Senate Public Health & Welfare Committee
Senator Hob Bryan, Chairman

State Capitol, Room 216

June 3, 2021
1:30pm

Hearing - Medical Marijuana

Ken Newburger, Mississippi Medical Marijuana Association

Dr. Thomas Dobbs, State Health Officer
(power point presentation and two handouts)

Shari Veazey, Executive Director - Mississippi Municipal League

Dr. Larry Walker, Director Emeritus of the National Center for Natural Products Research – University of Mississippi
(power point presentation)

Jim Perry, Board Member – Mississippi Department of Health

Ballot Initiative #65

Section 1.

The purpose of this article is to ensure the availability of and safe access to medical marijuana for qualified persons with debilitating medical conditions.

Section 2.

(1) Except as otherwise provided for in this article, a qualified patient or caregiver shall not be subject to criminal or civil sanctions for the use of medical marijuana, obtained from a medical marijuana treatment center, for a debilitating medical condition.

(2) Except as otherwise provided for in this article, a physician shall not be subject to criminal or civil sanctions solely for issuing a physician certification to a person diagnosed with a debilitating medical condition.

(3) Except as otherwise provided for in this article, a medical marijuana treatment center and its officers, owners, operators, employees, contractors, and agents shall not be subject to criminal or civil sanctions for processing medical marijuana in compliance with regulations prescribed by the department.

Section 3.

(1) Except as otherwise provided for in this article, nothing in this article shall:

(a) Affect or repeal laws relating to the use of marijuana that is not intended for use for a debilitating medical condition.

(b) Authorize the use of medical marijuana for anyone other than a qualified patient, and, where authorized by this chapter, for caregivers and officers, owners, operators, employees, contractors, and agents of treatment centers.

(c) Permit a person to operate any motor vehicle, aircraft, train, or boat while consuming or impaired by medical marijuana.

(d) Require accommodation for the use of medical marijuana or require any onsite use of medical marijuana in any public or private correctional institution, detention facility, or place of education, or employment.

(e) Require any health insurance provider or any government agency or authority to reimburse any person for expenses related to the use of medical marijuana.

(f) Override any public laws, ordinances, regulations, or rules or any private rules, regulations, or provisions related to smoking in or on public or private places.

(g) Affect any existing drug testing laws, regulations, or rules.

(2) It is unlawful for any person to smoke medical marijuana in a public place. Any person who violates this subsection may, upon conviction, be punished by a fine of not more than One Hundred Dollars ($100.00).

Section 4.

For purposes of this article, the following terms shall have the following meanings:

(1) "Caregiver" shall mean a person who is at least twenty one (21) years of age, who complies with the regulations prescribed by the department, and who assists with a qualified patient's use of medical marijuana. The department may limit the number of qualified patients a caregiver may assist at any one time. A qualified patient may have more than one caregiver. A caregiver is prohibited from consuming medical marijuana provided for use by a qualified patient.

(2) "Criminal or civil sanctions" shall mean arrest; incarceration; prosecution; penalty; fine; sanction; the denial of any right, privilege, license, certification; and/or to be subject to disciplinary action by a licensing board or commission; and/or to be subject to seizure and/or forfeiture of assets pursuant to any Mississippi law, local ordinance, or board, commission, or agency regulation or rule.

(3) "Debilitating medical condition" shall mean cancer, epilepsy or other seizures, Parkinson's disease, Huntington's disease, muscular dystrophy, multiple sclerosis, cachexia, post-traumatic stress disorder, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, chronic or debilitating pain, amyotrophic lateral sclerosis, glaucoma, agitation of dementias, Crohn's disease, ulcerative colitis, sickle-cell anemia, autism with aggressive or self-injurious behaviors, pain refractory to appropriate opioid management, spinal cord disease or severe injury, intractable nausea, severe muscle spasticity, or another medical condition of the same kind or class to those herein enumerated and for which a physician believes the benefits of using medical marijuana would reasonably outweigh potential health risks.

(4) "Department" shall mean the Mississippi State Department of Health or its successor agency.

(5) "Medical marijuana" shall have the meanings given as of July 1, 2018 in Section 41-29-105(r) and/or Section 41-29-105(o), of the Mississippi Code of 1972, and which is used to treat the symptoms and/or effects of a debilitating medical condition as provided for in this article.

(6) "Medical marijuana identification card" shall mean a document, prescribed by and issued by the department, which identifies a person as a qualified patient or caregiver or officer, owner, operator, employee, contractor, or agent of a medical marijuana treatment center.

(7) "Medical marijuana treatment center" shall mean an entity that is registered with and licensed and regulated by the department and that processes medical marijuana, related supplies, and/or educational materials. A treatment center may engage in one or more of the activities involved in the processing of medical marijuana.

(8) "Physician" shall mean a person with a valid Doctor of Medicine or Doctor of Osteopathic Medicine degree and who holds an unrestricted license to practice medicine in the state of Mississippi by the Mississippi Board of Medical Licensure, or its successor agency.

(9) "Physician certification" shall mean a form approved by the department, signed and dated by a physician, certifying that a person suffers from a debilitating medical condition for which the use of medical marijuana may mitigate the symptoms and/or effects. The certification shall remain current for twelve months, unless the physician specifies a shorter period of time, and shall be issued only after an in-person examination of the patient in Mississippi. A certification

shall only be issued on behalf of a minor when the minor's parent or guardian is present and provides signed consent. Nothing herein shall require a physician to issue a certification.

(10) "Process" shall mean to acquire, administer, compound, convert, cultivate, deliver, develop, disburse, dispense, distribute, grow, harvest, manufacture, package, possess, prepare, process, produce, propagate, research, sell, test, transport, or transfer medical marijuana or any related products such as foods, tinctures, aerosols, oils, or ointments.

(11) "Qualified patient" shall mean a person who has been diagnosed with a debilitating medical condition and who has been issued a physician certification.

(12) "Use" shall mean the acquisition, possession, preparation, use or use with an accessory, delivery, transfer, or administration of medical marijuana by a qualified patient or caregiver. For purposes of this chapter, "accessory" shall have the meaning given in Section 41-29-105(v) of the Mississippi Code of 1972, as of July 1, 2018.

Section 5.

(1) The department shall implement, administer, and enforce the provisions of this article and shall issue reasonable rules and regulations, pursuant to the Mississippi Administrative Procedures Act, in the discharge of its responsibilities.

(2) The department shall prescribe reasonable rules and regulations pursuant to this section that shall include, but not be limited to, tracking and labelling of medical marijuana; qualifications for and safe and secure processing of medical marijuana by medical marijuana treatment centers; restrictions on advertising and marketing; issuance of medical marijuana identification cards; standards for testing facilities; use of medical marijuana in nursing homes, hospices, and assisted living facilities; reciprocal agreements with other states for patients registered in medical marijuana programs; qualifications of and limitations on caregivers and officers, owners, operators, employees, contractors, and agents of treatment centers; implementation and operation of a statewide data base system to support the utilization of identification cards; and penalties for violations of this article.

(3) The rules and regulations may include a reasonable fee of up to Fifty Dollars ($50.00) for issuing an identification card and reasonable fees for licensing treatment centers, which shall be fixed by and paid to the department, pursuant to Section 6.

(4) The rules and regulations shall not limit the number of licensed medical marijuana treatment centers nor set the price of medical marijuana.

(5) The rules and regulations shall require the department to issue an identification card or a license for a treatment center within a reasonable time following an application for a card or license.

(6) The department shall issue a qualified patient a medical marijuana identification card upon presentation of a physician certification. Such card shall be renewed, as applicable, upon presentation of a new physician certification, but in no case shall a card have an expiration term longer than twelve (12) months. A qualified patient is authorized to receive medical marijuana from a treatment center upon presentation of his or her identification card.

(7) The department and medical marijuana treatment centers shall protect the confidentiality of all qualified patients. All records containing the identity of qualified patients, caregivers, and physicians shall be confidential and exempt from disclosure under the Mississippi Public Records Act or any related statute, regulation, or rule pertaining to the public disclosure of records.

(8) The department may establish an advisory committee to assist the department in the promulgation of rules and regulations and the regulation and enforcement of the provisions of this article.

(9) The department shall adopt final rules and regulations pursuant to this article no later than July 1, 2021. The department shall begin issuing identification cards and treatment center licenses no later than August 15, 2021.

