to the medical community be able to do so in a way that can be cost effective for the actual clients that need the drug.

The working draft requires that applicants for a commercial establishment license provide, among other information, the physical address of the establishment, GPS coordinates of the establishment and the phone number for the establishment. In many cases, individuals and/or entities wanting to submit an application for a commercial establishment will not want to purchase a proposed location or sign a lease agreement on a proposed location of the establishment unless their application is approved. The rules should be modified to accommodate this issue.

I believe 788 should stay worded as is involving the background check process, in the emergency rules added that if you are on ANY kind of probation you do not qualify for a license. When does my punishment end?? I am trying to open a dispensary and Grow in bryan county. If the you cannot be on Any kind of probation, it will hinder me and MANY others. Allow us to grow and better ourselves and our community. Most people on probation who have been on it awhile are just trying to better themselves. Leave it at no felony within 5 years.

I frightens me to think that our present Governor feels it is needed to protect the citizens of Oklahoma from this natural medicine. The people have voted for the state question as it is written. How far do you feel you need to override a medical Doctors decisions between them and their patients? Being a patient with chronic nueropathy pain and not taking opiates, I would appreciate having a natural option that will not destroy my body, mind and spirit. It is not worth it to me to take a lortab, pass out for two hours and wake up in writhing rebound pain unable to take another for 4 hours, only to through the same thing over and over. I can't tolerate opiates, they completely destroy my digestive system, I was prescribed them for a period of months after 3 disc in my neck blew out and hated every minute of being on them. At the same time it was Hell to get off of them. Please do not deny people like me a safer legal alternative to soul destroying narcotic drugs to ease my physical pain and not become a junkie. 3000 mil of Tylenol a day is going to kill my liver eventually. Please allow me to remain a productive member of society.

As this was passed as medical, please keep it open to doctors to prescribe wherever they see fit. Lawmakers should not prevent experts from making medical decisions.

Will everyone be finger printed and have background checks or is it just the people owning dispensaries and growing for profit?

Cannabis has shown to be a neuroprotectant and to have the ability to target and kill cancer cells and tumors. It seems morally wrong to withhold it from any adult that chooses to use it for the health of their body regarding this.

Please make the following changes:

Deletion of THC content limits in 310:681-1-4 Definitions {Mature Plant (20%), and Medical Marijuana Product (12%)} all other information to remain intact.

Removal of 310:681-1-5 (b) Fingerprint Collection (This is a violation of the 4th Amendment, and is furthermore an unreasonable intrusion which is not made in good faith as per the exclusionary rule.)

Removal of 310:681-1-9 Recommending Physician Standards (a) (10) (D) (D) Firstly, prohibiting physicians from entering a joint venture with either a grower, producer, or dispensary company greatly infringes on the physician's freedom of association. Sufficient safeguards exist in preceding points within this section to curtail undesirable conduct. There are two line items for (D), which I assume is a typo. Secondly, the notion that a recommending physician cannot also be a Medical Marijuana Patient is profoundly discriminatory; there are no such limits on other prescription medications.

Removal of 310:681-2-11 (b) [Entire text] This is an unjustifiable regulation, especially considering the preceding point (a) cites the Smoking in Public Places and Indoor Workplaces Act. The aforementioned Act covers school events, homes used as day care facilities, and all other public places where minors would be present; anything further would be an undue burden.

Removal of 310:681-5-12 Marijuana Servings and Transaction Limitations (a) Placing a limit of 10mg THC on a "single serving" of a medical marijuana product is arbitrary at best; the limits on transactions are in accordance with SQ788.

Removal of: 310:681-2-10 Grounds for Sanctions (b) (8) {Strike in entirety; existing laws regarding DUI are sufficient, with no need to remove a person's ability to adhere to a medical treatment regimen.}

310:681-3-1 License for Transportation of Medical Marijuana (b) (Make an additional category option available for those individuals who are not opening/working for a dispensary/grower/producer, but would rather start a delivery service between growers/dispensaries/producers. All else remaining.) This opens up more business options for Oklahomans, especially among Veterans.

Removal of 310:681-5-3 Applications (e) Supporting Documentation (9) {Regarding the requisite purchase of a \$50,000 bond, made payable to the OSDH when using an LLC or similar as per the Definitions section.} The State of Oklahoma does not require a Pharmacy Wholesalers Bond, why this?

There should be separate provisions for growing only seedlings to sell to licensed dispensaries or growers licensed to grow mature plants for harvesting products.

The intensity of these provisions seem to lean towards large commercial entities and makes it cost prohibitive for small farmers.

Needs clearer definitions on production of edibles & obtaining concentrates from licensed distributors to produce edibles.

I don't think it's adds to the security of the grower to require their address be printed on the labels. The dispensaries should be required to document the sources but should be confedentials for security concerns.

Language in the current draft prevents those most adversely impacted by marijuana prohibition, nonviolent felons, most of which are the result of drug charges. This is unfair to people who have been oppressed by the system of prohibition, particularly persons of color. I would like to see this discriminatory language removed from the draft.

I'm concerned about the requirement to have an existing doctor you already use... A lot of us don't go to a doctor that often and just use the minor emergency room when we need anything. So it seems like unless this wording is altered then I wouldn't have access to medical marijuana.

Thank you.

Regarding 310 : 681-10(D)

It isn't fair or just to prohibit a physician from holding a card and also be a prescriber. Many physicians require narcotics or other medications but also prescribe them. This is normal physician life. You are implying that a physician could not, for instance, take a dose of medical Cannabis for a migraine or insomnia and then be perfectly capable of recommending quality medical treatment. Physicians deserve access to any and all treatments available without inhibiting their practice. Please reconsider this rule.

Comment addition:

This comment is a suggestion for which I do not know the answer. I feel we should consider requiring dispensaries to offer a variety of THC strengths and variation in THC/CBD ratios. I do not know if this is done in other states?

My concern is it is known in an effort to increase THC concentrations, growers have increased THC at the cost of CBD levels. Many conditions do better with CBD and/or the entourage effect of both several Cannabinoids. I feel many Oklahoma veterans will treat their PTSD symptoms with medical marijuana and strains with moderate CBD levels have proven benefit as CBD offers many anti anxiety properties.

I feel our dispensaries should offer variety and physicians be educated to make accurate treatment recommendations.

Regarding 310:681-2-2 (c)

I feel you should remove vaporization as a prohibited way for under 18 patients. I have several reasons. . . Edible marijuana has a first pass through the liver and is metabolized to 11-OH-THC. This is the most psychotropic form of THC and therefore has some limitations.

Vaporization does not have the irritants of combustion like smoking and has shorter onset/duration and if Oklahoma has some balanced THC/CBD strains available, this will be a good delivery system for many patients including those under 18. I agree with prohibiting smoking, but vaporized delivery is a often a preferred and mild method

Comment Update:

Regarding 310:681-1-5 (b) Fingerprint collection

Why are we fingerprinting patients? We need to realize these are patients, not criminals. They are Oklahomans struggling with chronic pain, multiple sclerosis, PTSD, etc. They are struggling with opioid addiction. They are patients needing compassionate healthcare and shouldn't be treated like a common criminal.

Hello could you guys add information/ rules regarding TRANSPORTATION of PERSONAL marijuana and premature plants within the state of Oklahoma. Also guidelines for transporting stuff like bonges that contain residue.

Thanks for the hard work!

The OSBI & OBNDD didn't get the memo or the "medical community" doesn't recognize the FDA as a legal entity....

According to an Oklahoma Bureau of Narcotics detailed report, their research findings on medical marijuana concludes "Medical marijuana does not exist. Marijuana is not recognized in the medical community as legitimate medicine."

<https://www.ok.gov/obnndd/documents/Medical%20Marijuana.pdf>

BUT, according to a recent (June 25, 2018) FDA Press Release, "The U.S. Food and Drug Administration today approved Epidiolex (cannabidiol) [CBD] oral solution for the treatment of seizures associated with two rare and severe forms of epilepsy, Lennox-Gastaut syndrome and Dravet syndrome, in patients two years of age and older. This is the first FDA-approved drug that contains a purified drug substance derived from MARIJUANA. It is also the first FDA approval of a drug for the treatment of patients with Dravet syndrome."

<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm611046.htm>

The current draft of regulations looks like a fair compromise between the original, and arguably liberal, question and overly stringent regulations. I have studied the laws and regulations of the current major markets and your current draft is on par with them. Good job!

788 was voted on as written and should stay that way. even if you loose money, even if it acually helps people. Your changes to 788 do more damage to this bill and the people of oklahoma then good!!!! it has a lot of limitations regulations that go against the meaning of this bill and that hurts patient. first if I have a card I cant use even in edible or drinkable form with a minor present what if in had a seizure ect. what does this mean for minors with cards???? I mean I can fill a room with tobacco smoke with babies next to me no one cares... women are allowed to smoke tobacco while pregnant but not consume cannabis in anyway even with no deaths ever being reported and I can be drunk around babies!!! AANNDD if I killed someone drunk I would be scott free because the booze was to blame!! the people voted on this because we have woken up and see the lies!!! so please I undestand your not in for the will of the people but shit let us choose how to heal ourselves because your pills arent working!!! do you see the people are realizing they don't work and there a scam for you to get rich!!!!!! thanks for reading this sincerlly another pissed of citizen of oklahoma

The requirements for growers of whole plants (clones, seedlings, almost-mature plants) are not clearly stated in the current draft. They appear to be lumped under "Commercial processors". To grow plants, I do not require hot water or a sewer system. I would like to make use of Oklahoma's abundant sunshine rather than running high-output lights 18 hours a day, therefore some provision for greenhouse growing (with the appropriate security systems in place) needs to be inserted. The law allows for patients to have immature plants as well as harvestable plants. Our farm, and other Oklahoma farmers, appear to have blockades to growing plants to sell wholesale to the dispensaries. The inspection of a lab/grow room/greenhouse can be accomplished through the Forest & Ag Department with their grower's license division. You should also be aware that plants should be grown organically as heating cannabis releases accumulated toxins from non-organic fertilizers and pesticides.

Only because I know how the wording in a legal document can be held to "the fire" as it were. I thought I would point out that the space needs to be removed between per and cent to read percent, not implying per penny.

310:681-1-4 page 5 of the document pdf.

"Tetrahydrocannabinol content" or "THC content" means the sum of the amount of THC and 87.7 per cent of the amount of THCA present in the product or plant material.

Should read

"Tetrahydrocannabinol content" or "THC content" means the sum of the amount of THC and 87.7 percent of the amount of THCA present in the product or plant material.

And as a side thought, shouldn't it actually say "...amount of THCB and 87.7..."

I hold current Medical Marijuana Cards in CA, WA and OR. My family and I are from OK but moved to WA in 2013 for medical cannabis. We founded a collective garden (Silver Studio Farms link below) as well as opened a licensed Dispensary (Mountain View Holistic Health, Eatonville WA also below) and eventually when the state switched to Recreational we filed for and were approved to be a state licensed Producer / Processor.

My wife and I are OU alum, Moore and Blanchard High School Graduates and we both have professional careers with her as a Chiropractor and myself as a DataCenter Solutions Engineer. We would like to assist with the framing of regulations and requirements moving forward. I have a vast amount of experience with both Medical and Recreational Cannabis and would help in any way I can, free of charge.

I personally know manufactures of multi-state approved concentrate production and processing equipment, MJ Freeway, and BIOTRACK THC both of which other states have approved for Seed to Sale tracking and have worked with those solutions integrating them into the State Agencies. Here are some ideas:

Producers (farmers / growers):

- Give them a max flowering and veg # of plants per patient
- Track each plant from Seedling, where it is tagged with a Patients ID #, to Harvest where the final weight is tallied, recorded and uploaded via MJ Freeway or BiotrackTHC to the state for recording of totals
- Product is then sent to either a processor or processed onsite into Concentrates, Dry Flower, Dry Sift, Hash, kief, etc and sent to an official lab for testing of Residual Solvents, Harmful Pesticides and THC/Spectrum Analysis, Attached is a copy of a test from our farm in WA
- Collective gardens can grow for multiple patients, but every plant must have an associated patient tag on it and be tracked digitally through the state approved software solution
- If at all possible make it fair for small local farmers to participate and thrive. Everything from Industrial Hemp to fields of Sativa / Indica is possible in OK and there are many small farms that could immediately benefit.
- Along those lines make it difficult for large, out of state entities to come in and push the local economy to the side.
- No production or processing license will be issued to anyone that has not been a resident for more than 90days in the county which they are applying, etc
- Dispensaries need to be located more than 500ft maybe even 1000ft from a school, library or public facility
- Dispensaries need to check both ID as well as Medical Paperwork, at the door, prior to exposing the potential patient to the areas where medicine is kept.
- Dispensaries shall also check both ID as well as Medical Paperwork at the time of checkout
- Dispensaries, producers, and processors need to have both the Seed to Sale Tracking software as well as Digital Video feeds (all must have

The law as it's written unfairly prevents people with convictions from participating in the cannabis industry which negatively impacts people of color who are incarcerated at a higher rate due to marijuana prohibition.

I didn't see any rules regarding where supply can be purchased from? Can we purchase out of state? There are not any growers or processors in Oklahoma yet so I am confused. I had an open discussion with other business owners and my investment team and it seems no one knows. Can a transporter transport from a Colorado grower to my dispensary or a California supplier to my dispensary? Thank you in advance.

Dr. Valecia Dirck Pharm.D

What does that bond in the amount of \$50,000 mean on page 24? If we have to pay \$50,000 that's not right, that's not what the people voted on. I'm all for regulating it and the health and safety of our citizens. A lot of the people who voted for this did so in hope of starting a business. Not everybody has that kind of money. I realize there is rules and regulations when it comes to starting a business but having to pay \$50,000 shouldn't be one of them. You should give everybody a fair and equal chance at getting into this business.

Please do not infringe upon a patient's 2nd amendment rights just because they are taking a specific medication. Please, do not impede upon a patient's right to take a medication based upon their criminal history.

As a representative of an organization advocating for patients I have a list of suggestions

Do not add a list of qualifying conditions, physicians know what is best for their patients.

Guarantee access for minor patients that have the recommendation of 2 physicians and their guardian(s)

All prescribed cannabis should be in child proof containers

Home grow is essential for low income patients

Dispensaries should have a low income patient program to help with costs

Keep the licensing fees as they're listed, do not increase them

Do not put a limit on the number of dispensaries, so that all patients will have the opportunity to find a dispensary near them

Do not limit the types of cannabis available, such as oil, edibles, inhaled products etc.

Keep the portion on caregivers intact for homebound and significantly disabled patients

In the draft of policy, and text of 788, there seems to be a red area that stands out, which may just be confusion, which I hope is clarified once full regulation is in effect. The text reads at no time shall a grower sell to an individual MMJ patient. I'm hoping this does not mean that I can not own both a commercial grow, and a dispensary. If the State truly wants this to be medical, with the best environment for patients, then commercial growers should be able to own and operate a dispensary as well. There are many examples where this has been successful, due to the close relationship between grow and dispensary. It is also where patients will get the best information about the products they are looking for. Its also a free market boundary, that should be respected. This will lead to better, safer products for patients, as they would know the source of their product. Please consider and clarify this with policy.

Concentrates should be available to patients, not just processors. Many people use concentrates and they are available to patients in othe states. Concentrates should be available in Oklahoma also.

A persons healthcare is between that person and his/her doctor.

The security requirements of grower operations is too stringent. Biometric access for exterior doors? Commercial locks and doors make sense and should be sufficient.

Hot and cold water plumbed into the facility should also be unnecessary. Cold water access and proper drainage is sufficient. Plants don't need hot water.

Designated areas for each step of the process is unnecessary. A facility can germinate, grow, flower and dry the product within the same space.

Alarm systems can be cost prohibitive. Growers carry the responsibility for the crop and should be capable of deciding what measures need to be taken. Usually, a good video system will result in a conviction of theft.

I plan to renovate a shop building into a grow facility on my own property. Plans are already being made to prevent anyone from knowing what's there.

I also plan to open a dispensary. Everything looks good there with one exception. The application is written for someone who is already leasing or already owns a retail location. I would like to see wording such as "proposed" location with intent to lease. I've chosen a building but it's all pending approval of an application.

In section 310:681-2-13 paragraph (b) A 6 ft fence surrounding plants is being required.

May I recommend that if the land owned is 5 or more acres or the distance from a road is 100 ft or more, that the surrounding fencing requirement be dropped but leaving the requirement of not being seen from a road.

Please confirm for me that, If you own a dispensary and have a spot check for the THC content of your products and it happens to test higher than legally allowed... The dispensary will be fined? However from what I read, the licensed Grower is in charge of getting testing done through a licensed lab, and only once the product meets regulation can it be sold from the grower to the processor or dispensary. If the testing responsibility does not fall on the dispensary, Then why does the violation fees and consequences fall in the dispensaries lap? Seems that the regulators would take the sample that is in violation and go back to the Lab/Grower who verified the THC content before allowing to be sold. Unless this is geared more toward edibles - Which I don't recall any regulation on testing spelled out for the processor. In which case I suppose that would make a little more sense of how the dispensary could get in a pickle. This would be a caveat, that the dispensary needs to have testing done on items that are purchased from a processor to be sure they aren't falling out of regulation. Can this be confirmed?

Now that schummer has introduced a bill to remove marijuana off sched 1, there needs to be a reliable method to test and guidelines for workplace accidents and DUI that identifies if the subject is(or is not)under the influence of THC.

We proposed 788 and we passed 788. You cantt judt chznge it because the people in our OK office dont like it.

Never has there been a recorded death so quit treating marijuana like its heroine, pills, or liquor.

The same people trying to change the rules are the same people on pills that have side effects that will make their conditions worse! Marijuana has none!

We the people passed 788, quit listening to the psychopaths that are trying to change it and leave it be.

I did not go vote for that passage of 788 so that Mary Fallin and her ignorant followers could totally rip it apart.

Marijuana is not a science. Its a flower that was put on earth to help people, so do the right thing OSBH and let it help to the fullest of its capabilities.

The definition of Domicile includes " place of habitation and the tax parcel on which it is located. It is the place where the person intends to remain and to which the person expects to return when the person leaves without intending to establish a new domicile elsewhere."

This definition would appear to be problematic for apartments, dormitory type rooms, and retirement centers where a single residential permit would include the entire complex as a place where Marijuana could be consumed.

Comment Updated

310:681-1-6. Proof of Residency.- calls for an oklahoma voter identification card while 310:681-1-7. Proof of Identity - calls for an Oklahoma Identification card. I understand these are two different forms of identification.

""Domicile' means a person's true, fixed, primary permanent home and place of habitation and the tax parcel on which it is located... " it would seem that this definition including "tax parcel" would be problematic with apartments, dormitories, and other leased multifamily housing units where a single tax parcel may represent multiple dwelling units. Additionally, a single tax parcel may contain common areas which may be open to the general public.

The SQ makes specific differentiation between use and possession (sec 425 of title 63 B. 2. "Employers may take action against a holder of a medical marijauna license holder if the holder uses or possesses marijuana ..."). Part A. of the same section satiates that a landlord can not refuse to lease to a license holder unless landlord would lose monitory benefit based on federal law.

It is of concern that while commercial establishments are required to Show proof that landlord approves of the commercial licensee occupying the premise, there appears to be no such provision for an users license to have conditions attached to a single-family or Mult-ifamily lease. It appears that housing leases could prohibit the use of Marijuana in the same way that they can prohibit the use of tobacco products. Without clarification, this could be an issue brought to the courts. For example, could a holder of a medical marijuana license lease a housing property, while the lease prohibits the "use" of Marijuana? Could the housing lease prohibit the growing of Marijuana while the license permits the possession of plants? Is there a difference between smoking and edibles with regards to "use"? Can the housing lease include terms that require tenant to clean or otherwise eliminate evidence of "marijuana use" in the same way property could,be cleaned up after tobacco use?

I did not see the fee for license addresses? will this be paid at the time of application or at some point after approval? I see the fee is reduced to medicare recipients which i am but i think this should include disabled vets of 30% or more.I am Damn sure they have earned the break. I know i paid a dear price for mine.

Thank you

Seth A Ramsey

I have issue with the qualifying age of 25. My child would benefit from medical cannabis without the horrible side effects of pharmaceuticals. I have heard the argument a hundred times - "your brain is developing until age 25" and assume this is the flawed argument for the age restriction.

In my opinion, this argument displays a serious lack of critical thinking skills. Anyone who claims that the current medicines prescribed to children and young adults, for ADD, ADHD and other such issues, are not changing their young brains has not done adequate research. There is also the alcohol issue, the real gateway drug. Any young adult can purchase alcohol at age 21, for the purposes of a "good time" or "self-medicating", as is often the case. Not only does excessive alcohol consumption/binge drinking change the brain, it also drowns the logic/reasoning centers of the brain as is demonstrated in all the statistics regarding teen and young adult death rates in alcohol related auto accidents.

A licensed pharmacist should be required to operate any and all dispensaries. If it is truly to be distributed for medical purposes with a prescription from a doctor, it needs to be dispensed as other medications are by a pharmacist.

Follows guidelines of successful states apply appropriate taxes

If I am reading section 7-2 "Prohibited Products" correctly, lollipops and gummies will be prohibited as a delivery system?? Because it MIGHT get in the hands of a child? What if the patient IS a child? Wouldn't it be easier for them if their medicine was a little familiar and sweet? There are anti-nausea, motion sickness gummies and suckers available for children and adults, vitamins, probiotics, cold remedies, all in either gummies or lollipops or animal shapes, why not this? Dentists give pain reliever lollipops to their younger patients, why not medical marijuana?

Then there's fentanyl that is delivered in lollipop or lozenge form for adults (I assume fentanyl wouldn't be given to a child, but I'm not a doctor) which evidently is a good delivery system. The cancer patient that cannot keep anything down, including their anti-nausea and pain meds, deserves the option of this type of delivery system. You would rather they have a clearly addictive and deadly drug like fentanyl available in a sucker than medical marijuana? A sucker/lollipop or gummie may be the ONLY delivery system that works because the MM wouldn't need to go through the stomach as a pill would, or be smoked. For a non cigarette smoker, smoking MM is just as foreign and just as vile as a cigarette, and edibles and oils seem to be better options.

The dosage can be regulated as in any other edible, oil, or smoke, the packaging can be foil or Mylar so the contents cannot be seen through it, and labeled with the same labeling as any other product with the content, etc that is listed in the rest of the labeling section here, and without any pictures to tempt a child.

Please consider removing entirely section 7-2 wording, and instead, make these types of delivery systems available in non-see through packaging with plain labels. Mylar can be pretty tough for even an adult to get open without scissors, and it seems that it would be safe and effective at keeping curious children away, while still giving patients a broader choice of delivery systems. I am 61, healthy, don't drink, don't smoke ANYTHING and I have no need of a MM license, now. But as I age, and have lost a mom to breast cancer and have a sister now going through treatment for cervical cancer, I would love to have options in delivery systems should the time come in the future when my doctor and I agree cannabis could possibly help me with a now unforeseen illness.

Please let it be know that these laws do not protect nurse, doctors, or any medical professional. We can still lose our licenses for using cannabis, even with a physician's recommendation. Hospitals do receive federal funding and can terminate us at anytime for using a schedule 1 illicit drug. Even worse, they can report this to the board of nursing and we can lose our license or be forced into an expensive drug abuse program, even though we had a prescription.

Something needs to be added to help protect employees. We need to have marijuana blood tests with specific levels to show acute intoxication so that employers can't fire us. The current urine analysis only shows if you have had marijuana in your system. We need to promote blood test with specific ranges in order to protect our employees. Otherwise, I fear that employers will try to say that their employee was intoxicated at work and use a urinalysis as proof. There should be no different than using a prescription or using alcohol at home away from work time. Medical professionals know the importance of showing up to work sober and ready to care for our patients.

So, please be weary about these new regulations. While this does allow many Oklahomans the right to medical cannabis, this does not protect us off-duty medical professionals who help prescribe and take care of these patients. We are people, too.

Why are felons being discriminated? I've had 10 surgeries since 2010 and I have to have another one in a few weeks and all I want is off highly addictive pain medicine! Why shouldn't you at least look at felons on a case by case basis because there are some of us who really need this? I implore you to think about it! We are people to and we deserve to be OFF pain medicine.

Thank you
Dave Banfield

I think you all did a fantastic job in coming up with the rules and regulations for the emergency rules. I have no complaints, as it seems like you all really did your homework and set it up to be safe for everyone. I just want to thank you all for putting in the work and sticking with the will of the Oklahoma people. You are going to help so many people once this law goes into effect. Thank you.

1. An applicant must be 25 years old to obtain a license. There is no medical reason that a person who can legally buy the much more dangerous and damaging drug, alcohol, at 21 years of age should have to wait another 4 years to obtain medical marijuana. There are countless young people in this state who suffer from conditions that will be greatly helped by marijuana. Lacking any sufficient justification, there is no reason for this.

2. Moreover, there is a gap in the rules. People under 18 can get a license under certain circumstances and 25-year-olds may apply for their own, but where does that leave those aged 19-24, many of whom suffer from conditions that will be greatly helped by marijuana. This gap needs to be addressed.

3. There is simply no justification for denying felons the right to have this medication. While I realize this state likes to be as punitive as possible, the fact remains that they are people who suffer from their illnesses just as much as non-felons. Felons who have fulfilled their obligations are not forced to wait years to get other medications, and they shouldn't have to for this one either. What is done now with probationers or parolees who suffer from debilitating illnesses? That's what should be done in this case.

4. The THC content is limited to 12%. Most indicas and sativas are at 18%-25%. Consider raising this limit to make more effective medicine available to those who need it.

5. Prohibiting the manufacture of anything that could be deemed "attractive" to children is too vague and leaves manufacturers with little guidance and too much liability. Either specify each and every type, flavor, and shape of prohibited items or dispense of this altogether. There are numerous medicinal products that could be seen as attractive to children, such as grape-flavored cough syrup, gummy chewable aspirin, and even laundry detergent pods. None of these are regulated in this way.

Why don't they just buy the early marijuana from Colorado, and add the Oklahoma state tax to it?

You all did a great job on the rules and you clearly did your homework. The rules you all have drafted are great as they stand I do not think the legislator should make any changes to them. I want to thank you for following the will of the Oklahoma people and creating rules that will benefit Oklahomans.

THE DECISION OF QUALIFYING CONDITIONS FOR THE PRESCRIPTION OF MEDICAL MARIJUANA BELONGS WITH DOCTORS, NOT POLITICIANS, AS WITH ALL OTHER MEDICINAL DRUGS. KEEP POLITICIANS OUT OF IT. THEY HAVE NO REASON TO GET INVOLVED.

Please leave the qualifying conditions open. Because medical research is faster than politics. When we have medical breakthroughs we shouldn't have to fight for two years to get a new condition added to the law.

And as far as patient doctor relationship: There will be doctors that we've been going to for years that will not write recommendations due to their personal beliefs. Not to mention the tribes deciding they will ignore legalization. Please don't make it too hard for a patient to take all their medical history to a new physician and be able to start over to get a license. I understand you shouldn't be able to walk into a doctor and have them write you a script without knowing you but don't make it to where people have to go a year back into a new doctor just to get a recommendation.

Does the State intend to issue a license to everyone who meets the qualifications set out by the statute or do they intend to limit the number of licenses issued and only issue a predetermined number to the applicants they deem to be the best?

Medical Marijuana should be classified as a controlled substance.

Any THC/CBD containing product sale should be required to be reported to and recorded in the Oklahoma Bureau of Narcotics and Dangerous Drugs Prescription Monitoring Program. This would increase patient safety by allowing prescribers of both Medical Marijuana and Dangerous and Controlled substances to be aware of the patients prescriptions.

There should be an Osteopathic Physician as well as a Medical Doctor appointed to the Board.

Please see attached document: Issues with emergency rules for the implementation of a regulatory office related to State Question 788

I see that the indian tribes have said this will not be legal on tribal land. If that is the case then 75% of oklahoma and the majority of the counties that voted to pass this bill will still not be able to use medical marijuana. I have tried to find if that just means on tribal controlled land i.e. casinos but have not had any luck confirming this. As a voter that is concerned about my freedom to choose what is right for me and after the people has unanimously voted to approve this bill i would like to have this clarified where can one grow,sell, or receive a medical licence if for instant you live in Osage county? It does not seem right to me that a group of people can over turn the will of the people. thank you for your time.

As a private landlord all our properties are smoke free rentals. There are many reasons we have established this rule.Will we still be able to restrict smoking inside our property? Smoking destroys are property and increase maintenance and reduces profit. Thank you.

Since passage of 788 one topic of conversation has been that marijuana users will not be able to have guns because of a Federal Law. I don't really get it, we just voted to ignore one Federal Law so why not just ignore that one too? Yes, I'm very serious. We do not prohibit opiate users from having guns and now we're going to make marijuana use much less restrictive than legal opiates. I think part of the guidelines should be which/ if any diagnoses would require giving up guns.

First of all I object to anyone who voted no on SQ788 having anything to do with the implementation or regulation of the law. It is a clear conflict of interest. And to have uneducated, authoritarian imbeciles making rules out of spite, is not what the voters asked for.

Second, any limitations on THC content is unacceptable.

Third, there are a lot of people like me who don't have insurance and don't trust the poison peddlers who call themselves Dr.'s, and only go to a Dr. under extreme circumstances. Dr's are only interested in prescribing chemical poisons to patients for kickbacks they get from the pharmaceutical companies. I am not sure what you all are saying about Dr/Patient relationships, but it needs to be amended/removed or more well defined.

I have other concerns, but these are the biggest ones.

I would like to know if being a convicted felon is going to be a problem for individuals trying to get a medical marijuana card for personal use because I am a convicted felon and I've been diagnosed with many medical issues both physical and mental and I wanted to know if me being a convicted felon is going to stop me from getting an Oklahoma medical marijuana card for my disability?

Reducing the strength of THC in products to levels of 12% or less is ruin the benefit of cannabis. This is going to ruin the whole point of what the people vote for. Only a doctor should have the right to make decisions on what to prescribe and how much. Please do not go in an butch this and take away what we have voted for.

PLEASE do not get involved in how much medicine can be taken. 12% THC in product is defeating the whole purpose of taking Medical Marijuana that we voted for.

need a public forum on the 788 enactment

I do not plan to obtain a medical marijuana license or to use marijuana at all. However, I am very interested in how Oklahoma plans to follow the will of the people who voted to pass 788. I support the 61-page draft rules and believe OSDH has covered all the necessary bases. The rules as drafted create a regulatory structure that fairly balances State interests and the will of the people of Oklahoma.

Do NOT water down what the voters passed. Listen to us! The majority. This will help lots of people who need it! Your job is to do what the voters want not what YOU want! So disgusted with the Oklahoma Legislature!

To Whomever it may concern. Why does this bill only allow board certified dators to perscribe medical marjana. I think this bill should also include state certified psychiatrist working with our mental health facilitys. The OSDH over sees the ODMH. A lot of people with mental health disease can not afford the \$250 to \$300 dollars it takes to see a doctor for the first time. But we do rely on our psychiatrist to perscribe our medication and our counseling sessions with our psychologist to help us try to live as close to a normal life as we can. The other issue I have with this bill is to limit the number of companies that out of state companies can invest in to one company with in th intire medical marjana industry in the state of Oklahoma.

Stop watering down the medication so many need. It is not your job to control the populace that voted yes on 788.

Please do not dilute the active ingredients that are available in medical marijuana. For those of us with chronic pain, we need the product to be effective. It will be extremely disappointing to make this not useful as the drug we voted for it to be.

Page 2 – disqualifying felony conviction. Do we want to add any felony involving fraud, misrepresentation, financial exploitation of a minor or of a vulnerable adult, or caretaker abuse or exploitation of a person entrusted to their care?

Page 3, - “Lot” has a misspelling for what I assume is supposed to be “batch”.

Page 13 310:681-2-9(d) speaks of disposing of marijuana products under 310:681-2-8(a)(1); however, that reference seems to be wrong.

Page 17 and 18 – 310:681-4-2(d) Initial Applications. We should ask that the application include a letter from the municipality or county stating that the tract for the proposed research license location meets all applicable zoning and is located in excess of the legal requirements from a primary or secondary school.

Page 22 At 310:681-5-3 or at some other convenient and appropriate place, should we have the applicant affirmatively state that the applicant and any of its owners have not had a Commercial license revoked nor have they surrendered such a license while under investigation... (not ever or at least not within the most recent 5 years.0)?

Page 28 310:681-5-10(c) refers to subsection 4. I am not sure, but I think the reference should be to subsection (d).

Page 30 310:681-5-15 needs editing “accompanied by their appointed by their”.

Page 31 310:681-6-2 I do not have a problem with how this is written, but I am curious exactly how the place will be both adequately ventilated and simultaneously not allow any odors, smell fragrances, or other olfactory stimulus to escape. That will work on the oils and maybe the foods, but I am not so sure about the plants and cut plant materials. And if processing is occurring, I am not sure about the foods, either.

Page 34 310:681-7-1 We need to have a serving size clearly labeled on food consumables.

Mike Vanderburg
Ponca City

It is entirely inappropriate for the dispensaries to be required to be in "bunker-like buildings" with fencing. Requiring that further stigmatizes a legitimate medication that people will have prescriptions from their doctors to get. It's wholly unnecessary. We don't have other controlled substances people use as medications in "bunker-like buildings." Marijuana should be treated similarly.

Leave the bill alone! The people voted for cannabis freedom of choice for patients. The thc allowable amount should not be the legislatures choice, leave it as it was written. The only concern Mary and her buddies have is for their prisons and pharmaceutical backers and that's disgusting. The people have spoken, respect it

It is entirely inappropriate to require "bunker-like buildings" with fencing. Marijuana will be by prescription only and it should be treated as such. These types of ridiculous requirements further stigmatize a legitimate medication, and it's inappropriate.

I think there needs to be something that allows and/or protects patients to bring the medicine back from another state. As well as allow the industry to purchase/import seeds, clones, etc to begin growing operations etc. And I do not believe there should be a database accessible to the government (law enforcement etc) to have access to that could have impact our 2nd amendment rights. I feel like if law enforcement or other agencies have suspicion or concerns over a card holds license being valid or authentic than they can refer to the health department for validation of license as it should be part of our sealed medical records.

The only thing I would like to see added to this is the ability for a person with a medical marijuana card who chooses to home grow to be able to sell any extra they grow to the dispensary. I think this would be a great addition .

Section 6, part E. States that it would be legal to have a concealed carry permit AND a medical marijuana license. I didn't see anything in the "emergency rules" that mentioned a change to that. How will this be possible if we're not allowed to own guns and have a medical marijuana license? Thanks in advance for your time and consideration.

Having lived here for 23 years, I know how our state government works. Oklahoma may be conservative and a champion for conservative values, but that's all a farce. Conservatism is all about keeping the government out of lives of citizens.

Any “champion” of conservative ideas and ideals would be pushing back against state government regulations on a bill that was widely passed by the people of this state. Every single person in the House and Senate can kiss their seats goodbye if they decide to place “conservative” regulations on this. Grow up and move on.

I would like to bring to your attention something I have been eagerly awaiting for years.

I grew up on a nursery, working on the land with my uncle every day, tending to the animals in their respective areas and stock in the greenhouses.

The real power in land ownership is being able to utilize the greatest power source we have for renewable goods, the sun.

To get to the point. Not having the ability to produce COMMERCIAL OUTDOOR cannabis is a severe oversight. The very purpose of plant's are to grow under the sun and sky as the good lord intended. Also, the strain on the grid of a few million Kwh on any municipal grid is going to increase energy prices for everyday normal consumers.

I urge you to consider the same provisions for security on an indoor facility placed on an outdoor facility

Locked Gates 6' - 8' High.

Access Control restricted to Licensed and Compliant individuals of the organization and State Agencies with access.

Cameras on all Ingress/Egress with 100% coverage of the entire perimeter fencing surrounding the commercial facilities, as well as the production areas.

Don't set the limit so low that the medicinal part is lost. No need to allow the black market to profit off of higher THC

70% to 12% THC?! Don't let the black market profit off of the fear mongering taking place. Medicinal has not potency at 12%

Looking at the initial laws governing the management of SQ 788 as both a patient and potential business opportunities.

What protections are in place for employers to enable them to ban marijuana medical or otherwise for employees who work in a safety sensitive environment? Specifically I am concerned about the oil and gas industry and what this bill could do to injure the oil industry in our state as outside producers may stop doing business here if they cannot enforce a drug free workplace.

After reading the emergency rules, I find most of it good. I would recommend a higher tax rate of around 10%-20% or so. Additionally, the prohibited products (310:681-7-2) section needs more clarification in my opinion. Is it the shape that is being prohibited or the actual product? What is an allowable product? I believe a chewable similar to a gummy vitamin or throat lozenge should be allowed, as there will be many patients that would prefer that method of consumption. However, the section appears to prohibit all forms of gummies or candies.

I understand that this is what the voters indicated they wanted but I would like to see some regulation of what types of physician documented illness would qualify someone for a medical marijuana license. I agree that there are several illnesses that have been helped by medical marijuana usage but I would hate to see a situation in Oklahoma that is similar to California where everyone with a minor ache or pain is allowed to have a license. I also would like to see a very limited use of medical marijuana for mental health issues like depression, anxiety, etc..

Very impressed by the rules in general and your readiness. Thank you for hard work and fairness. Great Job Health Department!

I read the recommendations put forward by the OK State Department of Health and I heartily agree with their emergency rules that need to be put in place. I especially applaud the rule about not using smoked marijuana as a medicine since smoking treads on the rights of others. I have asthma that is very sensitive to smoke and I want to be able to play league tennis without having to use my inhaler.

The updated draft shows a significant change in the percentage of thc allowed in the cannibus and cannibus products, this will not be adequt in cureing certain cancers and other medical issues. Please research this. That would make a healing plant still out of reach to people's medical needs. Please check out thesacredplant.com where lots of information is for healing these diseases with natural cannibus. Thank you and have a good day!

The proposed emergency rules, as they stand on June 29th, do not state an exorbitant or excessive licensing fee or liquid capital requirement for commercial cannabis operations. When you meet on July 10th, I urge you to please KEEP the rules this way when establishing your application and licensing requirements. Please keep all application, licensing, and bond amounts at their current reasonable values as proposed by the people. In states like Arkansas, the excessive fees for licensing and the astronomical liquid capital requirements act as a tremendous barrier to entry for many people willing to service the State's medical marijuana program. Arkansas is already experience foul play and corruption in the (now halted) process due to the approved commercial licenses be solely owned by the rich and affluent. Please stay on the current path, please help avoid corruption and conflict of interest, and please help the people of Oklahoma, not the mega rich corporations of Oklahoma, be the ones who will be able to provide this substantial service to patients in need. Governor Fallin has entrusted you with this great responsibility. Please avoid exorbitant and excessive fees and bonds and make the people of this great State proud.

Thank you and respectfully,
Jay Bellator

All citizens who meet medical needs and are currently facing marijuana charges should be held to the new rules. cases with previously decided sentencing should also be give the right to appeal their sentences.

What are the rules concerning a independent or dispensary employed delivery system? Other states have medical mj systems implemented and I see nothing concerning delivering to patients homes with valid medical cards on file. Would we be able to operate independently from dispensaries or have to be employed by the dispensary? I know there is a needfor this type of service everywhere in the state with people who don't have transportation

This law was enacted to enhance the health and medical care of Oklahomans and should be liberally construed to accomplish those purposes.