(10) To ensure timely implementation of this chapter for qualified patients, and only for activities associated with implementation and operation, the department is exempt from the Mississippi Department of Information Technology Services laws, rules, and regulations for any information technology procurements made up to Two Hundred Fifty Thousand Dollars ($250,000) for two years from the effective date of this chapter. This exemption shall not apply to any reporting requirements.

(11) The department is authorized to adopt and levy administrative fines to enforce the provisions of this article. Payment of any fines shall be deposited in the special fund created by Section 6 of this article.

(12) The department is authorized to adopt and levy the following sanctions, singly or in combination, when it finds an applicant or licensee has committed any violation of this article or department rules or regulations: revoke or suspend a license, censure a licensee, impose a fine in an amount not to exceed Five Thousand Dollars ($5,000) for the first violation and an amount not to exceed Twenty Five Thousand Dollars ($25,000) for each subsequent violation, place a licensee on a probationary status, require the licensee to file regular reports and submit to reasonable requirements and restrictions, revoke probationary status of a licensee and impose other authorized sanctions, and refuse to issue or renew a license, restrict a license, or accept a voluntary surrendering of a license. The department is authorized to deny, suspend or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements of a licensee. The notice and hearing requirements and judicial review provisions contained in Section 43-11-11 of the Mississippi Code of 1972, as of July 1, 2018, shall apply to the denial, suspension, or revocation of a license.

Section 6.

In addition to the fees applied to issuing identification cards and licensing medical marijuana treatment centers, the department may assess up to the equivalent of the state's sales tax rate to the final sale of medical marijuana. Revenue generated under this section or through the issuance of identification cards or the licensing of medical marijuana treatment centers shall pay for the costs incurred by the department in implementing and enforcing the provisions of this article and shall be deposited into a special fund in the state treasury to be expended by the department without prior appropriation or authorization. The department shall administer the fund and make expenditures from the fund for costs or other services or programs associated with this article. Fund balances shall not revert to the General Fund. The department shall have the authority to

utilize these special funds to escalate personnel positions in the department where needed, as non-state-service, to administer and enforce the provisions of this article. Upon request of the department, the State Treasurer shall provide a line of credit from the Working Cash Stabilization Fund or any other available special source funds maintained in the state treasury in an amount not to exceed Two Million Five Hundred Thousand Dollars ($2,500,000), for deposit to this special fund to provide sufficient working cash to implement the provisions of this article. Any such loans shall be repaid from the available funds received by the department under this article.

Section 7. A medical marijuana identification card issued pursuant to this article shall serve to identify a person as a qualified patient or caregiver or officer, owner, operator, employee, contractor, or agent of a medical marijuana treatment center and thus exempt such person from criminal or civil sanctions for the conduct authorized by this article.

Section 8.

(1) Medical marijuana treatment centers shall not provide to a qualified patient, during any one fourteen-day period, an amount of medical marijuana that exceeds 2.5 ounces by weight. At no one time shall a qualified patient possess more than 2.5 ounces of medical marijuana. The weight limitation herein shall not include any ingredients combined with medical marijuana to prepare edible products, topical products, ointments, oils, tinctures, or other products.

(2) Medical marijuana shall only be dispensed to a qualified patient or caregiver with a current medical marijuana identification card by a medical marijuana treatment center.

(3) All contracts under this article and related to the operation of medical marijuana treatment centers shall be enforceable and rules applicable to other similar businesses by the Department of Revenue shall apply to medical marijuana treatment centers created pursuant to this article, except that the processing and use of medical marijuana shall be exempt from the application of any state and/or local sales tax or other fee, other than that authorized by this article.

(4) No medical marijuana treatment center shall be located within five hundred (500) feet of a pre-existing school, church, or licensed child care center.

(5) Except as otherwise provided in this article, any zoning ordinances, regulations and/or provisions of a municipality or county shall be consistent with Section 1 of this article and shall not impair the availability of and reasonable access to medical marijuana. Zoning provisions applicable to retail dispensaries shall be no more restrictive than those for a licensed retail pharmacy and zoning provisions applicable to other businesses that fall within the definition of medical marijuana treatment centers shall be no more restrictive than other comparably sized and staffed lawful commercial or industrial businesses.

Section 9.

No later than two years from the implementation of this article, and every two years thereafter, the department shall provide to the Legislature a comprehensive public report of the operation of this article.

Section 10.

The provisions of this article are declared to be severable, and if any provision, word, phrase, or clause of this article or the application thereof shall be held invalid, such invalidity shall not affect the validity of the remaining portions of this article.[N]

Amount and Source of Revenue

The amendment is required to pay for itself and would require no general fund appropriation. The amendment creates three sources of operating revenue for the State Department of Health to use in implementing and enforcing the provisions of the amendment: fee for identification cards, fee for treatment center licenses, and a charge that the Department of Health may access at the point of retail sale of medical marijuana. The revenue generated by the medical marijuana program in Arizona was used as a basis for a projection in Mississippi. Based on those calculations, implementation of this amendment would generate an estimated $6 million in special fund revenue on an annual basis.

Dr. Thomas Dobbs, State Health Officer

June 3, 2021, 1:30 pm

State Capitol, Room 216

Power Point Presentation to

Senate Public Health & Welfare Committee

Medical Benefits of Cannabis

Mississippi State Department of Health

- FDA Approved Cannabis Products
  - Marinol and Syndros (synthetic THC Max daily 20mg/16.8mg) and Cesamet (THC analog) - anorexia associated with weight loss in patients with Acquired Immune Deficiency Syndrome (AIDS), nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments.
  - Epidiolex (CBD) - treatment of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome and tuberous sclerosis in patients 1 years of age and older

Medical Uses of Non-medical Cannabis

Mississippi State Department of Health

- Limited evidence that cannabis may alleviate neuropathic pain in some patients
- Insufficient evidence exists to demonstrate analgesic effects in patients with other types of chronic pain
- Use of Cannabis for chronic pain is under studied
- Sativex (nasal spray 2.7mg THC/2.5 mg CBD) – modest short-term improvements in pain related to rheumatoid arthritis. Max 16.2 mg / day. Approved outside of US for spasticity associated with MS.

Known Potential Harms Cannabis (THC)

Mississippi State Department of Health

- Cannabis dependence: 9-10% lifetime risk, 17% with initiation during adolescence
- 20 year prospective study: Persistent and dependent users lost 6 IQ points and Nonusers gained 1 IQ point
- Conclusive or Substantial Evidence for a statistical association between cannabis smoking*:
  - More frequent chronic bronchitis episodes (long-term cannabis smoking)
  - Increased risk of motor vehicle crashes
  - Lower birth weight of offspring (maternal cannabis smoking)
  - the development of schizophrenia or other psychoses, with the highest risk among the most frequent users

*National Academy of Sciences

Health Concerns among Cannabis Users

Mississippi State Department of Health

- Alcohol - alcohol use disorder were six times more likely
- Tobacco (nicotine) use disorder about six times more likely
- 4.6 x more likely to abuse opioids
- Higher risk of cocaine and methamphetamine use
- 2-3 x increased risk of depression
- 2-3 x increased prevalence of schizophrenia compared with nonusers. Stronger with earlier age of onset of use (eg, early adolescence), more intense cannabis use.

Hospitalizations Associated with Substance Abuse

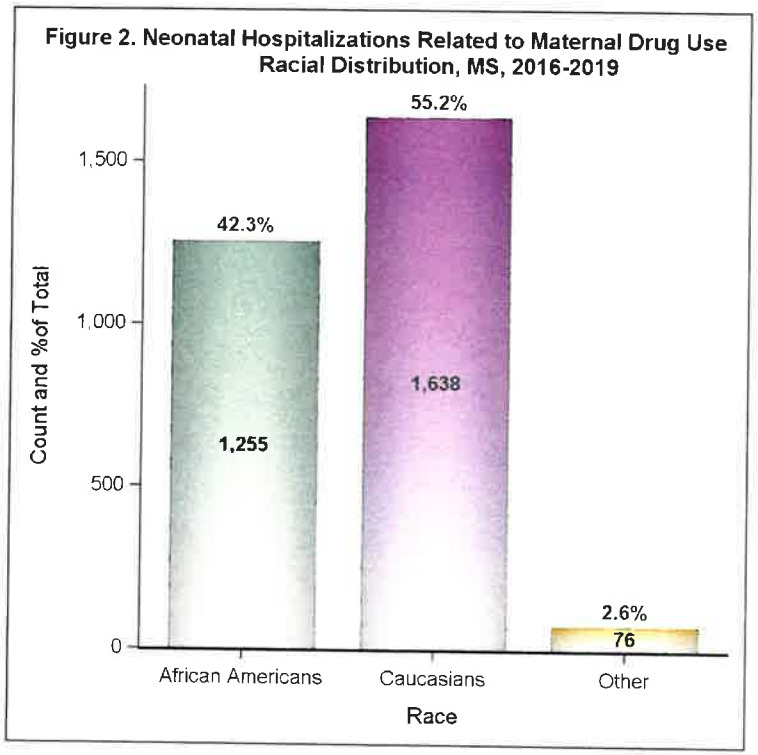
	Alcohol	Opioids	Cannabis	Cocaine	Stimulants
2016	17,004	5,196	9,982	4,369	3,991
2017	16,896	5,828	11,030	4,879	5,101
2018	16,825	5,251	10,659	4,807	5,673
2019	16,872	4,938	10,570	4,677	6,093
2020 (Q1-Q3)	12,162	3,439	8,025	3,320	4,651

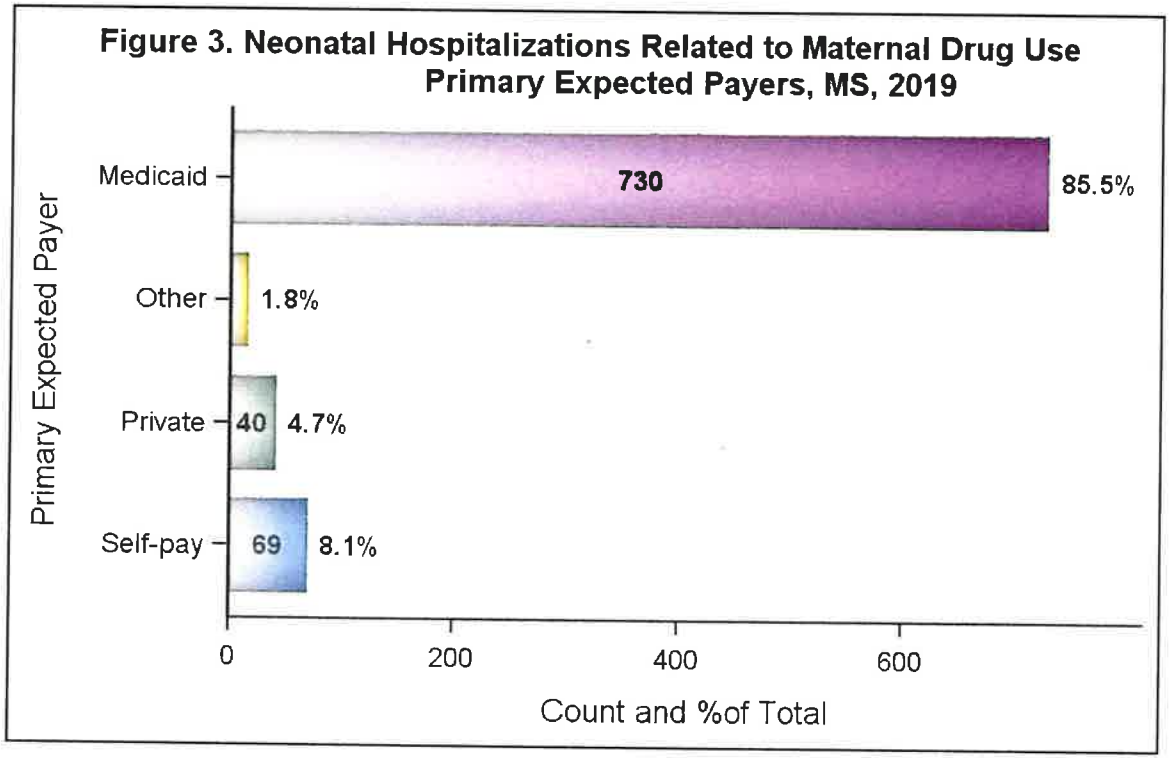
Neonatal Hospitalizations

Neonatal Hospitalizations Related to Maternal Drug Use by Types of Drugs, Mississippi, 2019		
Type of Drug	Hospital Stays	Percent
Unknown/other drugs of addiction	405	47%
Cannabis	255	30%
Cocaine	58	7%
Opiates	54	6%
Amphetamines	41	5%
Neonatal withdrawal syndrome	139	16%
These groups are not mutually exclusive and their sum is higher than the total number of discharges.		

Demographics

- 55.2% Caucasians; 85.5% covered by Medicaid and 8.1% uninsured





MSDH Board Objectives of MS Medical Marijuana Program

- Enable availability of MM for qualifying patients
- Protect vulnerable populations (youth, pregnant women)
- Community Impact Mitigation
- Compliance (prevent fraud/unintended effects)
- Communicate with public program development process
- Prevent drug diversion
- Prevent criminal involvement
- Minimize equity issues
- Prevent substance abuse / adverse consequences
- Fiscal sustainability
- Ensure Product Safety

What we learned along the way…

Mississippi State Department of Health

- Enable availability of MM for qualifying patients
  - *Run program efficiently*
  - *Active involvement of physician community and Medical Licensure*
- Protect vulnerable populations (youth, pregnant women)
  - *Limit THC to medicinal levels*
  - *Non-smoking formats*
  - *Ensure parental approval / extra safety*
  - *Limit advertising and restrict to packaging not appealing to kids or for recreational use*
- Community Impact Mitigation
  - *Limit advertising*
  - *Smart zoning*
  - *Fund support services (ie mental health, law enforcement)*
- Compliance (prevent fraud/unintended effects)
  - *Seed-to-sale tracking essential*
  - *Limit to indoor/greenhouse growing*

- Communicate with public program development process
  - *Regular broadcasted board meetings*
  - *Community town-hall*
- Prevent drug diversion
  - *Seed-to-sale tracking*
  - *Non-smoking formats*
  - *Restrict certain felonies from business*
  - *Indoor/greenhouse growing only*
- Prevent criminal involvement
  - *Seed-to-sale tracking*
  - *Restrict certain felonies from business*
  - *Indoor/greenhouse growing only*
- Minimize equity issues
  - *Very difficult – high barriers to entry*
  - *Risks of low licensing fees*
  - *Permit non-violent drug possession felonies to participate*
  - *Ancillary service opportunities*

- Prevent substance abuse / adverse consequences
  - *Use medicinal THC doses*
  - *Non-smoking formats*
  - *Ensure physician accountability*
  - *Support mental health services*
  - *Advertising and packaging regulations*
- Fiscal sustainability
  - *Adequate fees to support operations*
- Ensure Product Safety
  - *Robust lab safety program*
  - *Proper packaging and labelling*

CANNABIS-ASSOCIATED HOSPITALIZATIONS IN MISSISSIPPI, 2016-2019

Research Report, 10/28/2020

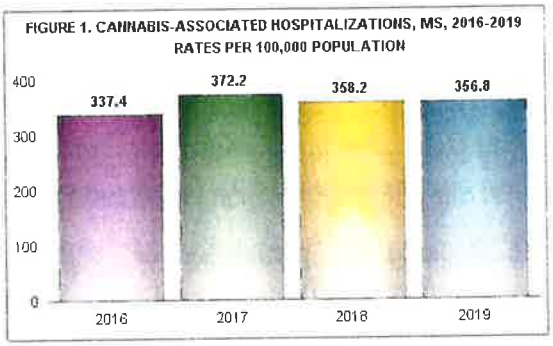
KEY FINDINGS: Between 2016 and 2019, there were 42,508 hospitalizations with a primary or secondary cannabis diagnosis in Mississippi. Almost one quarter of these cannabis-associated hospitalizations were among patients younger than 25 years of age during the four-year period. During 2019, there were 255 infants affected by maternal cannabis use in Mississippi. Multiple drug use was common among patients hospitalized with a cannabis-related diagnosis: over one third of all cannabis-associated hospitalizations had a coexisting substance use disorder, over half had nicotine dependence and nearly one quarter had an alcohol-related disorder. Mental health diagnoses were highly prevalent among patients suffering from cannabis use disorder: more than half of all cannabis-associated hospitalizations had at least one coexisting mental health condition.