A topic that wasn't addressed in the emergency rules draft, is if someone wants to do just concentrate processing for dispensaries by possibly having a type of secondary license where dispensaries can hire the best concentrate processors that can bring their expertise of hash and concentrate extracting to multiple companies. This could easily be achieved by allowing a smaller secondary version of the processing license just to allow companies to give product to the best concentrate experts and allow them to solely produce concentrates for companies. This would be beneficial in many ways. First off, it would allow the best concentrate experts to make a more high quality product and ultimately a safer more pure product for the market. Secondly, it would allow more small time companies to form and thusly, the collection of more application fees and more b2b tax collection. Third, the amount of concentrates available to the market would be exponentially larger. One of the best things we can do for patients is to make sure there is enough high purity product available. This way, a concentrate centered company could process concentrates for businesses in a more streamlined fashion. Thank you for taking the time to read over my suggestions. I hope to see some kind of law to allow someone to get a type of "secondary processing license" to just produce concentrates.

I'm quiet ALARMED that still in the proposed rules/regulations, there STILL are No Specific medical conditions in which this drug can be prescribed. THERE HAS TO BE SPECIFIC CONDITIONS . No open ended illnesses or conditions.
I'm also concerned about the home grown marijuana. 10 pounds allowed. But is the state dept of health really going to every house that grows the plant to check if really only growing 10 pounds I doubt it. So the ability and probable abuse of this is extremely high . Also license to grow it is two years really that is absurd . If this bill is really about medical marijuana, the prescription should be only a certain time period like most drugs prescribed. Such as example: twice a daily, every 6-12 hours and renewed every 30 days by doctor. Also , purchased only through legal pharmacies or entities developed for the marijuana drug. By allowing home grown marijuana you are providing opportunity for recreational growth and use. Because the state will not able to monitor the home grown product.

Hello,

Are you planning on working with any of the groups who got 788 passed like Oklahoma's for Health to rewrite season me of these rules. Please work with these groups. The rules as they are written now do nothing to help Oklahomans who would benefit from medical marijuana. No cannabis over 12% has to change! Such a small amount helps no one!! Only able to grow in a bunker style building? Reports go to OBND? This would violate tHIPPA!! No smell can escape? My mother suffers from chronic pain from multiple injuries from her life, and fibromyalgia. I was so elated when 788 passed because she was going to get relief from a natural substance and not opioids. If these rule are enacted as is she will get nothing's mg from 788. Please I beg you to work with the groups that helped get 788 passed so this bill will help Oklahomans. Look to Colorado as an example of how medical marijuana was done.

Thank you,

Jason Driver

It's absolutely unacceptable to change the terms of the state question that was voted for and passed by the people of Oklahoma.

As a veteran of foreign war I believe that the bonafide relationship shouldn't have to be applied to veterans seeking a marijuana license also as veterans we shouldn't have to pay for the license as we have already paid so much to our country. Thank you for your time

The proposed changes you have made limiting the amount of THC from 70% to 12% will not be medically beneficial and is not what we voted for!!! We did not vote for a 'watered down' version, please adhere to what the people voted for.

Obviously whoever is writing these exceptions have NO idea what they are talking about. Stop it, it was passed, get with those that have had a real job, someone with a knowledge of the marijuana that helps children with seizure disorders and Vets with PTSD. I'm 75 years old, a retired Oklahoma nurse and have cousins in their 60's with crippling arthritis that now lives in Colorado because if you all caught her applying the strength of oils from there she would go to jail.

Leave the legislation as passed by voters. You are not in charge & do not have any right to make changes once we pass it.

i AM ALL FOR THE MEDICAL MARIJUANA HOWEVER I THINK THE STATE OF OK WILL BENEFIT MORE AND MAKE MORE MONEY IF WE DO NOT GROW IT LET THE DISPENSERS HANDLE THAT..WE SHOULD JUST BUY IT FROM THEM..ALSO I DO THINK ITS SAD WE CANNOT HAVE A GUN TO PROTECT OURSELF IN OUR HOMES .I DONT UNDERSTAND THAT PART...ITS THE PEOPLE THAT DRINK ALCOHOL THAT GET DRUNK AND TEND TO BE VIOLENT BUT YET THEY HAVE THE RIGHT TO HAVE THEIR GUNS..ITS IN OUR CONSTITUTION TO HAVE THE RIGHT TO HAVE A GUN...AND SOME PEOPLE MAY REALLY NEED THIS MEDICAL MARIJUANA AND THEY CANT HAVE A GUN..DOESNT MAKE MUCH SENSE TO ME..

I am praying you guys leave 788 as voted on as much as possible . I know first hand how much cannabis helps with chronic pain. I moved here from Colorado and I have been suffering ever since.

The State Question 788 that we voted in for Oklahoma should not be changed in any way. We the people had our say so leave it as is!

The proposed text states applicants must undergo a criminal background screening. However, it does not specify what criminal charges, if any, would render the applicant ineligible. My suggestion is that this should be clarified. In other words, if a person has previous misdemeanor arrests or convictions, are they still eligible for the license? Are there any misdemeanors that prevent an applicant from obtaining a license? What about felonies? Do any felony arrests or convictions render an applicant ineligible? Please clarify these things.

20% for mature plants and 12% for products are far too low for medicinal use. To kill my cancer, I had to use a concentrated oil that contained 74% THC, 12% CBD, and 14% carrier oil.

This rule will make the plants/products ineffective for serious medical conditions. To achieve the same result I achieved, one would have to by six times the amount of product, which will would impose an unjust financial burden to the patients.

There seems to be nothing written in this draft for the small farmer. Not all growers have the resources to start with a 50,000 cash bond or all the other surveillance and security you require for an indoor growing facility. Why not allow for a small 25 plant organic outside commercial grow? this is basically equivalent to four medical marijuana card holders growing except for the commercial organic grower would be able to sell to a processor or dispensary. The small organic farmer would be held to all quality standards and all of same testing and fees that larger growers have.I believe by excluding people who fall in this category Oklahomas medical marijuana industry would be missing out on some very talented and knowledgeable growers. These small grow farmers or for a better term organic boutique growers can produce unmatched quality when compared to any grow house guaranteed 100% of the time.Think about it you have never had a tomato from the store come close to tasting anything like a home grown tomato never. Please do not leave the small organic farmer out we live in Oklahoma we help feed the world and we are really good at it, this is are passion we don't need training we need to be a part of this industry thank you.....

You all did great work on the draft on June 26th of the rules and regulations for the industry. This draft is a very well written proposal. I am hoping that this proposal will be the regulations that will be put in place to regulate the Medical Marijuana program here in the state of Oklahoma.

KEEP UP THE GREAT WORK!

Jazzie

Please do not put a limit on the percentage in flower or concentrate medical cannabis. This will strip the medicinal values from treating serious illnesses like cancer. Save the THC limits for actual recreational cannabis if it passes in November.

Thank You

Please take out the thc limits in the proposed rules. We are talking about treating people with terminal cancer, seizures, chronic pain etc. limiting the thc percent does nothing to help these people. You are also making it impossible for people who want to grow their own medicine. Please work with the groups that got this on the ballot like Oklahomans for health. Also remember that the people of Oklahoma came out in record numbers to pass this. Please don't make it all for not.

Thank you,

Jason

It says that its legal on a state level but its considered a schedule I medication on a federal level (dea). If a public institution receives revenue from a federal level are they not in violation of the rules and could be removed from federal programs? Proposed rule says employees that test positive cannot be terminated because of testing positive if they have a license. But DEA says that its a schedule I medication and would be a violation according to which rule is the strictest. I do not see how state can tell an employer to abide by a less strict rule which in this case is the state of Oklahoma.

The THC content for medical marijuana should not be changed from the 70% as originally written. The voting public is watching.

My concern is how the card registration will adhere to HIPPA laws. This being Medical marijuana SHOULD mean that having a medical marijuana card SHOULD be considered PHI or protected health information. If law enforcement and other state entities have access to that information isn't that a HIPPA violation? Furthermore, what other state agencies will have access to this information? If I'm a state employee(I am) or work for a state funded agency will they be able to pull my records and see that I have a medical card? I know that they can currently pull Health Department data and see that I am vaccinated. As well as other State contact iv had or haven't had such as public assistance, child support cases, DHS, etc....Many state data bases are interconnected. I think it's incredibly important to privacy laws that the medical card data base has extremely limited need to know access. Otherwise how do we prevent employer discrimination? Will random UAs work the same as if you are prescribed an opiate or a benzo? As long as you have a valid prescription the UA is considered a pass? Under current HIPPA laws when you take a pre-employment drug screening all the information an employer receives is that you either pass or fail. Even if you fail they do not send the employer a list of substances you failed for. Will it work the same with medical marijuana? The testing facility will not send my employer a result saying, Positive for THC, but holder of a valid medical marijuana card", or something to that effect It should simply say "pass". I want some assurance in the coming regulations that both HIPPA and basic privacy rights are preserved and protected!!!

Changing the law that the public voted for is not what the public wanted. It will see that the legislature that is adjusting 788, will most likely not be legislating again in this state.

There should not be a limit on TV content. Can we patients and epileptics need it to be higher than 12%.

The current THC limits in the proposed rules are too low for many medical applications. These limits should be raised so all patients can access medical marijuana that will suit their needs.

THC levels need to high in order for patients to have actual medical benefit. Please do not undermine the voice of the people by going in and trying to create a barrier between patients getting medical benefits and the law. Just stop this!

There should not be such a low limit on THC content. Cancer and Epileptic patients need higher THC levels. This is not acceptable.

Please do not limit the thc concentrations in medical marijuana. Cancer patients and epileptic patients need higher concentrations of thc for them to be effective. My husband is epileptic and I would like for him to be able to actually benefit from using this medicine. 12% is not a high enough concentration. Please take this into consideration.

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients.

Please do not put such low THC limits on our medical marijuana. Let the physicians decide what percentage is best!

Please, do not put a limit on THC content. This would only further deny patients vital medicine and perpetuate a black market for stronger cannabis.

Your thc limits are way to low. For cancer and chronic pain patients. The patient is going to have to buy a lot more to get relief. Let the doctor decide the limits of thc. Why would you try make it so low.

The strength of any medication should be decided on a patient by patient basis as per the decision of each patients doctor.

Why can't a felon get a medical marijuana card? that doesn't make any sense, do normal people have background check when they go to the doctor office. No they don't so why would a patient

In regards to the THC limit of medical marijuana. Please realize this is not the 1970's. The THC limitations are not reasonable in this day and age. You're calling for a limitation that would mostly require a whole new batch of strains, as most are well above 12%. An oil with only 12% THC would taste horrible. Please understand that high THC oils means there's less junk and crap in there. High THC oil means you're inhaling or ingesting mostly the medicine and not the junk. This rule advocates for the use of junk and filler in medical marijuana. Please think about this and change the rules so that we're taking in more of the medicine and less of the junk! Thanks!

Get rid of THC limits on edibles and the actual plants.

THC requirements should be on personalized medicine, based on recommendations made by your physician rather than hard rules. Limits effect patients.

Also should abolish the requirement for 2 physicians. Only one is needed unless patients want a second opinion. A requirement for two physicians is too costly for patients.

The THC limits you have set are far too low. Epilepsy and cancer patients need higher THC levels to combat their illnesses. The dosages should be between doctor and patient, not arbitrarily set by the health department in an effort to keep medical cannabis patients from getting intoxicated.

Please let the doctors decide the percentage of THC. These limits will only cost more money for the people who really need it. Thanks

THC limits hurt patients. Maxing out at 20% the means patients who medically need a higher THC level will have to buy more product. Please consider not putting a maximum definition of THC.

The levels of THC in Medical Marijuana proposed here are too low. I stayed in CO last year, and the level of THC of the extra strength topical cannabis lotion which was MAGIC for a crippling arthritis flare up was much higher. Why would you limit it to 12%? This topical product does not even go into your blood stream and the similar lotion with just CBD does NOT work. I don't smoke!! I want relief from my pain. Please let a physician and patient determine what is best for the patient.

Sharon Sutherlin — one of MANY OLDER Oklahomans who need this rather than pain pills.

Putting limits on THC is a greed tactic to make us pay more. Why would you want to water down our medication?!

There should be no limit on THC percentages on any Cannabis products or plants. That is a major disjustice for the patient !!!

The THC levels as written are far too low to be effective. This is a shady way of silencing the people's voice.

There should be no limit on THC percentages on any Cannabis products or plants. That is a major disjustice for the patient !!!

, "In regards to the THC limit of medical marijuana. Please realize this is not the 1970's. The THC limitations are not reasonable in this day and age. You're calling for a limitation that would mostly require a whole new batch of strains, as most are well above 12%. An oil with only 12% THC would taste horrible. Please understand that high THC oils means there's less junk and crap in there. High THC oil means you're inhaling or ingesting mostly the medicine and not the junk. This rule advocates for the use of junk and filler in medical marijuana. Please think about this and change the rules so that we're taking in more of the medicine and less of the junk! Thanks! "

Limiting THC content by statute takes away a doctor's ability to prescribe correct controllable amounts to treat various issues differently.

The intent of the law is to allow doctors to suggest this type of treatment as an alternative or supplement to existing treatment. Adding limitations will just increase consumption and cost to those that need it most.

Giving someone with Parkinson's or epilepsy a 20% max is like prescribing tylenol for lung cancer.

Don't make this a money issue by limiting access to prescription strengths.

I believe that the change from 70% thc to 12% is absolutely ridiculous. In order for some people that need higher dosage to get what they need means taking a higher amount. In my opinion, the bill is fine written as is. The people of Oklahoma know what they have voted for. Let the people have what they want and need.

Restricting marijuana plants to 20% THC and concentrates to only 12% is unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD.

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rule .

Allowing a maximum of 12% THC on Medical marijuana concentrates is unacceptable. Concentrates of at least 70% THC must be allowed. Some patients require these higher doses.

There's going to be an issue for veterans whom receive care solely at the VA if they want to participate in this program. By that I mean defining an ongoing relationship with a physician, would leave those veterans without access. Because, they wouldn't be able to financially access multiple doctor visits outside of thier normal network (VA) of healthcare. Especially, for those that already have documented disabilities. Not only does this affect veterans negatively, but also those that don't qualify for Medicare or Medicaid as well as people that can't afford health insurance to cover multiple visits to a physician. SQ 788 was not intended to exclude any patient and in particular veterans. I surely hope this will be resolved and left as the state question intended. Veterans need expedited access if anything considering that veterans are at a higher risk of suicide, which will continue unless they are able to explore this as a treatment option.

Request that you please remove or change the maximum THC percentage level. Treatment for such things like cancer that require THC levels of close to 30%. 12% THC is too low to be effective and would result in an increase in consumption by the patient. This would be an unnecessary cost.

Low THC Limits are unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. What do you think this will cause? Patients having to buy more product to achieve the same results, meaning more costs all around!

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients, in the worst ways imaginable! Keeping their costs up, causing their treatment to not be nearly as effective, and effecting the morale of all parties seeking a better way to live and heal.

Limits cannot be placed on THC. It must be decided individually. Otherwise the costs would be prohibitive. Please revise this rule as it should be customized by patient need.

Request that you please remove or change the maximum THC percentage level. Treatment for such things like cancer that require THC levels of close to 30%. 12% THC is too low to be effective and would result in an increase in consumption by the patient. This would be an unnecessary cost.

I do not smoke weed but Oklahomans have voted and we do not need the politicians editing or jacking things up. Do not mess with things!

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients.

the emergency rules are a bit unacceptable, two Doctors to sign for your medical card is too much for a person who has as much medical problems as I do, and as low as the THC limits are they wont help anyone, and no one can afford to buy more just to get the complete amount of THC needed. please do not mess this up oklahoma! do right by your people or you will not have people left.

Request that you please remove or change the maximum THC percentage level. Treatment for such things like cancer require THC levels close to 30%. 12% THC is too low to be effective and would result in an increase in consumption by the patient. This would be an unnecessary cost that would be passed on to the patient.

At the very least, include a provision that would allow physicians to prescribe higher levels.

There's going to be an issue for veterans who receive care solely at the VA if they want to participate in this program. By that, I mean defining an ongoing relationship with a physician, would leave those veterans without access. Because they wouldn't be able to financially access multiple doctor visits outside of their normal network (VA) of healthcare. Especially, for those that already have documented disabilities. Not only does this affect veterans negatively, but also those that don't qualify for Medicare or Medicaid as well as people that can't afford health insurance to cover multiple visits to a physician. SQ 788 was not intended to exclude any patient and in particular veterans. I sure hope this will be resolved and left as the state question intended. Veterans need expedited access if anything considering that veterans are at a higher risk of suicide, which will continue unless they are able to explore this as a treatment option.

The legal limit of 12% thc is unncceptable.

Request that you please remove or change the maximum THC percentage level. Treatment for such things like cancer require THC levels close to 30%. 12% THC is too low to be effective and would result in an increase in consumption by the patient. This would be an unnecessary cost that would be passed on to the patient.

At the very least, include a provision that would allow physicians to prescribe higher levels.

Remove the upper limit of the content. Many patients will have to spend more money in order to medicate and there's little harm that could come from higher the concentrations. If patients don't need as much product then they will just use less.

My husband is a leukemia patient. With product as low as 20% he will not be helped. The percent should be established by a board certified physician, not the government.

Limiting prescription amounts by law is taking away the ability for a doctor to prescribe higher strengths, limiting access from a financial point to those that need more but can't afford it, and doing the opposite of what the law was voted in to do.

Limiting THC content is tantamount to prescribing tylenol for lung cancer.

This is not a statutory issue and should be left up to the patients and doctors to decide.

Medical marijuana is not the same as limiting beer to 3.2. This is medicine, not recreation.

When Oklahoma gets with the times and passes recreational, a cap on THC might be more realistic but a doctor should be able to prescribe what they feel will help the patient and that shouldn't result in the need to spend 4 times as much money to get the desired content.

The THC in a plant should not have a limit at 20%.

There are MANY strains that go beyond that number now.

It will limit the available strains to patients and also cost the patient more money in the long run. Again, there should be no limit on THC in whole plant form.

In regards to the THC limitations, they are not reasonable in this day and age. You're calling for a limitation that would mostly require a whole new batch of strains, as most are well above 12%. An oil with only 12% THC would taste horrible. Please understand that high THC oils mean there's less junk and crap in there. High THC oil means you're inhaling or ingesting mostly the medicine and not the junk. This rule advocates for the use of junk and filler in medical marijuana. Please think about this and change the rules so that we're taking in more of the medicine and less of the junk.

Request that you please remove or change the maximum THC percentage level. Treatment for such things like cancer require THC levels close to 30%. 12% THC is too low to be effective and would result in an increase in consumption by the patient. This would be an unnecessary cost that would be passed on to the patient.

At the very least, include a provision that would allow physicians to prescribe higher levels.

The amount of THC is something that should be dictated by the patient. That is something that should be decided ONLY by the patient. This is a greedy and malicious way to take advantage of patients. Please keep this bill about medicine, like it has been from the start.

The THC percentage is wayyyy too low... patients need the higher THC for their problems!! Up it please this is crazy!!!

I have stage 4 metastatic non-small-cell lung cancer, a branch retinal vein occlusion, 2 titanium knees, I have rheumatoid and osteoarthritis. I am physically disabled permanently. I'm on opioids for pain. I want to get off of that stuff. I want to get off of my prescription sleeping pills, my anxiety medicine, my prescription. I do not want to grow marijuana. I want to be able to go to a dispensary or a pharmacy and get edibles or gummies to help with my pain. I had a neighbor that was a pharmacist when I told him I had cancer he told me I needed to smoke marijuana. I told him I could not do that it's illegal in the state of Oklahoma and besides that it would exacerbate my lung cancer would make it worse. I've been to St. Johns MD Anderson Cancer Center. I fired them and I went to Saint Francis Cancer Center and I've been real pleased with Dr. Hassan Kaleem. I'm tired of hurting all the time even though I'm taking Norco. I'm also on the National Cancer Society registry. I have all documents that show all my medical conditions. And I thank God for the American Cancer Society. I never heard of the road to recovery they take me to all my oncology appointments and even appointments that are related or referred by my oncologist and I'm very thankful for QuikTrip that donates the gas for the American Cancer Society vehicles. If by chance I have to grow marijuana to get the medicine I need I will and I will do it legally. I will not be a part of the Oklahoma penal institution. I'm too sick to be locked up for not following the law. You may reach me by phone if you want my number is 918 906 3726. Thank you so much and may God bless us all. I'm very proud of the state that my family has been here longer than statehood. And trust me I did consider moving out of state to get the medicine I need. However my mother is 80 years old she had four children she has buried her two sons and I'll be darned if my mother Barry's another child.

The limit of 12% THC on products will make it harder for the patients to get the amount needed to fight their ailments. It will make it more costly on them.

There's no need to limit the potency of the plant or edibles. Watering down is only for profits. No fear of overdose or addiction so keep your greedy hands out of it.

THC levels don't need a set limit. But if you insist, then it should be done by Board Certified/ Pro Cannabis physicians.

Dr-patient relationship should be respected, especially by bureaucratic bodies of the state.

I disagree that the OSDH need to set a limit on the potency of thc content in regards to mature plants and concentrates. Thc is effective medicinally in higher doses especially for efficient pain management when it comes to treating ailments. Let's not make a rash move that will recieve a lot of backlash and only cost the tax payers more money to try to get this changed down the road. Please reconsider setting these limits and set Oklahoma up to be a premier state that can allow its citizens to use medicine at the recommendation of their physician. If I have a terrible migraine and take 1 Advil, it's not going to help me with my problem. But if I take 1 of my tramadol, that medicine actually works and helps me alleviate my pain. Similarly it will be with THC content. Please don't look to the way that liquor laws have been established in this state in the past. Legislators tried to water down the beer and limit the sell of alcohol to certain days and times. Look what happened, the people wanted it changed and we changed it.

We the people of this state have spoken, we passed this initiate despite heavy pushes against it. Let's not make mistakes at the outset of this reform that will limit our ability to heal people who absolutely need it. Again, I implore you to reconsider these limits.

There's no need to limit the potency of the plant or edibles. Watering down is only for profits. No fear of overdose or addiction so keep your greedy hands out of it.

The 12% limit on concentrates and 20% limit on flower is not acceptable nor based in any available science. Higher levels of THC need to be available on at the very least a patient to patient basis. This won't prevent users from consuming larger amounts of THC as needed or as you intend, it will only increase costs to patients and lead to less effective outcomes. Please reconsider these arbitrary limits. I will fight this every step of the way to best serve the needs of patients I am advocating for.

There should not be a limit of 12% THC content. Cancer and epileptic patients need much higher dosing of THC.

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients.

This is unfair to patients. It will cost patient more money and they will to consume more marijuana. This is a decision or a patient and their doctor to make. Not the state.

Patients shouldn't be limited by the state on a decision that should be made my medical professional.

Please do not allow ANY limitations to THC or CBD content in our legislation to adopt medical marijuana. This arbitrary limit serves no real purpose and keeps needed medicine with a high THC content, such as Cancer patients often require, out of the hands of those most in need. Please remove this wording and any other that places limitations on doctors, patients, and parents to adequately utilize medical marijuana to treat a disease or illness. Allow SQ 788 to be properly implemented with no limitations that serve no purpose in any part of medical marijuana legislation moving forward.

I disagree with the proposed THC content limitation on mature plants and products. I believe limits this low are unacceptable and that setting a limitation is unnecessary.

Please don't dilute the thc levels, cancer patient suffering need higher levels of thc

The percentages that were changed regarding THC content are unacceptable. This undermines the work that myself and many Oklahomans put in and stands to nullify the medical use of the plants. The will of the people has been tampered with and it is on you to carry thia program out correctly, and that is by the will of my statesman.

THC percentages for plant material and extracts should be based on personal care needs and not be determined by the government. This is absolutely ludacris.

I feel that the THC content limitations on flowers and extracts are too low. I suggest 25% for mature plants and at least 70% for extracts/edibles.

There should be no limit to the THC levels in this measure. To do so is still prohibition. It puts Oklahoma in an unfair disadvantage with other states as soon , cannabis may be legal Federally. Just say NO to THC levels concerning the plant.

Do not put limits on medicine. That should be up to a doctor. I could get narcotics that would kill me and you all are trying to water down cannabis. It's not alcohol. It's not drugs. Stop trying to keep us in the dark ages. THE PEOPLE HAVE SPOKEN, LISTEN!!

The amounts of THC in the marijuana flower and the concentrated you are asking to be in place are ridiculous and way to low to be used as any type of medication. The flower at 20% is OKAY but the concentrates having no more than 12% THC is just absurd. The concentrates, I believe is what a lot of people will be using as medication, something a lot of people who won't be smoking would prefer.

This is not what the voters voted on. Please leave the original wording intact. My vote will count. This shows that none of the people in office are patients in need. I hope they never need any medical options besides pills.

There's needs to be NO LIMIT on thc. 12% is ridiculous. 20% is ridiculous. I've used 85% and it's not what you think. Medical should be unlimited. Recreational however can be limited to 25%.

The 20% thc plant content is unacceptable. Patients need (with the supervision of their physician) the flexibility to increase thc levels above 20% per the medical condition that is being treated. With this limitation patients will have to consume more, increasing cost of care.

These thc limits are too low by far, also seeing two doctors is really expensive. These rules need to be changed!

Why water down marijuana? No point there is already CBD oil, Nicotine vapes And Cigarettes.
No need to make anything else remotely close....
Let marijuana be what it is.
If someone doesn't like marijuana or want to smoke it then they don't have to buy it.
don't ruin it for everyone else who does.

I CAN'T WAIT TO VOTE SOME PEOPLE OUT.
#HURRYNOVEMBER

The THC content of medical marijuana has been revised to severely eliminate the benefit of medical marijuana to patients. This has the same effect as giving a cancer patient 1/10 the amount of treatment while charging the same cost. Not only does this increase the supply and demand of the product, the cost of the medicine will become cumbersome for those who require it medically as the amount consumed must greatly increase to obtain a benefit.
Oklahomans banded together to provide this medicinal product to those in need, and this continued revision to the effectiveness of the product is not only appalling yet also a disservice to those who are prescribed it.

I suggest revising the emergency rules to allow for higher THC levels as originally voted for.

The Levels of THC Is not for you to decide , if it can be 100% , let it ! Takes fewer doses to relative a condition therefor less entering the body !
It would be like you telling me I can only have enough food to not die , when i can eat until I am full and my quality of life so much better ! I believe I am an adult , it's my body my mind , my life , and I feel everything that goes on with it , I cut your finger off , I dont know how bad it hurts , so who am i to tell you to take an aspirin and deal with it ! No Limits on THC percentage , in fact challenge farmers to grow the best , cause if it was oranges you wouldn't tell them to make the half as juicy or littler !

The people of Oklahoma has voted
Do not decrease the levels of the

As a medical professional that works with a pediatric population, I see the every day effects of catastrophic seizure disorders in children and their families. Research supports a CBD-THC ratio of 10:1 to optimize the therapeutic effects of medical marijuana products. The current levels proposed are not in this range and may not offer children and families the therapeutic outcomes they desperately need for not only a good quality life, but life itself. Please reconsider the allowed amounts and align our policies with those already in place in other states with successful medical marijuana programs.

we need to make the THC content is what is needed for each patient. Some patients require higher doses of THC, it would be unfair to make those patients buy more to achieve what they would need for relief.

Leave the bill the way it is. Different conditions require different THC levels. Cancer patients need higher levels. Some epilepsy patients need higher doses. leave it up to the doctor to decide the dosage. Don't amend it. Don't decide what you think are "valid" medical reasons. Leave that up to the doctors. We voted on it, we read it, we understood it. Don't force regulations on THC limits.

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits affect patients. Please take cancer patients into consideration when you consider putting a THC limit into the rules. Thanks

There should be no limits on THC content of plants. THC is a critical component for fighting cancer. It requires high amounts of THC in order to kill the cancer. Oil that is extracted from high THC plants is much less expensive to the cancer patient IF it is extracted from high THC plants. 20% THC limit will result in increased cost to cancer patients.
It should be between the doctor and the patient to set dosage levels that is acceptable and beneficial to the patient needs. Regulatory bodies do not belong in that equation.

I would like to recommend that THC levels not have arbitrarily set limits. The limits set forth in the definitions are not sufficient for treating cancer patients and others with diseases requiring higher amounts of THC. It would be better to allow the THC levels to be determined on an individual basis as research and experience guide this process. One-size-fits-all rules do not allow for customization which is necessary in the art of medicine/healing. I assume the levels in the regulations were intended to prevent people from getting too "euphoric," but too much THC would actually be undesirable for many patients who simply want to feel better, treat their illness, etc. The bottom line is: People want what works for them, even if that means more (or less) THC and we need to allow that.

I have attached my concerns.

Thank you

Under subchapter 3 Requirements for transporting marijuana.

Requiring two persons to transport marijuana is unnecessary. We don't expect this if drivers transporting opioids, or alcohol, both very addictive substances. Requiring two persons to transport will increase cost for producers and dispensaries, with said cost ultimately being passed on to patients. Please remove the provision requiring two persons to transport marijuana.

Please do not limit the THC content. Patients with epilepsy or cancer deserve to have full strength availability to their medical marijuana.

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients. Please take cancer patients into consideration before you put THC limits into the rules. Thanks!

I would like to recommend that THC levels not have arbitrarily set limits. The limits set forth in the definitions are not sufficient for treating cancer patients and others with diseases requiring higher amounts of THC. It would be better to allow the THC levels to be determined on an individual basis as research and experience guide this process. One-size-fits-all rules do not allow for customization which is necessary in the art of medicine/healing. I assume the levels in the regulations were intended to prevent people from getting too "euphoric," but too much THC would actually be undesirable for many patients who simply want to feel better, treat their illness, etc. The bottom line is: People want what works for them, even if that means more (or less) THC and we need to allow that.

Is 20% thc going to be the max for medical marijuana

THC percentages at or below 20% are not adequate therapeutic levels for all medical purposes.

Please do not regulate the content. Those of us that do not want to use pain meds need this.

There should be no limits on the THC content. That was no in the law we voted on, not should it have been. Higher THC content does not translate to more consumption, much like the difference between beer and liquor. One does not consume both in equal measure but each have their place in patient health.

THC Limits this low are unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. What does this mean? Patients will have to buy more product to achieve the same result. That means a higher cost passed on to the patient.

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients.

12% thc? Oh, so we have to buy more, and in turn more money is made? Not surprising. But deeply sad. And asinine.

I voted for this. Thc limits should not be rules you create! This should be left to the doctor and patient. Doctors will be taking on trials with this medicine and you are limiting patient care and doctor responsibility! You are driving prices up and changing someone not getting their treatment!

Your application process is also heavy and complicated. It should be as simple as ID and doctor recommendation!

Allow growing at home with no thc limits for patients on soonercare and Medicare!

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules.

THC % limits this low are unacceptable. Patients need high THC cannabis oils in order to effectively fight illness. Epileptic patients need 10:1 THC to CBD. What does this mean? Patients will have to buy more product to achieve the same result. That means a higher cost passed on to the consumer.

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients.

Concern with the limits on THC in regulation. While pain responds best to CBD, there are other symptoms that benefits from higher THC contents, such as insomnia. Considering there is no list of qualifying conditions, it would be a disservice to those with specific ailments to have such insanely low limits on legal THC levels.

Me and my family are 100% planning on reopening a dispensary. The law where it excludes felons on probation and is absurd. Felons are already subjected to discrimination I, why make it where we can't make a lively good? Leave it to where as long as you haven't committed a felony within the last 5 years you can get a commercial license. Let felons better themselves and be productive. Remember, the justice system isn't ALWAYS just..

12 - 20% thc is entirely to low. We need to bring the cap up. Please continue to improve our system

There should be NO THC LIMITS on the regulations. For obvious reasons, medicine should be personalized and should not be required to fit into some arbitrary limit set up by regulators.

THC % limits this low are NOT what 57% of the state voted YES on. Colorado has THC % limits much higher for their recreational users, however here medically approved patients are forced to accept low THC % limits? We cordially request reconsideration of the THC % limits.

Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. What does this mean? Patients will have to buy more product to achieve the same result. That means a higher cost passed on to consumer. Again, we cordially request reconsideration of the THC % limits.

Thank you.

Putting such limitations on a law the people of Oklahoma voted for to help and give the care that every human being deserves, again Oklahoma's legislators are trying to do the job of our educated and trusted physicians, in expectable!

Hello,

Are you planning on working with any of the groups who got 788 passed like Oklahoma's for Health to rewrite season me of these rules? Please work with these groups. The rules as they are written now do nothing to help Oklahomans who would benefit from medical marijuana. There should be no limits or much higher limits on THC percentages. Such small percentages don't help anyone. We are talking about treating terminal cancer patients, people with chronic pain, fibromyalgia, opioid addictions. These small percentages will not do that. Only able to grow in a bunker style building? Reports go to OBND? This would violate HIPAA!! My mother suffers from chronic pain from multiple injuries sustained in her life, and fibromyalgia. I was so elated when 788 passed because she was going to get relief from a natural substance and not opioids. If these rule are enacted as is she will get nothing from 788. Please I beg you to work with the groups that helped get 788 passed so this bill will help Oklahomans. Look to Colorado as an example of how medical marijuana was done.

Thank you,

Jason

People who suffer chronic pain and illness need more thc than 12%.

I want to comment on the ridiculously low thc limits that are trying to be set . My father passed away of lung cancer last year , It would have been a shame if all he could get was 12 % oil . even the proposed 70% is lower than other states .God forbid no one from your family needs Cannabis oil to save their life & all thry can get is 12% .I respectfully request that you reconsider this .

THC Limits this low are unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients.

Chiropractors should be able to proscribe medical cannibis. It's a natural medicine to begin with and chiropractors already do a lot of stuff along this line. We are doing injectable nutrition, kelation therapy via IV, spine and joint prolo therapy injections.

It would also keep the cost to the patient down as well having chiropractors recommending cannibis for treatment.

Growers should be able to utilize secured greenhouse grow rooms. This would allow the use of the Sun vs Expensive lights that use a tremendous amount do electricity. Using light only, would drive up cost as well as green house emissions to produce the electricity.

In rural areas a greenhouse could be placed out of site of public view. It could be secured by high fences and all the security measures used in the closed grow rooms already described. This would allow people to get into the grow operations at a much less expensive financial out lay for the initial startup. Otherwise only big companies will be able to establish grow operations. This in turn will drive up cost to the end user making it much harder for them to afford their medication.

Restricting the THC content would be nearly impossible. There are to many variables that determine end product THC

Content. Genetics are big but grow conditions have a big part as well. Also patients should bet the full of high THC CBD content.

What would a grower do if his product tested 22%. Lose all his or her product and financial out lay for the crop and have to destroy it due to an arbitrary set amount?

The THC limits that are trying to be imposed are way to low for a lot of patients. We need to not limit THC as it is vital in full plant medicine and the entourage effect. Please do not place such low limits on THC.

Thank you

Please go not lower the thc levels from 70 to 12%

THC Limits this low are unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients.

THC content and THC:CBD ratios should NOT have limitations whatsoever. There should be no maximum THC level nor designated or minimum CBD content or ratio.

Please revise the the level restrictions as they are inadequate for the with serious illness like mine muscular dystrophy the levels u have in front of you are less than that of recreational we need to allow for a higher grade in order for us to see the full benefits from this medicine please listen to me as I say these levels are just for recreational use not medicinal medicinal needs differ from patient to patient so there needs to be all levels from low to high to help all of the needs of the patients

Don't add arbitrary limits on THC for concentrates

There are no legitimate reasons to limit THC amounts or make the process any more difficult than it already is. Many people do not have the time or money to do all the research and make all the appointments necessary to humor regulations.

It's no different than gun regulation. It's a freedom and it should be handled the same as our rights to own as many guns and what types of guns we see appropriate. This is a bill chosen by the people. The people should have complete and reasonable access to their medicine. Thank you.

These proposed regulations are patient discrimination! Limiting so drastically the thc % make medical marijuana ineffective. Please work with Oklahomans for health to come up with better regulations. Remember the people of Oklahoma came out to vote for this. More people voted for this in Oklahoma than the 2016 presidential election. Don't ruin it by enacting these harsh and unfair rules.

There should NOT BE A SET LIMIT TO THC percentage defined under plant or product. The dosing and strength of available medicine should not limited to specific number. What if someone's body metabolism requires greater dose for their sickness, they would have to buy and consume More than otherwise. Not good nor wise.

Please leave the THC content maximum at 70%. The stated 20% is way to low to be effective for conditions such as cancer! I believe restricting the THC content also supports a black market for illegal operations producing products with higher THC content. Not to mention the fact that lower content would lead to greater consumption thus passing on a greater cost to patients. Thank you for considering this issue!

Don't add arbitrary limits on THC for concentrates

THC limits this low are completely unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. There are several other diseases we know of that need high THC for effective treatment and probably a few we don't yet know.

Your proposed strangely-arbitrary THC limits will mean patients will have to buy more product to achieve the same result. That means a higher cost passed on to patients for no good reason and without recourse.

THC requirements should be on personalized medicine. Don't victimize patients by arbitrarily setting limits. Don't make patients spend hundreds of dollars more just to stay live and functional. Don't be that patient's doctor and decision maker. Let the patient decide with his/her doctor what is best.

As a pharmacist interested in setting up a dispensary I believe that the limit of 12% THC in marijuana products is absolutely too low for optimal use as actual medicine. This needs to be fixed before being finalized.

Thank you for the hard work.

In regards to the THC limit of medical marijuana. Please realize this is not the 1970's. The THC limitations are not reasonable in this day and age. You're calling for a limitation that would mostly require a whole new batch of strains, as most are well above 12%. An oil with only 12% THC would taste horrible. Please understand that high THC oils means there's less junk and crap in there. High THC oil means you're inhaling or ingesting mostly the medicine and not the junk. This rule advocates for the use of junk and filler in medical marijuana. Please think about this and change the rules so that we're taking in more of the medicine and less of the junk! Thanks!

I saw something about limiting the thc level to 12% which is very low. I don't think we should limit the thc level because higher levels really help some people.

In regards to the THC limit of medical marijuana. Please realize this is not the 1970's. The THC limitations are not reasonable in this day and age. You're calling for a limitation that would mostly require a whole new batch of strains, as most are well above 12%. An oil with only 12% THC would taste horrible. Please understand that high THC oils means there's less junk and crap in there. High THC oil means you're inhaling or ingesting mostly the medicine and not the junk. This rule advocates for the use of junk and filler in medical marijuana. Please think about this and change the rules so that we're taking in more of the medicine and less of the junk! Thanks!

The lower limits on THC is not going to help people with sicknesses like cancer and even chronic pain . The lower limit of THC will just end up costing more money in order to achieve there level of THC ...

I think everyone needs to realize that marijuana is nothing like alcohol, a person could smoke a joint and walk a straight line person can drink a few beers and can't walk a straight line . Marijuana is nothing like it has perked trade to be in fact very healthy for you !

Medical marijuana should not have such a low THC content and needs to be put back into the hands of medical professionals who prescribe medical marijuana. Numerous studies show that much high concentrations are needed beyond the 20% spelled out in these emergency rules for a number of diseases including but not limited to cancer. Please allow my physician to prescribe for me for my severe lumbar and cervical stenosis plus neuropathy.

Thank you,

Any C Kirk

The amount of THC in a mature plant or marijuana product should be based on the patient's needs. There should not be a rule for how much THC is allowed. This will limit many patient's with a need for higher amounts of THC, or it will cause them to have to spend more money in order to meet their specific needs. Medical Marijuana should be treated just like any pharma drug that has different amounts of potency depending on the patient's specific needs. This section needs to be rewritten in order to best cater to the medicinal marijuana patient's who need this medicine.

I saw something about limiting the thc level to 12%. I think this is a bad idea and that there shouldn't be a limit because some of the higher thc levels really help people with different problems.