Background: During 2014–2017, 234,000 or 9.6% of all Mississippians aged 12 and older reported past-year cannabis use.[1] Although widespread and often depicted as harmless, the recreational use of this substance has harmful effects that would increase rates of addiction, mental illness, and premature death. Research suggests, for instance, that one out of ten cannabis users will become dependent on this substance.[2] In addition, recent studies have shown that the use of cannabis could aggravate existing mental health disorders.[3] More recently, the outbreak of severe and potentially fatal pulmonary illness related to THC vaping has revitalized the debate about the safety of cannabis use. Due to all of these reasons, this rapidly evolving public health crisis calls for vigilance and data-driven responses aimed at reducing cannabis-related harms.

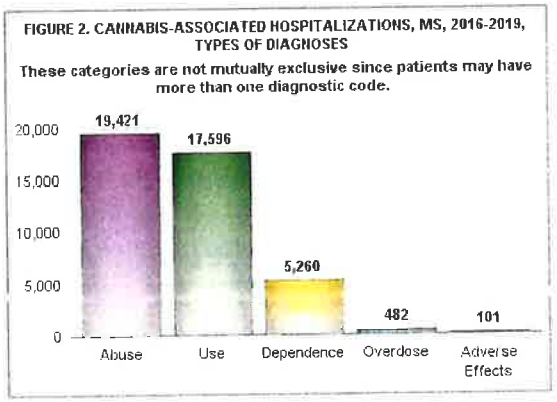
Objectives and Data: Our goal was to provide an overview of cannabis-associated hospitalizations in Mississippi. Analyzing 2016-2019 hospital discharge data (HDD), we obtained the prevalence of cannabis-associated hospitalizations in Mississippi and evaluated the demographic characteristics, co-occurring drug-related disorders, and coexisting mental health disorders of such hospital stays. Compiled from medical claims, HDD contain information on patient's demographics, residence, length of stays, total charges, clinical diagnoses, and procedures performed. All non-federal general hospitals in the state are required to report their data. We included hospitalizations from acute and long-term care hospitals.

Methods: We selected hospitalizations with primary and secondary cannabis-related diagnoses among Mississippi and non-Mississippi residents. Because the cause for hospitalizations may not be directly related to cannabis use, we categorized these hospital stays as cannabis-associated hospitalizations. We performed descriptive and inferential statistical analyses, including Student's t-tests and chi-square tests.

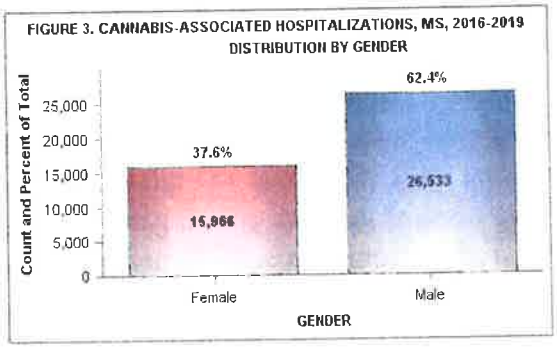
Overview: Between 2016 and 2019, there were 42,508 hospitalizations with a primary or secondary cannabis diagnosis. The number of stays with a primary cannabis-related diagnosis was 1,160 (2.7%). The percentage of cannabis-associated hospitalizations among all hospital stays was 2.7% (10,083) in 2016; 2.9% (11,107) in 2017; 2.8% (10,699) in 2018, and 2.8% (10,619) in 2019. The rates of cannabis-associated stays per 100,000 population remained stable between 2016 and 2019 (Figure 1).



Most of the cannabis-associated hospitalizations were in acute care hospitals (90.6%) and 23.9% were admissions to an intensive care unit (ICU). Cannabis abuse was recorded in 45.7% (19,421); cannabis use in 41.4% (17,596); cannabis dependence in 12.4% (5,260); overdoses in 1.1% (482), and adverse effects in 101 (0.2%) of all cannabis-associated hospital stays (Figure 2). There were 255 infants affected by maternal cannabis use in 2019.



Demographics: Most of the cannabis-associated hospitalizations (40,088 or 94.3%) were among Mississippi residents. The majority (62.4%) of patients hospitalized with a cannabis-associated diagnosis were males and 53.8% were African Americans (Figure 3 and Table 1).

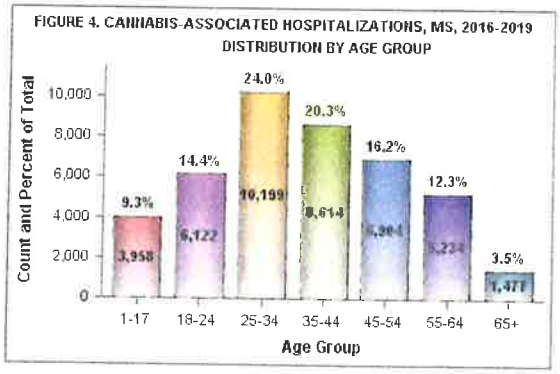


Over one-third (35.5%) of all cannabis-associated hospitalizations were among self-paying patients. Homelessness was recorded among 5.4% of patients hospitalized with a cannabis-associated diagnosis. In fact, 28.1% of all patients with documented homelessness had a cannabis-related diagnosis.

Table 1. Demographics of cannabis-associated hospitalizations, MS, 2016-2019

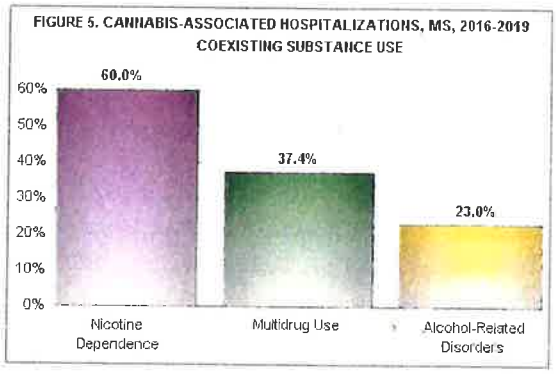
	Number of hospitalizations	Percent
Age Group		
1-17 years	3,958	9.3
18-24 years	6,122	14.4
25-34 years	10,199	24.0
35-44 years	8,614	20.3
45-54 years	6,904	16.2
55-64 years	5,234	12.3
65+ years	1,477	3.5
Gender		
Female	15,966	37.6
Male	26,533	62.4
Unknown	9	0.0
Race		
African Americans	22,851	53.8
Caucasians	18,903	44.5
Other	754	1.7
Payer		
Self-pay	15,109	35.5
Medicaid	10,827	25.5
Private	8,435	19.8
Medicare	6,817	16.0
Other	1,320	3.2
Homelessness	2,276	5.4

Cannabis-associated hospitalizations were most prevalent among the younger patients. On average, patients with a cannabis-associated diagnosis were 13.3 years younger than patients without such a diagnosis (mean age 37.1 years vs. 50.4 years, $p < .001$). Almost one out of every ten cannabis-associated stays (9.3%) was among the pediatric age group (1-17). Nearly one quarter were among the 25-34 age group and almost one quarter were among patients younger than 25 years of age (Figure 4).



Overdoses Associated with Cannabis: More than half of the 482 (264 or 54.8%) cannabis-associated overdoses involved multidrug use (opioids, cocaine, amphetamines/methamphetamines). Among the patients hospitalized with a cannabis-associated overdose, 320 (66.4%) were treated in an ICU and eight patients died in the hospital. One fifth (20.3%) of these overdoses were among patients younger than 25 years of age.

Multidrug Use: Compared to all other hospitalizations, cannabis-associated stays were more likely to have coexisting nicotine dependence (60.0% vs. 16.2%, $p < .001$), multiple drug use (opioids, cocaine, amphetamines/methamphetamines) (37.4% vs. 3.9% $p < .001$), and alcohol-related disorders (23.0% vs. 3.9%, $p < .001$) (Table 2).



Mental Health Disorders: Mental health disorders were highly prevalent among the studied population. Compared to all other stays, cannabis-associated stays were more likely to have coexisting schizophrenia, schizotypal, and delusional disorders (15.2% vs. 2.9%, $p < .001$); coexisting mood disorders, depression, or bipolar disorder (40.2% vs. 15.1%, $p < .001$); and coexisting neurotic, anxiety, stress-related, or somatoform disorders (22.1% vs. 11.5%, $p < .001$. The majority (58.5%) of all cannabis-associated hospitalizations had one or more of the above-mentioned codes (Table 2).

Table 2. Comorbid conditions among cannabis-associated hospitalizations, MS, 2016-2019

Comorbid Conditions	All Hospital Stays		Cannabis-Associated Hospital Stays		All Other Hospital Stays		P Value
	No	%	No	%	No	%	
Nicotine dependence	265,368	17.4	25,519	60.0	239,849	16.2	<.001
Multidrug use	60,208	3.9	15,888	37.4	44,320	3.0	<.001
Alcohol-related disorders	67,597	4.4	9,757	23.0	57,840	3.9	<.001
Schizophrenia, schizotypal, and delusional disorders	49,310	3.2	6,464	15.2	42,846	2.9	<.001
Mood disorders, depression, or bipolar disorders	240,608	15.8	17,090	40.2	223,518	15.1	<.001
Neurotic, anxiety, stress-related, or somatoform disorders	179,563	11.8	9,382	22.1	170,181	11.5	<.001

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes: cannabis abuse (F12.1), cannabis dependence (F12.2), unspecified cannabis use (F12.9), cannabis-poisoning (T40.7X1,T40.7X2, T40.7X3, T40.7X4), cannabis adverse effects (T40.7X5), infants affected by maternal use of cannabis (P04.81); nicotine dependence (F17); opioid-related codes: F11; T400X1-T400X5; T401X1-T401X4;T402X1-T402X5; T403X1-T403X5; T404X1-T404X5; T40601-T40605; T40691-T40695; amphetamine-related codes: F15; T43601-T43605; T43621-T43625; T43631-T43635; T43691-T43695; cocaine-related codes: F14; T405X1-T405X5; alcohol-related disorders (F10); schizophrenia, schizotypal, and delusional disorders (F20-F29); mood disorders, depression, or bipolar disorders (F30-F39); neurotic, anxiety, stress-related, or somatoform disorders (F40-49)

Discussion: Our study revealed that cannabis-associated hospitalizations were more prevalent among males, African Americans, and younger patients in Mississippi. In fact, one quarter of all cannabis-associated hospitalizations were among patients younger than 25 years of age during the four-year period. Specifically, one out of every ten cannabis-associated hospitalizations were among the pediatric age group (< 18 years). This finding is concerning because the use of cannabis early in life has been strongly associated with other illicit drug use.[4]

Cannabis as a gateway substance has been the subject of numerous studies. According to a longitudinal national study, lifelong cannabis users have a 44.7% probability to use another illicit drug.[5] While the causal relationship cannot be established, we identified a high rate of multidrug use in our studied group. For example, over one third of all cannabis-associated hospitalizations had a coexisting substance use disorder. In addition, over half of all cannabis-associated hospitalizations had nicotine dependence and nearly one quarter had an alcohol-related disorder.

Our findings also revealed a high prevalence of mental health comorbidities among patients hospitalized with cannabis disorders. Nearly half of all cannabis-associated hospitalizations had a least one co-existing mental health condition. Fifteen percent of all cannabis-associated hospitalizations had schizophrenia; one fifth had anxiety or stress related disorders, and over one third had mood disorders or depression. The causality between cannabis use disorder and schizophrenia has been studied; yet, it is still controversial and highly divisive. While the effect of cannabis as a trigger of schizophrenia is not well-proven, some research has identified an enhanced risk for cannabis use among patients suffering from schizophrenia.[6] The direction of causality between cannabis use and anxiety is unclear as well; however, evidence suggests that cannabis use among young adults increases the risk for depression and suicide, especially among younger individuals.[7]

Given the young age of patients hospitalized with a cannabis-related diagnosis in Mississippi and the high rate of coexisting drug use and comorbid mental health conditions, it is important that the state establishes a surveillance system monitoring cannabis use and the complications associated with it. Measures to reduce the negative impact of cannabis use should include education on the harms associated with this substance, as well as social support and medical treatment for patients suffering from addiction and mental health disorders.

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Annals of Internal Medicine

REVIEW

The Effects of Cannabis Among Adults With Chronic Pain and an Overview of General Harms

A Systematic Review

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Background: Cannabis is increasingly available for the treatment of chronic pain, yet its efficacy remains uncertain.

Purpose: To review the benefits of plant-based cannabis preparations for treating chronic pain in adults and the harms of cannabis use in chronic pain and general adult populations.

Data Sources: MEDLINE, Cochrane Database of Systematic Reviews, and several other sources from database inception to March 2017.

Study Selection: Intervention trials and observational studies, published in English, involving adults using plant-based cannabis preparations that reported pain, quality of life, or adverse effect outcomes.

Data Extraction: Two investigators independently abstracted study characteristics and assessed study quality, and the investigator group graded the overall strength of evidence using standard criteria.

Data Synthesis: From 27 chronic pain trials, there is low-strength evidence that cannabis alleviates neuropathic pain but insufficient evidence in other pain populations. According to 11 systematic reviews and 32 primary studies, harms in general population studies include increased risk for motor vehicle accidents, psychotic symptoms, and short-term cognitive impairment. Although adverse pulmonary effects were not seen in younger populations, evidence on most other long-term physical harms, in heavy or long-term cannabis users, or in older populations is insufficient.

Limitation: Few methodologically rigorous trials; the cannabis formulations studied may not reflect commercially available products; and limited applicability to older, chronically ill populations and patients who use cannabis heavily.

Conclusion: Limited evidence suggests that cannabis may alleviate neuropathic pain in some patients, but insufficient evidence exists for other types of chronic pain. Among general populations, limited evidence suggests that cannabis is associated with an increased risk for adverse mental health effects.

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The use of medicinal cannabis has become increasingly accepted in the United States and globally (1, 2). Eight states and the District of Columbia have legalized cannabis for recreational purposes, and 28 states and the District of Columbia have legalized it for medical purposes (3). Between 45% and 80% of persons who seek medical cannabis do so for pain management (4, 5). Among patients who are prescribed long-term opioid therapy for pain, up to 39% are also using cannabis (6, 7). Physicians will increasingly need to engage in evidence-based discussions with their patients about the potential benefits and harms of cannabis use. However, little comprehensive and critically appraised information exists about the benefits and harms of using cannabis to treat chronic pain. The objectives of this systematic review were to assess the efficacy of cannabis for treating chronic pain and to provide a broad overview of the short- and long-term physical and mental health effects of cannabis use in chronic pain and general patient populations.

METHODS

Topic Development

This article is part of a larger report commissioned by the Veterans Health Administration (8). A protocol describing the review plan was posted to a publicly accessible Web site before the study began (9).

Data Sources and Searches

We searched MEDLINE, Embase, PubMed, PsycINFO, Evidence-Based Medicine Reviews (including Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effectiveness, Health Technology Assessments, and Cochrane Central Register of Controlled Trials), and gray literature sources from database inception through February 2016. We updated this search specifically for new randomized controlled trials (RCTs) and systematic reviews in March 2017. We obtained additional articles from systematic reviews, reference lists, and expert recommendations. We also searched for ongoing, unpublished, or re-

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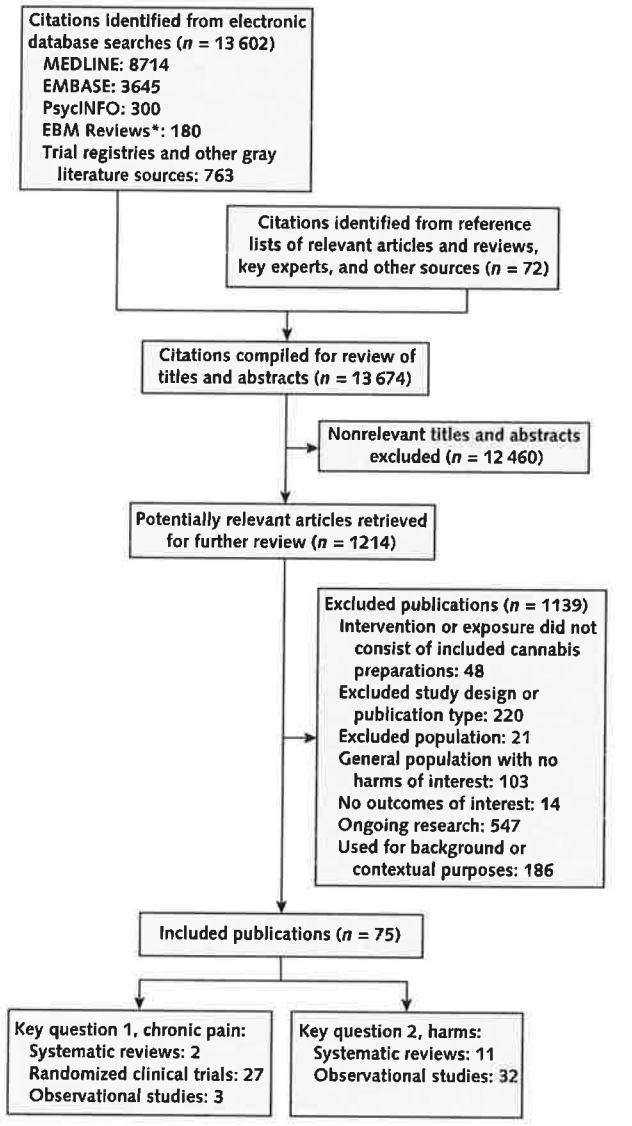
Figure. Literature flow diagram.