The people voted on the sq. As written not to have it undermined by political means. Or disguised in the name of safety.the sick need proper thc:cbd ratio for certain illnesses.. it also sounds like a drag your feet measure by not allowing imported from neighboring states..

There should be an advocate for medical marijuana patients!

70% THC content is sufficient for concentrates as a max limit. Different health issues require higher percentages and limiting the percentage puts strain on the patients by forcing them to buy more product to get the cumulative effect necessary.

It should not limit the strength. Each patient and need is different.

I have osteoporosis I've taken several different osteoporosis medicine and it made me worse I now have osteoporosis in the four lower vertebrae of my back I have degenerative disc disease scoliosis and Osteo arthritis I'm also a survivor of a major stroke in 08 we need the whole plant in order to heal properly

This is another attempt at limiting patients. Do you put a limit on the milligrams in the pills Big pharma pumps out every minute.?

This is a natural plant that people are wanting to help with the pain! Why is this plant so feared? Why do you not fear the millions of pills dispensed every day that cause major addictions and are the gateways to harsh street drugs, how dare you keep this from the people who are choosing nature! It's absolutely asinine the way you fear cannabis.

I commend all the people who want this plant over pharma drugs! My mom and sister died from taking pharma drugs! Both of them! I have major side effect from it that cause major depression and anxiety which cannabis would help me dearly. I don't want pills in my body I had major issues with lexapro! Never again will I put that in my body. You cannot limit the amount of thc like that!! People deserve to get this medicine at a decent price!! Greedy money hungry jerks keep your hands off God's plant!

The THC content limits is just not smart. This will just cause people to buy more product, causing the price of medicating to be higher than necessary. If the product is not potent enough, people will continue to purchase stronger product off the black market. Please reconsider, or consider raising the limits.

I am concerned with section 7 which is Labeling, "310:681-7-2 Prohibited Products
(a) No commercial establishments shall manufacture or offer for sale or consumption any medical marijuana product intended to be attractive to children or minors including, but not limited to, the following: gummy bears, lollipops, animal or other similarly shaped candies or products, fake cigarettes, or gummy worms."
First, fentanyl is still given in lollipop form. Then there are OTC's like kids cough & cold pops, nausea/motion sickness pops, you get it. What if that is the only delivery method that works for the patient? What about children who may spit out the oils or tinctures but will be okay with the idea of an appealing gummy or candy? What about someone who can't keep food or liquids down, and in turn will vomit up medication? But they would be able to suck on a lozenge or gummy which would allow the medication to enter into their bloodstream instead of their stomach. What about someone with little to no teeth? What if that is just someone's preferred method of ingestion? To eliminate this delivery system is cruel. If the concern is with a gummy bear or a piece of candy being eye-catching to a child, there are ways to package these items to be discreet.
This issue was also brought up to me by another Oklahoma citizen who wishes that her sister would have had access to THC gummies or lollipops during chemotherapy. I am asking you to strike this area of your working draft, and to consider a discreet packaging instead if you must. Thank you.

Hello. I have concerns about the language pertaining to the emergency rules. The section mature plant states it can only be 20% or less THC and only 12% patients can buy. This is extremely low when it comes to cancer patients and patients that require it. They would need to ingest or smoke more than what would otherwise be required if the amounts were larger. I would recommend an adjustment to 25% that the commercial grower can grow and patient can buy.

Thank you for time.
Allen Buller

Please do not enact these proposed changes to SQ788. The proposal was passed by the people of this state AS WRITTEN. If the will of the people was to have different rules/restrictions, they would have voted it down. Please do the right thing, and allow the will of the citizens of the state of Oklahoma to be honored.

no THC limits

Please remove the limits on THC content. 20% for plant and 12% for edibles, extracts concentrates.

A patient that requires a high dose of THC may not be in a condition to consume enough product to provide adequate relief at these levels.

The limits are ridiculous 12% are you kidding me? Come on guys. I need to quit taking Oxycontin completely and what I had tried in Colorado was 94% THC and it was very affordable it was about \$30 a month and my meds run \$300 until I meet my \$1500 deductible. Why are you trying to hijack our law it is not yours nor does it belong to the naysayers

THC strength should be determined by medical board not a hard line low dose. This will only put more cost on to patients that die to their medical issue may require more. Doing this is just another way to put people all ready struggling to make ends meet in even more of a financial bind!

THC levels of 12% is inadequate to treat most all medical conditions. This should not be a hard rule. The patient should have the ability to reach the homeopathic THC levels with out having to purchase such large quantity at the expense of the patient. This is unacceptable!

Will most approved person's have to be cronic pain? I have cronic pain, of my lower back have had a couple of surgeries. Would I be a candidate for the medical marijuana program?

I think that the THC % should NOT be limited. It should be up to patients/dispensaries and growers.

Such limits on the precentage of THC in Medical Marijuana makes the amount we must purchase unaffordable for a significant number of patients.

Restricting THC content in any form or fashion does not keep in the spirit of 788 because it reduces the medicinal value to our citizens most in need, such as cancer and epileptic patients. THC content should be between the doctor and patient as specified in 788. I urge you to not put any limit on THC content.

This is absolutely ridiculous. Your Oklahoma citizens have voted. This is a poor state with many people fighting diseases like cancer. How can you even go to sleep at night? Why would you take something safe and effective away from these patients? Why would you promote opioid use by decreasing the effectiveness of the THC? I

I can promise you, your voters will react and make sure whomever votes to change (and dupe the voters) will be out of office. As a nurse and personal caregiver to a pancreatic cancer patient, I've never been more ashamed of my state government.

Please reconsider acceptable thc content as the way it is currently written will only adds to costs for patients who are in need of higher doses for things like chronic pain and cancer treatment

THC levels this low will not help some of the people it's meant to....

I just voted YES for SQ 788! It will give us the best medical marijuana system in the country. It is the most medical approach of all the states. SQ 788 prevents non medical interference in the decision to utilize medical marijuana. It does not discriminate against people with various conditions. Patients and their doctors will be the only people authorized to determine whether medical marijuana is appropriate. SQ 788 was made this way because we want the best for the people of Oklahoma. That is why I voted YES.

People with seizure disorders need higher THC than 12%! They're going to have to pay to get more which is unfair out of pocket for them! The amounts of THC in medical marijuana need to be case by case!

This is very concerning for me, I will be switching my lexapro out for cannabis. It is a natural plant that will be an amazing alternative to pills. You don't limit the milligrams on pills, why would you have a restriction so low.

I will never understand why you do not go this hard for big pharma! Pills killed my mom and sister, and has given me ridiculous side effects. I believe it should be left up to the doctor just like it is now!

Doctors should have the say not government!! Just yo line your pockets with more money! We just celebrate that more choose a plant over big pharma.

12% THC content for medical card holders is dumbfounding.

The 20% THC limit is an absolute disaster in waiting.

1. You will lower quality of medicine for people who need high levels of pain control.
2. It will be completely unenforceable for home grows.
3. THC% is inconsistent. You may have 10 of the same strains with 10 different THC contents.
4. People who need high levels of pain control, will be pushed to the black market. You will effectively be creating a system that will keep patients, who are in need, going to drug dealers.

Don't regulate this bill to the point that no one can use it. Your job is to set up a system of delivery for this bill. Do that.

THC needs to be higher for cancer patients and other medical conditions.

You are violating 788 with these potency caps. Why would you limit the medical capacity of this plant? It will never do. We, the people, will continue to rise up and raise our voices. Please reconsider your position.

THC limits are unacceptable low. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. What does this mean? Patients will have to buy more product to achieve the same result. That means a higher cost to the consumer.

Don't let anyone sabotage this program.

The THC limit of medical marijuana should be set by the doctor, not by regulation. We passed a medical marijuana bill and the limits on THC prevent some very important medical treatments.

THC percentages are to low. Many patients need a higher level to get the full benifit

This medicine is meant to help everyone from children with chronic pain and epilepsy to seniors who are being destroyed by their doctors opioid prescriptions. It should not be manhandled and diluted down in any way which makes the medicinal value less for those who are in dire need. Trying to cap the efficacy will only cost patients more money and make it more likely for the people of this state to vote in recreational cannabis. Use common sense. Let the people's voice be heard.

I don't understand how the DOH can know what % of THC is needed for my conditions that apply to being treated with medical cannabis. I think that should be left up to the doctor and the patient to decide, not someone who knows nothing about me or my medical history/conditions.

There should not be any limits put on thc percentages that is not what the people voted for and it'll only end up hurting the patients that need the medicine

No limit. Content should be based on personalized medicine, not arbitrary rulings.

This is medical marijuana how are we supposed to handle any kind of pain with 12% max THC level we will be the lowest cap percentage level of any legal state in the US. Not to mention the fact that we're trying to Lower the amount of opioid addiction in our state you can't do that when none of the substance provided to do that is strong enough to replace a painkiller 12% is just absolutely nothing that should be 28 like most other states

This is not acceptable. THC limits should NOT be limited. The people have spoken. Give us our medicine and help our people!

People need to be able to medicate with a whole plant and not just a small part. I agree that there needs to be labeling to be clear as to what effects could be. But don't start to devalue what is so valuable in the plant itself. You should reconsider. There are current studies underway that show that this is only responsible for a heart rate increase, slower response time, that should be respected as all medication! If dosage is for pain...treat as pain pill..same rules. If it is for depression, same rules apply. We can do this, together. Thank you

12% THC is extremely low for Parkinson patients. PLEASE consider revising this. It is medical, please do not keep the whole plant use from people who really benefit from the body high (not the head high). The body is what needs calmed with Parkinson and the higher THC will allow it to work, 12% is very low and CBD oil would almost do that effect which is not helpful. MEDICAL, please remember. This takes a prescription so please don't treat it like recreational. If recreational ever gets legal, please limit the THC levels to very low, but this is not recreational.

This should be left for us the people to decide.

The THC limits for mature plants and for some cannabis products are far too low to benefit many patients. Seizure patients, for example, often need a fairly high THC content to achieve seizure reduction. Please consider increasing the THC limits.

THC limits can negatively affect patients. Patients with certain conditions need higher THC:CBD ratios, which means that they would need to buy more product and spend more money to achieve the same results. THC requirements should be based on individual conditions and recommendations by physicians.

Limiting the contents of the plant is only going to prohibit proper treatment. Treatment need should be based on doctors recommendations and therefore there should be no limit placed on strength of marijuana to ensure proper access to the medication.

The amount of THC allowed is laughable. That's too low to help the people who need the THC part for things such as appetite stimulator. And good luck finding seeds and strains to produce that low of THC because it's predetermined in the genetics. You're wasting everyone's time and money with this and it unacceptable we want the same type of medical marijuana that's in Colorado, California, Washington etc.

To whom it may concern,

I have read "Working DRAFT version 1.5" of the "MEDICAL MARIJUANA CONTROL PROGRAM" and I have developed some concerns about the revisions in the "Definitions" the "Mature Plant" is being controlled at an unreasonably LOW level to provide effective and deliberate relief to a person that is pursuing relief through Medical Marijuana.

At this particular percentage cap it is unacceptable, and requires review to be increased to a significantly higher number or strongly consider unrestricting the tetrahydrocannabinol limit to allow a better quality product and allow treatments to be pursued more robustly.

Thank you,

Aaron Fritz.

20% thc limit on plants is ridiculous. FECO which kills cancer, requires very high thc levels. Understand cbds slow progression in aggressive cancers and thc is what actually commands the cancer cell to die.

This requires cannabis strains above 20%. I mean we are talking medicine here right? If the THC content is too low to be medically effective then it isn't medicine. Oklahomans wanted this to be right, that's why 788 was written the way it is, by the people. I mean you don't tell me what strength of morphine is prescribed to me. So in my opinion you also should not be able to tell me how weak my real medicine should be. By enacting a 20% level you very well could cause someone, who is fighting hell to stay alive, to die and it is just so unnecessary. Thank you.

The THC levels need to be higher for a number of medicinal uses. For pain, PTSD, and several other diagnosis, a THE level as low as this will make the medicine ineffective. The people voted overwhelmingly for this. Please study some other states that have had medicinal marijuana for awhile and model after them. Anything less is disingenuous, won't help a lot of people and basically disregards the will of the people.

Please make the thc conctect higher for plant material and conetrats. 40% thc!

The THC thresholds are going to effectively eliminate many of the medicinal effects of cannabis. Basically making the meds too weak. 20% THC content in flower is middle ground at best and 12% in oils, edibles, and concentrates is worthless to patients.

Cannabis also remains one of the safest and most effective treatments for pain and nausea in pregnant women since they can't take anything for pain and tylenol doesn't cut it. There is no legitmate medical evidence of an increased risk to the fetus. Ask any doctor you're not paying.

The proposed percentages for plants and edibles is far too low. There should not be a limit on any percentages of THC for any reason.

Patients will need varying levels of THC and putting a limit on it is hard on patients who need a certain percentage. Raising the levels or getting rid of a limit altogether would be more helpful.

THC levels need to be higher. 20% is ridiculously low.
I see a limit of 20% THC this does not seem enough for some patients. This is not recreational like alcohol this is medicine for those with serious medical conditions.
Please do not restrict the amount of THC in the marijuana, to the point to where it doesn't serve its purpose for those whom need it
Limiting THC is a detriment to the needs of some people, it should never be limited by any organization. Medical doctors should have that option only available to them. I demand that only physicians have the option to limit THC. Cancer patients and other ailments require a much larger percentage of THC. You are only causing medical trauma and possible death to those poor and very sick people. If you pass this I will pray for your soul!
Cut the crap out on this THC stuff. The people of Oklahoma voted on this bill so stop pretending you're doing some good.
It is completely ridiculous for there to be such a low limit on THC in the oils and meds prescribed. Epilepsy and cancer both require far more than your legal limit allows. You are only increasing the cost to the patients by making the THC limits so low.
Limiting the amount of THC in a product negates the efficacy of it and is ultimately unacceptable. People with different circumstances need different amounts of the substance. Change this now, it is a disservice to everyone who voted.
The 12% THC limit is ridiculous and that is just the beginning. There was no partisan support when you had the chance and you thought we would not pass it and we did. Leave us alone and let us finish our law it will be up to us to cooperate with the law enforcement and we will make sure that we are compliant with the laws just leave us alone I thought we made that clear by getting 120,000 to the yes
To limit the amount of THC in the SQ788 is to hold back medication for the people in this great state that need medication that doesn't kill them or that won't cause adverse side effects. The dosage and amount of THC should be up to the doctor's recommendations. Let the people have what they voted for so we can stop this opioid crisis.
20% THC for mature plants and 12% for edible THC is unreasonable when every other state averages a content of 32%-49% THC.
Please reconsider the 20% THC limit on medical cannabis, it needs to be considerably higher to be effective for pain and if the content is that low ultimately the consumer will have to purchase more product that they can't afford I believe it will also contribute to the black market sale of cannabis due to the cost and product limits . Thank you .
Please do not limit THC amounts for medicinal cannabis. Please research Rick Simpson oil. Medicine that cures. It's just a plant. God made the herbs blessed especially the seed bearing ones.
The limits on the THC content should be set by doctor and patient, not a fixed amount like it is now. Also the level of THC allowed is very low based on current effective dosages.
The Maximum THC content allowed is only 20% Several studies posted on the national institute of health's website have determined that in certain cases for certain diseases/disorders a higher content of THC is REQUIRED to properly treat the patient. Limiting to 20% is simply not enough. I think you will find that the majority of voters feel the same way. Especially after they have now been properly educated about the endocannabinoid system and its function within the central nervous system to regulate metabolic functions throughout the entire body. Please reconsider this action as it may (and most likely) is going against the will of the people.
THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits affect patients. Follow this link to comment. Please share and spread this far and wide.
THC levels this low are unacceptable. Cancer patients, epileptics and patients suffering with chronic pain require higher THC levels. Those patients will be forced to purchase more product translating into higher cost for those who need it most. These limits will make cannabis treatment cost prohibitive for many patients.
Cannabis oils with such a low level of THC is basically just the Cannabidiol we already have legal! Patients need & deserve much higher THC levels in oils & "plant materials"!!! A simple fact check will show you that Colorado has 90% THC levels in their oils, but you want to give Oklahomans TWELVE PERCENT?! That is unacceptable. Patients need relief, not to be toyed with.
The majority of what is being established is understandable and fair excluding the fee you're wanting these individuals to pay to get their license for use for Medical Marijuana. This is deplorable these individuals are already paying a small fortune for their doctor's visits their treatments as well for their pharmaceuticals! And you're telling them they will also have to pay your horrendous charge for a license?!?! My Aunt spent over \$68,000 last year while she was doing her chemo treatments. She was a bald skeleton once everything was said and done and a large part of that was due to her not being able to A.) Get hungry or B.) When she was hungry and ate she threw up everything. Just imagine vomiting all over yourself your animals ur husband ur bed ur walls! Now she has a little bit of hope going into round two with this bill being passed. You're telling her and her family that she will have to fork over that much money to get a license so she can eat?!?!?! You need to reevaluate this asap!

The THC levels you propose are too low for many health issues and will make treatment cost prohibitive to the patients that need it most and require they ingest more additional substance to get the relief they require for their illnesses.

The THC limit is too low. Cancer patients need high THC oils for it to be effective in fighting cancer. Epileptic patients need 10:1 thc:CBD. There's no reason for the limit. There's been 0 deaths by overdose. We need to allow patients to have what they need!

THC percentage caps were not included in the language of SQ788 and should not be included in the DoH regulations. Drastically limiting the percentage of THC in the plant, in concentrates and edibles is detrimental to the treatment of several conditions, including cancer. It also leaves price gouging very open as higher concentrations are relatively cheaper. Please revisit these conditions as they were not what the people voted in. Look to other states with longstanding medical marijuana programs for guidance, some of them have decades of successful experience to draw from.

THC concentration limits should not be regulated by this department. Case in point, the limits you have suggested (20%) are way too low for some patients treatment requirements. This should be decided on an individual basis through Oklahoma board certified physicians. This is unacceptable and punishing to patients needing higher concentrations, such as cancer patients. Please be advised, remove this regulation before proceeding. Thank you.

Under section 310:681-1-4. "Definitions"
There is a subsection called "Applicants"
"All applicants under these provisions must be at least twenty-five years of age to be eligible to be an applicant." This part needs to be amended to say "All applicants under these provisions must be at least eighteen years of age to be eligible to be an applicant." As this is the legal age for medical in other states such as Colorado. Again, the appropriate age limit should be 18 for a medical card as the age group from 18-25 will be singled out with the current draft without a way to legally acquire the medication they might need. The draft currently has stipulation for people younger than 18 and this age limit of 25 doesn't appear anywhere else in the draft except in that spot highlighted above so it appears that it might just be a typing error. Please correct this issue! Thank you for your time if you had a chance to read this message. Feel free to contact me at my email: john.shatto@outlook.com for any further questions or responses. Again, Thank you for your time.

The thc limits must be raised to be effective for pain management and certain seizure disorders.

No low limits for THC - 10:1 ratio is needed minimum!

Will companies such as health field oil field etc. still be able to have a policy in place to require a drug free work place and do randoms and be able to fire anyone testing positive?

To limit the amount of THC in the SQ788 is to hold back medication for the people in this great state that need medication that doesn't kill them or that won't cause adverse side effects. The dosage and amount of THC should be up to the doctors recommendations. Let the people have what they voted for so we can stop this opioid crisis.

I need a high concentrate THC in medical marijuana due to I am severe epileptic.

I am a licensed clinical social worker who works mainly with chronic pain patients. It is crucial that marijuana prescriptions are listed as a controlled substance and placed into the PMP. A pharmacist needs to be the only person that fills the marijuana prescriptions to ensure this takes place. Common sense as well as research indicate marijuana will increase tolerance for chronic pain patients. If providers are limited in knowing what substance are prescribed for their patients then evidenced based practice treatment outcomes will be compromised. This is no different than years ago before the PMP (prescription monitoring program) when patients could see multiple providers to receive multiple prescriptions. We don't want to go backwards which is why it's important for providers to have this information. This also creates opportunity to educate patients (although this should occur when the patient sees the prescribing provider for marijuana) that there are risks to their health. Just because this grows in the ground doesn't mean it's healthy without side effects or drug interactions. Smoking it should not be allowed as this impacts non users and we already know for a fact this will adversely impact health.

For growers, the land used for growing/harvesting should be zoned agriculture and NOT residential. Otherwise this puts children at risk and impacts property values. Also THC limits should be on all products for quality control and proper dosing.

I'm from Broken Arrow Oklahoma and I've spent my life as an Entrepreneur. I saw firsthand the realities of marijuana being legalized in Fort Collins, Colorado. Learn from their mistake and limit the amount of dispensaries allowed in the state. It could of been perfect for them but they gave out too many licenses. It way over saturated the market! Please, please, pretty please with a cherry on top be smart?? ! For the sake of our state please limit the dispensaries to 200. We can always change it later. Oklahoma is a conservative state - let's be conservative about this. It's saved our butts in the past and it will save our butts this time as well. Thank you for being so freaking awesome! We love you guys so much! Thanks for doing Oklahoma right!????♂️

I would like to comment on THC levels for medical marijuana. First off I'd like to say that the percentage you want allowed in medicinals is extremely low. With the levels suggested, a user would have to buy double if not triple the amount of goods to be able to use it as a medicinal substitute. One way to look at it is to look at the pharmaceutical drugs that are produced. Are they low concentration percentages? You have to think of someone who is seriously sick not getting the right amount of medication ultimately does nothing for the patient. I have a great grandmother and a grandmother with Alzheimer's who would greatly benefit from medical marijuana to help with the bouts of intense paranoia, lack of an appetite, and to help lessen the amount of physical outbursts. A low concentration of THC will do nothing for them except maybe help with the appetite problem. Please, do not limit the percentages so low when hundreds of thousands of people need this for a fuller and happier life.

I do not approve of the changes made limiting the THC content of medical cannabis. Cancer patients, chronic pain patients, and others have a right to choose these things with their doctor. Governor Fallin should not be able to keep making these changes to bills unless the people vote on it. Respect the will of the people and the bill they voted for!

First, felonies aren't restricted from the pharmaceuticals so why do they not deserve the same natural medicine?

Second, THC levels that low are unacceptable. I'm not sure a person in chronic pain would even feel any type of relief from that.

This isn't what I voted for. Please leave SQ 788 the way it was written. Your percentages are way too low to help with chronic illnesses.

I am requesting that you reconsider the limit on THC content. Limiting the amount of THC, only hinders what we fought for and makes suffering unnecessary. Also the cost to double up on medication to get a proper dose will eventually drain the person's resources just to have medication. Please reconsider putting any limits that are unreasonable on THC amounts. Let us get a healthier way to get our lives back.

The voters approved a 70% limit, not 12%.

Respect the will of the people, the vote was a clear mandate. Your re-election may very well depend on how you implement sq788.

I am requesting that you reconsider the limit on THC content. Limiting the amount of THC, only hinders what we fought for and makes suffering unnecessary. Also the cost to double up on medication to get a proper dose will eventually drain the person's resources just to have medication. Please reconsider putting any limits that are unreasonable on THC amounts. Let us get a healthier way to get our lives back.

There is research to support that a higher THC content can make a world of a difference in several health conditions. Additionally, the compound THCA is non psychoactive and carries many of the same benefits, but could be mistaken for true THC on a lab result.

Limiting THC isn't the answer, but creating legal expectations for conduct for those who are publicly intoxicated or driving dangerously, etc, with a consequence similar to a DUI makes much more sense.

These proposed restrictions are much more strict than what we see on alcohol (where you could buy an 80 proof liquor at a corner store and it's not medicinal in value.)

We will not take 12% THC. The higher the THC the better for a cancer patient. 12% is completely unacceptable.

I have severe epilepsy and I need a very high potency THC.

I see a pattern in the changes proposed in your draft. They seem to result in additional cost and inconvenience to patients. It's a shame because you really had a chance to have mercy on the less fortunate.

Do not put a cap on THC or CBD limits! That's just ridiculous!

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits affect patients.

Comment Duplicated by Other User

Craig Reynolds reycra@gmail.com

Limiting the THC levels? Are y'all serious?

You should be ashamed, you're completely missing the point.

Cancer patients deserve higher THC% and seizure patients too. That's not enough to help them. That's why we the people voted, so the sick can get relief without breaking the bank. It at least should be case by case based. Not dead set. It's not going to work. Just cause a big fight. Hope they figure it out because I will be the voice for the voiceless.

please we need high THC don't make the mistake of other states people are dying every day

Totally unacceptable cancer patients need higher doses of THC to treat seizure disorders they need a higher THC lymington the THC is not in the interest of the people and in the interest of Medicine

The THC percentage numbers being discussed are NOT what the original wording was and those numbers are much too low to do patients any kind of good. Those kinds of doses would barely touch the Charlie horse like cramps I get in my sternum and torso muscles 24/7 as well as nausea. Please do the right thing.

It is totally unacceptable to limit the THC content in what is now a medical medicine in the state of Oklahoma cancer patients they the higher content of THC seizure patients need a higher content of THC this is not what we please change your rules and regulations thank you

In the draft it states people on probation cannot get a card. Yet if they have an injury they can take opiate medication. Pain of course can be long term and severe so my point is people on probation have a right to be pain free as well. I've talked to alot of members of advocate of 788 groups and they agree this is a serious oversight of a basic human need. The right to be as pain free as possible. Thanks for your time

The THC concentration amendments made to SQ788 are too low and unacceptable for therapeutic medical intervention. Would you tell a cancer patient they can have morphine- but only 20% of the dosage? No.

The other aspect is fiscall responsibility. Medical marijuana should be AFFORDABLE for all patients. Reducing the THC to such low amounts would require more purchases, and cost patients more than necessary. Affordable healthcare is already a major flaw in the US healthcare system, why continue to widen the gap and create disparity? This amendment IS NOT ACCEPTABLE.

The thc limits must be raised to be effectice for pain management and seizure disorders.

Please allow the full benefits of medical marijuana by allowing mature female plants too be used and not have a hard fast rule. Allow Doctors to make judgement calls for the health of patients needing this . I suffer from Fibromyalgia and a broken back. Unable to sleep , relax and be a functioning pm and Grandma I depend on opiates to give me some relief. I am ready to get off opiates and go natural. I'm avaiable to give me experience as a chronic pain sufferer. I have have had this disease 30 years. Please listen us, I'm 52 years old. I'm not a drug abuser. I've never been a drinker. I've lived a clean life. Please please do what's best for each honest person who you are giving hope to.

There is no way THC levels that low will stop my son's seizures. He requires a higher level! Please don't limit this out of some backward fear. Our kids need this medicine in proper dosages.

A limitation of 20% on the THC content of medical marijuana is an asinine, ambiguous number, pulled from nowhere along with the 12% quantity allowable for concentrates. How does the state plan to regulate the sale across state lines once marijuana is federally decriminalized? It's a ludicrous limitation, added against the will of the people that voted on SQ 788 for EVERY aspect of what it contained. Unless you plan on limiting the strength of available opiates, limiting the medicinal power of cannabis is merely another attempt to roadblock progress. It's time to let the people decide, Oklahoma!

1. THC content is not proper to provide medicinal properties for a range of symptoms.
2. No ingesting in the presence of a minor. While I wholeheartedly understand the reason behind this provision, I would like to ask you what other medications have this type of stipulation? Alcohol and Oxycontin sure don't!
3. Requirements for a Board Certified DO/MD. Only 1 out of 4 doctors in Oklahoma are Board Certified. It's safe to assume that not all of these physicians will seek out the necessary training to comply this statute, thereby reducing the number of qualified physicians. Oklahoma is already classified as HPSA or Health Professional Shortage Area. It seems that this creates a barrier to care that is unreasonable. What is the justification for requiring a Board Certification to write a prescription? Are there similar requirements for any other medications?

Please address this accordingly. Thc content of 20% is absurd. This will only create further issues & continue the black market. Increase to a maximum of 35% all around the board on concentrates & flowers. Please & thank you.

Need to be reasonable about this. THC% as currently written is way too low. Don't tick off your constituency anymore than you've already done. November is only a few months away. People remember. Just sayin..

Please have consideration for the people who suffer everyday. If you put this cap on edibles or flowers, patients can't get the relief we deserve. We have done our research and we know what works. Stop restricting our relief!

So I see there was a recent proposal to limit THC content to 20%. This is ridiculous- it should absolutely be down to doctors and physicians to make the call on what treatment is best for you, unless there is ample reason to believe it is detrimental to your well being. There is nothing to back up the belief that Cannabis, regardless of thc level, is detrimental, and is far less problematic than opiods, which shockingly have much less problems getting to the market.

We need higher doses of thc for the medical marijuana. It's needed to better manage pain among other things.

Just please follow the guidelines propposed. They are decent and reasonable.

First off, thank you OSDH and commissioner Tom Bates for your preparedness and good faith attitude about 788. Here are my concerns and my input. I have been going to marijuana business conventions since 2015 and have done quite a bit of studying and reading on the medicinal value of cannabis and on the industry. Thank you for considering my input.

I think the proposed THC limits in the "Mature Plants" (20%) and "Medical Marijuana Product" (12%) are too low. With the variety of patients and corresponding needs, setting the limits too low will just cause the patients who need higher dosages to have to buy too much and it could cause issues with their willingness to continue to buy OK products. We do not want to incentivize patients to travel to other states to buy better products, where their money goes further, so to speak. If we have a reasonable THC limit, comparable to CO and other legal marijuana markets, then the patient and doctors will have more options to find a strength or product that makes sense for the patient's need.

Also, I think there should be a reasonable limitation on dispensary licenses. The number could correspond to OSDH districts or congressional districts, but I think 30-50 would be more than sufficient. Perhaps, you could do 20-30 in this first round and then access and open up license opportunities in a couple years specicually in regions of the state that are underserved and/or communities that are having to travel too far for their medicine. I don't believe our state wants every vape and CBD shop to turn into a dispensary. And I do believe we want a successful industry and limiting the amount of dispensaries, at least in the beginning, is a common and worthwhile practice for establishing a successful medical cannabis industry in a state. We want OK to be successful.

Comment Re-Submission

I want to start by extending a sincere thank you to the OSDH and commissioner, Tom Bates, for their preparedness and good faith attitude about implementing SQ 788. Myself, along with many Oklahomans, are impressed and, frankly, it's a breath of fresh air for voters who feel like we do not typically get the government or policy results that we intended.

I tried sending my feedback and input in once before, and it didn't seem to go through, so if it for some reason did, my apologies. I believe the proposed THC limits are too low for the variety of patient and corresponding patient needs that we will no doubt have. If we have a reasonable limit, comparable to CO and other legal marijuana markets, then patients and doctors will have more flexibility to find a dosage/product that fits his or her needs. If we set the limit too low, it will incentivize patients to go across state lines to purchase products that are better suited for them, essentially getting a bigger bang for their buck. We should encourage options and not incentivize patients to look outside the OK market.

I also strongly believe that limiting the number of dispensary license will allow for better overall market and keep the watching people of Oklahoma happier, overall. I don't believe having a dispensary at every vape and CBD shop will make Oklahomans very happy. We need to ensure we do not oversaturate Oklahoma's medical retail market out of the gate, and avoid the "let them open and fail" mentality. The number of

THC limit should be decided between doctor and patient. Different illnesses have different thc requirements. Thc limits will be detrimental to health outcomes.

I feel like these regulations are intentionally confusing and some should not be in place. First the easiest to tackle, what needs to be submitted. A doctor recommendation and drivers license should be maximum. Trying to get a passport photo in this much pain is nonsense. Allow a temporary license for medication to get these things done!

Next, concentrates appears they are not allowed or will be incorrect. Keep in mind medical is always supposed to be stronger than recreational. If this is too horrid, recreational will pass and many of us do not want that but will make it happen if this stays this confusing. Concentrates, resin, hash, wax, rosin, seed, stem, stalk, whole plant should be allowed with 100% thc. Edibles should not be regulated by the board but only by the regulating agency created that regulates shops, grows etc.. Quality, %, lab work should all be handled by a regulating board, not by you.

There should be a low price set for medicaid Medicare patients. Maybe a monthly fee of \$50 for one store per month that can guarantee the patient gets 2 oz of flowers at a minimum of 60% 2oz of edible 60% maximum 2 grams of wax 90% maximum 6oz of oil tinctures etc minimum 80% thc.

This is severely failing poor Medicare medicaid patients and appears to only target recreational with its limits. If you keep such heavy thc regulations you will force true medical patients to move out of state for medication while allowing recreational with this "medical" regulation and is unfair to medical patients such as myself. My doctor will not allow me medical marijuana under 50% thc due to my issues. The doctor is from Colorado and knows there is nearly zero medical benefits under 40% thc and would recommend a higher thc that may be diluted at home with hemp seed oil for lower dosing until I reach medical efficacy thresholds above 40% safely which could take 8 months to attain. With your limit at 12% I would be forced to purchase 6 units for each dose costing me nearly \$1,000 instead of the single unit at \$80 because higher thc in smaller doses is cheaper than being forced to take 6 units daily to achieve one unit diluted daily.

Please fix this and either remove or raise thc % limits to 100%. This will allow for true medical. If it becomes recreational the abusers will leave and it will leave true medical with nothing to work with or forced to buy higher priced higher thc from recreational dealers instead of lower priced medical dealers. I plea with you, please fix these major flaws. I do not want to get high or be high or have fun, I want to live and have my quality of life back. I want to walk my daughters to the alter and take them back to church.
Thank you for your kind consideration.

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients.

I have some extensive scientific research on medical cannabis, and im. Not Sure where this 12% number came from, but that is highly ineffective from a medical standpoint. It seems all the worry is around recreational use. Changing to 12% beats medical value, and pers the state im jeopardy of massive political tension. Republicans have suffered greatly from not listening to and endorsing the people. We saw this last election. As a social political psychologist, this would be the proverbial nail im the coffin. If recreational is the worry... doctors on that... on not letting that get out of hand. But changing the will of the people to make the medical value suffer is a huge huge mistake. Please don't do that. Please.

I believe the health department should leave the rules as they are written in 788. It's what we the people approved. Limiting THC effects patients. Many stains intended for pain relief & anxiety relief have higher THC content than listed in the proposed emergency rules. Likewise, prohibiting products such as gummies limits patients' options for smoke/vape free dosage. As well, it should be between doctor & patient to decide if a pregnant woman could benefit from Cannabis. There are no studies indicating harm to fetuses. However there are obvious benefits for mothers with extreme nausea, weight loss, stress, etc which in turn could be better for the fetus in some cases.
Oklahomans spoke on what we want for medical Cannabis and over regulation is something we definitely wanted to prevent.

It also says they have the power to deny people the medication they need because they have a felony conviction. How can you decide who can have medical treatment based on if you have been in trouble or not.

There's just something about the phrase "will of the people" you're fundamentally not understanding. We're currently researching who is responsible for this so we can compile our list of who we're going to vote out of office and organize boycotts and take legal action and employ whatever other measure we need to until you get it. You are our employees. Understand? Don't even bother back-peddling. You're done. We're coming for you. Time to update your resume.

THC Limits this low are unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. What does this mean? Patients will have to buy more product to achieve the same result. That means a higher cost passed on to the patients.

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients.

The people have clearly spoken. Please respect our wishes or we will vote for someone who will.

I don't believe the THC content should be limited for medical marijuana. I believe it should be labeled and priced according but not limited. Different medical conditions requite different strength products. It's asinine to limit everyone to the same amount. Marijuana can not be a one size fits all kind of regulation. Other medications are lrescribed in different amounts due to severity and patient history and marijuana should be the same as well.

Please don't regulate the percentages. Those numbers are far too low to be of any help to anyone that actually needs it. This is unacceptable!

THC % needs to be AT LEAST 28% for stage 4 cancer patients.look,we know you already have a real hard time keeping track of money.try not to screw this up too.these need to be changed.get it right.this was a vote by the majority of Oklahomans.the least you can do is have some respect for that.Actually,you shouldn't even be trying to limit THC % for terminally ill patients AT ALL.the fact that you are trying to is a shameful thing.

Limiting THC content is a low blow to voters and the people that need this medicine.

It is completely unacceptable to limit the amount of THC content in either a mature plant or medical marijuana products. Many illnesses require a high dosage (above 25% THC) of THC in order to effectively treat the condition and provide adequate relief to the patient. Please, do not limit the amount of any cannabinoid at any point in the plant's life. From seed to sale, patients must be allowed access to the highest quality medicine and that means no limits on any cannabinoid. Thank you.

There should be no thc limit, at least not as low as in the proposed rules. As someone who has recurring cancer, this offends me

Please do not limit the THC level in our medicine. It will be expensive enough without having to buy and use more for the same medicinal effect.

FALLEN LEAVE IT ALONE WAS VOTED ON AND PASSED AS IT WAS SUBMITTED TO WE THE PEOPLE THE ONES WHO YOU WORK FOR AND PAYS YOUR SALARY YOU ARE ONE OF OKLAHOMA BIGGEST PROBLEMS AND SHOULDVE BEEN VOTED OUT LONG TIME AGO ANYWAY LEAVE THIS ALONE THE PEOPLE VOTED ON AND PASSED BY THE PEOPLE

hello their messing with thc levels is the equivalent of taking a car to a shop and getting it cleaned but they don't do the inside of the car for say 100\$ so you get 70 percent of what is needed to get the job done. Limiting thc should be under individual standards.....310 pound guy here say 1 edible at 10mg each of thc i would need 4 of them to be relaxed

Please Properly label the dosage of all products and educate patients. Reason for me to request removing limits? Patients that need high dosages of THC may not be in a position or able to consume large doses of medicine. A 90% concentrate could provide relief with a single breathe whereas a 12% concentrate could not. Also, patients that need high dosages of THC aren't always in the condition to consume massive amounts of product. 20% max THC on growing and 12% max THC on edibles and concentrated.

Leave the petition as is or we the people will vote you the people's servants out of office. The power of my vote multiplies with all the people you anger by going against what we the people voted for. I'll grow my own, no commercial interest here or need for regulations overkill. Let people have what they voted on, we are paying attention.

Please do not lower the percentages of THC and CBD . They need to be left as originally written and or left TBD due to the fact that many patients require higher doses depending on their conditions. Please let the doctors and health board set the ratios and percentages needed. If you do lower the percentages people on limited income will need to buy and utilize higher amounts of products and will not be able to purchase as much food or other necessaries.

If you grow your own how do you know if its 20 percent thc ?

It is highly unacceptable to base limits on THC percentages across the board. The level some patients need will be higher than the "emergency rules" will allow. Furthermore how dare y'all make emergency rules. We knew what we wanted and voted it in don't play slick politics and screw the Oklahoma people out helping themselves, each other and potentially whoever is reading this.

Please do not put a restriction of 20% mac thc as this would only limit the medical benefits to patients! Again please do not put a limitation on the max amount of any of the cannabinoids including thc.

Changing THC regulations to 20% is unacceptable. The people have spoken, stop trying to control us.

I know you guys may not be happy with the passing of 788, but it passes for good reason. This can really help our state turn around the opioid addiction thats causing so many problems and deaths. When you guys limit the THC count o 12% that really restricts the pain relieving properties of some plants that would go to cancer patience and others in need of a stronger dose. Why not do something right for Oklahoma and make this change so the doctor can decide the strength depending on the patience problems? Why limit how much healing people can receive. You don't currently do it on the big pharma products but do so here. Is this because you're getting kickback from these larger companies? Do you get paid for each death that occurs?

A big government nanny state should not be standing between you and your doctor!

The THC Limits shown in the Proposed Emergency Draft rules are too low and unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients and their quality of health and life. I respectfully request that these limits be either raised or removed entirely so that patients can receive the greatest quality of care afforded to them.