* Includes Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects, Health Technology Assessments, and Cochrane Central Register of Controlled Trials.

cently completed studies on ClinicalTrials.gov, the International Clinical Trials Registry Platform, the ISRCTN Registry, National Institutes of Health RePORTER, and the Agency for Healthcare Research and Quality Grants On-Line Database. **Supplement 1** (available at Annals.org) provides details on the search strategy, which we developed in consultation with a research librarian.

Study Selection

We included English-language studies assessing the effect on nonpregnant adults of plant-based cannabis preparations or whole-plant extracts, such as nabiximols, a nonsynthetic pharmaceutical product with a standard composition and dose (oromucosal spray delivering tetrahydrocannabinol [THC], 2.7 mg, and cannabidiol, 2.5 mg). We did not include synthesized, pharmaceutically prepared cannabinoids, such as dronabinol or nabilone, because they are not available in dispensaries, and the efficacy of synthetic cannabinoid preparations for chronic pain was examined in 2 recent reviews (10, 11). We broadly defined plant-based cannabis preparations to include any preparation of the cannabis plant itself (for example, cannabis cigarettes and oils) or cannabis plant extracts to capture the variety of products available in U.S. dispensaries (12).

To address the efficacy of cannabis for treating chronic pain, we included controlled clinical trials and cohort studies. This review focuses specifically on pain outcomes, although our larger report and search were designed to include other outcomes, such as sleep and quality of life (8). Because data about harms in the general population might be applicable to chronic pain populations, we examined harms broadly and reported whether the data were derived from studies of the general population or populations with chronic pain. To capture potential cannabis-related harms that may be of interest to clinicians and patients, but whose prevalence has not been well-characterized in larger-scale observational studies, we also included case series and descriptive studies of "emerging harms." **Supplement 2** (available at Annals.org) provides the criteria we used for study selection.

We searched for primary literature and systematic reviews; we dual-reviewed 5% of identified abstracts and all of the included full-text articles to ensure reliability. Disagreements were resolved by a third reviewer. Given the broad scope of this review, we summarized data from existing systematic reviews. We included only reviews that clearly reported their search strategy, reported inclusion and exclusion criteria, and appraised the internal validity of the included trials (13). We prioritized the most recent reviews and those with the broadest scope. In addition, we included individual studies that met inclusion criteria and either were published after the end search date of the included review or were not included in a prior systematic review.

Data Extraction and Quality Assessment

For all reports, 2 investigators abstracted details of study design, setting, patient population, intervention, and follow-up, as well as important co-interventions, health outcomes, health care use, and harms.

Two reviewers independently assessed each trial (including those that were identified from a prior systematic review) as having low, high, or unclear risk of bias (ROB) for the pain outcome using a tool developed by the Cochrane Collaboration (14). Disagreements were resolved by consensus. To assess the ROB of observational studies for the pain outcome, we considered potential sources of bias most relevant to this evidence base and adapted existing assessment tools (15, 16) (**Supplement 3**, available at Annals.org).

Data Synthesis and Analysis

For the subgroup of neuropathic pain studies, we did a study-level meta-analysis of the proportion of patients experiencing clinically significant (≥30%) pain relief (**Supplement 4**, available at Annals.org), and we used the profile-likelihood random-effects model (17) to combine risk ratios. We assessed the magnitude of statistical heterogeneity among the studies using the standard Cochran chi-square test, the I^2 statistic (18). All analyses were done using Stata/IC, version 13.1 (StataCorp). Clinical heterogeneity, variation in outcomes reported, and the small number of trials precluded meta-analysis for other subgroups and outcomes, so we reported these qualitatively. After group discussion, we classified the overall strength of evidence for each outcome as high, moderate, low, or insufficient on the basis of the consistency, coherence, and applicability of the body of evidence as well as the internal validity of individual studies (19, 20).

Role of the Funding Source

The U.S. Department of Veterans Affairs Quality Enhancement Research Initiative supported the review but had no role in the design and conduct of the study; collection, management, analysis and interpretation of the data; preparation, review, and approval of the manuscript; or decision to submit the manuscript for publication.

RESULTS

After reviewing 13 674 titles and abstracts, we included 13 systematic reviews and 62 primary studies (**Figure**). **Table 1** provides study-level details and the ROB rating for each of the chronic pain trials. **Table 2** summarizes findings, including the ROB rating, by pain subgroup. **Table 3** summarizes the harms in both pain and general populations. **Supplement 5** (available at Annals.org) provides additional study-level data from pain studies not included in prior reviews and from studies on general harms.

Effects of Cannabis in Treating Chronic Pain

We identified 22 RCTs (21–42) from 2 recently published systematic reviews (10, 11) and an additional 8 studies (5 RCTs [43–47] and 3 cohort studies [48–50]) that met our inclusion criteria and were not included in prior reviews. The primary methods of continuous pain assessment were a visual analogue scale from 0 to 100 mm and a numerical rating scale (NRS) from 0 to 10 (where 0 indicated no pain and 10 indicated the worst possible pain). Some of the studies identified the proportion of participants who had clinically significant improvements in pain intensity (defined as ≥30% reduction, or approximately 2 points on the NRS and 20 mm on the visual analogue scale).

Neuropathic Pain

Thirteen trials examined the effects of cannabis-based preparations on neuropathic pain (**Table 1**). Participants had central or peripheral neuropathic pain related to various health conditions. Of these studies, 11 were rated as having low ROB (24, 27, 28, 30, 31, 33, 36, 39, 40, 43, 47), 1 as having unclear ROB (26), and 1 as having high ROB (35). Overall, we found low-strength evidence that cannabis may alleviate neuropathic pain in some patients (**Table 2**). Studies generally did not find clinically significant between-group differences on continuous pain scales, but a higher proportion of intervention patients had clinically significant pain relief up to several months later. Across 9 studies, intervention patients were more likely to report at least 30% improvement in pain (risk ratio, 1.43 [95% CI, 1.16 to 1.88]; $I^2 = 38.6\%$; $P = 0.111$) (**Supplement 4**). Most studies were small, few reported outcomes beyond 2 to 3 weeks, and none reported long-term outcomes.

In the largest RCT, 246 patients with peripheral neuropathic pain self-titrated nabiximols up to a maximum dosage of 24 sprays per day or received a placebo (27). Those who completed the study (79 in the nabiximols group and 94 in the placebo group) and responded positively to the intervention had a significant decrease in pain (odds ratio, 1.97 [CI, 1.05 to 3.70]). However, among all participants, including those who did not have an intervention response, the reduction in the NRS pain score did not reach clinical or statistical significance. The second-largest RCT with low ROB included 55 patients with HIV-associated sensory neuropathy who were randomly assigned to smoke either 3.56% THC cigarettes or a placebo 3 times per day for 5 days. Among those who completed the study, 52% ($n = 13$) of the treatment group had a clinically significant reduction in pain compared with 24% ($n = 6$) of the placebo group (33).

A 1-year prospective cohort study ($n = 431$) of patients with nociceptive and neuropathic chronic noncancer pain provides information about long-term treatment effects (50). Cannabis users had a reduction in average pain intensity (using a visual analogue scale from 0 to 10) that was stable across 4 time points over 1 year, but the change was small and not clinically significant (0.92 [CI, 0.62 to 1.23]).

Multiple Sclerosis

Nine trials examined the effects of cannabis-based preparations on pain among patients with multiple sclerosis (MS) (**Table 1**). Participants generally had intractable body pain or neuropathic pain related to a clinically confirmed diagnosis of MS. Three of these trials were rated as having low ROB (29, 42, 44), 5 as having unclear ROB (22, 37, 38, 41, 45), and 1 as having high ROB (32). Overall, we found insufficient evidence to characterize the effects of cannabis on pain in patients with MS (**Table 2**) because of the small number of methodologically rigorous studies, inconsistent findings across studies, lack of long-term outcomes, and small number of patients included in the trials.

Of the 3 low-ROB trials, 1 found small but clinically nonsignificant alleviation of pain at 5 weeks, 1 found

Table 1. Characteristics and Findings of RCTs on Cannabis Extracts for Treating Chronic Pain*

Trial: Author, Year (Reference)	Pain Type	N	Intervention Formulation; Dosage; Study Design	Duration
Abrams et al, 2007 (33)	Neuropathic sensory, HIV-associated	55	Smoked THC, 4%; 1 cigarette/d (0.9 g)	12 d
Berman et al, 2004 (30)	Neuropathic brachial plexus avulsion	48	Nabiximols (THC oromucosal spray); ≤48 sprays/d; crossover	2 wk (no washout)
Ellis et al, 2009 (31)	Neuropathic sensory, HIV-associated	34	Smoked THC, started at 4% and adjusted as necessary; 4 smoking sessions/d; crossover	5 d (2-wk washout)
Lynch et al, 2014 (24)	Neuropathic chemotherapy-induced	18	Nabiximols; ≤12 sprays/d	4 wk (2-wk washout)
Notcutt et al, 2004 (43)	Mostly neuropathic; 47% MS	34	Sublingual spray delivering 2.5-mg THC, 2.5-mg CBD, or 2.5 mg each; 1 to 8 sprays/d	8 wk
Nurmikko et al, 2007 (35)	Neuropathic pain with allodynia	125	Nabiximols; ≤48 sprays/d	5 wk
Selvarajah et al, 2010 (26)	Neuropathic diabetic peripheral	30	Nabiximols; maximum unclear	12 wk
Serpell et al, 2014 (27)	Neuropathic peripheral with allodynia	246	Nabiximols; ≤24 sprays/d	15 wk
Wallace et al, 2015 (36)	Neuropathic diabetic peripheral	16	Vaporized THC, 7%, 4%, or 1%; 4 h observation at each dose; crossover	4 h (2-wk washout)
Ware et al, 2010 (39)	Neuropathic, postsurgical or posttraumatic	23	Smoked THC, 2.5%, 6%, or 9.4%; crossover	5 d (9-d washout)
Wilsey et al, 2008 (28)	Neuropathic	38	Smoked THC, 3.5% or 7%; 9 puffs; crossover	6 h (3- to 21-d washout)
Wilsey et al, 2013 (40)	Neuropathic, peripheral	39	Vaporized THC, 1.29% or 3.53%; 4 puffs at 1 h after baseline, 4 to 8 puffs at 3 h; crossover	6 h (3- to 7-d washout)
Wilsey et al, 2016 (47)	Neuropathic, spinal cord injury	42	Vaporized THC, 2.9% or 6.7%; 400 mg using Foltin Puff Procedure at 8 to 12 puffs over 240 min, adaptable dose design	8 h
Collin et al, 2010 (22)	MS	337	Nabiximols; ≤24 sprays/d	14 wk
Corey-Bloom et al, 2012 (37)	MS	37	Smoked THC, 4%; one 800-mg cigarette	3 d (11-d washout)
Langford et al, 2013 (41)	MS	339	Nabiximols; ≤12 sprays/d	14 wk
Rog et al, 2005 (42)	MS	66	Nabiximols; ≤48 sprays/d	5 wk
Van Amerongen et al, 2017 (45)	MS	24	Orally ingested THC, 99% (EPC002A, Namisol); 1.5 or 5 mg 3 times/d	2 wk
Wade et al, 2003 (44)	MS (67%)	24	Pump-action sublingual spray delivering 2.5-mg THC, 2.5-mg CBD, or 2.5 mg each; ≤120 mg/d; crossover	2 wk (no washout)
Wade et al, 2004 (38)	MS	160	Nabiximols; ≤48 sprays/d	6 wk
Zajicek et al, 2003 (32)	MS	657	THC/CBD capsules; ≤25 mg/d	15 wk
Zajicek et al, 2012 (29)	MS	279	THC/CBD capsules; ≤25 mg/d	12 wk
Johnson et al, 2010 (23)	Cancer	60	Nabiximols; ≤48 sprays/d	2 wk
		58	2.7 mg THC oromucosal spray; ≤48 sprays/d	2 wk
Noyes et al, 1975 (34)	Cancer	10	THC capsules; 5, 10, or 15 mg; crossover	1 d (no washout)
Portenoy et al, 2012 (25)	Cancer	360	Nabiximols; 1 to 4, 6 to 10, or 11 to 16 sprays/d	9 wk
de Vries et al, 2016 (46)	Abdominal pain (includes chronic pancreatitis, postsurgical pain)	65	Orally ingested THC, 99% (EPC002A, Namisol); step-up phase: days 1 to 5, 3 mg 3 times/d; days 6 to 10, 5 mg 3 times/d; stable dose phase: days 11 to 52, 8 mg 3 times/d	7 wk
Blake et al, 2006 (21)	Rheumatoid arthritis	58	Nabiximols; ≤48 sprays/d	5 wk

C = control; CBD = cannabidiol; MS = multiple sclerosis; NR = not reported; NRS = numerical rating scale; NS = not significant; RCT = randomized controlled trial; T = treatment; THC = tetrahydrocannabinol; VAS = visual analogue scale.
* Study findings other than those specified (proportion of patients with ≥30% pain reduction and mean between-group difference in change from baseline in pain score) are not shown.
† NRS score range, 0–10 points
‡ VAS score range, 0–100 mm.

no difference in outcome, and a larger trial found that more intervention patients reported relief from body pain at 12 weeks (28.0% vs. 18.7%; $P = 0.028$) (29).

Cancer Pain

Three trials ($n = 547$) examined the effects of cannabis-based preparations on pain among patients with cancer-related pain (Table 1). Participants had

Table 1–Continued

Patients Achieving ≥30% Pain Reduction, T vs. C, *n/N (%)*	Mean Difference (T − C) in Change From Baseline		Overall Risk of Bias
	NRS Pain Scale, *points*†	VAS Pain Scale, *mm*‡	
13/25 vs. 6/25 (52.0 vs. 24.0)	-	-	Low
-	-	-	Low
-	-	-	Low
-	-	-	Low
THC: 9/24 vs. NR (37.5 vs. NR) CBD: 3/24 vs. NR (12.5 vs. NR) THC+CBD: 9/24 vs. NR (37.5 vs. NR)	-	-	Low
16/63 vs. 9/62 (25.4 vs. 14.5)	-	−8.03 (−13.83 to −2.23)	High
8/15 vs. 9/14 (53.3 vs. 64.3)	-	9.50 (−11.30 to 27.80)	Unclear
34/123 vs. 19/117 (27.6 vs. 16.2)	−0.34 (−0.79 to 0.11)	−2.86 (−7.22 to 1.50)	Low
1% THC: 10/16 vs. 10/16 (62.5 vs. 62.5) 4% THC: 12/16 vs. 10/16 (75.0 vs. 62.5) 7% THC: 13/16 vs. 10/16 (81.3 vs. 62.5)	-	-	Low
-	-	-	Low
3.5% THC: 4/36 vs. 2/33 (11.1 vs. 6.1) 7% THC: 0/34 vs. 2/33 (0.0 vs. 6.1)	-	-	Low
1.29% THC: 21/37 vs. 10/38 (56.8 vs. 26.3) 3.53% THC: 22/36 vs. 10/38 (61.1 vs. 26.3)	-	1.29% THC: −11 3.53% THC: −10	Low
2.9% THC: 18/26 vs. 8/18 (69.2 vs. 44.4) 6.7% THC: 31/35 vs. 8/18 (88.6 vs. 44.4)	-	-	Low
-	-	-	Unclear
-	-	-	Unclear
84/167 vs. 77/172 (50.3 vs. 44.8)	0.17 (−0.62 to 0.29)	-	Unclear
-	−1.25 (−2.11 to −0.39)	−6.58 (−12.97 to −0.19)	Low
-	Week 2: −1.09 (−1.98 to −0.20) (P = 0.018) Week 4: −0.85 (−1.74 to −0.04) (P = 0.061)	-	Unclear
-	-	Baseline: 30.1 (SD, 17.8) 2nd week of each group: CBD: 54.8 (SD, 22.6; P < 0.05) THC: 54.6 (SD, 27.4; P < 0.05) THC+CBD: 51.3 (SD, 27.0; P = NS) Placebo: 44.5 (SD, 22.7)	Low
-	-	-	Unclear
-	-	-	High
-	-	-	Low
23/53 vs. 12/56 (43.4 vs. 21.4) 12/52 vs. 12/56 (23.1 vs. 21.4)	−0.32 (−0.86 to 0.22) −0.67 (−1.21 to −0.14)	-	Unclear
-	-	-	High
1 to 4 sprays: 30/91 vs. 24/91 (33.0 vs. 26.4) 6 to 10 sprays: 26/87 vs. 24/91 (29.9 vs. 26.4) 11 to 16 sprays: 22/90 vs. 24/91 (24.4 vs. 26.4)	1 to 4 sprays: −0.75 (−1.28 to −0.22) 6 to 10 sprays: −0.36 (−0.89 to 0.18) 11 to 16 sprays: −0.09 (−0.62 to 0.44)	-	Unclear
-	−1.6 (SD, 1.78) vs. −1.9 (SD, 2.18) (P = 0.92)	-	High
-	-	−3 (−18 to 9)	Unclear