I have multiple medical conditions that affect me that I need medical marijuana for, chief among them is I am a severe epileptic, and this would control and cease my seizures.

The 12% THC cap is going to hurt patients like me. I have complex regional pain Syndrome and I can't afford to buy low content medicine that I have to buy twice as much of, to treat my condition! please remove your greedy fingers from a plant that my God put here to help me and millions of people like me!

Respectfully,
Another ticked off pain patient.

I believe putting a cap on the thc levels moving forward is a mistake. While 20% may be helpful to some people, it will leave others in a situation where they may not be recieving the full benefit of the plant the way 788 intended.
Good luck with your decision making. Just remember, a lot of Oklahomans are depending on you to make a fair decision that goes along with the original spirit of how 788 was written and voted on.

This public comment is to inform the OSDH that a maximum THC content of 20% is too low. This is not enough for those who suffer from extreme illnesses from getting the complete benefits of medical cannabis. Please consider upping the amount in order to give patients something that can actually aid them.

a maximum of 20% THC content is UNACCEPTABLE!!!! At this percentage it there are several conditions that may have greatly reduced medicinal properties in treating the condition.

Please allow Oklahomans the benefit of medicine that will help them.
Please don't treat this like a recreational law. It is not that.
Medicine needs strength to be effective.
Reducing the active chemicals makes it worthless.

Do not limit the thc content. This only serves to weaken the medicinal benefits.

Please properly label the dosage of all products and educate patients." Reason for me to request removing the current set limits? Because patients with ailments such as Cancer, Chronic Pain, Inflammatory Lung Disease, Crohn's Disease, PTSD, Epilepsy, Arthritis, & Parkinson's Disease will need higher dosages of THC oppose to the 20% max THC on growing and 12% max THC on edibles and concentrates. Most of these patients may not be in a position or able to consume large doses of medicine. A 90% concentrate could provide relief with a single breathe whereas a 12% concentrate could not. Also, patients that need high dosages of THC aren't always in the condition to consume massive amounts of product. Thank you for your time.

If I understand the draft correctly , concentrates will not be available for patients?

PLEASE do not change anything on the medical marijuana law that passed! 20% thc isn't going to help ALOT of people. I'm desperate to get off methadone and not be in constant pain, my Dr has already said this will help me get off methadone and help with my pain so I won't have to take opioids, which are addictive and dangerous and cannabis isn't, PLEASE don't change this law,please be compassionate and think of all the people who will benefit from this! Thank you!

Please do not restrict medical marijuana THC levels. Some patients need a higher dose to alliveiate their symptoms. Restricting the levels of THC will only cause patients to seek their medication on the black market. Which is not beneficial to our state at all.

THC should not be limited to 20% for a very good reason. Many illnesses need higher THC levels. Cancer needs very high THC levels. Some seizure patients need higher levels. Many other illnesses require higher THC levels. I know there is a fear that "people will get high" but my fear is that your limits will keep patients from getting well. This is NOT about people getting high. This IS about people getting well.

I believe patients should be able to grow natural marijuana and it's thc content shouldn't be limited to 20% there are studies that show that thc in combination with cbd helps patients and certain ones need more thc.

I believe the thc levels are to low. which will eliminate some of the people, who can benefit from it. There shouldnt be a limit on thc so every patient can benefit from it

The allowed THC content in plants and cannabis products described in the emergency rules is not acceptable. Just like pharmaceuticals, not everyone's dosage level is the same. This proposed less than 20% on plants and 12% on cannabis products will force a patient to have to purchase more product to get the amount of medicine he/she needs. Also, when you consider a cancer patient who is trying to make their own oils to help treat them, they need high quality products, many times at higher doses. I urge you to reconsider this restriction for good of the patients that will use medical marijuana.

THC percentage limits harm patients. Nobody tells your doctor they can only prescribe one-half or one-third of the effective dose of your medications. Why should doctors prescribing cannabis be any different? The will of the people is clear: leave dosing and other prescribing decisions up to individual doctors and patients.

The voters have spoken. We, educated on SQ788, knew what we were voting for. As the daughter of a cancer patient fighting Stage IV Lung cancer, as the mother of an autistic young person who battles crippling anxiety, and as a woman living with daily chronic pain due to auto-immune disease, I KNEW what I was voting for and changing what we have available to use to fight these diseases and disorders is completely uncalled for. What is the point of voting for something to give us our lives back if you are going to tear it down before we have access? Do you assume that all people are drug crazy addicts who won't be able to control themselves? Do the right thing, please, and leave the rules as is.

THC Limits this low are unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD.

The thc limit is too low for many health conditions.
A felony conviction should not prevent a person from having healthier choices in medicine. That should be stricken from regulations.

I have 4 chronic pain conditions and severe insomnia that 2 surgeries and every medication on the market for sleep, and some not intended for sleep (but my doctor said try it,) I am in constant, incurable pain. I cannot take pain medication because I'm allergic to it. I need strains like White Widow, which has a THC content of over 20%. I sleep 1-4 broken hours a night, and it causes my pain to go up. My doctors can do nothing for me. I have interstitial cystitis, aka painful bladder disease. Even with the only medication available for IC patients, it feels like I have shards of glass in my bladder. I also have legitimate, provable back problems. I'm already over weight and do not want to take steroids, because it would be bad for my health, even if it did help with back pain some, there's studies and plenty of people that say it will not help at all and I risk spinal cord injury just to get them. I am in hope of finding strains that help with weight loss, severe insomnia and pain; nothing in the medical community, including surgeries, have ever successfully treated my conditions and I am now looking to cannabis to give me hope when it is available. I ask that the regulations for what plants are allowed to be purchased for consumption and grown for a plant be increased. I understand we want revenue, and regulation and I'm all for keeping it simple in stores, but for patients like me who literally have no other options I wouldn't be able to purchase product in bulk so I can use it in bulk. I'm not looking to carry the max allotment or grow the max. I'm looking to grow and use minimally, like a lot of chronic pain patients. I just want enough to effectively help me get back to my life, and as few doses as possible. Not multiple doses. Because of the severe level of pain I'm in every day I am unable to do a lot of normal things. I can't do dishes without crying. I can't even travel without being in bed for days, and as anyone with a toddler can attest – I don't have time to be sick like this. I'm so limited, and I just want my life back. I want a quality of life back. I'm in full support of limiting the THC for products. Yes, please, and require labeling! Accurate labeling on everything should be a requirement. Do not let people sell from a store without customers and patients knowing exactly what they're getting, but please do not limit the THC content so low, because that just makes it ineffective for the patients who pushed for this in the first place. That's like saying we can have anesthesia, but only a topical anesthetic for a major surgery. You don't treat a gun shot wound with THC, and a chronic pain patient with no hope of recovery shouldn't be expected to just smoke or eat more to get relief. I mean a lot of diabetic patients have neuropathic pain, should we really be telling them they have to eat more cookies if they want relief?

Leave the THC LEVELS ALONE !!! Its wrong of you to decide for other people. The people of Oklahoma want marijuana we voted for it you can not decide that the people only need low levels of THC thats for the doctor in charge of patient to decide!!!!

The emergency rules for a cap of 20% of THC for "mature plants" are arbitrary and not based on sound science. The same marijuana strains can have significant ranges of THC content based solely on who's growing the plant. Washington State has seen ranges of just over 12% all the way up to 29% in a single strain. This arbitrary cap would penalize growers who take care of their plants versus someone who doesn't and it is entirely possible for a grower to think they are in compliance due to the results of earlier grows and then be out of compliance as they get better at growing the same strain even if they use the same seed from the first generation.

In the attempts to cross-breed new marijuana strains to be more concentrated with respect to the compounds that have a stronger effect on epilepsy, pain, depression, anxiety, and other medical conditions, marijuana growers have also increased the THC content as a side effect. This arbitrary cut-off would force Oklahoma growers to use much older marijuana strains that have a smaller effect on medical conditions that weren't grown for medical reasons but rather, just for getting high. As a result, Oklahomans would be forced to use less effective strains based solely on an arbitrary cap.

Also, an arbitrary cap of 12% of THC for concentrated marijuana products means that someone who suffers debilitating pain and needs the compounds associated with THC must take significantly more product to achieve the same result. It is extremely difficult, if not impossible, to extract only THC to bring it down to 12% while still concentrating the other compounds needed for medical relief without degrading the quality of the entire product. The reasonable cap of 1 ounce of medical marijuana product would tend to last one month. Reducing the concentration to only 12% can mean that the one month supply could last only a week for some people. That places a significant burden on people without reliable transportation or works every day when the dispensary is usually open.

There shouldn't be any limit on THC content whatsoever. The price hike to buy more product wouldn't be as affordable for patients

https://docs.google.com/document/d/1HDR8N4AI5a_RvieLJ_Vniq6StBlcCXf_R5WZkFoXPec/edit?usp=sharing

Good Morning,

The following are my concerns with several sections of the proposed rules.

"(4) Discussion of the risks and benefits of the use of medical marijuana with the patient to include:"(A) The risk of cannabis use disorder, including in adolescent and young adult users;
(B) The risk for exacerbation of psychotic disorders and adverse cognitive effects for children and young adults;
(C) The variability and lack of standardization of marijuana preparations and the effect of marijuana;
(D) The increased risk of motor vehicle crashes while under the influence of marijuana;"

The idea of A above that there are disorders is extremely debatable and sounds like some of the highly political scare arguments made by opponents of 788. Also, ALL prescribed drugs have some side effects-why are they not being subject to the same requirements? C above is amazing inasmuch that this rule goes to great length to create uniform distribution and sale safety requirements. A and C should be deleted.

What about patients or patient advocates on this board or do they not count?

"310:681-5-8 Composition of Medical Marijuana Industry Expert Board"

The FDA just approved a drug with THC for epilepsy seizures:

<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm611046.htm> . "(L) The following statements that read:

(i) "This product is not approved by the FDA to treat, cure, or prevent any disease" This needs to be deleted as it is not accurate.

But what if a licensed physician determines that this prescribed drug is in the best interest of a child's health? Seems like this may be tantamount to practicing medicine without authority. "(11) A warning that states: "For use by qualified patients only. Keep out of reach of children." This needs to be deleted.

TWO doctors have to approve a license from different practices for minors? The nightmare that this is intentionally going to cause with insurance companies likely not approving two doctors from different offices and the superceding of the medical authority of a single licensed

Please don't limit the amounts on flowers. It leaves out so much good medicine. And they grow naturally just a little bit higher than that 20% Mark. I have taken many pills for chronic pain due to RA. I promise not even the highest flower could compare to the impairment of the pills.
The THC limits that are being proposed are too low. People with cancer and severe pain need a higher percentage to combat their symptoms. This will do nothing but cost Oklahomans even more money to treat their symptoms.
THC Limits this low are unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients. Follow this link to comment. PI
How about we dont change the law that the people voted in? Too hard?
The voters of Oklahoma voted yes on legalizing medical cannabis. Please don't restrict this great herb that will not allow cancer and other diseases to benefit from cannabis. This needs to be available for folks that are in need. So much better then pharmaceuticals that have addictive and awful side effects. Medical cannabis is proven to provide pain relief as well as healing to sick bodies. Thank you as you listen to us voters! Sharon Cole
THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients.
Why does everyone want to change 788 we the people voted and passed the bill. To limit thec to 20% means most will have to consume more. Stop changing things Oklahoma will profit from 788 more than alcohol sales. This state needs it
I noticed that the levels set on THC content are quite low. I'm worried that these low limits may defeat our purposes of bringing medical marijuana to the patients who need it most. Raise the thresholds! Where they are now is not enough to treat epileptic or cancer patients to meet their therapeutic needs. I voted for this bill because I wanted to help people in need; if the health department continues to lower the legal THC percentage, I fear that won't be possible.
As a pain management physician, I would like to know whether my patients are filling/using medical marijuana. I believe it should be reported on the Oklahoma Bureau of Narcotics and Dangerous Drugs' Prescription Monitoring Program (PMP) since it is a controlled substance. Also, I believe that delivery of the medication to the patient should be allowed, or at least considered for certain circumstances. First of all, pharmacies are open 24/7, and are able to deliver, even controlled substances, to people when needed. Secondly, we are talking about some of the sickest people we will treat. These individuals are going to have terminal conditions, cancer, multiple sclerosis, spinal cord injuries, PTSD, etc. These patients are the ones that will have the hardest time getting back and forth to appointments, pharmacies, and dispensaries, and most will not have a full time caregiver that will be able to do this for them. Thank you for your time and consideration.
Please make sure the guidelines are for medical use only. The lives of Oklahomans are in your hands. The comments on the no special session for this bill are so ugly, they want to grow it at home. I voted no for the question because it will be misused. I understand the state will profit from this but we are opening a door for more State problems. Health department needs to issue a report on the findings of this drug....does it really help? Oklahoma doesn't have to follow the other states! Be bold be smart and lead us! Say no to drugs!
Wording needs to be changed about smoking "in the presence of a minor" does that mean you can smoke outside away from the minor? Or does that mean the minor cannot be on the property? Very vague.
20% maximum THC is unacceptable in treating some conditions it's not enough it needs to be increased
re: "mature plant" definition, limiting THC content to 20% seems foolish and unnecessary and decidedly against the vote of the people.
re: "medical marijuana product" definition, limits on THC levels should be left up to the patent and medical providers.
Why pass the bill if you're going to dwindle the medical marijuana down to almost nothing? What was the point? Just leave it as intended

I'm afraid I can't agree with the percentage adjustments to the THC content of marijuana. There is zero reason behind it other than price gouging people that need it as medication. This is seriously ugly and greedy.

How about you, as our representatives, stop trying to treat marijuana like alcohol because it's nothing like it. In fact, how about you apply some of these draconian laws to the alcohol business? That shit does nobody any good at all and does nothing but cause issues but it's legal, yet you're going to remove the MAIN part of what makes marijuana a medication for those with agoraphobia, autism, and other world-wide recognized mental disorders?

If this is how you're going to be I honestly hope someone you love gets something that requires this as treatment and you'll then get to discover how much you're crippling something you said you would enstate. It's not legalizing it if you put so many rules on it that it's still easier to get elsewhere.

If you think that limiting the THC content is going to fly, you're in for a HUGE surprise. I am a land owner in Oklahoma, I have the full deed and it's not on a lease or loan. Me and my family will just go ahead and keep planning on moving out of this backwards idiot-ran state to somewhere that actually knows what it's doing.

Oklahoma Representatives, you're an embarrassment not only to Oklahomans, but to the entire US with the shit you've been pulling. Marry Fallin et al. are all money grubbing asshats that don't even have a clue what's going on right under their noses. The Oklahoma department of health is showing that it's just as inept as our governor at keeping it's constituency content.

Please allow what ever strength people need. Do not restrict the percentages allowed. This should be for the persons own good and not put them in poverty to obtain good health. No pain or seizures. I CAN ONLY IMAGINE..

20% THC is unacceptable as there are diseases and conditions that require a higher percentage. 20% greatly reduces the medicinal properties that these diseases and conditions require. Please reconsider this percentage.

Thank you,

PM Rader
Tulsa, OK

Limiting THC in plants will create waste and unnecessary complications. It will also limit which conditions can be treated.

Limiting THC in concentrates will cause patients to smoke more to receive the same dose causing unnecessary risk and expense.

Limiting THC in these products will also add strength to the black market.

Let's use this opportunity to strike a blow to the black market while helping as many patients as possible.

lowering of concentrations of THC to 12% is ridiculous concentrates are just that concentrated for god's sake. That small amount will not provide relief from pain for serious illnesses suffering patients. the amount should be decided by the doctor and patient not the health dept or the state nothing should be set in stone on this %%% issue. leave the plant alone .

Cannabis has never killed 1 person unlike all the opioids you say are okay for us to use FDA people & health dept!!!

20% THC levels in a plant LOL. there is much higher levels in some strains. you damn sure should not limit the amount % wise on plant material it is natural.

you have no idea what a plant is making till harvested. this is the dumbest idea ever.

your talking about growers growing a crop then if it is too high a % there whole crop is wasted all their time & \$\$ down the drain because you say it is too high % .

well it should not be up to you!!!! making that decision it should be up to the doctor & patient plain and simple.

this is plant based medicine not a chemical that is killing millions a year.

has no one done research. would you like some professional help educating your staff.

I would be happy to help you learn the truth. it is a simple google away if you put your cell phone down & get off social media.

The emergency rules for a cap of 20% of THC for "mature plants" are arbitrary and not based on sound science. The same marijuana strains can have significant ranges of THC content based solely on who's growing the plant. Washington State has seen ranges of just over 12% all the way up to 29% in a single strain. This arbitrary cap would penalize growers who take care of their plants versus someone who doesn't and it is entirely possible for a grower to think they are in compliance due to the results of earlier grows and then be out of compliance as they get better at growing the same strain even if they use the same seed from the first generation.

In the attempts to cross-breed new marijuana strains to be more concentrated with respect to the compounds that have a stronger effect on epilepsy, pain, depression, anxiety, and other medical conditions, marijuana growers have also increased the THC content as a side effect in some cases. This arbitrary cut-off would force Oklahoma growers to use much older marijuana strains that have a smaller effect on medical conditions that weren't grown for medical reasons but rather, mainly for getting high. As a result, Oklahomans would be forced to use less effective strains based solely on an arbitrary cap.

Also, an arbitrary cap of 12% of THC for concentrated marijuana products means that someone who suffers debilitating pain and needs the compounds associated with THC must take significantly more product to achieve the same result. The reasonable cap of 1 ounce of medical marijuana product would tend to last one month. Reducing the concentration to only 12% can mean that the one month supply could last only a week for some people. That places a significant burden on people without reliable transportation or works every day when the dispensary is usually open.

I apologize if you received multiple comments of this but the site is having problems receiving my comments.

20% THC IS NOT ENOUGH!!!

310:681-5-3 (e) (9)

I would like to comment to say I feel the bond requirements of \$50,000 should be lower.

In regards to emergency draft rules of sq788:

There are many illnesses that require a higher THC percentage, and by limiting flower THC to 20% and Marijuana Products to %12 you are forcing those individuals to buy more medicine, which would not be cost effective. Flower THC content should be 35% and Marijuana Products THC should be allowed 100% for those patients that need it. There should be a wide range of THC and CBD content that would benefit a wide range of patients.

Thank you for your consideration of these draft rules.

20% THC violates the will of the people that voted...they did not vote on a limit. It also violates the spirit of the new law because many strains that are most effective for pain contain more than 20% THC.

I do not understand why it so difficult for our legislative leaders to look at how the laws work in the other 29 states that have medical marijuana legalized and use those as models for our own. As hard as they seem to fight against the use, sale, or legalization of marijuana, the people have already voted for it and will continue to push for forward momentum in the marijuana debate.

Limiting THC percentages is absolute unacceptable and ridiculous.

First, please do not limit the THC content of medical marijuana. Patients with cancer, epilepsy, or other conditions may need stronger medicine.

On another note, I'm pleased to see a couple of things in your rules which I believe are spot on. First, there are no specific qualifying conditions listed. Health care providers should be free to prescribe any medicine they believe might help any of their patients. Having a list of conditions would certainly prevent some people from accessing medicine that could improve their lives. Everyone should have the right to try whatever treatment is available. Additionally, allowing patients to grow their own medicine is quite empowering, and I applaud you for putting people first in that regard.

Thank you for your hard work on this matter.

a maximum of 20% THC content is UNACCEPTABLE!!!! At this percentage it there are several conditions that may have greatly reduced medicinal properties in treating the condition.

First, please do not limit the THC content of medical marijuana. Patients with cancer, epilepsy, or other conditions may need stronger medicine.

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Thank you for your hard work on this matter.

This is wrong. The 20% limit on THC is NOT the will of the people that voted for this. It is not scientifically based as many of the strains most effective for chronic pain sufferers would not be available to them.

Listen to the consumers of Oklahomss. Stop living in the past. Take note of Colorado and copy them. Let's do this right. We need higher content or this is for not. Oklahoma needs to catch up to others whose system is working. Damn it, don't make it harder than it should be.

We voted on this to help people with health problems which need more help than modern medicine can deliver. It is a slap in the face to every citizen who has conditions that require more thc than what you are proposing. For shame. This is to help seriously ill, suffering people.

THC Percentage:

Lowering the THC content limits so low will significantly hinder medical benefits of medical marijuana and require MORE consumption to meet the same needs. This will be impossible to verify without controlled laboratory testing and cannot be realistically enforced beyond the commercial cultivation level. Remove language restricting THC content or place the maximums at useful levels (20-25%).

Growing parameters:

Restricting growing operations to indoor warehouse frameworks will significantly hinder private cultivation efforts by individuals wishing to grow outdoor strains. Changing the language to allow outdoor growing will save Oklahoma huge amounts of power.

Stop watering down and adjusting what the people voted for!

Looking to receive a form for a recommendation for my doctor not sure how that works.

I am appaled by the state's efforts to limit the amount of THC in medical marijuana products. The key word here is MEDICAL and just like all other prescription medications, the dosage should be determined by the patient's prescribing physcian NOT the state. What if there were arbitrarily low limits placed on drugs that lower blood pressure, manage a diabetic's blood sugar, or provide relief from pain? There would be a lot of patients with uncontrolled high blood pressure, diabetes, and pain - that's what. These restrictions are short sighted at best and not what Oklahomans voted for.

I am dreadfully concerned about the proposal to limit the THC amount to only twenty percent! For those who suffer the worst, we should be doing our best to maximize their healing, not to put a cap on how much relief they are allowed! It is not the role of the government to dictate how a person will be allowed to try and heal themselves. Whereas it should be the role of government to protect healthcare freedom.

THC levels/dosage decisions should be left to the patient and their physician. Oklahomans need custom and unique care from their providers, and they will only suffer longer and more severely if the government attempts to put a blanket limit on how much relief will be "allowed".

The government is of the people, by the people, and for the people! Lest OK officials have forgotten, let them do their absolute best to keep liberty in the forefront of all that is decided. Leave THC levels and dosage to physicians and their own patients.

The thc percentage you're advocating for is too low. Change to at least 20% thc minimum. Comment Update: Thc from 70% to 12%! Completely ridiculous!! Keep the bill the way that hundreds of thousands of Oklahomans voted for. Be for the people not against.

The people have spoken, we want patients to have access to this very effective but natural drug. Do not limit the amounts of THC, instead let the patients or doctors decide!

Hello, I have concerns with the limits on thc that are being proposed. I believe a limit, will effectively limit the patients who need the high thc concentrates. The no qualifying conditions were meant to leave no Oklahoman behind. Thank you

Do not compromise the integrity of the medicine by watering it down to 20% maximum . How dare you Even dictate, let the compassionate caregivers that are trained And certified Find the right amount for the patient. Everyone's different

Hello! We currently run a CBD "dispensary" in Ardmore. We have been running since January. We had some questions/concerns but feel the draft you guys have proposed is very beneficial and cuts out a lot of safety concerns and protections for customers as well as owners, growers and manufacturers.

1. What will be security protocol as far as security guards? Most states have an armed guard on the sales floor or in the front security check entrance. I am an Army Vet and have some guys I served with who I would like to get a job doing my security. However there isn't much stated in the draft.

2. Us running a CBD dispensary we would still like to offer CBD without any THC to customers. The location we are looking to move has a separate room off of the security entrance that would allow us to put CBD products in there without having a customer come all the way onto the sales floor. We know some Oklahomans won't or can't get a medical card so could we still offer the CBD off of the THC "sales floor"? I know there are some stipulations as to no grows on site and things like that but we didn't want to leave those people out who want to continue with just CBD.

Thank you guys for the time. We appreciate all the hard work you are putting in and are excited for Oklahoma's future in this industry.

12% THC limit on products under SQ788 is a bad idea

12% THC as a maximum allowed amount is a joke. There are strains that easily reach upwards of 25%, and they are fantastic medicine for those with cancers, or seizure causing Conditions. It is absurd that after 788 is passed the governor would allow such an insult of rules to be applied toward a bill that allows for the most possible individual freedom. The bill easily allows for doctors or patients to find the specific strain with the right cannabinoid profile. Government getting in the way like this will only cause people to suffer by having to buy more product to get the same effect as what could be done with half the same dose. THC, CBD and all other cannabinoid are nontoxic and nonharmful to the human body, since we have an entire system throughout our bodies that is designed to process these chemicals(the endocannabinoid system). 788 is the bill many people have been hoping will pass so that they don't have to move states just to get the right medicine for them. It can even aid those suffering from severe addictions to truly dangerous substances, like alcohol. Had this bill been introduced and passed a decade ago my father, whom was prescribed by his doctor a cocktail of pills that he had to take daily, would have had a safer alternative and he might still be with us today. So for all those families that have to watch their loved ones suffer, whether it be from chronic pain, epilepsy, alzheimer's, cancer, depression, eating disorders, or one of hundreds of other conditions that this plant could treat, PLEASE work together as our leaders to create sensible rules for regulation of cannabis.

Percentage limits are unacceptable. There are many ailments that require a higher percentage than others. This is just an attempt at control by the government. The bill passed says NOTHING about THC percentage limits. Please institute the bill as passed and stop messing with it.

I do not believe there should be limits on the content

There is plenty of studies done to show epileptic patients need a higher thc content and same for cancer patients who rely on high thc content from oil to help kill cancer cells. We do not need limits on thc content it will do nothing to help the people who need this medicine the most.

Limitation of the THC content is obviously an uneducated one. Depending on your health condition, higher percentages are required for relief. Stop trying to change SQ788, it was brought to Oklahoma and passed as is. It is the will of the people. Thank you!

I feel that it is wrong to exclude a person on unsupervised probation from obtaining a license to use medical marijuana I happen to fall into these guidelines and have several ailments that are mental and I could greatly benefit from medical marijuana for my depression and severe PTSD I don't see how I can take any other medicine a doctor prescribed to me except for this one

To be clear THIS DOES NOT affect me. But I feel its necessary for feedback. By the way I think the rules are very good and I was a YES voter. The one feedback I do have is for "Disqualifying Events" for application denial, I do not think non-violent offenses for "marijuana" specifically should apply in relation to "last 2 years". Also incarceration specifically for "marijuana" which occurs during application process I do not think should affect application process and denial. ALL OTHER offenses other than Marijuana I think are valid though, so just add that one clause to (A) and (D) of disqualifying events for application. AGAIN this does not affect me (A) and will not affect me (D) but I feel it needs to be said.

The 12% Thc limits are very low. This makes it very hard not only for patients that have conditions that need higher Thc content, but for growers and dispensary owners as well. Controlling the Thc % of a living plant would be almost impossible and would make it where certain strains that people need couldn't be grown at all. I hope this can be addressed and changed. A higher cap on the Thc content of 25% would be more appropriate as some strains are just more potent than 12%.

Thank you

Limiting the Tetrahydrocannabinol content so strictly under 310:681-1-4. Definitions will restrict the treatable conditions as patients will be limited by either possession, consumption or financial restraints as a result of the currently proposed rules. At these levels a patient will need to possess greater quantities or consume more of mature plant or medical marijuana product to achieve positive results in their treatment. A significant number of patients will experience financial restraints in their treatment due to the cost of acquiring more mature plant and/or medical marijuana product. This will leave a significant number of individuals untreated or undertreated.

Because the clear intention of the Oklahoma people was to remove limits to treatment with medical marijuana, the Oklahoma Medical Marijuana Authority, the Oklahoma State Department of Health and the State of Oklahoma will likely be subject to significant litigation because of these restrictions.

Apart from the litigation expected above, the people can expect an increase in illicit, unsafe and untaxed marijuana trade in Oklahoma due to maintaining such low Tetrahydrocannabinol content in these rules. In order to protect the citizens of Oklahoma, medical marijuana patients, the expected revenue generation of this law, it would be advisable to maintain Tetrahydrocannabinol content percentages similar to those of other states allowing for legal mature plant and medical marijuana product consumption. A Tetrahydrocannabinol content of not more than 30% should be set for "Mature Plant". A Tetrahydrocannabinol content of not more than 70% should be set for "Medical Marijuana Product"

THC Limits this low are unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. What does this mean? Patients will have to buy more product to achieve the same result. That means a higher cost passed on to us. THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients. I swear that if yall don't write this correctly, I will absolutely not stop advocating for recreational.

I strongly disagree with any additional limitation on THC content beyond what was proposed in SQ788. Those types of limitations would primarily affect patients such as cancer patients who require very high dosages of THC to get relief and benefit. Cannabinoid receptors will be upregulated with use of cannabis, and will require higher dosages for those patients. Comparably, this change will likely not affect those vaporizing or other wise imbibing cannabis for more minor conditions. Overall, it would greatly limit the medical potential of cannabis prescriptions and it was not the intent of the voters. Also, it would interfere with the medical recommendations of doctors and that is not the State's place!

I also strongly disagree that a physician should not be able to hold a license themselves as a caregiver or otherwise. It is unfair to place those requirements on a physician and they would not be placed with any other prescription drug.

Finally, the researcher requirements are too onerous. The passage of SQ788 means that Oklahoma scientists have the ability to compete with those in other States in researching cannabis and its constituent chemicals. There is an excessive administrative regime in place at OK universities already. Aside from any proposed clinical studies, the OMMA should make it easy for researchers to access limited amounts of cannabis and its constituents for in vitro and in vivo laboratory experiments. Those studies require much smaller amounts and there is no reason to restrict them.

Thank you for considering my comments.

Limiting the THC content of mature plants to 20% may hamstring growers options. Raising that limit to 25% would encompass most strains and give leeway to growers who have to jump through enough hoops as it is. Also I have not seen any information regarding the THC content of edibles and concentrates, though I may have missed it on first reading.

Do not regulate the thc levels in the medical marijuana. I've tried just about every cbd product known to man and it has not helped. If you regulate the thc levels to pretty much hemp status whats the benefit for patients that know this works for them? I take 24 pills a day for my ptsd, agoraphia with panic disorder, anxiety and depression. Not to mention my heart meds. Medical marijuana in its true and natural state would allow me to stop taking most of those pills. Which would save my kidneys and liver. I have already been hospitalized once for acute kidney failure do to prescribed medication. Please this is my last hope.

Limiting the THC content of mature plants to 20% may hamstring growers options. Raising that limit to 25% would encompass most strains and give leeway to growers who have to jump through enough hoops as it is. Also I have not seen any information regarding the THC content of edibles and concentrates, though I may have missed it on first reading.

My medical condition requires more than 20% and more than 12% of THC. These numbers are way to low for most Oklahomans who need this medicine

Leave the dosage and percent of THC in cannabis in the hands of medical prescribers! Government. Bureaucracy needs to listen to medical providers and patients FA who reap the benefits of THC and CBD.

Please do not limit or alter the THC content in medical marijuana. Please leave it at the strength that is specified in the mandate.

Thank-you

Suzanne M. Hughes

I think you are weakening the potency of this medicine far too much in your emergency rule. What reason would you have to make it less effective other than to force patients to have to buy more of it? That seems like a shady tactic to try and suck more money out of Oklahoma's sick and needy population! Don't change the THC potency! This law is what WE wanted, and the people have spoken.

My comment is in regards to the extremely low amount of THC allowed in the medicine.

Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. What does this mean? Patients will have to buy more product to achieve the same result. That means that patients will still be able to achieve the required amount of THC, but at a MUCH higher cost.

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients.

Maximum 20%thc is absurd. Cancer patients need higher doses and this low of thc content is going to make it much less effective in many treatments other than cancer. Listen to the people!

The 20% limit on THC is absolutely unacceptable. All this is going to do is require cancer patients, epileptic patients, and many others to have to buy much more product costing more money. Limits should be based on medical professionals recommendations and not one set rule. This is not beneficial to anyone who truly can benefit from medical cannabis.

This is not acceptable. This will deny many patients the quality of medicine they truly need. Leave it to the doctors to decide and recommend what strength of medicine their patient requires.. like they do all other prescriptions!

I believe you are going down the wrong track concerning yourself with the minutiae of marijuana law itself. Time should be focused on implementing the bill not on limit on the strength of medicine for patients. The level or strength of that medicine should be on a case by case basis decided by the doctor and the patient not a hard rule by a board. Focus on patients getting the care they need not this time wasting shenanigans

What was it just the other day we were being told it would stay as written 12% won't cure much of anything.Leave it at 70% for medical it will not be abused we are looking for a cure not a high!

Absolutely do not limit the THC content at 20%. This would not protect anybody in any way whatsoever, but could very easily limit the efficacy and would absolutely harm people. It would also be a logistical and bureaucratic nightmare to test and enforce. It's honestly an arbitrary limit based on no science or reason. It's a result of reefer madness type fear mongering.

THC regulations should be based on the patients needs.

Please let them know that a maximum of 20% THC content is UNACCEPTABLE!!!! At this percentage it there are several conditions that may have greatly reduced medicinal properties in treating the condition.

I am very concerned about the number of dispensary licenses available to the state. I would recommend capping this number at 150. This could give the opportunity to have only the best applicants awarded licenses. It is also socially responsible to limit the number to 150 licenses so there are not dispensaries on every corner. We want this product to remain in responsible hands. Also, the state would have to have to regulate all these stores with limited resources and that does not set the stage for best business practices. Please consider limiting the number of dispensary store fronts to 150!!

The people votedm"yes"on how sq788 was written please keep it that way. The people have spoken

The THC content does not need to be limited in either the plants, concentrates, or edibles.

I don't see any provisions for Greenhouses for a commercial grow operation.
Will there be one at a later time or did I misunderstand what was written ?

The rules regarding 788 the OSDH has drafted are ludicrous. Sick Oklahomans need the best medicine available and limiting THC strength is counter productive. The peopl voted yes for medical benefits and the OSDH is casting the people's voice aside as a ploy to generate more revenue by putting ridiculous limitations on MMJ potency to make the patient have to spend more money buying more lower quality medication. This is absolutely unacceptable. There will be major backlash if the is not changed.

If someone has been convicted of a marijuana charge, or paraphernalia charge within the past two years or is on a suspended sentence for marijuana I beleive theu should be allowed thier liscense and not denied thier medical needs.

Limiting the THC to just 20% is ridiculous and it would only hurt more of us that are in actual need of the medicine. This is ridiculous and I'm hoping that everyone realizes this, we voted this in and it shouldn't watered down to nothing! Unacceptable

There CANNOT be THC limits on plants. That is uncontrollable. If my product comes out over that we have to toss it? This is not pheasable and will disrupt the entire industry along with denying patients their right to medicine.

Low THC percentages such as 20% and below will be practically ineffective for the patients who need medical cannabis. Cancer patients need THC oils and concentrate well up into the 70-80% region, and epileptic patients desperately need a 10:1 THC TO CBD ratio. Please. Do not limit us to only 20%. This will almost completely defeat the purpose of passing medical cannabis in OK

After reading the first draft of OSDH's medical marijuana control program, I'm strongly considering opening one or more commercial establishments. The business models I have in mind do not fall into the predefined entities defined in the regulations such as grower or dispensary, but rather are niche businesses created to serve those operating within the medical marijuana industry. With that in mind, there are a few gray areas in the regulations that I feel should be fully defined. These are areas that I would like laid out in clear and concise language, before I make any considerable monetary investment into either project.

The first commercial entity in question would be a service that collects medical marijuana waste from growers, processors, laboratories, research facilities, dispensaries and patients and disposes of it in a lawful manner. In section 310:681-5-10, the language is vague in the definitions of hazardous and non hazardous waste. The language should be expanded to clearly and concisely define which parts of the cannabis plant contain thc, such as the flowers, trimmings, leaves and stems, and thusly are considered hazardous waste. A clarification on this matter would be greatly appreciated.

The second commercial entity in question would be a service that cleans and sanitizes glassware and paraphernalia. The first version of the draft makes no reference whatsoever to paraphernalia, or residual waste from the consumption of medical marijuana, such as resin, ash and tar. To proceed with investment in this business, the regulations would need to be edited to include a lawful change of custody plan for paraphernalia containing marijuana resin, ash & tar from a licensed patient to a licensed commercial entity for the purpose of cleaning and sanitation.

Thank you for you attention regarding these matters. I look forward to reading the next draft.

William Hart

If we feel doctors are wise and educated enough to write a prescription for medical marijuana then why on earth would we then limit the amount or percentage of THC that a doctor is able to prescribe a patient? This kind of legal double talk makes no sense from a legal or regulatory standpoint. Today's professional doctors, with all the years of education and experience they possess, should be given the legal rights to make the medical decisions as to what their patients need, at what strength level and in what amount.

a maximum of 20% THC content is UNACCEPTABLE!!!! At this percentage it there are several conditions that may have greatly reduced medicinal properties in treating the condition.

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules.

Don't mess with the original language of SQ 788. Patients need high THC cannabis options to treat a variety of ailments, including cancer and epilepsy. Do not put the burden on the customer to have to buy more product to achieve therapeutic doses. Limits of 12 and 20% are ridiculous and far below what many patients require to achieve therapeutic effects.

Many, if not most, lawmakers have NO MEDICAL BACKGROUND. You should not be insert yourself between patients and their healthcare providers. It should be left up to physicians and care providers to decide WITH patients what is appropriate use and dose of this medication. Many current medications are used "off label" for purposes other than what they were originally intended for; this is not illegal or wrong, but rather this is science and experience determining that it is useful in other ailments. It is progress. Do not put limits on qualifying conditions for MMJ. MMJ has already been determined to be useful in numerous conditions, even so far as killing cancer cells. How many more conditions could we find it to be helpful for? Do not stand in the way of progress. We do not want your paternalism.

I know lawmakers have a lot to use financially by not having pharmaceutical companies and lobbyists lining their pockets, but I guarantee it is not in your best career interest to modify the bill that has already been approved by the people. LEAVE IT ALONE. LET DOCTORS BE DOCTORS. Do YOUR job and follow the will of the people. We approved the bill as is. Leave it as is.

Thank you.

I have attached two files. They discuss two different areas of concern. I would like to have these reviewed and taken into consideration. Please let me know if you I can be of further assistance or if you need additional details.

Thanks,
Joel Kinsch
918-610-7300

What happened to no patients being left behind ?
We need higher THC.

The government should not be trying to put a limit on how much healing a person is "allowed"! Regulating medicine and the patient doctor relationship with this. When doctors start trials they are limiting care and results!

The hybrids strains are needed to combat my autoimmune and Gastroparesis are HIGH THC.

There are patient protections from law enforcement harassment directly worded in 788.

Do not put a limit on the THC. The people voted for this to pass and you should be a representative of the people! Please do not make us look like fools like we have for the past God knows how many years with 3.2 beer. Do not limit the THC for medicinal marijuana.

Now that Oklahomans have voted for and passed a bill that we want please do weigh it down with unnecessary regulations. Let growers grow their plants outdoors if they're in a rural area where the crop cannot be seen by the public. Take the limits off the cbd and thc content

Maximum THC levels of 20% is absolutely unacceptable to be used to treat certain conditions! Please, reconsider those amounts!

Hello, I have a few concerns with the proposed draft. First, I notice that the grow operations must control odor from public. What does this mean? It is impossible to control odor from commercial operations. Also, greenhouses need be reconized as a way to grow and they cannot be governed with same rules as indoor operations.

As an ex medical card holder in another state, the allotted amount of 6 plants in veg and 6 in flower is simply not enough for many patients. on average a grower will get an ounce per plant or less. if someone uses 3.5-7 grams per day, this amount cannot be grown by these numbers. I think a system similar to colorado where plant counts can be increased depending on the ailment being treated. also the amounts able to have on person or at home are about half the needs of a chronic pain or cancer user. these amounts need a way to be increased.

Comment update:
the application fee being non refundable is a bit harsh. I think that should be removed. It not like we know prior.
cannabis flower and extracts should not have an expiration date. flower especially actually gets better with age like wine does. edibles of course should have an expiration date.
will outdoor commercial grow be an option with proper fencing.
in order to produce commercial medical cannabis the most economical and green solution are greenhouses. greenhouses and other structure can not necessarily have a biometric lock installed on them either. these laws are a bit extreme. its just a plant we are regulating here, people in power seem to over think this or exaggerate whats actually needed.

Comment Update:
the spirit of 788 is so every person in Oklahoma would be able to pursue the opportunity of entering the medical cannabis community. these proposed rules are very unnecessary and don't work in the real world of medical cannabis, and I speak as an ex medical pot user in other state.
the application fee being non refundable is a bit harsh. I think that should be removed. It not like we know prior and its basically robbery.
also, cannabis flower and extracts should not have an expiration date. flower especially actually gets better with age like wine does. edibles of course should have an expiration date.
will outdoor commercial grow be an option with proper fencing.
in order to produce commercial medical cannabis the most economical and green solution are greenhouses. greenhouses and other structure can not necessarily have a biometric lock installed on them either. these laws are a bit extreme. its just a plant we are regulating here, people in power seem to over think this or exaggerate whats actually needed.
Also the double person in car during a delivery is ridiculous. How can a small single person grow operation deliver product at that point. its not possible.

Should not be a level on THC you can't over dose and it is differ for each person. No person is the same on anything. We are different.

The percentage limits on the products is ridiculous. These children wont benefit from a 12 percent thc syringe.

Do not set limitations. Several Oklahoma state residents do not want THC limitations, let the individual choose what is right for them. Do not waste time, follow what other states have already documented.

I strongly object to the the limitations of THC content of Medical Marijuana
Most all prescription medicine has higher dosages, oxycontin for example is 10 mg up to 80mg.
Alcohol comes in different proofs all the way up to 180 proof
Different ailments require different dosages, so why should medical marijuana be any different
For example, if I'm prescribed 60mg twice daily it would be 60 tabs per month. Why would I buy 180 20mg tabs?

This is like law enforcement telling my doctor that he has to lower the dosage of oxycontin that has been the same for over 10 years with full compliance. Who suffers, I DO, and all I want is a little quality of life. At the moment I'm miserable. I hope mm will help. Please don't make it more expensive.

I do not agree with the attempt to limit the THC content to 20%. This could prevent the use of this medicine in some areas where it has shown to be effective at higher THC quantities.

I suffer from neuropathic pain. I am prescribed pain pills. Those pills are responsible for 10's of thousands of death each year! Please make Neuropathy one of the approved medical conditions! Please! Thank you

The 20% thc limit is absolutely absurd, some people's diseases require a much higher Thc level. Let the people have their medicine!!

20 percent thc is not going to work the people will have to buy more to get the help they need which will cost patients more money that they don't have! It needs to be a higher thc than 12 and 20 percent

THC Limits this low are unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. What does this mean? Patients will have to buy more product to achieve the same result. That means a higher cost passed on to you. Please research this and make this change so the patient whom needs this medication can actually benefit from it.

Regards,
Karla Dotson

Placing restrictions on THC content of plants and limiting types of edibles is beyond the scope of the health department, and goes against the wishes of the voting public. These changes and limitations to the implementation go against facts seen in implementation by other states, where this has been an absolute non-issue. Additionally, attempting to limit where lawful growers can grow is a violation of our privacy and private property rights.

I do not agree with limited thc content. 20 percent cap on the from the plant is ridiculous.

310:681-5-15. Prohibited Acts Section B discusses commercial employment prohibitions, specifically not employing any persons under the age of 21. As a person under the age of 21 who works at a business that plans to convert into a dispensary, this puts my job at risk.

My argument is that if persons aged 18 years old or older are permitted to obtain a medical marijuana license, then those individuals should be allowed to work in the industry,

There is no age restriction to work as a pharmaceutical technician, who fills patient perscriptions currently, all that is needed is a certification. I believe employees of commercial entities should include those who are 18 years of age, who posses medical marijuana cards, and all individuals who work at a commercial entity should be required to take a medical marijuana handlers course, similar to a food handlers course, or other similar programs, and a certificate would be required to work at commercial entities

The government shall not prohibit the people from being free and from medicinal use of marijuana, in any amount. A 20% thc limit is not only another way to stifle the freedom of the people, it is another way of not allowing some to properly medicate as needed. The people have voted and we are in charge. We wont be walked on. STOP.

A topic that wasn't addressed in the emergency rules draft, is if someone wants to do just concentrate processing for dispensaries by possibly having a type of secondary license where dispensaries can hire the best concentrate processors that can bring their expertise of hashish and concentrate extracting to multiple companies. This could easily be achieved by allowing a smaller secondary version of the processing license just to allow companies to give product to the best concentrate experts and allow them to solely produce concentrates for companies. This would be beneficial in many ways. First off, it would allow the best concentrate experts to make a more high quality product and ultimately a safer more pure product for the market. Secondly, it would allow more small time companies to form and thusly, the collection of more application fees and more b2b tax collection. Third, the amount of concentrates available to the market would be exponentially larger. One of the best things we can do for patients is to make sure there is enough high purity product available. This way, a concentrate centered company could process concentrates for businesses in a more streamlined fashion. Thank you for taking the time to read over my suggestions. I hope to see some kind of law to allow someone to get a type of "secondary processing license" to just produce concentrates.

I openly oppose a thc content of 15% for flower on medical cannabis. THC is a proven substance that actively kills cancer cells, as well as it's uses to fight brain diseases and to elementary neurotoxins. We must give our citizens access to whatever cannabis substances that will help them rather than limiting them on the products available. I also saw that concentrates will not be considered medicinal this is also something that as a voting citizen I cannot support.

12% THC is not a viable option for people seeking medical Marijuana treatment. The amount should be determined by the prescription and can be raised or lowered if needed. A maximum of 12% THC limits its effectiveness.

THC level of 12% is a joke and we will not accept that. The higher the THC the higher the medicinal purposes. At 12% if anything is even that low, do you realize how much more a patient would have to consume to gain any type of benefit? not only that they would have to buy more (which I am sure that is probably the purposes more purchases more taxed dollars). For example a cancer patient already goes into life long debt getting treatment the last thing they need is to spend outrageous money on cannabis bc of this ridiculous 12%. Lets leave this at 70% please.

don't regulate thc content. let the person decide how much is necessary.

Proposed THC limits are unacceptably low. The people have spoken and this is not the law we voted for.

Limits on THC are a terrible idea. Most importantly, cancer patients and patients severely addicted to opioids and are trying to get off of them are going to need higher levels of THC in their product. This will unfairly increase costs for these patients. Secondly, Oklahoma needs to be able to compete in the cannabis industry in the future and unnecessary restrictions will work against our states ability to be competitive and make the most of our cannabis tax revenue. Appropriate labeling is all that is necessary for patients to receive the dosage appropriate for their needs. I've seen it work just fine in Colorado. Limits will only hurt patients, and make things difficult and costly for those working in our industry.

Limiting the thc content is unacceptable, we voted in sq788 the way its written no changes

Limits on thc in medical marijuana is defeating the purpose of the medical use of cannabis. Also how can u control amount in a plant if the cannabis is too high in thc does this mean grower must destroy entire crop after testing? Limits are just going to make people use more cannabis to reach a medicinal level. A natural plant doesn't need to be regulated for amount of natural occurring ingredients.

THC Limits this low are unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients.

It says that dispensaries will not be allowed to employ anyone under the age of 21. This does not make any sense given you can buy at 18- the age for working at a dispensary should be lowered to 18.

My brother had cancer last year and I learned a lot from him before he died. He was on pure THC for over 2 years and it help prolong his life. He would not have survived that long without the THC. He got cancer from eating the fish in Vietnam. Please do not regulate the THC ! The people voted and made the decision to keep the plant natural! Let the pure plant help families get to be with there loved ones longer. Don't take this natural plant away from us! I have had 8 back surgeries, 1 neck surgery, and my left hip replaced. I want to go off the opioids, I prayed for Oklahoma to pass this so I could try. I'm disabled and need this plant to help e have a better quality of life, like everyone wants and needs to have. Do not regulate the THC in our state!

The maximum THC content of 20% for inhaled marijuana should be stricken. Most commercial strains in other states have more than 20%. There is no risk or danger inherent in higher potency marijuana. Users will be able to smoke less, so in fact, the stronger marijuana is healthier because it minimizes the inhalation of smoke. In addition, you will be creating artificial limits on the businesses and producers.

So as I am reading through the proposed rules, I see that there is a limit of 20% THC in the plant and 12% THC in concentrates and edibles. These are absurdly low. These limits will price patients out of the market because they will have to consume more product. Please, please do not do this to people that can not afford to purchase more. We need to make this product accessible to everyone in a fair quantity, not just the people that can afford it!!! This was VERY deceiving to the public and I do not remember reading anything before we voted on 788 that said Oklahoma would only provide a very watered down product!!! This is very deceiving to the voters in our state as well.

I have come to the conclusion that with low THC weed and oil will only spark an underground business in Oklahoma which would mean loss of taxes to the state and business to the owners of the dispensaries. To place these kind of limits on the people of Oklahoma is against the spirit of #788.

One more example of Oklahoma politics. Who does the Department oh health answer to? It's government ran. So here is what can and will happen. We will still go across state lines briang the product back and give our tax dollars to another state and STILL use medical marijuana. Two.... make or own edibles from the flower we grow or buy.

3. Start a petition for recreational marijuana and take it to the poles again and clean house in November.

4. We the people have spoken. Either listen or we will replace those come November.

5. This state needs the money either we give our money to Oklahoma or give it to another state. Either way we will win whether today or in a few years.

20% THC is insufficient to provide therapeutic relief and can only be seen as a marketing ploy to force consumers to buy more products to achieve the desired result. Please consult someone who's been on the receiving end and reconsider your decision.

THC limits are too low. Most strains these days genetically have a higher THC content of 20%. Essentially this would exclude thousands of strains, that have a wide variety of medical uses and cannabinoid profiles. Also I believe denial of commercial licensing due to an individual being on probation is unfair. Unsupervised probationary periods can last for many years, sometimes decades! I don't believe a person should be excluded from obtaining a commercial license for a convicted offense that happened ten years ago.

Good job on the proposed rules. Surprisingly comprehensive and in agreement with SQ 788. Nevertheless, I have two suggested amendments:

1) Related to transportation of medical marijuana and marijuana derived products:

The current transportation license provisions do not include transportation to licensed testing labs. Therefore, amend Subchapter 3, 310:681-3-1(b) to provide that a transportation license shall enable the holder to transport marijuana to a "laboratory licensed by the Department to perform testing of medical marijuana and marijuana-derived products." Such amendment is not in conflict with SQ 788.

2) Related to ensuring a sufficient number of capable testing laboratories, please allow licensing of out-of-state testing laboratories:

Accordingly, amend Subchapter 8, 310:681-8-1(b) to include "and may be located in a state adjacent to Oklahoma and where medical marijuana is currently legal under the respective State's laws." Such amendment is not in conflict with SQ 788.

There is one major rule for commercial growing that needs to be changed.

You need to allow commercial growers to also have the option to operate grows outside behind fencing like almost every other state that has legalized. Not allowing the outdoor growth of medical marijuana will effectively shut the doors of the industry to many entrepreneurs and effectively shift control of the entire industry to corporations. That would make our state look corrupt and raise the poverty level.

Allow the growth of outdoor commercial medical marijuana or allow patients to grow more plants and sell their excess marijuana to dispensaries like many other states already do and have for years. Thank you for your time and consideration.

We great people has spoken with our vote. You need do , what the people need to heal them not water down version.

1. Two years is too long of a period for most prescription. Please leave the time limit to the qualified physician to determine based on the medical condition and the individual health of each person. A woman may become pregnant and give birth during a two year period. If issues for two years please require follow up appointments.

2. Please implement a driving while intoxicated amendment Alcohol and all other prescription drugs are subject to DWI.

3. Please place restriction required from jobs already subject to prescription drug laws. For example: doctors, nurses, teachers, school bus drivers, heavy equipment operators etc.

4. Please remove the allowance which exempts people without a medical marijuana license to possess marijuana without a license. Possession a marijuana should remain a misdemeanor for people who do not have a medical marijuana license. 780 and 781 have already applied generous penalties for possession of all drugs.

5. Please subject medical marijuana to the same standards as other prescription drugs taken by students at our school system. Even Tylenol is to be secured in an administrative office and administered under the supervision of school staff.

6. Please implement safety measures for children in the homes of Medical Marijuana.

7. Please reduce the amount a person may possess with a Medical Marijuana license. 8 oz far exceeds the amounts in other states. Colorado only allows 2 oz and 6 plants.

As the proposal is written THC Limits this low are unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. What does this mean? Patients will have to buy more product to achieve the same result.

This is unconscionable and wrong.

THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules.

Limits effect patients.

Limits effect treatment.

Thank you for your time.

Then public voted on this and now it appears that a minority, likely made up of opponents, will re-craft it to a version other than what was approved. Please rethink altering and watering down the language.

I do not agree with the idea of putting caps on the percentage of thc levels in the medicinal marijuana. I think that by doing this it may make it harder for the licensed user to get the medical benefits that the thc helps combat, such as nausea, loss of appetite, PTSD, chronic pain and many more conditions.

Do not limit the THC. As a chronic pain sufferer I need the higher THC for my breakthrough pain. I have been going to Colorado for 2 years for my medicine so I do have a lot of experience with this. I also quit opioids with the help of high THC cannabis.

I do not agree with the idea of putting caps on the percentage of thc levels in the medicinal marijuana. I think that by doing this it may make it harder for the licensed user to get the medical benefits that the thc helps combat, such as nausea, loss of appetite, PTSD, chronic pain and many more conditions.

This is absolutely ludicrous!!! Let the medical specialists determine THC strengths!!! Governor Fallon I have a dear friend who's been fighting adrenal cancer, which is incurable, the chemo he takes makes him so sick, and losing weight because he has no appetite. The only medicine that helps him get thru the chemo poisoning of his body is marijuana.... with all of the THC benefits. You must not set THC limitations ... why don't you try chemo and see what it does to you, with absolutely no prescription available to give any relief!! My friend has been fighting this cancer for 6 years, he's retired law enforcement, he refused to even try marijuana until a few months ago... he wishes he would have tried this medicine 6 years ago.

There are so many sick people who benefits from marijuana.... full THC strength is necessary as prescribed by a medical specialist... not government law!!

Please have compassion for the patients this medicine helps!!

Limit THC content for mature marijuana plant to 35% and THC content of all medical marijuana products to 90%. Use your brains please! I know smart people are working on this.

20% THC is absolutely unacceptable for MANY different conditions. You need to leave that decision between a patient and his/her physician.

Suggest that medical marijuana distribution be limited to licensed pharmacies in the state. Or that new dispensaries meet the standards required of a licensed pharmacy. To do otherwise is a farce and blatantly shows that there is very little "medical" or "prescriptive" about the product and process. Please offer the reason for not doing the above.

Thank you for showing Oklahomans who just voted to end cannabis prohibition that Republicans have no respect for the voices of Oklahomans, be they Republicans or Democrats. That's oh, so helpful - millions get spent trying wake up republicans in this state. YOU ARE DOING IT FOR FREE!! Omg. Your hatefulness and contempt is literally going to be your undoing. This is too beautiful. Too perfect.

Please continue to gut and thwart and negate and castrate the will of the majority of Oklahomans on their own public initiative.

There isn't enough money or clout to help the Democratic party any more than this in the midterms. Hail, Mary!

There are more issues I have found with sq788.

Stating a medical condition. How will that work? It needs to be clear. Does a doctor note need to be present without a medical card or will saying it only be a fine?

While you can possessions of 1.5 oz it does not cover extra charges da and prosecutors push. Paraphernalia for the bag holding it, lighter, matches, pipes, bongs etc.. This needs to be clear or police will arrest and you will be charged and this just becomes fake law.

Possession in hud housing, state parks, schools, there is no current protection and driving by a school means the charge.

Dui. Any thc in your blood in Oklahoma means an auto dui. This means if I medicate once a month day 29 of not using this medicine I will still be positive with thc in my blood resulting in Oklahoma saying I am dui under current law. This does not clarify and presents further issues.

Please clarify rules, statute and law. This seems like entrapment law that will further hurt patients in extra charges!

THC limits are way to low, 20% for medical marijuana is very limited. Some patients need higher dosages for different illnesses such as cancer and chronic pain.

The concentrates are 12% this is just well it makes zero since. The purpose of concentrated products are to have higher THC levels then the flower. Like 70-99% thc content so you can get the affect you need quick and normally healthier way of consuming as it's usually vaped with oils.

Please adjust these limits to a reasonable number

I would suggest not limiting the Medical Marijuana in pure form at all because realistically it won't ever go over 30%

Concentrates I still wouldn't recommend limits but i would limit it at around 85%or 95%

Edibles should be 10mg per serving.

Thank you and I'm sure you are getting a lot of messages about this limitation issue as well it does not make sense to limit flower and then to limit concentrates extremely low which deem it useless.

Tribal consultations should be held with every tribal nation that has jurisdictional boundaries in the state before final approval of the draft regulations occurs.
http://www.okladot.state.ok.us/maps/tribal/2010_Tribal_Jurisdiction_Map.pdf
See attached comments (main topic: business regulations, impact on vertical integration and ownership)
See attached comments.
The thc percentage needs to be much higher to be sufficient for medicinal purposes for people in pain and other serious health issues.
People can take prescription medication in front of their kids. They can drink alcohol and use tobacco products in front of their kids. Cannabis use shouldn't be considered an different than taking a tylenol. If it's legal to use poison like alcohol and tobacco in front of minors then you must allow Cannabis use. Parents need to be able to medicate. You can't deny their use just because they are parents.
I believe the 10mg limit on a single serving medical marijuana product is far too small a dose to be effective. It needs to be changed to 200mg to be more in accordance with other states rules.
Do not try to limit the THC content to 20%. There are some conditions, such as ptsd that can be treated with higher thc content. Leave the decision up to the doctors and patients. This is not the law we voted for. Respect the voice of the people.
20% THC is not going to be effective for anything especially cancer patients like my brother! Please don't restrict it. This is just to make more money so people have to buy more. This is what "We the people of Oklahoma " did not vote on!
Under 310:681-1-4. Definitions "Mature Plant" " plant material shall have a tetrahydrocannabinol content of not more than twenty percent (20%)."
A maximum of 20% THC content is UNACCEPTABLE!!!! At this percentage it there are several conditions that may have greatly reduced medicinal properties in treating the condition.
The 20% thc capp is wrong I do agree there should be a capp but 36% capp is more reasonable an understandable
The 20% maximum allowable amount of THC in the proposed regulations is unacceptable. 20% is a low amount, and patients will have to use 3 or 4 times the amount of cannabis to get relief.
The people of Oklahoma have spoken. We did not vote on 20%. Regulating dosage to 20% defeats the purpose of passing this bill for many who would benefit. And who would be marketing this 20%? 100% big pharma?
The proposed limit to thc content limiting it to 12% is taking away the reason why this bill is being passed anyways. To recieve the medicinal benefit from THC, the concentration needs to be around 20% or greater. Anything less, and you are literally receiving no medicinal benefit whatsoever. 12% should be the "minimal accepted concentration to be considered medical".
I have a degree in Biological Science from OSU. Are you going to approve grow permits for people like me, or for Billy Bob who is friends with the Governor?
p.24 - Inspections- it says that commercial establishments must be inspected before a license is issued. Does that mean that as a potential grower, I have to have my growroom completely built out, furnished with lights, ventilation systems, video surveillance, a monitored security system, etc? It seems like a big investment before I even know if I can be approved for a license. How about license approval first, and then make an inspection of the premises before start-up of the operation?

OMMA's working definition of "Medical Marijuana Concentrate ('concentrate')" will cause many legal problems in its current form, and is patently unworkable because it declares that concentrates are "not for administration to a qualified patient" while SQ 788 and other states' medical marijuana laws clearly and importantly allow for patients' use of concentrates. Furthermore, such concentrates are precisely what many Oklahomans (i.e., "medical marijuana refugees") – including ill children – have left the state seeking for themselves.

SQ 788 clearly states that patients can possess up to an ounce of concentrates. How does the language of SQ 788 make any sense if concentrates are "not for administration to a qualified patient"?

Again, such concentrates are exactly what many Oklahomans leave the state to find in other medical marijuana states because while crude, whole plant marijuana is widely available via the criminal black market to virtually every Oklahoman who seeks it, professionally prepared concentrates are not. Thus, one of the big reasons for SQ 788 in the first place.

Please feel free to contact me if you have any questions or need any additional information, and thank you for all of your hard work on this.

All the best,

–Micah Melton, M.Ed., M.A., M.L.I.S.–

Comment #2:

OMMA's proposed potency limit within its working definition of "mature plant" is patently unworkable given the fact that no cannabis plant's potency can be ascertained before the plant has matured. Such reality is why no other state's medical marijuana laws impose a potency limit on either mature plants or on prepared forms of medical marijuana.

Likewise, OMMA's proposed potency limit for "medical marijuana product[s]" is also unworkable given that most medical marijuana products sold in other states (aside from edibles) have a THC content of more than 12%. In fact, some of the most popular and efficacious medical marijuana products such as the refined concentrates and oils Oklahoma's "medical marijuana refugees" have left the state to find commonly have potency levels that exceed 90%, and as such allow the patient to consume much less of the substance than they would be able to with a less refined, more dilute 12% product.

Furthermore, limiting crude, whole plant cannabis to 20% and "product[s]" to 12% is nonsensical and likely illegal in that it allows not for the

These are health conditions I have and know that a MC licence would give me the relief I need.

- Depression
- High anxiety
- Tension headaches
- Nerve damage in my hands and wrists
- Herniated disc and spinal stenosis
- High blood pressure
- High cholesterol
- Diabetes

I have read studies that it helps with all of these conditions and more.

I believe myself and others can benefit

A maximum of 20% THC content is unacceptable.

Please, 20% THC is NOT acceptable! Pleas leave 788 just the way we voted on it!

There is no purpose to further regulate against medical weed beyond what is stated in the description on the ballot. No one who's voted for 788 wants further regulation. If anything they want recreational passed. The folks who voted against have an agenda or they are ignorant of the effects of pot.

<p>There should be NO relative legislative restrictions on cannabinoid content. This is a decision that should be left up to a primary physician's expert recommendation and not that of political decision. Limiting the percentage of THC unnecessarily hinders the proper administration of medicine.</p>
<p>Do not limit THC content. Stay out of it. The people have a right to natural medicine.</p>
<p>Do not set limits to thc content. This is a medical determination not a bureaucratic decision.</p>
<p>Regulating THC amount will reduce the effectiveness of this for many ailments, and the public backlash would be extraordinary.</p>
<p>I agree with the words of Valerie Ogle and ask that you contemplate them before you make any decisions. "If they restrict the thc levels it will make medicines for cancer and other diseases still out of reach!! Some diseases need only cbd w/No thc, some need more cbd/less thc, some need 1:1 ratio, and most need low cbd/high thc levels! People need this sacred cure, if this goes through it will be sad for so many patients to be so close yet so far when pharmaceutical haven't worked and people are desperate, suffering or even dying."</p>
<p>THC content MUST be above 20%. It will have limited medicinal value, and many Oklahomans will not be treated sufficiently. PLEASE!!</p> <p>-----</p> <p>Comment Update</p>
<p>Felonies should not stop a person from obtaining a license.</p>
<p>As an individual who voted regarding this state question I would like to be able to read the proposed regulations. The following address seems to be incorrect, as my computer won't connect to it.</p> <p>omma.ok.gov/Websites/ddeer/images/REVISED.MMR.WorkingDraft.JE06262018.pdf</p>
<p>Is this a valid address. additionally, if this is a valid address why can't people connect to it? Has a decision been made to prevent public input?</p>
<p>A maximum of 20% THC content is UNACCEPTABLE!!!! At this percentage there are several conditions that may have greatly reduced medicinal properties in treating the condition. Please do not mess with the NATURAL plant, it makes no sense. The reason we want this medicine is because it is natural and untouched by big pharma.</p>
<p>Shortcut buttons to the proposed regulations doesn't function. When will this be rectified and how long of an extension are you granting the public due to your apparent OVERSIGHT???</p>
<p>Medical Cannabis is typically defined as having cannabinoid concentrations from 18-24%. Many strains offered by breeders will have higher THC concentrations than what the proposed rules allow. This will prevent certain products from being able to reach consumers, and could create opportunity disparity for producers. I suggest raising the suggested THC limit to not exceed 30%.</p>
<p>Please don't limit thx. It could undermine the whole reason to make medical matijuana legal in our state!</p>
<p>There needs to be no regulation of how much THC content. We need high THC and CBD! Get it please. I need this to get off opioids and need this please I beg of you! Please Thank you and God bless also TOTALLY AGREE SUNDAY CLOSED! Total agreement</p>
<p>I am writing this as someone who has lived a majority of their life in Oklahoma. Now, I don't claim to have any amount of political knowledge, but I do know as someone who has lived with crippling anxiety and depression, struggled to sleep and appetite issues, that the writers of these new laws and regulations need to fully look at the array of medical issues and conditions that can be helped and very close to cured by the different concentrates that are available. Limiting that to 20% would be like picking the importance of someone's life over the life of someone else. Taking medicine to help a toddler who has seizures every hour away from an elderly person who can't function because of Parkinson's disease. The state shouldn't have the power to decide that, only to regulate it so the people who need it can get it safely. There are so many lives that can be helped and changed for the good because of these new laws, I just hope that our state system wont let us down.</p>
<p>You need to reword your use of processed marijuana extract or concentrates, or whatever you want to name it, for other then use in edibles, or patches to more then 12%... A gram of usable concentrate will contain 75-97% THC/CBD extract per gram, and should contain LESS then 12% of OTHER ingredients (solvents, etc). Dosing of 12% for edibles and such is fine. But a pure THC concentrate/rosin should allow not more then 12% OTHER ingredients to ensure the product is clean. Otherwise, 12% THC/CBD of a 1gram sample is going to cause A LOT of additives.</p>
<p>The max THC level of 20% is a nonsensical addition to this list of regulations. DO NOT put it in there. As one of the over quarter million, a law-abiding, voting citizens who voted FOR this question, I do not approve of this specific measure. It's utter nonsense. When are the backwards thinking fools in office going to either retire or move out of the way as they do not listen to the people?!</p>

I think thc levels should NOT be regulated like they're stated in the rules. You can't give a dying cancer patient, something that's not even potent enough to help them. It's the safest form of medicine, neurologist have even offered to fight this same regulation in Denver Co. If you have a medical card, you should be allowed to use Medical Cannabis without restrictions on the strength of the medicine. YOU HAVE A CONDITION THAT A DOCTOR diagnosed you with AND THINKS THAT MARIJUANA IS A GOOD FORM OF TREATMENT. STOP TRYING TO GET IN THE WAY OF PATIENT DOCTOR AFFAIRS. Oklahoma is a Red state. So many people had issues with obama care cause he govt wanted to interfere. Why is this different?

You have regulated my right to healthcare, you have implemented laws against what my doctor can prescribe me and threatened to prosecute him if he continues.

I voted for SQ788 to free myself from your regulation with a natural form of medicine, and already you are wanting to control it.

If a plant yields more than 20% THC, so be it. Label the percentage and let it alone. DO NOT GMO MY MEDICINE!

There should be a higher limit on the percentage of THC, at least 30% and all extracts from the cannabis plant should be legal. Otherwise, it will not be effective as a medicine and people will drive to other states to purchase.

If you limit the plants cannabinoids cancer patients will die. Cancer requires extremely high doses of all Cannabinoids including THCA, THC, CBN, and CBD to kill all the cancer cells. This info is from big pharma patent US8632825B2.

The definitions of Mature plant and Medical Marijuana Product need to be expanded to include a higher level of tetrahydrocannabinol. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD.

I saved my own life two years ago when I told the " system to F off. Fired pain unmanagment, and found High THC cannabis. After twelve years of opiates, oxy, fentanyl, morphine and everything in between. I realized the drugs quit working years ago and I had to find Me after multiple cervical surgeries the system kept me addicted and sucked my insurance and at the same time tell me they can only give me X medication due to CDC regulations. That's not pain management! Please do not put a cap on THC. people with chronic pain NEED it!!! I was able to quit all the opioids cold turkey with its help.

Please consider upping the THC limit from 20%. This lower limit will cause higher cost for the user. It will also cause cancer patients to consume more product.

The THC limits is NOT a smart move. You will drive the amount people will be buying up to unnecessary ammounts, and forcing most people to remain buying product off the black market, where there is no cap on THC. Navada made over %110 of their first year sales projections in 10 months, because they gave the people what they want, the state is now flourishing. I implore you to rethink THC limits. It's the Oklahoman peoples right to choose how we medicate. That's what 788 has been about from the beginning.

We voted on what we wanted to be put into action. We didn't vote for "tweaks" and "small changes." If that's what we wanted we would have proposed this in the bill. This is not what THE PEOPLE want. We have a right to GREAT medicine not to watered down unusable product. Leave it the way we voted on it and that's that. Thank you.

Is medical marijuana covered by insurance. Is there an income sensitive sliding scale to buy the medical marijuana and for the individual patient license.

Please keep this process as simple and low-cost as possible because there are many seniors who desperately need medicine, but are having trouble paying for medicine and doctors care now on a tight fixed income. Don't let the people who need this medicine the most go untreated because of excessive costs or regulations.

The THC % edits are a mistake & most medical patients need the higher dosage, deserve the higher dosage & it would be costly an ineffective to put such low percentages. Production cost, finding/making strains that are that low is a unnecessary & costly plus the patient will need the higher dosage & it will cost the patient more money to achieve the dosage that works best for them. If you have ever watched a family member die of cancer & you want to do what ever makes them have a better quality of life. I have seen it so many times in my family & the patients deserve the best quality of life it helps them be hungry when they refuse to eat it brought light & lucid times that he was happy& knew his entire family, it gave us time with my grandpa that we otherwise wouldn't had had with him, every family deserves this opportunity and we all know lowering %levels for medical is not fair to the patients & they have enough health cost it's not right to lower THC % on product it's a medical decision not a state decision. Now recreational is different & lost levels are anticipated there.

The entire reason this passed was so Oklahomans could self medicate if they're in pain. By putting these rules in place you are just opening the door for the black market even wider. Yes there will be dispensaries but people who can't afford those prices will go somewhere else, it's inevitable. I'm tired of Oklahoma getting a bad reputation for drugs and drug control and yet we do nothing to help make this state safer. Why not just let people medicate safely?!

Since medical marijuana is now legal in the state of Oklahoma people with a back ground felony pertaining to marijuana it should not be punished and should have the ability to get a job in this multibillion-dollar industry a person with a conviction of cultivation of marijuana could be very useful in this field

THC levels is personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients. This change is not what was voted on. Stop circumventing the will of the people!

In regards to doctors in Ok requiring specialized training to prescribe MM.
First, do doctors require specialized training for any other medication?
Second, does state or federal law dictate strength and/or dosages of any other medication with such specificity?
Third, what are the guidelines for this training, how much will doctors have to pay to get it, and how long will it take?
Is this being used as a way to keep MM out of the hands of patients for an unreasonable amount of time?

The proposed rule requiring ongoing treatment is harmful to veterans whose care is received solely from the Department of Veterans Affairs medical facilities because it does not consider the special circumstances--and restrictions--of receiving care at federal facilities versus civilian facilities, nor does it consider the shortage of physicians available in Oklahoma that provide certain, specific types of care such as neurological care.

As a 100% permanently and totally disabled veteran, I receive all of my medical care at VA medical facilities--where medical marijuana is not legal due to federal law and restrictions (and the slowness of implementing policy changes at the VA despite the Senate's recent vote to change policy, many local facilities are unaware of federal policy changes made two or more years ago)--but the current proposed framework that is absolutely necessary to regulate medical marijuana in the state of Oklahoma requires previous and ongoing care by a board-certified physician in the state of Oklahoma.

This is a cost that I, as a disabled veteran living on a veteran's pension, simply cannot afford. The current proposed regulatory framework is good and is necessary, but it completely ignores the reality of those of us who are disabled veterans who require this medication in order to function at the level that people who do not have medically disabling conditions are able to function.

I have several disabling conditions that qualify for treatment with medical marijuana (and that I have previously successfully treated with marijuana in states where marijuana is legal) and have traveled out of state in the past in order to gain access when the pain has become significant enough to warrant the use of marijuana for relief: cerebrospinal polytrauma and traumatic brain injury resulting in seizures, chronic migraine, damage to my spine resulting in chronic severe muscle spasms, nerve damage (including myelomalacia--softening of the spinal cord) that has caused neuropathy. I do not tolerate opiates well and am, in fact, allergic to morphine and dilaudid, so I don't have a lot of options for pain relief--and marijuana has worked when I have used it in the past.

I see VA physicians exclusively for these conditions, and though I could provide a civilian, Oklahoma board-certified physician with the records and radiological reports necessary and submit to a physical examination on an annual basis, I cannot afford to have my care managed by a civilian physician. What's more, civilian neurologists in the State of Oklahoma are not currently taking on new patients and Oklahomans are having to travel to Texas in order to be seen by civilian neurologists, neuropsychologists, and neurospine specialists in a timely manner.

The proposed rules and regulations--which are absolutely necessary and even reasonable--do not take these issues into account, and certainly do not take the unique issues faced by patients whose care is managed wholly by the Department of Veterans Affairs into account at all.

I respectfully request that the proposed regulatory framework be adjusted in order that those of us whose care is managed by the Department of Veterans Affairs may be permitted to see our VA physicians for our daily care but have an annual checkup with civilian physicians for the purposes of compliance with the reasonable and necessary regulations in order to responsibly implement the will of the voters on State Question 788.

Not acceptable. Please allow mmj to be stronger so it will possibly help cancer patients and such. I suffer from MS, and greatly appreciate your efforts, but please think of the people that are even worse off. Thank you.

don't regulate thc content. let the person decide how much is necessary.

Why cant we set the levels the same as colorado or california???

We voted for the language as is. How about you stop fucking with what we voted for?

Only a doctor should be able to prescribe specific dosages.

No limits on the count

The 12% limit would prohibit strains that are useful for cancer patients. Please revise and raise the limit in consideration of. Medicinal application.

You are limiting the beneficial levels of THC below what is effective for many ailments. This cuts the legs off what the voters voted to support. If you're not supporting all patients, you might as well legalize recreational cannabis.

See attached.

The limits on concentrates et.al are too low for therapeutic usage in many conditions. Please revisit this and place it in line with other state's levels. Thank you.

This is a test as it appears there is an non-working redirect in this submission form.

<p>You need to listen to we the people and not your own wants. Leave this between the patient and doctors. It would not even help at this percent . We voted for the right to choose between pharmacy and all natural god given plant. That's the only reason you want to regulate so you can get your hands on are money.</p>
<p>The 12% rule would basically make this whole thing pointless, please don't limit the percentage like that.</p>
<p>The state doesn't need to be setting limits on doses/strength of medical anything. The state should only be involved with the sale. Dosages and the amount of THC in a medicine should be decided between a doctor and his/her patient, as with all other medical treatments.</p>
<p>No cap at 20 percent thc. This is between a dr and patient.</p>
<p>A 12% limit on concentrates effectively eliminates all strains used to treat certain cancer patients. I hope the committee will rethink this portion of the bill. Thank you.</p>
<p>In the draft of rules I saw there were certain hours and days that dispensaries could be open. This makes as much sense as restricting pharmacy or walking medical clinic hours.</p>
<p>As someone who has suffered from chronic pain for 20+ years, the proposed percentages for the maximum THC levels are not sufficient enough to give adequate relief to those in need. As this bill is specifically for the helping of those with pain and other medical ailments, the restrictions the proposed levels present in my opinion are counter productive to the bills purpose.</p>
<p>We knew what we were voting for so please don't make any revisions and let us "free" Americans decide what we want without the government stepping in and changing it.</p>
<p>The 12% THC is not high enough to help with certain problems that medical marijuana will help. This section must go so doctors have the choice to prescribe how high your dosage should be.</p>
<p>Once again the Okla Government not following the rules of what we the public voted in going through a back door not to follow the set rules in place Leave it like it is ! We the people will not be censored no more !</p>
<p>The state should not interfere with decisions made by a woman and her doctor. There is no research to support or refute the position that marijuana can damage spermatozoa resulting in birth defects. Unless the rules will be addressing use of marijuana by men capable of reproducing it is clearly patronizing and paternalistic to include rules pertaining to women only. Trust women and their doctors.</p>
<p>A twelve percent THC limit on concentrates is unacceptable for patients in need of this variation of cannabis. This needs to be removed or changed drastically from SQ 788.</p>
<p>Are thd people in charge idiots? Thats not medical doses why not set it like other states ... no limit on strength????.. let it do its job...</p>
<p>These ridiculously low THC % limits are unacceptable. Do your research, you'll see that those limits are woefully wanting when it comes to helping the cancer patients. Research has proven that higher THC limits are required to effectively treat cancer patients. It's obvious the Department of Health can't regulate itself, this is why we need a special session. Why is it ok for Drs to have controlling stakes in physical therapy centers and prescribe opioids but a Dr can't own a farm with medical marijuana on it or even be a minority owner in a dispensary?!? Its not enough that we the people voted for medical marijuana, now we have to fight for fair and correct implementation!?! This is NOT what the government is supposed to be! You're supposed to serve the people by supporting whatever they vote for, not only if you agree with it.</p>
<p>are the people in charge idiots? Thats not medical if its medical you want it as strong as possible so u get the best results dont mess with gods gift</p>
<p>I don't believe it is a good idea to limit THC in products or plant matter. Higher amounts of THC are required to help patients who have cancer, or more debilitating diseases and severe pain. limiting the amount of THC available to patients will cause this medicine to be less effective for those who truly need it.</p>
<p>Limiting THC in medical marijuana products, will also cause a large black market to pop up, as well as cause a hazard to public safety with patients making their own oils, & concentrate products at home.</p>
<p>Please remove the 20% THC limit on medical marijuana, and the 12% THC limit on medical marijuana products.</p>
<p>THC requirements should be on personalized medicine, based on recommendations made by the state medical boards rather than hard rules. Limits effect patients. THC Limits this low are unacceptable. Cancer patients need high THC cannabis oils in order to effectively fight their cancer. Epileptic patients need 10:1 THC to CBD. What does this mean? Patients will have to buy more product to achieve the same result. That means a higher cost passed on to those that need it most desperately.</p>

Oklahoma/OMMA should definitely implement decriminalization for anyone and everyone with a claimed medical condition, as per the approved ballot question. Not everyone will be willing or able to complete the intensive, privacy-invading process you will implement yet many will still be in need of the relief marijuana offers. Also, the homeless will face insurmountable obstacles, in many cases, to passing the official system requirements and yet they are probably among some of the people most likely to be helped by not being penalized and branded criminals for using herbal medicines.

ALL LAW ENFORCEMENT OFFICERS AND AGENCIES SHOULD BE REQUIRED TO GET A WARRANT FROM A JUDGE TO ACCESS ANY INFORMATION FROM ANY OF THE DATABASES!! (See 4th amendment to US Constitution) Citizens privacy and right to be free from government interference and surveillance is under attack on an overwhelming amount of fronts today. The voters have spoken. Do not let this be another avenue for law enforcement to monitor the lives of private citizens without reasonable suspicion that they are committing a crime for which a judge has authorized access! Also, do not keep more data than is required, as per the ballot question. What you do not keep, you cannot have hacked.

(Even using this "smartsheet.com" app is an intrusion on the privacy of citizens who are hereby being required to use a third party platform, with who knows what terms, to petition our government with these comments on our official government business.)

Finally, do not try to impose limitations beyond what voters have approved. Oklahoma is primarily a rural state and for people that live in rural areas being able to carry higher amounts keep people who may have to make long and difficult trips from having to do so more often. Respect that medical marijuana acquirers are adults, making or facilitating a healthcare choice, marijuana is not dangerous, and try not to stand in the way!!

The percentage limitations that are being imposed here are far to low and wont help anyone. I am a disabled person that has chronic pain. It would be more beneficial for my needs if those limitations were much much higher.

If you dont people in my position would still have to resort to the black market and that isnt helping me or the state.

Thank you

Chiming in again to suggest raising the 20% THC limit on the mature plant definition to at least 30%. Medical marijuana is at its best and most effective with THC contents in the 20% to 30% range. 20% is at best middle grade and the limit would disqualify a significant portion of strains considered to be "high-grade" or "top-shelf" quality. The 20% limit could even lead to a supply shortage when any grower worth their salt submits for testing their well grown and maintained crops that would consistently test a content higher than 20%.

Are thd ones in charge idiots thar not medical dose . Leave it alone let them be like california and colorados medical strengths

The regulations for concentrations should be changed.A 12% THC concentration limit effectively bans all of the most commonly used medical concentrates used in other states, which is the entire point of this legislation. This is also a problem with the 20% THC limit for flowered. While effectively prohibiting the most effective and popular medical treatments, the concentration limit is also a public safety issue. Users will still be able to make stronger concentrations at home if they should choose, but these home experiments will not be as regulated and safe as those done by professionals in laboratories.

The point of legal cannabis legislation is to safely control and administer the substance to be used for medicinal purposes. The proposed concentration limits go against these goals by limiting the actual medicinal usages, and encouraging unsafe home experimentation. Please delete or edit this language to reflect the concentration limits found in other states' regulations.

I'm interested in becoming a grower and will have to begin operating with myself as the sole employee. My concern is that, due to the nature of the locks required by the proposed regulations, it would be impossible for first responders to get to me in case of an accident or criminal act that left me incapacitated.

I am not interested in a liscense, but I am concerned about the people who really need this.

You may consider allowing recommendations from physicians in neighboring states. I live in southeast Oklahoma, and many cancer patients around here get oncological care from doctors in Sherman/Denison or Dallas metro areas in Texas as the commute is easier on them than going to Oklahoma City or Tulsa.

I'm not a doctor, but I have quite a bit of common sense and maybe that's why proposed regulations like "MMJ recommending doctors cannot have ownership or any relation to a medical marijuana farm, dispensary or processing facility " strike me as ridiculous. A reasonable compromise would be to allow a doctor to either recomend medical marijuana OR own/operate a dispensary. I honestly don't see why a doctor owning a dispensary and practicing is an issue at all, but if you insist on being silly then at least consider a compromise.

I understand there are a lot of questions when implementing new policy, but please do not let this stand, most people do not need a 100% THC level, and for patients like my daughter who would benefit from a low level product for grand mal seizures.

I suffer from chronic pain due to a degenerative disc disease, sciatica, neuropathy, etc. and would require a 50/50 mix.

I do not wish to continue the use of opioids even though I am not on anything too strong, the side effects including this inevitable addiction leaves me one option. Medical marijuana. I have willingly tried back injections, water therapy and weight loss, to no avail. I suffer from anxiety and depression along with sleeplessness.

Please reconsider the 20% limit on THC, as it will be a nightmare to negotiate dosage and keep the benefits from being available to the people it was intended to help.

Anyhow, how can you grow your own and regulate the product. Sounds like an open door for search and seizure. I am very leery of this new move, Gov Fallin says one thing and does another, typical! She should be held accountable for this underhanded last quarter action. No wonder Oklahoma is seen as last in this country. This is ludicrous.

A 12% limit on concentrates basically eliminates all of the extracts used to fight cancer. This is unacceptable.

By limiting quality of medication, you require patients to purchase additional, or go to Colorado or Texas when they legalize it, robbing our communities of tax dollars, or patients of quality. 20% is decent, but when people can get 30% in other places it's like Oklahoma beer. Why make a mockery of our state and make it a requirement to produce mediocre medicine?

This is NOT what the majority of Oklahomans voted for. I hope you guys get it together before it's too late. 12% concentrates for cancer patients will NOT do it.

I have an issue with the percentages allowed for both "mature plants" and "medical marijuana product." Regarding "Mature Plants": 20% is way too low. I don't even know if you can find seeds for plants with such a low THC level. Regarding "Medical Marijuana Product" : It would seem like the health department would be interested in steering people clear of having to smoke or burn any product and inhale it. The most safe solution to this is vaping. 12% is such an absurdly low level for these products and pretty much ensures that they will not be on the market. People will then be left to make them in their homes or buy them on the black market. Let's drop these THC limit rules since there is absolutely no good reason to have them. Seriously, it is impossible to overdose on cannabis so why would you limit it like our state did with alcohol for so many years? It is not in the original 788 language to limit the amount of THC. The people did not vote on a bill that neuters modern marijuana and/or marijuana products. This is an overreach by the State Department of Health and goes against the will of the people. It is in the best interest of the health of our citizens to allow the production of THC oil, crumble, etc.

Suggested changes for 310:681-1-4. Definitions

"Mature Plant" means harvestable female marijuana plant that is in the flowering stage of growth; plant material shall not have a tetrahydrocannabinol content limitation.

"Medical Marijuana Product" means a product that contains cannabinoids that have been extracted from plant material or the resin therefrom by a physical or chemical means and is intended for administration to a qualified patient, including but not limited to oils, tinctures, edibles and patches. Medical Marijuana products shall not have a THC content limitation.

Will there be zoning restrictions for a "Commercial Establishment"?

Will it be liberal, supporting the Micro-grower by allowing a "Commercial Establishment" license to be held at a private residence?

I am a long-time MS sufferer, with excruciating spasticity. My pain is tormenting and constant. I cannot leave my bed or take care of my children. My medication does not work enough. I wish you would implement a medical marijuana program as quickly as possible so we sufferers can obtain relief sooner rather than later.

Thank you.

Limiting the purity of cannabis, and its concentrated form defeats the whole purpose of legalizing medicinal marijuana. The people with degenerative diseases need to be able to get the help they need, and that won't be a possibility for them if they are limited to low grade medicine. As a life long Oklahoman I see 788 as something that will change the lives of countless people for the good.

I believe that the limits on THC percentage, listed in 310:681-1-4. Definitions: "Mature Plant" and 310:681-1-4. Definitions: "Medical Marijuana Product", are too low. I believe that these lines should be removed or revised to allow for a higher limit, as the limits as stated are lower than what is commonly used to to fight/treat symptoms of cancer. Also, I believe it would be better for patients to be able to obtain marijuana and marijuana products with a higher THC percentage legally under the care of a doctor than to have to resort to illegally obtaining it without such oversight.

LEAVE THE BILL ALONE. WE VOTED FOR IT, IT PASSED, DO NOT TOUCH IT. DO. YOUR. JOB.

Medical marijuana dispensaries must be allowed to operate on sunday - they are just that, medical dispensaries. Liquor stores are closed on sundays because they are establishments that sell recreational substances; doctors do not prescribe alcohol to patients. It would be be considered outrageous to mandate that pharmacies must close their doors in patients' faces every sunday, because that is where patients get their lifesaving, prescribed medications from. A medical marijuana dispensary serves the same purpose as a pharmacy, and must be open seven days a week to accommodate its patients' diverse schedules and needs. If the Oklahoma voters approved a recreational marijuana proposal, this would be a different situation; however, Oklahoma approved a medical proposition, and that must be kept in mind when drafting regulations.

I do not agree with the idea of putting caps on the percentage of thc levels in the medicinal marijuana. I think that by doing this it may make it harder for the licensed user to get the medical benefits that the thc helps combat, such as nausea, loss of appetite, PTSD, chronic pain and many more conditions.

The people passed the state question as written, and besides a general framework of how to issue licenses, I disagree with the imposition of any new restrictions on the potency or form (gummi, pills) of medical marijuana.

set up a state owned debit/credit card system ? To lessen the all cash dangers and create an additional state revenue source by charging additional convenience transaction fees per use of the state system.

I would propose Similar rules we had on liquor store in the no one may own more than 1 dispensary/ grow facility per house hold and cannot be more than 20% owner another dispensary/ grow facility . Limiting the ownership to 100% of 1 and 20% of another. All parties dispensary/ growth facility owners and partial owners must live in the state for 10 months of every year the dispensary/grow is in operation. Dispensaries must keep and announce the regular business hours opening no earlier than 9 am closing no later than 9pm Limit indoor growth facilities to 10,000 sqft included within the sqft grow space processing space and administrative and packaging space. All commercial growth facilities must be located in industrial or agriculturally zoned areas. All growth facilities are required to have 24/7 alarm systems and must be key locked passage 24/7 to all exterior access points. Hopefully these ideas or similar ones are already being considered.

Thank you for you quick response to the approval of state question 788. in writing such an important document I think you should do more to publicize the opportunity for the citizens of Oklahoma to make comments and extend the deadline to comment beyond July 3. Give people a chance to read through more thoroughly

I think you should allow for delivery of medical marijuana to a patient from a dispensary. Many people with ailing conditions have trouble getting around and a delivery service could reduce the hardship in acquiring their medicines.

There is no reason to withhold sales on Sundays. It is a compromise to appease the religious community while potentially leaving people who need it in a dire situation.

While I understand the need to restrict the concentration of THC, I urge you to reconsider the 12% limit as stated in the definition of "Medical Marijuana Product". Dosage and concentration should be determined on a patient by patient basis by a doctor and not limited by a generic definition.

I don't feel that you should limit the percentage of THC, as some patients could be taking this for cancer or other conditions that cause terrible pain. And this is a much safer alternative to opioids/fentanyl...medical marijuana doesn't cause overdose deaths.

And I don't believe what the people voted on contained a limit of this type.

Thanks for taking comments.

We live in an agricultural state you must not exclude legal commercial cannabis growers from growing outside and in greenhouses.

The limits on strength for 12% THC for extracts and 20% for flower should be changed. These arbitrary limits are far below other states and don't make sense for people with truly debilitating diseases. This needs to be amended to a much higher level or the arbitrary limits removed completely.

A 12% limit on concentrates basically eliminates all of the extracts used to fight cancer. This is unacceptable.

The operating hours clause should be adjusted to 9am to 9pm. (More State Income + ease of use for customers.)

Since a "non-dispensing" manager must be on-site at all times, this hourly breakdown would allow for addition Payroll tax to be collected by the state, and also allow for easier scheduling on behalf of the staff at these facilities. (More State Income)

This would also provide increased tax revenue by increasing hours of operation. (More State Income)

If it's going to be an arbitrary mandate on hours of operation, make it a full 12 hours for the sake of simplicity on behalf of staff, and customers alike. It's a benefit for all parties included, especially our State.

Will THC and Other cannabinoid concentrates be available in the medical shops?

When the state started allowing tattoo parlors, they didn't make a rule that said "You can give someone a tattoo, but only if it is smaller than 2 square inches." Essentially that is what you are doing with Cannabis. You are saying "788 passed, but you can't have extracts or powerful cannabis, you can have weakened strains only." The bill has already passed. You can't go back now and try to limit it. That defeats the purpose for the patients. Don't these tax paying Oklahoma citizens deserve the best medicine possible? THAT IS WHAT THEY VOTED FOR. You are crossing lines you have no business crossing by severely limiting what is available to them. Back off and let the patients decide what they want to buy.

A 12% limit on concentrates basically eliminates all of the extracts used to fight cancer. This is unacceptable.

I would think that a limit off 25% on Medical Marijuana would be more realistic that in the looking around the country at medical dispensaries the ranges seem to be from about 17% to just less than 30%. I have no experience with edibles and have no basis for a opinion, I feel this is most likely the case for the author of the emergency rules.

Maximum thc % limits are not necessary. Very few strains get over 20% and those are very helpful for certain medical conditions. Please consider removing the 20% maximum limit. Thank you.

I have transverse myelitis and I use marijuana for many of the benefits that it gives me. I have to use extremely high doses but it does wonders for me. I was left paralyzed from the nipples down 4 years ago. I was able to regain some use of my legs where I can walk with a cane now but I am in bad shape and on disability. If not for high doses of THC I have uncontrollable bowels and bladder because of spasticity of my stomach muscles. The restrictions that you put on THC will greatly hinder my ability to perform daily functions and will greatly reduce my quality of life. I'm not a druggie I'm a father and I need all the benefits that I can receive from this wonderful plant. Thank you

Please consider removing 310:681-5-14. Hours of Operation (a).

Title 310 Chapter 681 is about Medical Marijuana, which is to be prescribed by a doctor to provide relief from some form of medical ailment. As medical ailments do not limit themselves to causing pain and discomfort only on Monday through Saturday from 10:00am to 9:00pm, there is no good reason to prohibit the sale of doctor-prescribed medications on Sundays or to limit the sale of doctor-prescribed medications to certain times of day.

The text of SQ788 specifically requires applications to be available on or before July 26th and to be processed within 2 weeks. Delaying processing for an additional month is a direct violation of the text of SQ788. This delay could by a circuitous chain of events cost the state million of dollars in lost application fees as well as delay patients from receiving life saving medication for 6 months or more.

I urge the OMMA to revise the draft to state that applications will be available and begin processing on July 26th, Processing to be completed by August 9th as required by SQ788.

There is nothing in SQ788 that prohibits making applications earlier than 30 days from passage, nor issuing licenses/rejections earlier than 2 weeks after application.

I further suggest that you make the applications available earlier than July 26th so that processing can start immediately and be completed by the AUG 9 deadline. I think the OMMA underestimates the flood of applications it will receive. Making the applications available e.g. on July 12th for preliminary submission lets OMMA begin processing the applications early, and thus more easily meeting the AUG 9 deadline. It also gives the opportunity to work out kinks in the system before it goes live.

Particularly for growers, the license procedure should be made available as soon as possible, as the final 2018 growing season starts in early august. Missing this growing season will put Oklahoma at a severe financial disadvantage since the license needs not be applied for until 2 weeks prior to planting. If the growers license is not available prior to the start of the final growing season, growers will not make the applications until early next year, thus extending the expiration and renewal fees several months into the future. This loss of revenue will be compounded since processors and dispensaries cannot legally sell marijuana that was planted prior to the license being issued.

Since the paper trail from harvest to sale is required it is not possible to supplement the sales with pre-legalization product.as it would be a direct admission of unlicensed (and thus still illegal) production. Industrial hydroponics is a temporary solution, but it is only profitable at black market prices, around \$500 a pound from the grower, \$100 an ounce at the dispensary. it also requires a minimum of 90 days before first legal harvest, which following the OMMA rules as currently proposed would be mid december.

Your regulations for 788 weren't in the law itself. If you attempt to regulate it with requirements that are a complete over-reach, you're going to end up costing tax-payers millions in defending lawsuits that you'll ultimately lose.

The public voted. Let the law stand where it should.

i object to placing limits on the percentage of thc in plants and concentrates of cannabis. This seems to restrict or limit the ways that physicians and patients can manipulate different compounds of the plant to achieve the desired therapeutic effect. Much is known about cannabis and the endocannabinoid system. Much more is not known. It is my understanding that the role of thc for treating pain is significant. This may apply to other conditions as well - I lack the knowledge to specify.

I do fear these regulations may hamstring the program from the beginning. I do not believe this is what the people had in mind when they voted for medical marijuana to be between patients and their doctor. This is government interference that places too much fear of people getting high and not enough emphasis on getting people well. There will be a lot of trial and error. Give it a chance to work, it is a very safe medicine and should not be over regulated.

I hope that people with who battle anxiety, depression and eating disorders will be considered in this bill.

The THC limits set in the proposed rules are unacceptable.

Flowers should be no higher than 30% and concentrates no higher than 70%. How can you propose a THC limit l'm concentrates lower than the flower it comes from?

We won't stand for this!

I can not understand why you would weaken the product so low that those of us who have major diseases and may need stronger meds. That means we couldnt purchase enough at the right strength needed to be effective for our need. Please take that into consideration. Especially for those of us who do not want to smoke it, but want to consume in thru edibles or topical salves and lotions.

The limits on THC concentration effectively neuter the medical applicability of any cannabis grown in the state of Oklahoma. Without allowing for high THC concentrations of plants, patients will have to consume multiple servings of cannabis infused items (whether they're edibles, nasal sprays, or inhaled) which will increase their expenses and reduce their ability to control their dosages. Instead of being able to take smaller dosages of higher concentration items and go about their day, patients will have to constantly stay in arms reach of large quantities of low concentration, cannabis infused goods, lowering their quality of life and increasing their chances of being targeted by law enforcement or employers.

This is completely at odds with what medical cannabis programs, medical professionals, and health practitioners do.

I am a fully disabled citizen with intractable seizure disorder and have broken many bones and am on a lot of seizure medications that do not work and I use marijuana for my health, but I need marijuana that works for intense chronic pain and seizures both and I do not believe there should be a THC limit set because I feel a person should be able to choose the best product that works for them according to their own personal needs and the patient nor the provider should be restricted by THC limits on either plants nor edibles but the person should choose what is best for them through an educated distributor. If regulations are set that do not meet a patients needs they will not follow the rules and this will only produce a further Black Market. You cannot stop a person from getting what they want but you will only prevent yourself from knowing what that person is doing or getting the taxes from that person. This should have already been proven. Please stop trying to keep people from using marijuana the way they choose to. This claims to be a Christian Nation yet they have never read the first book of the Bible, Genesis 1:2

The 20% limit on THC in plants is too low, the limit should be set at a minimum of 35%. After all, this is a harmless medicinal plant we are talking about. There's no need to regulate it and control it, especially when a higher THC percentage will benefit certain patients. Look to CO for example, their limits are set at 35%. Learn from their mistakes, and listen to the will of the people, since that is what you swore to uphold, and what we are paying you for.

Comment Addition:

Duplicate comment from Morgan Estebane

pta.miss.morgan@aol.com

a 12% limit on concentrates effectively eliminates extracts ability to relieve extreme pain associated with cancer and other serious illnesses,. as well as having a 20% THC limit on the plant matter itself, this means that people who are already in extreme amounts of pain will have to use alternative means to get an effective concentration of this medicine (it's really not that hard to make marijuana concentrates and edibles much stronger than these limits) and would only serve to create a black market, one that should effectively go away with this legislation, unless it is released in the proposed form. So if these two stipulations are included, two things will happen.

1. you will hurt people
2. you will create an unnecessary black market

Sincerely the grandson of a person dying of cancer.

I support the drafted rules on 788. The people have spoken with their vote and it is time to put medical marijuana into action. Not only will this be beneficial to people under certain medical conditions, but this will bring much needed income to the state.

(1) Will edible processors be able to utilize the kitchens of food trucks or trailers for manufacturing? I am not asking whether or not processors may sell to patients from a truck or trailer, only if it is possible to, hypothetically, permanently park a truck or trailer at a location that meets all zoning requirements, for the sole purpose of processing edibles (not concentrates).

(2) Will it be possible for edible processors to store their products in a facility other than the processing facility, such as a safe storage facility with freezers?

(3) Finally, a suggestion: the only state that seems to allow edible processors to sell directly to patients or consumers from the processing facility is Oregon (where the 'adult use' limit of THC per edible package is set at a low 15mg); it is conceivable that an edible processor in that state could open a bakery with a store front (I have verified this with the OLCC in Oregon), being thus allowed to sell edibles and only edibles directly to the consumer. However, because of the low level of THC per package, this is not something we find in Oregon. With Oklahoma's THC limit per edible package being likely set at 100mg, patients in our state would benefit from being able to buy edibles at a processing center's store front, directly from the processor. It would save money for both the patients and the processors.

Thank you for everything you folks are doing!!!

Please define "private school". Does this term apply to only primary and secondary education, or will it include small "tutoring business" located in a strip mall?

Hi, I among many others know that any limit on THC percentages in any cannabis product is unethical and will only hurt patients financially by requiring them to consume more medical cannabis, this will also hurt the health of the patient if they decide to combust the medicine instead of vaporizing it or consume it by mouth etc. There must not be THC percentage limits on any medical cannabis product.

Thanks for your consideration,
Justin

Licensed Greenhouse grower. Existing greenhouses who meet additional security measures, perimeter fence, surveillance cameras, motion detectors, point of entry, fire armed security guards and provide a live feed to the local police department shall be able to sell to licensed dispensaries, licensed growers, and licensed manufacturers as well as a licensed medical marijuana holder.

20% limit on THC LEVEL is unacceptable for cancer patients.

Oklahoma needs a specific definition for "mature plant" and "seedling" for patients that intend to cultivate at home. Height, pictorial representation, etc.

After reading the rules I am concerned that there is nothing in the language that states a commercial grow operation cannot grow outside in a greenhouse. We need to be able to grow commercially using the sun as a light source. A true organic plant is not grown under artificial lights indoors. Soil and sun are the best and only way to have true organic produce. Plus the money saved not having to cool a building with extremely hot lighting is counterproductive to our bottom line.

A no see through fenced in area with video surveillance around an outdoor greenhouse is all we need. This is what all other outdoor medical marijuana growers do.

What bullshit everyone that voted on this knew what they were voting for or against. Know that it passed you want to change it. If you change it then it is no longer what people voted on and pretty much means our votes don't mean a damn thing because you all just do whatever you want to do

I've read everything. Will a manufactured home be qualified to use for a grower's license? It's perfect. Multiple rooms, insulated, central air, room for processing curing. Easy for cameras and alarm. I don't want to invest all my money in it and an inspector show up and say it doesn't qualify.

Can a manufactured home be used for a grow operation with a grow license? Thank you.

We need to be able to use greenhouse and sun as a lighting source to grow commercially. This will allow us a more natural and pesticide and fungicide free way to provide medical grade cannabis as compared to indoor operations.

The proposed rules need to allow for agricultural grows, currently they limit commercial grows to indoor grows only. This requirement unnecessarily increases the cost of production, while not providing increased security. Fencing with e.g. barbed wire and commercial grows on private property in low population density rural areas on USDA registered tracts should be allowed.

As a farmer I was anticipating this law, but it appears to be biased towards only allowing home growers and inner city hydroponic grows.

310:681-6-2. Construction of Premises

(a) Enclosed and Secure Structure. All growing and processing of marijuana shall take place within a building that:

- (1) Has a complete roof enclosure supported by connecting walls, constructed of solid materials, extending from the ground to the roof;
- (2) Is secure against unauthorized entry;
- (3) Has a foundation, slab, or equivalent base to which the floor is securely attached;

This should be the choice of the doctors.

My concerns lie in multiple places in this working draft, being...

1.) operating hours are only monday-saturday 10am -9pm closed on sundays.

O: Cannabis is not the same as alcohol, therefore dispensaries should not be treated like liquor stores. I think this should be left up to the individual business owners. Leaving them to determine all the risks and rewards with their own operating hours. Besides, you'd be taking away friendly competition amongst business' competing for seniority.

2.) NO DELIVERY

O: Cannabis delivery is one of the fastest growing markets in the industry. It's like UBER for cannabis. Experts say it's on the rise of being a billion dollar industry by itself and you want to leave that option back at the starting line for us????? Not cool. By not allowing a delivery system of medical cannabis you are denying the private patients their right to privacy by avoiding having to personally go into dispensary, where it may pose social anxiety, as this will be a big change for all oklahomans. You guys already put it in the rules saying TRANSPORTATION will be in unmarked vehicles with no obvious signs saying " we've got weed"!!!!

3.) mature plant not being over 20%thc

This is unacceptable. The the content of the plant should not be limited to an extent of medical healing. Some strains of cannabis contain different amounts of terpenes and amino acids which make up THC content of the plant, meaning two different 20%THC strains can do two totally different things for the human body. All the while leaving everyone in question to as "why is the government trying to limit the amount of healthiness i can obtain?" "slippery slope...."

After reviewing the Emergency Rules, is there another document that addresses the state's needs for a reporting system, such as a seed to sale solution?

Most legalized cannabis states have determined that the seed to sale tracking and reporting to the state by the industry is a critical component of the regulatory structure.

Dear OK State Dept of Health~

You need to keep the regulations 100% in sync with what the people voted for. DO NOT try to take anything away from what was proposed in the state question. An MD/DO is required to make any recommendations for medical marijuana - do not read more into this than what it is. Any MD/DO who is licensed in OK should be able to prescribe marijuana. Citizens of Oklahoma should be able to grow their own marijuana if they obtain a medical card - DO NOT mess with this. DO NOT try any 'the people didn't know what they were voting on' BS like the state has done in the past. We knew exactly what we were voting on. Is this medical marijuana law more progressive than other states? Absolutely, that's how we the people who voted want it. The number of plants, seedlings, quantity/weight of buds, concentrates, consumables etc should not differ from what was put on the question and original petition to the State of Oklahoma. Do the Right Thing PLEASE!

The proposed rules appear that there are no rules for an outside or greenhouse growing operation. With the amount of energy used in the indoor growing operation there should be an outside or greenhouse commercial grow that is allowed just for energy conservation. Also the growing outside is the natural method.

Existing Greenhouse grower. Existing greenhouses who meet additional security measures, perimeter fence, surveillance cameras, motion detectors, point of entry, fire armed security guards and provide a live feed to the local police department shall be able to sell to licensed dispensaries, licensed growers, and licensed manufacturers as well as any other licensed person or facility that is permitted to purchase marijuana from a licensed grower.

I disagree with the 20% thc limit. And the cap on the concentrates. I want 788 exactly how it is worded.

Overly legislated with far too many restrictions.

THC levels, for instance, are set too low. It's easy enough to change dosage with the quantity ingested rather than worrying about the amount of THC contained in the herb or extract.

My main concern, if I am correctly understanding the legal language, is with the way everything is filtered through medical doctors. Many people suffer from chronic pain but for a variety of reasons do not go to a doctor; a few people object to doctors on religious grounds or other personal reasons, while many simply can't afford regular visits to a physician. I have back problems and my wife has extremely bad knee pain, but we went without health insurance for years and dealt with those problems with over the counter drugs and home remedies. Now on Medicare, we can't afford Part B, which precludes regular doctor visits for us. Even with Part B but no "medigap" the vast majority of doctors do not accept Medicare patients.

Requiring the sufferer of chronic pain to continuously visit and be monitored by a doctor is an insuperable barrier to many people, including my wife and myself. Because THC is non-addictive and has no known overdose level, it's ridiculous to deny individuals the right to self-medicate and have to rely on authorization from some "higher authority."

Oklahomans should have the right to receive a medical marijuana card by way of a quick visit to a doctor. Nothing more than a basic physical exam and the patient's word should be required. No continuous follow-ups, needless tests, etc. Believe it or not, most people are honest. If cannabis does not provide relief, the majority of users will just stop using it. Recreational users will still consume marijuana, regardless of the law or any restrictions put in place by the OSDH. The rules in the so-called emergency draft will only impede the use of cannabis by those people who respect the rule of law and yet are in dire need of pain relief.

There should not be a limit on any of the natural compounds in cannabis. These compounds should be on the label. It's the doctor's job to recommend a patient's treatment and by limiting compounds we are limiting treatments. It's obvious that higher THC is required for specific treatments such as with epilepsy, extreme pain and even insomnia.

I respectfully submit, via attached document, my observations and possible solutions for consideration by the Board regarding the proposed emergency rules for the implementation of SQ 788. Please feel free to contact me for any questions, concerns or additional feedback. Thank you in advance for your consideration of my observations and for allowing future stakeholders, such as myself, an opportunity to be a part of the molding of this new fledgling industry in our great state.

Respectfully,
Greg Goodman

Where can I find the applications for growing and transport?

Please see attached document for Public Comment regarding SQ 788.

Section 310:681-1-4 Definitions:

"Dispensary" - do you mean that only free standing buildings can be a dispensary? Or that you cannot have a dispensary in a grocery store or the like?

Maybe this definition should be clarified.

There are a few things that I see in the draft document that I believe need to be altered. First of all is the wording for whom can enter a dispensary. Being that CBD is legal in Oklahoma and now Medical Marijuana is, there are a lot of stores that would like to sell both in addition to shirts and other products. Limiting access to the dispensary will cut out all CBD business unless you have a Medical Card. This could be adjusted by wording it to where the Medical Marijuana has to be in a separate room but still within the same premises. This would give front door access to CBD clients while also allowing patients to be taken to a separate area for the medical marijuana, that is not accessible to the general public. This is common in Colorado dispensaries that sell more than just medical marijuana. Obviously there may have to be two separate cash registers and business names so that the CBD and other products would not be co-mingled with the medical marijuana. Not only for tax purposes but also for inventory and reporting purposes. There will also be some businesses that will want to be fully integrated top to bottom. They will want to manufacture products, test and sell all within the same location but be separated by doors, walls, etc. I would like this option to be available as well.

Secondly, by limiting the amount of THC content in the marijuana it will make it more difficult to provide the right medical treatment for certain patients. Most current strains of marijuana have a higher content of THC than 20%. I would say that closer to 30% would be more in line with the current strains available. It would be nice to see that number removed and leave the dosage amount needed up to the physician or the patient. When it comes to more concentrated doses, however, such as in dabs or edibles I would agree that having a more strict regulation or guideline is needed since they are an altered version of the original plant.

Next, I believe that patient delivery should be an option. Once a patient has visited the office for the first time dispensaries will save all of their personal information, including their medical card into their software program. Their information will not change and the need for them to physically come to the dispensary every time should not be necessary. They could place an order by phone or through a website and we could then verify that their information is still correct and that their card is still valid and then we could hand deliver their medicine to their home if they did not want to come pick it up. This happens with local pharmacies all of the time and I believe that we should be able to do the same. We will already have a transport license so we would just need to be able to use that to make home deliveries as well. Thank you for allowing the option for public comments and I hope that you will highly consider some of my suggestions. Weston

"Medical Marijuana Product" means a product that contains cannabinoids that have been extracted from plant material or the resin therefrom by physical or chemical means and is intended for administration to a qualified patient, including but not limited to oils, tinctures, edibles, and patches. Medical marijuana products shall have a THC content of not more than twelve percent (12%).

Where did you get this limit? CBD is usually limited to 12% but not THC, seems like an arbitrary number and should not be limited since it's not known what is effective. Could also mean patient would need more doses for the same effect which could cost them more money for their medicine.

References to Title 63 statutes are apparently out of date. It looks like 63 O.S. sec. 400 et seq. have been repealed. I guess these citations will be changed in the final version.

I am a concerned oklahoman. I am 23 years old and have chronic pain from bulging discs in my neck and also crippling anxiety. Hearing oklahoma passed the medical marijuana law literally brought me to tears. Ive been having to go to the black market and deal eith shady people and pay too much just to treat my illnesses eithout being addicted like most of oklahoma is to opioids. Dropping the thc level below what we can get on the streets isnt going to change anything. At this point with the thc levels you are suggesting, being 20 percent or lower, will be useless to most people needing the mental health side of marijuana. The ptsd, the anxiety and depression. 20% is not enough to help these people so they, and i, will continue to give money to thugs in dark alleys who may rob us, when all i want is to treat my pain and daily struggle with anxiety. Dont do this to us, we voted, the majority of oklahomans have spoken, leave the bill alone, we need to have no qualifiers, no thc level control, and loose quantity control or this isnt going to help us. Please. Please.

A 12% limit on concentrates effectively eliminates the efficacy for cancer treatment. Also, a 20% limit on plants will be impossible to regulate. I don't understand the logic behind these limitations.

Having 24hr dispensaries is going to severely hinder small business owners entry into this new economic opportunity.

A 12% limit on concentrates basically eliminates all of the extracts used to fight cancer. This is unacceptable and needs to be revised/removed.

310:681-1-4. Definitions "Medical Marijuana Concentrate ("concentrate")" ... intended to be refined for use as an ingredient in a medical marijuana product and not for administration to a qualified patient. There is a large body of scientific data which indicates that a high cannabinoid regimen specifically inhibit cancer cell growth and promote cancer cell death" explains Dr. David Meiri, the lead researcher on an Israeli project studying 50 varieties of cannabis and its effects on 200 different cancer cells. Meiri and his team have successfully killed brain and breast cancer cells through high cannabinoid regimen and they are hopeful they can find more varieties of cancer cells that respond to this treatment. The American Cancer Association scientists recently reported that THC and other cannabinoids such as CBD slow growth and/or cause death in certain types of cancer cells growing in lab dishes. Some animal studies also suggest certain cannabinoids may slow growth and reduce spread of some forms of cancer. Although, relying on marijuana alone as treatment while avoiding or delaying conventional medical care for cancer may have serious health consequences. Medical decisions about pain and symptom management should be made between the patient and his or her doctor, balancing evidence of benefit and harm to the patient, the patient's preferences and values, and any laws and regulations that may apply.

The definition of "Medical Marijuana Product" section states that oils, tinctures, edibles, and patches will not be able to contain a THC content of more than 12%. This definition clearly limits the scope of processing facilities to a small subset of previous medicines that would be available if processors are only able to create "Medical Marijuana Products" with only up to 12% THC. The same goes for the definition of "Mature Plant" with regards to having no more than 20% THC content in a mature harvested plant.

These definitions severely limit the scope of medicines able to be grown and created and given to patients who are in need of the highest quality product that is available to them. It also will put much more stress and work on grower/processor facilities to ensure that their product falls under the maximum THC content percentage otherwise they will end up wasting large amounts of product that is better quality so they can meet compliance.

It is also unreasonable to assume that medical marijuana card holders who will be allowed to legally grow in their personal homes/properties will have their homegrown medicine tested to ensure they meet these requirements of "Mature Plant" or "Medical Marijuana Products". Businesses should absolutely be held to the highest possible standards when growing and processing medical marijuana, but limiting the THC content of products that can be offered and medical strains that can be grown because of high THC content is not the best way to do it.

I have concerns in regards to the restriction placed on THC content of mature plants. It's conveniently hidden in the definition section of the proposed rules and it serves little to no purpose other than to appease the opposition. This will also place quite the burden on farmers who have no way of guaranteeing the concentration of THC during cultivation. This puts farms at serious financial risk. Please reconsider putting this regulation in place.

Also, if you can put a rule in place for the sale of clones that would be very helpful. Rules for farm to farm sales, farm to dispensary sales, and dispensary to patient sales.

Thank you for reading.

After reviewing the draft. Rules pertaining to the THC percentage should not be protected. This limit percentage restricts the ability for future research and development within the new medical cannabis industry which may cause or have effects to amount consumed as tolerance to medication may become prevalent and should not only be foreseen but protected on behalf of the patient. Limits to oils, tinctures and other natural cannabis compounds of raw cannabis production insures additives and other by products that may restrict or become harmful to the active compounds of the medication and to the patient. These percentages should be stricken from the regulations and allow the industry the opportunity to better serve the patient, the research and development areas within the industry, including growth, production and advancement of new strains within the industry as a whole.

I would like to see the strict limits on THC content removed from the proposed regulations. People with epilepsy as well as cancer patients require high levels of THC. This is not a recreational bill otherwise the THC limits would be acceptable.

I would also like to see the regulation regarding dispensaries being closed on Sundays removed from the regulations. This is medical, what sense does it make to prevent people from getting their medicine on Sunday? Again, if this were a recreational bill it would make sense.

Thank you for your hardwork, it is appreciated!

I am an MS sufferer who is in a lot of pain and, like most of us, just wants our legislators and regulators to help patients obtain medical marijuana as quickly and seamlessly as possible. I think it is underhanded and against the spirit of democracy to try to work against this referendum. Please, no matter your personal opinions, this is obviously an issue that has proven to be vital to many voters, so Please don't hinder us, but be compassionate and Help us.

You should now be price gouging sick patients. 20% THC levels IS UNACCEPTABLE.

To the committee deciding on the future of Medical Cannabis in the state of Oklahoma:

Please know that there are things in the emergency rules that you are trying to implement that are just straight up wrong or misunderstood in regard to the use of cannabis.

1.) Making a THC limit of 20% is pretty dense. This will encourage growers in the state to have to throughout their most powerful medicine to help patients suffering. Instead the patients needing to receive the same amount of treatment, they will have to consume much more.

2.) It is pretty obvious that you all know nothing about cannabis if you're trying to make a 12% limit on cannabis concentrate products like vapes, edibles, and other products like that. This rule makes NO sense: concentrate is CONCENTRATED marijuana. If there is a 20% THC limit on unconcentrated cannabis, then how can there be a 12% THC limit on concentrated weed products. This needs to be changed urgently! This is one of the most important things from the emergency rules that needs to be changed.

3.) Your use of "Batch" being a 10-pound limit and the definition of batch being "Batch" means, with regard to usable marijuana, a homogenous, identified quantity of usable marijuana, no greater than ten (10) pounds, that is harvested during a specified time period from a specified cultivation area" This is very ambiguous as to the meaning of what a batch is. Is this law saying that the max a cannabis grower can grow is 10 pounds? If that is the case this needs to be changed immediately.

4.) The definition of "marijuana waste" "Medical Marijuana Waste" means unused, surplus, returned or out-of- date marijuana; recalled marijuana; unused marijuana; plant debris of the plant of the genus cannabis, including dead plants and all unused plant parts and roots; and any wastewater generated during growing and processing." This definition of the rule to be implemented should be changed. My understanding of this rule is that anything greater than a 10 pound batch is now marijuana waste, if that is the case that makes no sense. You are going to legally allow people to purchase 3 ounces but are going to limit growers to 10 pound batches? 1 pound is 28 ounces so not many people at all will be able to purchase marijuana treatments that they need in the quantities that they need. How can you suggest that growers just throw out surplus of 10 pounds grown at once.

5.) Marijuana Waste is not a thing that exists. If you grow or purchase marijuana you should be allowed to consume your purchase entirely.

I hope these parts of the emergency rules will not be implemented so that Oklahoma can get the highest quality marijuana possible. To limit the THC in marijuana is to accept a less superior product that consumers will just consume more of to achieve the same effect.

Under 310:681-1-4: Definitions, regarding "physician" I would suggest adding the word "accredited" before "continuing education requirements" to suggest it is free of any commercial or industry bias as per the ACCME.

Under 310:681-2-1, under (c)5(E)(iv) ... there is a typo ... need to add "ed" to the word "recommend" near the end of the sentence.

Under 310:681-2-3.1, regarding withdrawal of a caregiver's license, will there be a specific form required or can this be in a written form only?

Under 310:681-2-9 ... it appears the reference under (a)(2) to 310:681-5-9 is in error it appears to be 681-5-10.

Lastly, under 310:681-2-1(c)(5)(E)(V) . . . will the "medical conditions" be codified somewhere within these proposed guidelines? Or will they be maintained on the Health Department's website?

Thank you.

As a SQ 788 voter, it is unacceptable to me for regulators to limit the THC in the cannabis flower to 20% maximum, and to ban concentrates, or to limit their potency. I have read over the suggested rules, and I am absolutely disgusted with how they are designed to thwart the will of the good people of Oklahoma. We voted for a law that allows a person to carry up to an ounce of THC isolate, but your regulations state that it is not for patient consumption, but only for use in producing edibles and tinctures. I'm afraid that isn't going to work for me. It should be left up to the patients if they want to use a product like farmto vape with a gram of THC isolate, to make their own medical vape product, rather than being price gouged for expensive vape pen cartridges. Please take out the 20% THC limits on flowers and the ban on concentrates. We don't need a ban or a limit of potency on our medicine. Thank you for considering my comments.

These proposed rules are onerous and will prevent local farmers from participating in a lucrative new industry.

I feel the THC limit on cannabis products is too low to help people that have serious medical conditions. Now if you want the doctor to prescribe a certain limit, I would look at going about it that way, but you are not thinking of the people that are in serious need of this medicinal plant. Some conditions might need more than that, some might need less. Leave it to the people and their doctors to find what is best for them.

It is all but impossible to put a burden on producers of having to grow strains with 20% of less THC. Let me tell you why, most effective medicinal strains bred today, have over 22% THC.

I am looking to be a part of an industry I was priced out of in every state I do not own land, and now the state I do own land in, is trying to restrict what strains and genotypes can be produced on my land? This is outrageous.

What you are talking about is controlling GENETICS, and its not right, and its not possible either.

We need to ensure that when going forward, we keep medical marijuana accessible to all who are in need. Yes, patients with cancer, AIDS, and other debilitating diseases are at the forefront. Although, we cannot forget those with chronic pain stemming from injuries and other medical conditions. Let's make sure that everyone who needs MMJ is able to obtain licensure. Providing MMJ to chronic pain sufferers will reduce opioid related deaths and complications, as many patients will favor MMJ to opioids. Thank you.

The THC restrictions should be removed. The single serving 10mg rule should be removed. I'm confused why Medical Marijuana can't be sold on Sundays? I can pick up my prescriptions at Walgreen's on a Sunday why can't I pick up my Medical Cannabis the same. This is NOT alcohol, this is medicine, and it should be treated as such thus being available even on a Sunday.

See attached comment (main subject: business regulation on taxes, co-location of dispensaries and other business)

The \$50,000 proof of bond is excessive compared to other states such as California where it is only \$5,000 or Colorado where it is not a requirement. Furthermore, acquiring a surety bond will be difficult and may be impermissible for this industry, especially at such a large amount in such a new and volatile industry.

This proof of bond should be reduced or eliminated to encourage small-scale operations and healthy competition. A mandatory deposit of \$5,000-\$10,000 paid to OSDH to cover potential violations seems more reasonable.

Limiting the percentage of THC to such a low amount in edibles and concentrates is completely against what the people voted for, and excludes many products from the market. This is a massive over reach for an initiative that passed by such a large margin.

This is an outrage to be honest how are we gonna limit the amount of medicine a patient receives. It'll be so much more difficult to comply with this I mean it's a plant. It'd take so much more work.

No limits , this is outrageous

1. Will cannabis be reportable in the PMP? It would seem to me that it should be as there are potential drug-drug interactions with some of psychotropic medications, antidepressants, sedative hypnotics, and many other medications used in my area of work.
2. What will be my responsibilities as a physician if a patient informs me that they are smoking cannabis in a home where there are children under 18 years old? Would I need to contact child protective services?
3. Will there be special educational programs sponsored by DOH and OBNDD to educate the providers regarding proper prescribing, dosing, indications of cannabis? The FDA has only performed limited studies with limited data and indications.
4. What would constitute a reasonable physical assessment for the purposes of OBNDD (DEA still has cannabis as schedule 2 I believe)? Would monitoring THC levels (quantitatively) be in keeping with proper prescribing?
5. With the current mental health crisis in this state and the potential for cannabis-induced psychosis and bipolar disorder, what are the DOH plans for dealing with this issue and the provision of access to providers? The timely provision of treatments is critical and with the limited resources there may be an exacerbation of the crisis and potential deaths.

Put in place a regulatory system that will make it easy to confirm that license holders continue to have health issues that would make this need continue for the full 2 years.

Make it illegal to ship to Post Office Boxes, and confirm that drivers license, other approved IDs (dr. records, utility receipts, ect.)confirm address.

Create a system to grade degree of need and in some instances rescind drivers licenses. Make the licensed sellers to report amt sold to the buyer licensees.

My concern is abuse of this legislation

I believe limiting the THC content in products and plants is a mistake. Proper labeling and education on dosage should suffice as proper precautions. These limitations will just lead to more patients going to the black market for their medicines because they can't get the dosage they need or have to pay too much to buy more medicine. Overall these regulations hurt patients and the industry as a whole. I urge you to remove the limitations on THC concentration and allow the sale of high concentrations of THC directly to patients.

Legal commercial cannabis growers must be allowed to grow outdoors and in greenhouses along with indoor. We live in an agricultural state cannabis must not be limited to only indoor growing. Over burdensome regulations kill industries!

Hello,

Thank you for providing a chance for public comment on the proposed rules for the new medical marijuana industry. There are two portions in the definitions that are very concerning as limiting THC content would be a mistake. It is difficult to grow mature plants that are of quality that are less than 20% THC. This would set Oklahoma up to have very low quality medical marijuana. The higher THC content is needed by cancer patients and chronic pain patients. If we limit the level of THC then we would be forcing patients to buy more product to treat their conditions. I believe with proper dosing guidelines and labeling, patients will be made aware of what is in each of their products and they can find the correct product that works best for their condition.

"Mature Plant" means harvestable female marijuana plant that is flowering; plant material shall have a tetrahydrocannabinol content of not more than twenty percent (20%). Mature Plants are not authorized under this section prior to sixty (60) days after the enactment of Title 63 O.S. § 420, et. seq.

"Medical Marijuana Product" means a product that contains cannabinoids that have been extracted from plant material or the resin therefrom by physical or chemical means and is intended for administration to a qualified patient, including but not limited to oils, tinctures, edibles, and patches. Medical marijuana products shall have a THC content of not more than twelve percent (12%).

I appreciate your consideration and hope to see these sections revised.

Thank you!

I feel that Only those Individuals with a Terminal illness should be granted a emergency license, or Eminent Threat to there life, Also No One should be allowed to operate any motorized vehicles.

Will the grower permit be public record?

THC concentration requirements should be on personalized medicine, based on recommendations made by the state medical boards. I believe that at 20% maximum THC concentration is not enough for terminally ill patients and that the emergency rule regarding this maximum concentration of 20% should be removed.

OAC 310:681-1-9(a)(4)(A) currently requires physicians to inform patients on the risks of "cannabis use disorder." I have conducted extensive research on medicinal marijuana, but I am not familiar with "cannabis use disorder." I'm curious whether the word "disorder" should be dropped from this sentence. It may be more effective to simply require physicians to inform candidates on the risks of "cannabis use," including in adolescent and young adult users.

OAC 310:681-1-9(a)(4)(D) currently requires physicians to inform patients on the "increased risk of motor vehicle crashes while under the influence of marijuana." Is it a fact that there is an increased risk of motor vehicle crashes for individuals under the influence of marijuana?

OAC 310:681-1-9(a)(5) and 681-2-1(c)(5)(E)(iv) both require physicians to inform provide patients with "written instructions" regarding the use of recommended marijuana products. I'm curious who will be responsible for compiling written instructions? Will each physician be responsible for coming up with their own instructions or will the ODH issue some more general instructions that can be relied on by all physicians? As it is written, this could create some confusion for physicians.

Please remove the 20% limit on THC for flower, and the 12% THC limit on concentrates & edibles, these limits will basically eliminate all cancer-fighting concentrates and give us lower THC limits than some recreational States.

I do not want smokeables. It is counterintuitive to a medical use of marijuana. Edibles, oils etc would be more appropriate.

Comment Update

I want limits on the number of dispensaries or prefer an actual pharmacy to dispense like other medical drugs.

On the required illnesses, please make sure that Chiari Malformation and Syringomyelia are on there. They are in other states. These conditions have had so much more information found in the last few years. The pain from nerve damage from a syrx and from the headaches and or pain following a decompression surgery, it is debilitating non stop pain that requires all day management and a lot of people end up on disability and medications.

Hello,

i am interested in understanding if there is a pre-example packet that will be accessible for anyone who is interested in dispensary ownership?

Also, will we be able to sell accessories, i.e. t-shirts and novelties in a dispensary, or any other product at all.

You can be a felony an get a script for pill but I can't get a medical card that needs to be changed

In regards to the definition of 'Marijuana' as defined in the Draft rules: The limits on Marijuana strength are going to leave many medical patients without options as many conditions respond favorably to higher strength doses. Especially those that rely on concentrates. There should be no limits on strength, that should be up to the Doctor to determine. On top of this there is no way to overdose on Marijuana, making it one of the safest therapeutic substance known to mankind. It isn't like alcohol in which higher strength products can cause health issues. Please seriously consider changing this.

310:681-1-9. Recommending Physician Standards - Section 10(D) - If I am reading this correctly then it states that a doctor that prescribes Medical Marijuana cannot have a Medical Marijuana License. I know of no other substance or drug that has limitations like this. If a Doctor is sick then that doctor is able to receive whatever medicine is determined best by that Doctor's Physician. I do not feel like any Doctor should be restricted from the medicine that they can receive based on the medicines that they are able to prescribe. We do not limit Doctors from being prescribed Opioid painkillers, which are one of our nations largest abused prescription drugs so why would we impose a restriction on the SAFEST substance we have available???

In regards to 310:681-2-9: I would like to see some way for a caregiver that would loose their license to have a way to donate unused Marijuana to an institution that caters to low income people whom may be unable to afford it at regular venues. But this should only be available to those who have followed all the laws relating to their care. If someone loses their licence for illegal activities then they should be required to destroy their products as described in this bill. I feel like this is an unnecessary waste of medicine that could be given to those who could need it the most, especially the elderly on fixed incomes. Donations should only be made to authorized donation centers or participating Dispensaries and/or processors and records kept that prove the caregiver donated everything relating to the patient of whom they lost the license for.

Updated Comment:

I would also like to bring up the requirements for being a Caregiver. I feel that patients should have the ability to choose where their medicine comes from. If the patient would rather have someone provide for them then that should be their choice, assuming that the caregiver is capable of complying with the laws set forth in this bill. Restricting it to just people who are home bound that qualify for a caregiver really limits patients rights to choose where their medicine comes from. Leave this up to the patient.

Firstly, thank everyone at the department for all of the hard work you guys are doing bringing this medicine to the people of Oklahoma, I can't imagine the bureaucratic nightmare that must be. The rules seem fair in implementing 788 as we the people voted for it. However, implementing a limit to the THC percentages in products that can be sold seems a bit short sighted. Particularly in concentrates. Not only is it a matter of possibly removing options from patients that could help them, this seems to provide an opening for further black market cannabis deals that do nothing, financially or otherwise to benefit our state. Cannabis flower with higher THC percentages will be grown regardless of it's availability at dispensaries. The state is losing money to every person that chooses to grow at home rather than buy from a dispensary due to this restriction. In terms of concentrates, the definition of the term concentrate and their nature as a cannabis product removes any logic I could have seen in a restrictions on thc. How is something, that by definition is supposed to be a concentrated form of another thing going to be weaker than the substance it concentrates? Concentrates allow patients to medicate without using a large quantity material. Analogous to someone taking an 800 mg ibuprofen rather than taking four 200 mg tablets. Not only does this restriction limit the state in terms of products that could potentially be taxed, but it also opens the door for individuals who still desire this product but can't obtain it legally to make it on their own. Which given the nature of extraction and concentrates is a dangerous process best left in the hands of professionals under regulation of the state. With these restrictions I believe you will see more people setting fire to their homes for a product that the state could be legally providing. Thanks to all at the department for your hard work. It is appreciated.

test to see if the email system works

See Attached Comments (main topic: specific definitions and regulation of dispensaries, increasing restriction on THC content)

" Mature Plant " No limits on THC of flowers.

"Physician" Would need a OBNDL licence from DEA.
We only need board certified Physician that is what we voted on.

"Caregivers with license" should be able to grow for a patient.

" Medical Marijuana Products" Edibles should be sold in a variety of concentrations to serve different medical needs.
"Concentrates" should be sold without THC restrictions to medical patients.

Please consider this a public comment regarding the rules for SQ788. Regarding the definition of "mature plant" where there cannot be more than 20% THC in the plant. My research with other states is that this is more of a baseline level. The voters of Oklahoma have decided that marijuana and it's active chemicals possess medicinal properties. THC is one of the primary medicinal properties possessed by marijuana for a multitude of ailments. To limit the THC content of a "mature plant" would require those seeking THC as a remedy for their ailment to need to inhale more marijuana than if the THC levels were higher. Inhaling more smoke than is necessary would be more detrimental to health than inhaling less for those seeking the medicinal effect.

To further the point of THC being a medicinal part of the plant we can look to Oregon. There a recreational customer can buy a package of edibles that contains up to 50 mg of THC and each serving size in that package can be up to 5mg of THC. A medical grade edible sold to an Oregon medical marijuana registered patient can contain up to 100 mg of THC per package and there is no maximum serving size for medical grade edibles.

Additionally, it is going to be difficult for growers to grow marijuana with these levels, considering what is currently being grown in other states and the genetics that Oklahoma growers are going to be starting from. Growers are likely going to need to be modifying their plants down. This needlessly puts growers at risk of violating the law, makes the process of finding suitable genetics much more difficult and produces a product that is actually more harmful to consumers than a higher THC level product.

While I do not see the need to limit the THC level in the plant, I do see the need to limit the THC level in "medical marijuana product" because of the ease in which an excessive amount of THC can enter the system. With that said, 12% also seems arbitrary and substantially less than the limits placed in other States such as Oregon.

Legally speaking current levels articulated in the proposed rules seem to be an arbitrary and capricious and a violation of the special laws provision of the Oklahoma Constitution.

Thank you for your time and overall I am impressed with the rediness you and the OKDH have shown thus far.

No restrictions on the percentage of THC, in any medical marijuana product, should be dictated by the OSDH. The appropriate amount or ratio of any specific Cannabinoids MUST be decided by the treating physician, not a state regulatory agency, in order to provide patients with the best therapeutic options. Medical marijuana is a medication, and physicians are responsible for deciding how to best treat their patients. The voters have spoken and they want cannabis to be treated like a medication, let's not override their votes for political reasons.

I would just like to comment that limiting thc content will drasically limit the medicinal properties, please research this and consider the whole plant effect. Please do not defeat the the spirit of the law that oklahomans by a great majority voted for.

20% THC in products, esp flower, doesn't even begin to measure up to being a "Medical Marijuana" program that over 500,000 people in the state of Oklahoma voted for. I have Restless Leg Syndrome, Severe Chronic Pain from my back problems, Anxiety, and I know from my trips to Colorado that 20%, while in some forms (like patches) doesn't even come close to what flower needs to have in it to produce the same effect. Combine it alongside that the effects wear off much more quickly, and all your doing is increasing our costs while not giving us what was promised to us.

Cancer patients and others who have terrible illnesses won't even know they are taking anything. This is not, I feel, what we intended when we voted FOR MM! I know it wasn't I u voted for OR expected!

However, this IS Oklahoma. Our government always finds a way to screw us in the end! For once, do as the PEOPLE WANT!

Good evening,
I would first like to thank you for the effort it has taken to begin to create regulations to allow the medical use of Cannabis in Oklahoma, your efforts are appreciated.

I have read thru the entire list of proposed regulations and have some issues. I have spoken with several friends like myself, who all are considering a small commercial grow operation as allowed by the change in Oklahoma statues. I do understand the need of those that are spending a great sum of money to build large scale grow operations, however I do not believe they should be allowed a monopoly by use of said regulations to prevent small growers for responsibly beginning their own operations.

Several of the requirements listed in the proposed regulations would make it impossible for most of us to begin and operate small grow operations of 100 plants or less at any one time. State Question 788 was supported by a lot of the people of the state of Oklahoma. I know myself and my compatriots spoke as often as possible and explained the process of registering to vote and its importance, not just for this question. We all supported this question and wish to continue to support the Department of Health to undertake this task. I also realize the limited amount of time allowed to complete the process. This however is not justification to discriminate against we who wish to participate in this system. We are intelligent, educated, and capable people. We are hoping to loudly show our support for your hard work in this endeavor.

I must saw that after several discussions we feel that if regulations are used to support the larger companies and prevent our participation we will be forced to seek redress with the courts and seek an injunction to prevent any licenses to be issued until this can be matter can be addressed by the court system. We are hoping these small matters can find resolution before this becomes necessary. We do appreciate all hard work you have done and simply ask for fairness.

Please feel free to contact me through my email: okjspur@hotmail.com or 405-760-9323.

Thank you!!

James Spurgeon

Thank you for the opportunity to comment.

One problem I see with the current working draft of 310: 681 is as follows;

the current draft reads that under 310:681-1-9(a)(10)(D), a physician can not have an active financial interest in the industry.

I, as a state resident, feel that the same provisions should be considered when choosing the "Expert Board" as described in 310: 681-5-8 (a), It should read as "...must also meet 310:681-1-9(a)(10)(D) and one of the following qualifications.."

Cliff Note: Do what's right and don't allow the special interest the opportunity to skew the great work you have done!

Medical Marijuana should have a TCH content of more than 20%.

See Attached Comments (main topic: business regulations, impact on vertical integration and ownership)

Referring to the highest amount of THC. The emergency rule says 12% but for many applications including THC up to 70% May be needed for effective intervention.

I was looking for the ability to purchase a permit for home delivery. I thought that was one of four permits going to be available. Since there is a large number of patients that have limited ability to get around added to the fact that home delivery helps keep a percentage of patients off the road from driving medicated. Could someone get back to me on this or check this HOME DELIVERY SERVICE PERMIT. I believe that you will find that a very large portion of sales and the ability to serve more patients using Home delivery . I would like the opportunity to apply for that permit.

Michael O'Rourke

This is unnecessary and unacceptable to put 20% limit on thc. Patients need higher doses of thc and why in the world replace the rest with chemicals that's defeats the purpose. Absolutely ridiculous.

Unsure if it's true but I've read that you're considering revoking or suspending licenses if caught driving under the influence of marijuana, I don't agree with that, the penalties are less with drinking and there are less reports of accidents of people driving under the influence of marijuana.

This is MEDICINE and should be treated that way. Not as some form of criminal act. The people voted, so stop denying them life changing medicine.

I think young people should be able to access it as well as long as a parent allows it, we have a generation that has high levels of anxiety and medical marijuana is a great treatment for it.

It is completely unfair that a person can't own a gun and get a prescription for medical marijuana. Someone who drinks is way more likely to end up doing something stupid with a gun than someone taking medicinal marijuana.

I don't believe that the content of raw plant material below 20% and of all premade consumables to be under 12% is realistic or beneficial to those qualified patients that require more active THC to work with CBD to enjoy ALL the MAJOR benefits of using medical marijuana. Wow.

Manufacturing oils and hash outside the allowable measure is still a punishable crime. This just gives an old game the other player a turn to participate in the act of being involved in a game. Don't think for one second that once these Geeks start getting wise and blowing up their living rooms blowing hash is any different from a methlab exploding or falling asleep while cooking. Pay attention to the laws and follow them carefully.

The 12% limit on THC content will stop many experimental treatments from being able to be prescribed or experimented on. The doctor should be trusted with the ability to prescribe what they believe a safe percentage is, as there is no evidence for a toxic amount of THC. Many cancer treatments rely on a greater than 12% amount of THC such as waxes and dabs, along with concentrated oils. These allow for more precise administration than smoking, which can cause wear on the lungs.

Furthermore, if the 12% limit is in effect this will encourage black market distribution of the drug for those who need it in forms that do not irritate the lungs. This goes as well for if any rules are made limiting it to specific disorders; rare ones such as Harlequin type ichthyosis, or experimental procedures such as THC to prevent autism symptoms will be left to the wayside.

The doctor should be trusted as a medical professional to properly diagnose and prescribe medications that have been proven to have no ill effects even at extreme concentrations.

I think it's important to try to remove the 20% limit on THC for flowers, and the 12% THC limit on concentrates & edibles, these limits will basically eliminate all cancer-fighting concentrates and give us lower THC limits than some recreational States. 788 is the most liberal medical marijuana law that has passed in the 30 states that have legalized and this gives Oklahoma a chance to lead by example. We should have the most relief for medical patients and treat this like any other medicine. I can buy varying levels of strength of aspirin....why not marijuana since it's finally deemed a medicine now. I would also like to see stores opened on Sunday as well. Marijuana shouldn't be treated like alcohol. Alcohol has no medicinal value. I can get prescriptions filled on Sunday at Walgreens. Marijuana is medicine and should be available to those that need it.

Please see the attached comments. Thanks, Glen

This should not interfere with people's rights to carry handguns.

I don't understand why someone with a medical condition cannot use medical marijuana if they are employed by a commercial establishment.... Also... How will you test if they have?

310:681-5-15. Prohibited Acts

(a) No commercial establishment shall allow the consumption of alcohol, medical marijuana, or medical marijuana products on the premises.

Good morning,

Short of a tracking system not being in place the biggest flaw with the proposed bill is the 20% THC rule. I do not smoke or do edibles, not only does my military service prohibit it but the idea really doesn't appeal to me. That said I am healthy and have no need for marijuana.

I have seen the positive effects marijuana has had on friends with TBI, PTSD and cancer. Especially with cancer patients and certain seizure types 30% THC would be more appropriate and in line with other states are doing. If a patient is still going to other states or purchasing on the black market for the appropriate dose then what is the point of sq788? They would still be a criminal and the State receives no revenue.

Thank you for your time.

With this new law as it is currently written you have essentially made physicians the drug distributors. There needs to be clearer language as to who should qualify for medical use. As it stands all you need is two physicians to sign off without any regard for what diagnoses should qualify. I would urge you to consider a special session to address these issues.

Application process qualifications should not need to include address/GPS coordinates in order to be approved as most business organizations have not fully established this due to waiting on revisions and requirements from OSBH and State changed revisions to 788.

THC % need to be increased and placed back at 70% as originally written in 788. In order for medical cannabis to work properly for patients every disease is different in its % requirements. Patients wouldn't have proper access to medicinal cannabis percentage. Also it will be impossible to meet those standards as plants are grown with higher THC percentage and you can't maintain that low of a percentage in the plant.

Dispensary laws are being treated as a liquor store instead of medical medication like a pharmacy. They should not be closed on Sundays, as that prevents patients from getting their medications.

*NO CO-LOCATION: the rules expressly prohibit a dispensary from co-locating with another business. A rule like this would make it very difficult to avoid IRC § 280(E)'s punitive tax treatment. This restriction will significantly impair the dispensary industry by exposing it to extraordinary tax liability.

Can a single caregiver assist several different patients with their medical marijuana needs?

About --

"Medical Marijuana Product" means a product that contains cannabinoids that have been extracted from plant material or the resin therefrom by physical or chemical means and is intended for administration to a qualified patient, including but not limited to oils, tinctures, edibles, and patches. Medical marijuana products shall have a THC content of not more than twelve percent (12%).

I think we should reconsider this percentage. Medical testing shows that high amounts of THC can possibly shrink tumors, cure PTSD, and kill cancer cells with high amounts of THC. With this limitation we may never be able to go into further research about it. It's the THC that, supposedly, react with our body's cannabinoids receptors and allows us to deal with pain, slow down cancer cells, shrink tumors, and forget traumatic events.

As a consumer or regular citizen, the percentage being low doesn't make much sense anyways. If the 12% doesn't help their pain, they'll just have to ingest, or smoke, more. If we could have tinctures and high percentage oils for cancer patients, PTSD survivors, etc. That would be the most effective medical solution. Especially when ingestion is difficult, it would only make sense to have high percentage oil available to drip under tongue, etc.

I hope you consider raising the percentage.

Please do not set limits on the amount of THC in marijuana and marijuana products such as oils and edibles. Doing so will limit the effectiveness of the treatments for people needing marijuana for health issues. Content limits may make it more difficult for crafters and growers to produce locally sourced marijuana products.

Also, please consider protections for people who may own/carry firearms alongside marijuana products. While I would never condone using marijuana while carrying and using a firearm, I would not want to prevent someone from protecting their own home or be force them to choose between self-defense and a family members medical treatment.

Thank you for your consideration,

Rob Wright
Ponca City

A mature marijuana plant is limited to 20% maximum THC concentration; derivative products are limited to 12% THC. The original draft listed them much higher (dry plant was 70%). Given this dramatic change, and how difficult it would be to comply with and also enforce this arbitrary restriction, we are not sure what to make of it.

Individuals depending on this new law for medical purposes will not benefit from the decreased percentages as well as the growers will lose a large amount of their crops due to the decreased THC levels.

We are requesting that the dry plant percentage be increased back to 70%.

We also propose that the application process does not require an established location and/or GPS location for business prior to submittal. Due to the changing requirements, an entity is unaware of the changing regulations on Growers, processors, testing facilities that would jeopardize the financial standings of the company.

Per the "Working Draft" section 310: 681-5-14: we request that the hours of operation for a dispensary be expanded through Sunday. A dispensary should not be catagorized as a liquor store. This should be classified as a pharmacy, as individuals will require access to medication options throughout the week.

Marijuana should not be sold in smokable forms. This will protect others from second hand smoke and contact highs. Oklahoma already spends lots of money on tobacco cessation and there are not enough substance abuse services in our state as it is, especially for young people who this law appeals to.

THC products should only contain 13% THC. Predictable dosage would allow patients to avoid overdosing, impaired driving and drug dependency. As THC levels increase so does the risk of dependency and we all know that our state has limited funds as it is to treat addiction issues and for law enforcement.

The number of dispensaries should be limited to the need in the area. We don't want to have one on every corner. No one other than a licensed pharmacist should be able to dispense marijuana products anyway. You get all your other legal medications from a pharmacist so why not?

There should be regulations on home grown marijuana. You should have to get a license to grow it with strict guidelines such as it has to be grown in an enclosed and locked area on the property that they own. Also, home processing and extraction should not be allowed. This will ensure that children and families are able to live and grow up in a safe and healthy environment.

Advertising should be restricted. Children and youth should be protected from youth appealing, false, and excessive messages about marijuana.

The restrictions on the quantity available in concentrates not only fail to meet the standards for cancer treatments but also encourages dangerous behaviors in creating an environment in which the consumers will attempt to create their own extracts which is a dangerous process.

This is much better handled by businesses trained in safety protocols

The limit of THC concentration in plants also would give us a lower limit than some recreational states (which have a lower standard than medicinal marijuana laws).

Perhaps we should let informed doctors determine and recommend what concentration is necessary for the treatment of illness.

Please remove any mentioned THC limits in the rules. THC is one of the main compounds that helps patients, and in many cases, the more THC the better.

Under the definition of "Mature Plant" on page 3. Please remove the 20% limit of THC on homegrown plants. That is far too over-regulated. Most good quality marijuana has a THC content of about 18% to 25% THC. I know because I was a medical marijuana patient in Washington, DC for two years, and they list percentages on all the marijuana medications. Now that I live in Oklahoma, I'm excited to get my medicine back.

Under the definition of "Medical Marijuana Product" on page 4, please remove the 12% THC limit. In fact, do not have any limit on THC. This is medical marijuana, and marijuana oil can sometimes have a THC content of 80% THC, but a patient only takes very small doses. And in some cases, a patient may only want to consume THC-A, which is the non-psychoactive form of THC. The psycho-active form of THC we normally refer to is THC-Delta, which is what you get when you apply heat or decarboxylate marijuana.

Please see the attached comments of the Oklahoma Hospital Association.

Remove the 20% limit on THC and the 12% THC limit on concentrates & edibles for people fighting cancer.

This new law brings up numerous concerns for me. The number of potential dispensaries in my community is a concern. There should be some type of limit per square mile in each zip code. Not only is this creating danger in our community it will increase hospitalizations in our local hospitals which is for some the only way they get medical treatment. Also as a parent I'm extremely concerned about the types of marijuana infused baked items and candies that will be available. We've seen in other states, for example Colorado, a huge increase in accidental overdoses in children from these baked good and candies. Its important as Oklahomans we keep our children and our communities safe. This law has many serious concerns and I hope those concerns of Oklahoma citizens are heard and changes are made to regulate this law.

The regulations so far are cumbersome and detrimental to the medical questions.
The Board is made up of to many Professionals who have a stake in slowing the process and not those who are interested in enhancing the process. Either caregivers or patients should be represented as recipients of such care. Expand the Board using that criteria

Medical marijuana products should not be sold in smokable forms. I am concerned being around the odor of marijuana out in public or at the office. Oklahoma should protect workers and the public in shared spaces. Smoke is still smoke. Over 100 toxins are released when cannabis is burned. I also believe that Oklahoma should Limit Number of Dispensaries. The number of dispensaries should be limited to 50 and increase only when patients increase.

We need to protect children. Medical marijuana products should NOT include edible or other products attractive to kids. I also believe that promotion of marijuana will increase consumption, especially among youth. There should be some type of advertising regulation. Medical marijuana products should NOT be dispensed by anyone other than licensed pharmacists.

I've been on pain meds for 20+ yrs & desperately want off of them! There nds to be a way that people like me can go through a transition from pain meds to medical Marijuana. I have gone to local Pain Clinic for years & ABSOLUTELY hate it! I worry about what the meds are doing to my body PLUS until you have to take pain meds you haven't a clue how you are treated. The pain clinic treats me like I'm some drug addict off the street when it's MORE THAN CLEAR by my medical records why I'm there. It has been a huge burden on my family! My husband has to take off work 1 day a mth to get my meds! Its ridiculous that we are punished because of my health! Please help me & people like me & NOT regulate this so much that I remain a burden to my family.

Tammye Stevens

THC limit why not let your doctor set the potency of Medical Cannabis per person. The highest THC content in U.S. this year is 34% why make a big deal over 14%. it is a huge waste of resources for DHS.

Use your limited resources to protect Oklahoman 's health. The amount of ammonia asorbed by plant from fertilizer(by removing fertilizer so many days before harvest), Mold and mites should be priority not THC content. If doctors see that the THC levels should be lowered after 2 years. when the recertification is due let the doctors decide.

To this point, both 788 as well as the draft document, have failed to define how original seed stock/ / 8" plants will be legally introduced into the system and numbered.

I am asking this from a grower standpoint as 788 has a clause for interstate travel that is dependent on federal legislation.

Obviously, this entire program is a higher revenue builder for the state if all borders are/and stay closed, but it neglects to address original strains from a breeding standpoint.

Thank you for the front loaded work you have done and for your continued expedience with this topic.

Roger Clement

Hello,

Thank you for providing a chance for public comment on the proposed rules for the new medical marijuana industry. There are two portions in the definitions that are very concerning as limiting THC content would be a mistake. It is difficult to grow mature plants that are of quality that are less than 20% THC. This would set Oklahoma up to have very low quality medical marijuana. The higher THC content is needed by cancer patients and chronic pain patients. If we limit the level of THC then we would be forcing patients to buy more product to treat their conditions. I believe with proper dosing guidelines and labeling, patients will be made aware of what is in each of their products and they can find the correct product that works best for their condition.

"Mature Plant" means harvestable female marijuana plant that is flowering; plant material shall have a tetrahydrocannabinol content of not more than twenty percent (20%). Mature Plants are not authorized under this section prior to sixty (60) days after the enactment of Title 63 O.S. § 420, et. seq.

"Medical Marijuana Product" means a product that contains cannabinoids that have been extracted from plant material or the resin therefrom by physical or chemical means and is intended for administration to a qualified patient, including but not limited to oils, tinctures, edibles, and patches. Medical marijuana products shall have a THC content of not more than twelve percent (12%).

I appreciate your consideration and hope to see these sections revised.

Thank you!

First I want to say that the law should definitely specify adding ptsd in it, if it comes that there will be specific conditions that will be added. Our veterans need to be able to use cannabis, this is very important! Opiate addiction should also be added as a treatable condition. Second is that I feel that medical home growers should be able to take the extra medicine that they grow and make, be tested and sold to retail stores. I feel that is important as well since a person can only have a pound and a half in their home. Six plants will produce more than that, so they need to be able to do something with it. A medical patient should be able to give medicine and live plants freely to another medial patient. Liscensed producers should be limited to square footage limits in order to keep out large farm takeovers. Licensees should not be able to pair together to increase their limits. Or maybe just pair once and get half the total to 1.5 total square ft or something. I feel there should be more small business competing in the market than large corporations. Corporate takeover over the medical cannabis industry will hurt the patients. There also needs to be easy access to labs for testing or there will be a huge back log as well or it will keep people from having their medicine tested. Besides that, I feel that the set of laws is pretty much perfect. Thank you for your time and have a great day.

Comment Update

Most important!! Marijuana growers, producers and home growers need to be able to carry get permits to carry firearms to protect themselves and their businesses. This needs to be implimented! Thank you

I think the "emergency rules" are well-founded and well thought out. I agree with every rule including the not smoking marijuana as a choice delivery of medicine. There has been no proof that smoked marijuana is a medicine.

Thank you for opening up the regulations for public comment. My concerns/feedback are as follows based on the definition of Dispensary.

“Dispensaries cannot be co-located with any other business entity and may only sell or otherwise offer medical marijuana and medical marijuana products.”

While I can understand the base of this, it lacks nuance. Please include a provision that allows business entities that are in direct correlation with the cannabis company to co-locate. If you leave the rules as is, you are leaving Oklahomans at full exposure to the tax burden of IRS code 280E.

If you are not familiar, here's a summary:

Section 280E of the tax code forbids businesses from recording tax deductions or credits for income associated with Schedule 1 and Schedule 2 substances as mentioned in the Controlled Substances Act, which considers Cannabis a Schedule 1 substance.

This means that only the cost of goods sold (the marijuana purchases themselves) can act as a tax write off. Meaning dispensaries will not receive write-offs on expenses that would normally be a deduction: rent, utilities, equipment, cases, signage, marketing materials, employee wages, health insurance, etc.

This hurts the business community's profits immensely and could ultimately bankrupt owners who do not know how to properly categorize their cost of goods sold or who try to find other creative ways to reduce their tax liability. This has happened in other markets and the IRS has sued and won. I realize that in an ideal world owners and their legal/financial would be aware of the full implications of 280E, but that's not always the case and I don't want to see dispensaries go bankrupt because they weren't able to mitigate 280E's extremely punitive rules.

A properly written description would allow for management companies and/or other businesses that are directly related to the dispensary to be co-located, but exclude companies that are not related. IE: You cannot run a dispensary and a hair salon under the same roof.

I believe PTSD should be a qualifying condition for out veterens and for medical marijuana patients. I can personally testify and many scientific studies showing PTSD episodes are almost entirely removed or reduced. Here is an article explaining it

<httpswww.google.com/amp/s/www.psychologytoday.com/us/blog/talking-about-trauma/201712/medical-marijuana-ptsd%3famp>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4578915/>

Approved seeds? How does that promote being able to come up with new strains or to be able to be different from others with overall offerings . If no transport ability between states how does approved seeds get to Oklahoma ?

Also as a professional in the industry why is a rule cornering the grower with specific approved seeds.

The ability to have a dispensary that has a onsite grow room ? The reasoning for paying separate fees for ability to do both? Why? Has the rulemaker visited any shops any were to see how this is done ? Shops need the ability to grow product to be able to supplement the wholesale supplier and the shop needs the ability to make product like concentrate and oil as that is all the sustainability of a selling shop they can't stand alone with just selling flower made by someone else thats not good business rules for this type of business ..

There are several concerns with the draft.

It is proper that physicians should prescribe based on a history and physical exam, but to require an ongoing relationship would be outside current medical standards. The physician should be given the responsibility to say when and how follow up should occur. Also, the physician should have the authority to revoke the patient's license if they determine that the patient is not benefiting, or deteriorating from the treatment. As a physician, I would not want to provide every patient with a form that includes my DEA and OBNDD numbers--even though these are easily available, we don't hand them out to patients.

The amount of paper work, and the steps required to adhere to OSHD rules is totally outrageous. The time and money required to provide clerical support and inspections isn't available even using every tax dollar the State of Oklahoma collects. SIMPLIFY THIS THING, PLEASE.

Let us take personal responsibility for our roles in this new challenge.

Physicians treat, growers grow, businesses do business. The health department sets standards, inspects, provides a repository for complaints or concerns, and gives guidance. Medical cannabis is an opportunity for people who are suboptimally treated by traditional medicine to obtain some relief. By medical standards, marijuana is a safe substance. Don't make it so difficult to get legally that people will continue to obtain their medication illegally. It's not good for anyone.

Respectfully, JoAnn Ryan, D.O.

I do not believe that there should be a limit on the amount THC a plant can produce or a product can contain. THC has a lot to do with why the plant is so medicinal. I have worked in the Colorado market and seen first hand what THC can do for people with pain, cancer, and seizures. Please reconsider this limitation if that is what you are trying to do.

1. Are there any restrictions on obtaining all three licenses for grower, processor, and dispenser? In other words, can a license holder obtain all three licenses?
2. Are there any restrictions on the number of licenses a license holder can own? For example, can a license holder own 7 dispensary locations, 2 grow facilities and a processing center?

So for example I have 1 million dollars and I want to open a growery and 2 dispensaries. I could get a licence for all. I then could have a massive growery with 1000 plants producing a pound per plant per 12 weeks. I then sell my product for 2500 per pound to my dispensaries with no state tax. And then my 2 dispensaries can sell it for 3000 a pound at a tax rate of 7%. Sounds like a loophole for not paying state taxes for people that own a grow and a dispensary. Plus they could charge super low prices to drive other dispensaries out of business since they have a grow and a dispensary. That was just an example of what I thought could happen under the rules now.

Ok, i am seriously interested in opening a dispensary with one friend. We have 60k to invest in our store. I'm wanting to know how we fill out the application for a store location if we don't have the licence yet. Am I supposed to go lease a building, get a telephone number for said building and file for an LLC and tax number before applying. I mean i don't want to risk 10k investment on whether or not I get approved for a store. Plus what if 3 other people apply for and get licences for dispensaries that are all within a quarter mile from each other or in the same shopping center. Maybe there should be some rule that there can only be 1 dispensary per square mile or greater. How would you determine who gets the location if 5 people all wanted to open a dispensary off s 19th st in moore? I think the application process should start with finger printing and background check. Area that the person wants to open a dispensary. And then have a lottery of the applicants to choose who can have that area. Then the winner can go ahead with the application and fees and open their store. If for some reason they can't proceed then hold another lottery or drawing. I think also there should be a set cost on how much a grower can charge per pound so they are not price gouging or selling their product at cost to their buddy that is going to try and drive other dispensaries out of business. I would like it to just be fair to all growers, retailers and processors. So we can all own one business and make a good living at it. I can see it now some guy is going to have a grow with 10k plants and undercut all other growers with their cheap prices. Competition is healthy but it seems like it could be monopolized to a few big businesses. A few big businesses aren't going to help the economy in oklahoma. A thousand retail stores and a thousand growers would really help the economy. Maybe have a cap on how many plants a grower can grow per harvest. Maybe put a cap on how big a retail shop can be. Just to make it fair. Sorry so many comments Thanks for your time

There were two issues that I don't see clarified in the Emergency Rules. I think there needs to be a clearer definition of what licensure a prescriber must have in order to write for any sort of medical marijuana. Also, there needs to be clear definition of what diagnoses qualify a patient as being in need of medical marijuana.

I was very disappointed to see this bill pass. Our state is trying to use this, as they did with gambling, to line someone's pockets, not for the well-being of the people of Oklahoma. Revenues will go, in large part, to form oversight committees, etc. I feel we need to be humane in our treatment of seriously ill and/or dying people, but we can't open it up to those with a history or potential for abuse.

Please see the attached pdf. Thank you.

There should not be a \$50,000 surety bond required for producers. There should be information on how producers legally obtain seeds to start producing.

I work at a Federally Qualified Health Center, so our physicians will not be prescribing. However, I noticed the "physician" definition in the OAC Working Draft states that physicians have to have a DEA and OBNDD registration to prescribe controlled substances. This could be problematic because both of those registrations are for prescribing Schedule 2, 2N, 3, 3N, 4, and 5 controlled substances only. Marijuana is a Schedule 1 under federal law (making it illegal on the federal level), so those registrations would not be valid for prescribing marijuana. If a DEA registered physician actually prescribed medical marijuana would it not be a violation that could jeopardize their DEA registration? I also know providers have to obtain a DEA registration before they are issued an OBNDD, so simply adding Schedule 1 to the OBNDD registration might not be allowed.

Hello, I have a question as a potential commercial grower... Where would we legally obtain the start up cannabis products, ie. seeds, plants? I don't want to break a law just by starting out.

The \$50,000 is a proof of a million-dollar surety bond policy to ensure the grower will pay all fines even though fines are a few thousand each (those are probably excessive too). Good luck for anyone trying to get a bank to provide a \$1,000,000 surety bond on a federally prohibited operation (And you typically can't just write them a check for \$50,000 in lieu of a bond either). At worst, this is like a sneak-around way to keep it illegal commercially. At best, it is a poorly-made heavy-handed regulation that will keep all but large corporations and very wealthy from being able to enter the market.

Duplicate Comment:
Blake Howard, bahoward.bh@gmail.com

Jadyn Bailee Parks Jadynparks@yahoo.com

See Attached Comments (main topic: smokeable marijuana restrictions, labeling and marketing to children and under 18)

See Attached Comments (main topic: smokeable marijuana restrictions, labeling and marketing to children and under 18)

Requiring a 50,000 proof of bond for all grower operations is immoral and goes against the spirit of the legally passed state question 788.

At worst, this is heavy handed way to keep it illegal commercially. At best, it is a poorly-made heavy-handed regulation that will keep all but large corporations and very wealthy from being able to enter the market.

Stick to the will of the people that overwhelmingly voted for state question 788 as it was written. Remember that another vote is coming in November.

Producers should not be required to have a \$50,000 surety bond.

SMOKING

Medical marijuana products should not be sold in smokable forms (dry leaf, whole flower, etc.). Oklahoma can't afford to go backwards and re-learn the same lessons. The state currently spends \$1.6 billion per year on smoking-related healthcare costs. All smoking, regardless of whether or not it is tobacco, marijuana or other products is hazardous and potentially cancer-causing.

There are options other than smokable products. Other states such as Arkansas, New York and Pennsylvania disallow smoking in favor of safer and more reliable methods of dosing for patients like pills, creams and oils. Medical products such as sub-lingual tinctures are fast-acting, but are not smoked.

We can protect children and non-smokers from secondhand smoke. Many Oklahoman's live in multi-housing environments, and may be at increased risk for exposure to drifting and offensive marijuana smoke.

Oklahoma should protect workers and the public in shared spaces. Smoke is still smoke. Over 100 toxins are released when cannabis is burned.

THC Limits Medical marijuana products should NOT have more than 13% THC.

Physicians and patients should be able to predict the dosage of THC. Regulations should only allow products that provide predictable dosing to prevent poisonings, impaired driving, and drug dependency.

Oklahoma should not allow high potency products. As THC levels increase, addiction and injury risk increases.

Limit Number of Dispensaries

The number of dispensaries should be limited to 50 and increase only when patients increase. An additional one dispensary per square mile in a zip code is associated with an increase in marijuana hospitalizations. Oklahoma should model other states that have recommended limits on the number of dispensaries to be cognizant of community need and size.

Protect Children

Medical marijuana products should NOT include edible or other products attractive to kids. Products that attract children and confuse adult patients should not be allowed. Marijuana infused baked goods like cookies and brownies, for example, pose a high poisoning risk for children and adults who may accidentally over consume. Edibles do not provide consistent dosing and have delayed effects, resulting in increased calls to poison control centers and emergency departments in other states.

Protect Oklahoman's

Medical marijuana products should NOT be dispensed by anyone other than licensed pharmacists. Oklahoma needs licensed pharmacists to oversee the dispensing process like other medications. Other states have adopted the same standards and protocols used for transmitting,

310:681-5-8 Composition of Medical Marijuana Industry Expert Board

(a) The Medical Marijuana Industry Expert Board shall be comprised of 12 Oklahoma residents appointed by the Commissioner of Health and shall serve at the pleasure of the Commissioner of Health.

Each member appointed must meet at least one of the following qualifications: ...

Should add categories

(13) license holder of Medical Marijuana Patient License

(14) license holder of Medical Marijuana Caregiver License.

As currently designed this Expert Board is designed to exclude what will be the two largest populations impacted by the Expert Board. My suggested edit will eliminate that deficiency.

Please see attached

Duplicate Comment added below

The requirement for a "Proof of bond in the amount of \$50,000.00 made payable to the Oklahoma State Department of Health" is too high and may prohibit small businesses from participating in the industry. Thus leaving only large corporations to control a market and the opportunity to exploit sick people.

Such requirements may also delay people who need medicine from obtaining it as soon as possible (e.g. Arkansas).

12% limit on concentrates and 20% THC limit on bud is ridiculous. Please remove these two restrictions.

1. Remove the restrictions regarding Sunday sales. This is ridiculous.
2. Concentrates need to be higher than 12%
3. THC needs to be higher than 20%

I am submitting this comment, due to the definition of a mature cannabis plant, under the emergency rules posted. The fact that there is a proposition to limit THC cap to 20% is certainly detrimental to the future of Oklahomas cannabis production. Even older strains, such as Blue Dreams, are testing much higher than 20 % and many newer strains are pushing past 30 %. This is going to limit the amount of quality cannabis we as Oklahomans are able to produce for our patients, please revise this statement.

As a citizen of the Great State of Oklahoma, I am concerned with several things regarding medical marijuana. The two I would like to comment on further are the limit of dispensaries and also smoking forms of marijuana.

I agree with limiting the number of dispensaries by zipcode to fit the size determined by the square foot of the communities.

I agree with not selling marijuana in smoke able forms due to health concerns and costs. Also, regarding the second hand smoke, it is our right to be protected from these harsh chemicals when we are out in public.

In reviewing Question788, I would like to see the THC levels raised by 9% to a MAX THC level of 29%.

The \$50,000 "proof of bond" requirement for growing operations is ridiculous and excessive. In California, you only need a \$5,000 proof of bond. In Colorado, it is \$0. This rule could only serve two purposes. 1) It effectively makes it almost impossible to start a business growing marijuana. No bank will issue a \$50,000 proof of bond on something that is illegal on the federal level. How can any enterprising person hope to start a business with this rule in place. 2) It makes it so that the only people that could possibly enter into the marijuana growing business are either large corporations or exceedingly independently wealthy people.

I thought Oklahoma was a state that was incredibly pro-business? This rule flies in the face of that.

I believe requiring a \$50,000 proof of bond is a ridiculous restriction. While there must be proof of one's ability to pay fees that might collect the bar of 50,000 is simply too much. That's nearly ten times the amount other states require and would ultimately ensure that the average citizen would not be able to participate easily. Voters approved the state question so it should be voter not just the rich and large corporations that have the ability to participate.

The surety bond amount is entirely too high for an agricultural operation. That needs to be commensurate with the size of the growth operation. The other states with medical marijuana are 80-90% cheaper than the 50k being proposed. We voted to legalize marijuana not for huge corporations to move in and push out small businesses.

The Oklahoma Osteopathic Association would like to request that a DO physician serve on the board of the newly created Oklahoma Medical Authority.

Growers should not have to purchase a bond. They don't in Colorado. Also, \$50k is too high for dispensaries. Colorado only requires a \$20k bond for dispensaries.

The proposed "proof of bond" of \$50,000 is extraordinarily high and prohibitive to legal growing operations. The fee in Colorado is \$0 and in California is \$5,000. Allowing this would be a heavy handed workaround that cripples a citizen voted and approved law.

-Sally Rauh

PROPOSED REVISIONS AND COMMENTS TO TITLE 310 CHAPTER 681

Subchapter 3. Transportation License

310:681-3-2 (b)(1)

Comment: This subsection requires that an individual transporting "Be employed by an establishment with a valid medical marijuana dispensary, grower or processor license . . ." This provision eliminates the independence of the transport company and requires in fact that the transport company employ an individual that is also engaged in one of the other aspects of the distribution of medical marijuana. The purpose of the transportation separation from growing and distribution is to provide a check on the products being transported among various businesses, and the transportation companies should not be owned by and/or beholden to those it is transporting for to supply it with an employee that holds the license required by this section. This provision is contrary to the intent of the separation of transport from other aspects of the process, and it creates a potential fraud issues as those that have incentive to underreport are required to be involved in the transportation process. This section should be removed and provisions put in place that allows or requires the transportation companies to remain independent of and separate from other aspects of the process from growing to distribution.

Smoking marijuana should be illegal; medical marijuana can be accessed in other forms. Studies have shown, time and again, that smoking causes horrible diseases, including lung cancer and COPD in innocent bystanders. Please make the smoking of marijuana illegal, especially in public places.

Medical marijuana products also should not include edible products, like gummi bears or lollipops, which are attractive to children. In addition, if edible products are going to be sold, they need to be done with multiple warnings and tamper-proof packaging.

Please limit the THC content to no more than 13% and limit dispensaries to absolutely no more than one per county. There already are a tremendous number of CBD shops open all over the city/state; we really do not need these to turn in to medical marijuana dispensaries. Research shows that, as availability increases, so does participation and addiction.

Licensed pharmacists should be the only ones who are allowed to dispense marijuana.

Regarding home growth, anything grown at home should be ONLY for the consumption of the grower. Marijuana grown for retail sales should not be allowed to be grown in residential areas. Additionally, anything grown in residential areas should have mandates around security. Growing plants should be required to be secured and locked at all times.

Finally, please prohibit all advertising regarding medical marijuana. Research shows that advertising works. We do not need to be advertising medical marijuana.

The \$50,000 is a proof of a million-dollar surety bond policy to ensure the grower will pay all fines even though fines are a few thousand each (those are probably excessive too). Good luck for anyone trying to get a bank to provide a \$1,000,000 surety bond on a federally prohibited operation (And you typically can't just write them a check for \$50,000 in lieu of a bond either). At worst, this is like a sneak-around way to keep it illegal commercially. At best, it is a poorly-made heavy-handed regulation that will keep all but large corporations and very wealthy from being able to enter the market.

This is unacceptable.

The surety bond requirement is excessive and will keep medical marijuana out of the hands of patients who need it.

The only people who don't have access to marijuana already are patients and law abiding citizens; elderly cancer patients and children with seizures. Let them have a chance at medical marijuana without the bond requirement on vendors.

As a school teacher, more than 2/3 of my high school students admit to already having access. These requirements do not keep it out of the hands of anyone EXCEPT law abiding citizens with medical issues who the law was designed to help.

Please remove the vendor bond requirement.

the regulations on comercial licence are too much. the growing of plants is best done outside in the sun not indoors under maxium security although i do understand and agree with some of it such as the fence so not to be seen but requiring to have a concrete floor, bio-metric locks and metal building is ridiclous a green house would be much more advantagoues to growing plants and i do not believe that these regulations will give small business owners a fair chance. To constuct everything you are requesting to recieve a growers licence is only available to those that have that kind of money already and believe most of these regulations are here to discourage people from what was voted on.

I believe the stated limits on THC content for plants and products should be raised or removed entierly. There was no mention of limited potency in SQ788.

I'm a concerned citizen and small business owner in Oklahoma City. My business specializes in cleaning, and many of my clients have expressed concern that marijuana smoke may irritate their children's asthma, and could have potentially damaging impacts on their development. This is especially a concern in Duplexes, Connected condos, town homes, and apartments that I clean. I understand the law has passed, but marijuana does not need to be smoked to be effective. I want to ensure the homes I clean do not have to endure smoke in their ventilation from their neighbors.

We should also limit the number of dispensaries. More outlets means more presence in the community, and creates a culture that normalizes the use of marijuana as opposed to it being viewed as medicine for an ailment. It'd be different if walgreens and CVS were carrying marijuana and selling it, having no limit on shops that focus solely on marijuana doesn't seem to promote wellness.

see attached comments (main topic: compliance with municipal and local fire and safety codes, how to align with city ordinances and zoning)

see markup comments attached

July 3, 2018

Tom Bates
Interim Commissioner of Health
Oklahoma State Department of Health
1000 NE 10th
Oklahoma City, OK 73117

Dear Commissioner Bates:

The St. John Health System supports the comments submitted by the Oklahoma Hospital Association regarding the proposed rulemaking OAC 310: 681 dated June 26, 2018 regarding implementation of SQ 788 Medical Marijuana.

Our overall thoughts on the proposed rules are the following:

- Medical marijuana products should not be sold in smokable forms (dry leaf, whole flower, etc.). Oklahoma cannot afford to go backwards and re-learn the same lessons. The state currently spends \$1.6 billion per year on smoking-related healthcare costs. All smoking, regardless of whether or not it is tobacco, marijuana or other products is hazardous and potentially cancer-causing.
- Medical marijuana products should not have more than a 12% THC level. We support the OSDH drafted rules at the 12% THC level. Regulations should only allow products that provide predictable dosing to prevent poisonings, impaired driving, and drug dependency.
- The number of dispensaries should be limited to 50 and increased only when patients increase. The OHA has suggested 3 dispensaries per zip code which we support. An additional one dispensary per square mile in a zip code is associated with an increase in marijuana hospitalizations. Oklahoma should model other states that have recommended limits on the number of dispensaries to be cognizant of community need and size.
- Medical marijuana products should not include edible or other products attractive to kids. Products that attract children should not be allowed, i.e. Marijuana infused baked goods like cookies and brownies pose a high poisoning risk for children. This includes protecting youth from appealing advertisements or false messages about marijuana. Oklahoma should consider commonsense parameters for aggressive and misleading marijuana marketing.

Why are you re-inventing the wheel?
Take Colorado's guidelines and do a search and replace for the word Colorado and replace with with Oklahoma.
Your bureaucratic inefficiencies continue to drown the state with uselessness.
See attached letter (main topic: lab testing, laboratory standards and certification, business regulations)
My hope is that those involved will pursue laws that will help those individuals who experience pain through chronic illness, emergency, or past injuries. Medicinal marijuana has the potential to be extremely beneficial for a state whose citizens have been ravaged by an opioid epidemic. Please consider allowing those who can benefit from it to use it, at a cost available to them. Thank you.
Comments attached via PDF
See attached comments (main topic: smokeable restrictions, limits on sales to children)
310:681-5-3. Applications (d) Application on Behalf of an Entity. (6) An attestation that the commercial entity will not be located on tribal lands;
This feels unclear to me. Does this mean most counties in Oklahoma will be banned from having commercial operations as they are tribal lands?
Make it readily accessible for any ailment deemed reasonable by a physician of the patients choice and capture millions and millions of dollars of tax revenue. Please don't think too hard about this. It's already rampant throughout society and you will not be able to keep the public from finding and using it. Please do what's best for our state.
See Attached Comments (main subject: business regulation on taxes, co-location of dispensaries and other business)

Please seriously consider these concerns and reign these problems in within your laws. Please keep this out of the "smoking/vaping industry" allowed in any and all public areas. Please protect the DOT workers and other Federal employees from incidental inhalation. Thank you for your time and effort to help protect all residents of Oklahoma.

Some concerns about medical marijuana implementation:

Smoking or vaping are certain to produce 2nd hand smoke (vapors). I can smell these while sitting at a red light if someone is doing this in their vehicle. I should not have to be exposed to medical marijuana against my will. I don't believe that children or adults should be subject to breathing this medical pollution in their air. What about people who might be allergic to medications? I am one of those who is allergic to a number of medications and I shouldn't be forced to breathe it. Maybe my lips will swell to 10 times their usual size or my body will be covered in a horrible rash. Maybe my lungs will close up or my throat will swell shut. Why should I have to be exposed to their fumes and risk my wellbeing?

Also, my spouse is currently employed by a company who still will not allow any of its employees to use medical marijuana. They operate dangerous pipelines under the DOT and must continue to follow Federal laws prohibiting marijuana. If he is exposed to medical marijuana through others using it around him under the assumption that they are licensed he may fail his drug testing at work (the company has already claimed they will be increasing the frequency of their drug testing) and lose his ability to perform his job safely and effectively. This will likely cause the employees to lose their good paying jobs immediately. My husband can not smell anything, so would be unable to detect any exposure, as are other people. We can not afford for him to have his career disrupted/destroyed by someone else's use of medical or illegal marijuana. (IE vaping in public)

Also, I am hearing people talking about taking medical marijuana instead of Tylenol for things like back pain. This is ridiculous! Even people in the medical community that are happy to legally get on this marijuana! I do NOT want them as my health care providers! I feel that drug testing among medical professionals needs to be stepped up because I know through the grapevine that it is a problem. I don't want myself or any of my family members to be subjected to medical care professionals that are under the influence.

Medical marijuana likely got voted in because naive people in Oklahoma thought they could get their party on legally if it passed. It truly should only be provided to the most severe, extreme cases that have exhausted all other options.

Medical marijuana should be treated like the most dangerous FDA regulated products. Doctors who are willing to prescribe it should be strongly analyzed for their cases and prescribing practices and anyone caught abusing it should be punished as an example to prevent others from

The THC must be at least 70 to benefit those with cancer, Parkinson's, epilepsy, and many other conditions.

Medical marijuana products should not be sold in smokable forms (dry leaf, whole flower, etc.).

Oklahoma can't afford to go backwards and re-learn the same lessons. The state currently spends \$1.6 billion per year on smoking-related healthcare costs. All smoking, regardless of whether or not it is tobacco, marijuana or other products is hazardous and potentially cancer-causing. Medical marijuana products should NOT have more than 13% THC.

Physicians and patients should be able to predict the dosage of THC. Regulations should only allow products that provide predictable dosing to prevent poisonings, impaired driving, and drug dependency.

Oklahoma should not allow high potency products. As THC levels increase, addiction and injury risk increases. The number of dispensaries should be limited to 50 and increase only when patients increase.

An additional one dispensary per square mile in a zip code is associated with an increase in marijuana hospitalizations. Oklahoma should model other states that have recommended limits on the number of dispensaries to be cognizant of community need and size.

Protect Children

Medical marijuana products should NOT include edible or other products attractive to kids. Products that attract children and confuse adult patients should not be allowed. Marijuana infused baked goods like cookies and brownies, for example, pose a high poisoning risk for children and adults who may accidentally over consume. Edibles do not provide consistent dosing and have delayed effects, resulting in increased calls to poison control centers and emergency departments in other states.

Protect Oklahomans

Medical marijuana products should NOT be dispensed by anyone other than licensed pharmacists.

Oklahoma needs licensed pharmacists to oversee the dispensing process like other medications. Other states have adopted the same standards and protocols used for transmitting, filling, and documenting prescription medicines. Home Grow Regulation

- Require a patient cultivation license.

Medical marijuana has provided an enormous economic boost for every state that has legalized it. Some states are investing the budget surplus created by the legalization of medical marijuana into schools and education, while others are using the money to fund defensive driving courses for the public.

Oklahoma is in desperate need of the money medical marijuana can bring in. Yet some people are still trying to prevent or complicate the implementation of SQ 788 by suggesting rules for its implementation which would make it unnecessarily difficult for growers and suppliers to establish their businesses, or would severely restrict citizens' access to medical marijuana.

I say again, the state of Oklahoma is in desperate need of the money medical marijuana can, and will, provide. Our roads, schools, and prisons provide ample evidence of this. In order to maximize the economic explosion created by medical marijuana, I suggest that Oklahoma follow the path laid out by states like Colorado, Washington, and California, and make medical marijuana available to as many people as possible.

In no state which has legalized medical (or even recreational) marijuana has "all hell broken loose," or "the fabric of society started to crumble." In fact, states which have legalized medical marijuana have seen lower rates of teen usage, fewer deaths from opioid overdoses, and a decrease in the trafficking of illegal drugs. (Not to mention budget surpluses!)

It seems to me that many of the people attempting to prevent or complicate the implementation of SQ 788 are being motivated by old propaganda films such as, "Reefer Madness," and have not kept up with the science surrounding medical marijuana. It is now well established that medical marijuana has a wide variety of uses, and is an effective treatment for a large, and growing, number of conditions. Oklahoma desperately needs the money medical marijuana will provide, and so, when implementing SQ 788, we should be as open, unrestrictive, and accommodating as possible.

Allow physicians, especially pain specialists the ability to prescribe narcotics and opioids to patients who test positive for THC.
Medical marijuana products should NOT be dispensed by anyone other than licensed pharmacists. Oklahoma needs licensed pharmacists to oversee the dispensing process like other medications. Other states have adopted the same standards and protocols used for transmitting, filling, and documenting prescription medicines.
Vicente Sederberg LLC respectfully submits the attached recommendations as public comment. Vicente Sederberg LLC is a national marijuana law firm with offices across the country. Our team of dedicated attorneys, policy analysts, and licensing specialists have been advising governments, patients, and the industry on marijuana regulations for over a decade. This gives Vicente Sederberg a unique perspective when analyzing rules governing medical marijuana programs. After reviewing the proposed Emergency Rules, it is clear Commissioner Bates and our law firm share the same goals. Together, we want to develop a regulated medical marijuana program that prioritizes patients' health and safety while meeting the statutory guidelines of SQ788. If you have any questions or would like to discuss these recommendations further, please do not hesitate to contact our offices by email: Dwight.Clark@VicenteSederberg.com or phone: 303-860-4501. Thank you for your service to the people and patients of Oklahoma. Sincerely, Dwight Clark Policy Analyst and Oklahoma Native Vicente Sederberg
I have a couple of questions. in Alarm requirements 310:681-6-4f It's stated that the alarm system should alert the local law enforcement should the system fail. should this read as alerting the central protection company or the local law enforcement? Labeling 310:681-7-1b item 10. the universal symbol is what? A UPC code? A symbol created for medical marijuana? what exactly is it? Labeling 310:681-7-1b item 3 and item 9 are unique identification number and associated test batch number the same thing? <u>Will regional/ local labs be listed on website? Will laboratories and commercial operations be assigned to each other?</u> A topic that wasn't addressed in the Emergency Rules Draft, is if someone wants to do just do "Concentrate" processing for dispensaries, home growers and processing facilities that are overworked. This could easily be achieved by having a secondary processing license, just for concentrates extraction. It will be illogical to think that home growers will be able to afford the cost of having a bigger "Primary" processing facility process the little amounts of cannabis from home growers for an affordable price, considering each product will have to be tested for purity and contaminants. Having a "Secondary Processing License" would be beneficial in many ways. First, it would allow more small-time cannabis processing companies to emerge. This would directly increase the income tax revenue, licensing fee intake and the number of independent companies paying federal and state taxes as well. Secondly, this would allow some of the best hashish and concentrate artists to process a more pure and streamlined product to companies and home growers, while minimizing the need to buy product out of pocket, process it, and then have it tested. Testing would be left up to companies and home growers should have testing costs already in pricing from the "secondary processing facility", so that they may choose the purest and most cost-effective concentrate producers within the state. Concentrate extraction is not only time consuming, but also can take up significant room, depending on the process used for extraction. Third, it would allow companies to come up with their own brands and even mix already lab tested concentrates, to achieve a different affect on the body. When marijuana is finally legalized on the federal level and becomes recreational or medical on a national scale, we may have the Bud Light of cannabis concentrates right here in Oklahoma, increasing b2b sales nationally and taking in more state taxes. Lastly, it would ensure that there is enough cannabis concentrates for patients. The worst thing we can do is to NOT have enough product available to sick patients and have a shortage. This could easily be achieved by having a "Secondary Processing License" just for "Hashish and Concentrate Extraction", and would allow companies with this license to possess, transport and receive raw cannabis from companies and home growers for the express purpose of extracting the essential compounds for concentrates. Thank you for taking the time to review my suggestions and I hope there will be a change in the processing of cannabis concentrates for the sake of Oklahoma patients.
Why are yall not allowing felons to get cannabis cards?.that is ridiculous and cruel!!

- 1) Dispensary hours should be limited to 10am to 8 pm and closed on Sundays and holidays.
- 2) All advertisements should be required to follow the same rules as pharmaceuticals do. e.g. list all side effects.
- 3) All dispensaries should be located 1000 ft from any school or church.
- 4) No one under the age of 21 should be allowed in dispensary. (if anyone under 21 requires medical cannabis they need to get a prescription.
- 5) Must not be sold in non-smokeable forms only.

By definition, "Medical" means doctor prescription and distributed by a pharmacist at a pharmacy. Please.

See attached comments

Please see attached PDF and Word document which is redline edit of OAC 310:681

RE: the separation distances from schools (618-5-3e.6.).

Is "public or private school" meant to include colleges and/or universities?

Comment Addition:

RE: the separation distances from schools (618-5-3e.6.).

Clarify the "primary entrance" for campuses. e.g. many high schools have multiple buildings, stadiums, etc. - should we use the primary entrance of each of these buildings?

Same question for off-campus facilities such as practice fields or stadiums or performing arts centers - are they considered part of the school?

I have attached suggestions as well as indications of how I have developed software that costs the state nothing.

"Mature Plant" means harvestable female marijuana plant that is flowering; plant material shall have a tetrahydrocannabinol content of not more than twenty percent (20%).

This limits the content of a Mature Plant to an arbitrary limit. There is currently no reason to limit the content of the plant in this way other than to place a limit for the sake of placing a limit. If this limit has a valid medical reason for its implementation it would be nice if it could be made public.

This line of reasoning is also applicable to the amount of THC allowed in edibles.

310:681-5-14. Hours of Operation

This section does not allow a dispensary to open on Sunday. If we are to treat this as a medical substance that requires a prescription, then we should treat these facilities as medical dispensaries as opposed to alcohol dispensaries. Pharmacies are allowed to be open on Sundays for the purpose of people acquiring their medication on Sunday. As we are treating THC as medication, prohibiting a patient from acquiring their medication on Sunday is denying someone a medication for no real reason other than we are treating this medication different than any other type.

310:681-5-15. Prohibited Acts

(c) No dispensary shall allow for or provide the delivery of medical marijuana or medical marijuana products to patient license holders or caregiver's license holders.

This section has no real reason to be here and seems to be an additional arbitrary limitation. Other states have effectively allowed the delivery of THC products, include delivery in their regulations demonstrating that this is entirely feasible. As long as all sale procedures are followed why is this problem? A recorded sale between a licences seller to a licensed patient is being ruled out for no other reason than we do not want delivery? The regulations for transportation of said materials is extremely strict already. The sale of the material is also strict. How does transporting it to a patients home change the chain of control? How does it make a difference how a patient receives their materials? If a video recording in necessary for the sale then we should add that to the requirements rather than completely removing an option.

Oklahoma Farm Bureau comments attached. Thank you.

\$50,000 bond for grow operations is excessive, non-competitive with bonds in other states with similar laws, and would prevent local businesses from being able to start. This would cause the state medical cannabis industry to be at the mercy of local shell companies owned by large corporations using loopholes to get around the 25% ownership requirement.

Furthermore, the THC limit is useless and unenforceable as what research has successfully been completed shows that it works synergistically with CBD and CBN in the same plant to provide relief for patients. Quality control would be better served with regulations stipulating proper care and harvest of the plant to ensure few or no detrimental effects to patients.

If we're going to be the state of small government, then show it by letting the market regulate itself and ensure that small businesses can successfully compete.

See Attached Letter: INTEGRIS CEO Letter (main topic: additional physician recommendation specifications)

See attached Comments (Main topic: smokeable restrictions, limits on sales to children)

Where can seeds be purchased and by what date?

Thank you.

The issue with dispensaries not being able to claim business expenses needs to be addressed. We also should allow dispensaries to sell non medical marijuana products i.e. vapes, pipes, papers, t-shirts and all other products we could use to ensure a profitable business.

The state question is very vague and rules need to include no public use, giving colleges, schools, and universities, and businesses the ability to make rules without fear of being sued. Also, the state question has no qualifiers so there are limitations on those that can be prescribed based on severe need. Strains or levels of THC should also be addressed. The type of doctor that is able to prescribe needs to be better defined.

<https://www.youtube.com/watch?v=AgukEtoQ1z0> Greetings fellow Oklahomans! Now that measure 788 has passed, everyone is jumping for joy, thinking we have now arrived to the point where we have hope! But not so fast... follow the link in this writing and you will soon discover where the problem is with this wonderful God-given healing plant, it is in the depths of ignorance and the greed of men! Now, although ignorance is not a sin, it sure could kill someone if they stay in that state and it is certainly NOT where our Creator would want His people to dwell! He has given us everything that pertains to life and godliness on the planet, especially His wonderful healing plants for all humanity to live a full, healthy, happy and vibrant life! Listen up folks, any time you take a live, raw, natural substance that grows in the ground, like squash and okra plants, as well as the cannabis vegetable, and you subject it to heat, or process it, like mixing it with chemicals in a brew mixture, it destroys its efficacy, distorts the healing compounds and degrades it to the point of being something that will hurt you, not regenerate or restore cell integrity! You would think this would be common sense understanding but unfortunately for the masses, it is not self-evident yet. I am sure, in the near future, the public outcry will be so loud and the need will be so great because illness will run rampant as it is now across America. People will demand change to simply survive. This is not Rocket Science, it's just plain ole common sense! To thrive in a society and culture like ours requires wisdom, knowledge, understanding, lots of information, persistence, and determination to learn, educate, and fulfill the basic needs and desires for a more normal way of living this life in our world today. There needs to be a provision, maybe an amendment with the legislatures leading the charge, money is one thing but sooner or later everyone will come to this ultimate conclusion: What good is all the money in the world in your storehouses if you're sick, crippled, lame, blind, and on your deathbed? This should be the ultimate outcry of every single human in America today: Give me liberty and freedom because without that we are already dead, just waiting for our last breath! We need to wake up ladies and gentlemen! For many across Oklahoma, they are now in the throes of death and I'm sure they need God and others to help them! How can we be so foolish and uncaring to turn a deaf ear and blind eye to the great suffering and needs of every Oklahoman? This plant's great healing compounds (when consumed raw and unadulterated) must become household names! The stigma associated with this plant for years of ignorance must be eliminated, to achieve this requires massive education that I think will only come about through pressure when they have nothing else to turn to but God and His wonderful healing plants! As the brilliant doctor so eloquently states in the video, "It is an essential dietary substance that should be consumed raw daily!" This is my 8 cents worth. I hope someone cares enough to do something about it because caring is sharing, it has to start with us and the time to educate is NOW! Blessings! JJ

Legally licensed commercial medical cannabis growers could have 0 waste. Grow and harvest lower small flowers are sent to be made into concentrate the top Colas are sent to dispensary. There is a market for cannabis root. The leaves and small stems can be juiced it will contain a small amount of THC but it will not be active (No decarboxylate) then finally the main stem and plant material remaining after juicing is all mulched and added to the compost pile. That is 0 waste so please give this some consideration.

Are growers going to be able to process and transport under the same license?

What are the regulations for importing seeds?

Page 3

The listed definition of "marijuana" technically also includes industrial hemp because they are both of the plant species cannabis. There needs to be a clear delineation in this definition between the two.

Why is there a listed definition for a "mature plant" of having a THC content of $\leq 20\%$? The maximum that can be grown is around 23-27%.

There should be no need to regulate the THC content in the plant material.

Page 4

The listed definition of "Medical Marijuana Products" is 12% THC. Medical Marijuana Products, such as vape oils, etc... are concentrates of the plant material and range from 60-90% THC. Just coming from a concentrate almost necessitates a higher allowable percentage than plant material. Being able to have a more concentrated form allows a patient to have more flexibility in the way they administer their medication in a discreet way.

Page 16

310: 681-3-1(b)

- i. Add "approved laboratory" to the list of facilities.

310: 681-3-2(b)(1)

- i. Add "approved laboratory" to the list of facilities.

This needs to be added in other spaces throughout the document as well.

Page 30

It states that a product should be recalled if it has failed testing. I'm assuming this is in place in case of improper laboratory testing. A product should not be available for retail if it has not already passed the laboratory testing regulations.

Page 31

310: 681-5-15

- i. Need to add a provision for entry by "other authorized personnel" such as laboratory personnel on-site for sampling purposes.

Page 37

310: 681-7-2

- i. Are all types of gummies prohibited or only specific shapes? The statement is vague. Gummies are a viable administration method for medical patients and should not be prohibited as long as packaging/shapes are not attractive and/or easy to access by minors.

- ii. What about pre-rolls? Are these included in the cigarette statements?

Page 41

Microbiological testing

Rules-"Nothing in the Rules shall be interpreted to prohibit the State of Oklahoma from entering into a "Compact" with any Federally recognized Native American Tribe having federally recognized rights to land in Indian Country within the boundaries of the State of Oklahoma to establish and operate commercial establishments under rules to be agreed upon under the terms of each tribe's compact.

Oklahoma regulations regarding residency requirements for commercial licenses is detrimental to the future growth of Oklahoma medical marijuana market and possibly a violation of Constitution's commerce clause. Oklahoma should remove residency requirements for commercial licenses.

Ownership Interests J. All members of a federally recognized tribe duly recognized by the Federal government as a legal sovereign governmental entity.

Proper Identification. 3. A tribal identification card (Certificate of Degree of Indian Blood) issued to duly enrolled tribal member of a Federally recognized tribe within the State of Oklahoma.

\$50,0000 is an unreasonable fee for start up growers. Your allowing already established big corporations from OUTSIDE Oklahoma to come in and corner the market since our they can afford that much. Sending a portion of the profits out of state. Please model the grower fee off CA or CO and keep our money in OK.

SMOKING

If medical marijuana products are kept smokeable, centers should be established for those who need to partake the drug, similar to how those who need dialysis go to a center to receive treatment.

THC Limits

Medical marijuana products should NOT have more than 13% THC.

Physicians and patients should be able to predict the dosage of THC. Regulations should only allow products that provide predictable dosing to prevent poisonings, impaired driving, and drug dependency.

Oklahoma should not allow high potency products. As THC levels increase, addiction and injury risk increases.

Protect Children

Medical marijuana products should NOT include edible or other products attractive to kids.

Products that attract children and confuse adult patients should not be allowed. Marijuana infused baked goods like cookies and brownies, for example, pose a high poisoning risk for children and adults who may accidentally over consume. Edibles do not provide consistent dosing and have delayed effects, resulting in increased calls to poison control centers and emergency departments in other states.

Protect Oklahomans

Medical marijuana products should NOT be dispensed by anyone other than licensed pharmacists.

Oklahoma needs licensed pharmacists to oversee the dispensing process like other medications. Other states have adopted the same standards and protocols used for transmitting, filling, and documenting prescription medicines.

Advertising Regulation

Promotion of marijuana increases consumption. Youth are particularly vulnerable to the effects of advertising. Other states protect children from excessive, youth appealing, or false messages about marijuana. Oklahoma should consider the same commonsense parameters for aggressive and misleading marijuana marketing.

Do not limit the percentage of THC in the products. If we want to eliminate the black market we need to keep the tax rate cheap and not to mess with potency.

Good evening.

First, thank you all for the hard work you all have put into this. You have given me back faith in some parts of our government (i.e. your department) and I know thousands and thousands of others feel the same way.

Reviewing the proposed regulations, I have concerns about the proposed definition for "Mature Plant" and "Medical Marijuana Product".

Limiting the amount of THC in a plant or product derived from a plant could put unnecessary strain on growers. If these problems drive the cost up for the grower, that increased cost will fall back on the consumer and make it more expensive for them.

It also limits the study of the plant leaving us in the dark about what it's fully capable of.

Not to mention the word "mature" means fully grown. Stunting the growth of some plants at a required 20% THC is not "mature" for some strains of cannabis. There will be plenty of plants that aren't grown for strictly high THC, but some consumers will need access to higher THC content.

I've also heard rumors of the potential limiting of dry, smokeable flower though I don't see them in the proposed draft. We would prefer to keep it this way.

Again, thank you for working so quickly to get things together.

It's truly appreciated.

Dustin Belvin

Two comments:

1) Your definition of Mature Plant as not containing more than 20% is arbitrary and unclear. It seems as if you are limiting Marijuana to no more than a maximum of 20% THC, which is counterproductive. If that is the intent, I urge you to reconsider. If it is not, please clarify.

2) Under heading 310:681-5-3, section e, sub-section 9, you require a \$50,000 proof of bond for growers. This is unreasonable as current banking regulations make it nearly impossible. California requires \$5,000 and Colorado requires nothing. This seems unreasonable and fairly arbitrary. Please reduce.

The \$50,000 bond policy will make no regular civilians to enter the commercial market. That was not apart of the bill we voted in. I feel like our officials aren't properly conveying the wants of the people.

I support the strongest restrictions possible on this product, including banning any edible marijuana products, limiting the THC content to no more than 13%, prohibiting forms of the product that can be smoked (dry leaf, whole flower), not allowing home processing/extraction, limiting the number of dispensaries to no more than 50 and only allowing licensed pharmacists to dispense the product.

Smaller Surety Bond amounts (max 15k)

Unlimited licenses

Unlimited plants

No THC and/or CBD limits on any product, plant, and/or oil, et cetera.

No limits on concentrates, oils, etc. THC and/or CBD limits

I think that we should protect children from alluring ads and dispensaries employing untrained people. I believe that pharmacists should be involved in process. I also think that the number of dispensaries must be controlled. Thank you for your hard work. I realize that this is a huge and thankless job.

We voted this in to help people. Don't limit its abilities!

The rules in which I feel need to be addressed for Oklahoma are the maximum THC levels proposed for both mature plants and Concentrates.

Specifically mature plants shall not exceed 20% THC

Concentrates shall not exceed 12% THC

In addition to limiting the access to card holders, this will put a stunt on research and potentially put an unnecessary hurdle in front of growers.

These standards are completely unacceptable and need much work.

Thank you for your time.

These aren't the things they need to focus on. They need to focus on growing procedures. Medicinal should be grown organically and then they should have Packages depending on how big of grower you want to be are give you the opportunity to start out as a small business and grow from there.

The thc content in concentrates should be at least 70-80%. Please take this into consideration.

The people of Oklahoma voted on this issue and have voiced our opinions. There is no reason to make it harder on the people. There is no need to put the regulations on the cannabis plants. It is unnecessary to halt progress.

The proposal that will only allow concentrate at 12% thc and plants at 20% thc levels should not go into effect. Growers should not be limited to what % thc they are able to develop when growing medicinal marijuana this will stunt the research and development of the idea of medicinal marijuana as a whole. Plus at those levels people who use the drug for pain management will suffer. Someone very close to me has stage 4 terminal colon cancer. She was taking 8-10 hydrocodone tablets a day plus morphine at night. She was able to stop taking all but 2 hydrocodone tablets a day with the use of medicinal marijuana. It's time for this drug to be considered a medicine just like any other over the counter drug. Do not tamper with the process. I beg of you. Our state and our people deserve this.

The \$50,000 bond is insane and guarantees only big corporations will be able to operate. You forget Oklahoma has a lot of small farmers that would do great with this if you make the bond smaller. Colorado has a \$0 bond and California's is only \$5,000. Please do not put this rule in place. You would be hurting the state by doing so.

I feel like this draft is overly restrictive. I haven't had a chance to read it all, and because of the shady business of bringing this up on the eve of a holiday and me only finding out it even existed 15 minutes before the deadline, I (and many other concerned voters) will not have a chance to read the full text before it goes into effect.

But the short and sweet of it is, these percentage restrictions are far too low. Other states have concentrates upwards of 55%. True medical research needs to have access to the higher concentrates.

What happens if these guidelines pass? Will we the voters who approved 788 to begin with be able to see these temporary guidelines erased in favor of better ones? Or is this our state government overruling the people yet again?

Please see attached PDF.

THC levels are too low for many patients. Need to revisit other states and make an adjustment.

If this is being implemented as medical prescription, why would I not be able to obtain medical mj on sundays? All my other prescriptions are avialbe on sundays! Why is their a limit on the content to the order of 7%? In my experience this does nothing to help medical conditions especially for pain management.

Stop trying to bully out the little guys in this market. Regular individuals won't be able to afford 1 million in insurance. This just shows that you're trying to only allow big corporations to come into Oklahoma to make money. You need to make this fair and balanced. The people voted for this. Not giant corporations from other states.