moderate to severe intractable pain related to a clinically confirmed diagnosis of cancer, although the exact cause of pain was unspecified. Two studies were rated as having unclear ROB (23, 25), and 1 study was rated as having high ROB (34). Overall, these trials provide insufficient evidence because of the small number of studies and their methodological limitations, including high attrition, exclusion of patients with variable pain

scores, use of some nonvalidated measures, and lack of clarity about randomization and blinding procedures (Table 2).

Other or Mixed Pain Conditions

Two trials (21, 46) and 3 cohort studies (48–50) examined the effects of cannabis-based preparations on pain among patients with other or mixed pain conditions, including fibromyalgia, rheumatoid arthritis, and inflammatory abdominal pain (Table 1). One trial was rated as having unclear ROB (21), and 1 was rated as having high ROB (46). One observational study was rated as having low ROB (50), and the other 2 were at high ROB (48, 49). Overall, evidence was insufficient because of the inconsistent results and the paucity of methodologically rigorous studies (Table 2). Limitations of individual studies include lack of follow-up, inadequate allocation concealment, selection bias, high attrition, and lack of inclusion of nonnaive cannabis users.

Harms of Cannabis Use

General Adverse Events Among Patients With Chronic Pain

Data from 2 systematic reviews examining cannabis for chronic pain suggest that cannabis use may be associated with a higher risk for short-term adverse effects (10, 11). However, the rates of adverse events did not significantly differ between groups in the additional pain trials we reviewed. Although most reported adverse events were mild, such as dizziness and lightheadedness, some were serious, such as suicide attempts, paranoia, and agitation (Table 3). An additional prospective observational study did not detect a difference in serious adverse events between a cannabis group (12.5% ± 1.5% THC, 2.5 g/d) and control group (adjusted incidence rate ratio for event, 1.08 [CI, 0.57 to 2.04]) (50).

Medical Harms in the General Population

Moderate-strength evidence from 2 well-designed cohort studies (52, 53) suggests that low levels of cannabis smoking do not adversely affect lung function over about 20 years in young adults, but some evidence suggests that daily use may cause adverse pulmonary effects over an extended period (Table 3). Because of methodological limitations, including a lack of longitudinal exposure measurement and potential recall bias, 2 studies (55, 56) give insufficient evidence about the effect of cannabis use on the risk for cardiovascular events. A meta-analysis (59) of 9 case–control studies provides low-strength evidence that cannabis use is not associated with an increased risk for head and neck cancer (odds ratio, 1.02 [CI, 0.91 to 1.14]). Another meta-analysis (57) of 6 case–control studies provides low-strength evidence of no elevated risk for lung cancer with cannabis use (odds ratio, 0.96 [CI, 0.66 to 1.38]). Insufficient evidence exists about the effects of cannabis on testicular (60) or transitional cell cancer (61) (Table 3).

Mental Health and Cognitive Harms in the General Population

One systematic review (64) and 8 studies (65–71, 74) consistently found an association between cannabis use (specifically related to THC content) and the development of psychotic symptoms (low strength of evidence) (Table 3). The association was seen both in populations at risk for psychotic spectrum disorders and in average-risk populations. The possibility that cannabis contributes directly to the development of psychotic symptoms is supported but not proved by biological plausibility, evidence of a dose-response relationship, prospective cohort studies, and small experimental studies.

A systematic review of 6 longitudinal studies provides low-strength evidence of an association between cannabis use and exacerbation of manic symptoms in patients with known bipolar disorder. The review found higher incidence of new-onset mania symptoms among populations without a diagnosis of bipolar disorder (pooled odds ratio, 2.97 [CI, 1.80 to 4.90]) (63).

Two systematic reviews of studies in general populations provide moderate-strength evidence that active, long-term cannabis use is associated with small to moderate negative effects on many domains of cognitive function, but evidence on cognitive effects in past users is insufficient (72, 73).

A meta-analysis of 4 epidemiologic studies found significantly increased odds of suicide death (pooled odds ratio, 2.56 [CI, 1.25 to 5.27]) with any cannabis use. However, our confidence in the findings is limited by inconsistent findings among included studies, inadequate assessment of exposure, and inadequate adjustment for confounding among the studies (insufficient strength of evidence) (62, 64).

Motor Vehicle Accidents in the General Population

Moderate-strength evidence from a recent meta-analysis of 21 multinational observational studies suggests that acute cannabis intoxication is associated with a moderate increase in collision risk (odds ratio, 1.35 [CI, 1.15 to 1.61]) (51).

Other Harms in the General Population

Long-term cannabis use has been associated with a severe form of cyclic vomiting called cannabinoid hyperemesis syndrome (75–82). Serious infectious diseases, including aspergillosis (83–86) and tuberculosis, have also been associated with smoking cannabis (87, 88). Evidence of the effects of cannabis on violent behavior is mixed (89, 90). Cannabis use was associated with incident cannabis use disorder (adjusted odds ratio, 9.5 [CI, 6.4 to 14.1]) in a large (N = 34 653) prospective cohort study (91). In a cross-sectional study of patients receiving daily opioid therapy for chronic pain, the prevalence of cannabis use disorder was 2.4%, and 13.2% reported having used cannabis in the past 30 days. The prevalence of cannabis use disorder among the subgroup of current users, however, was not reported (92).

Table 2. Summary of Evidence of the Benefits of Cannabis in Populations With Chronic Pain

Pain Type	Studies	Findings	Strength of Evidence*	Comments
Neuropathic	11 low-ROB studies; combined $N = 593$: 4 of smoked THC (28, 31, 33, 39); combined $N = 150$ 3 of vaporized THC (36, 40, 47); combined $N = 97$ 3 of nabiximols (24, 27, 42); combined $N = 312$ 1 of oromucosal spray delivering THC or THC+CBD (43); $N = 34$ 1 unclear-ROB study of nabiximols (26); $N = 30$ 1 high-ROB trial (35); $N = 125$	Studies did not find a clinically significant between-group difference on continuous pain scales, but a higher proportion of intervention patients had clinically significant pain relief up to several months later In a meta-analysis of 9 studies, intervention patients were more likely to report ≥30% improvement in pain (combined RR, 1.43 [95% CI, 1.16–1.88]; $I^2 = 38.6\%$; $P = 0.111$)	Low	Few patients enrolled in most low-ROB studies; inconsistent results; marked differences among studies in dosing and delivery mechanism; brevity of study duration; low applicability to formulations available in dispensaries
MS	3 low-ROB trials; combined $N = 369$; 24–279 per study: 1 of THC/CBD capsules (29) 1 of nabiximols (42) 1 of sublingual spray delivering THC, CBD, or THC+CBD (44) 5 unclear-ROB trials; combined $N = 897$; 24–339 per study: 3 of nabiximols (22, 38, 41) 1 of smoked THC (37) 1 of orally ingested THC (EPC002A) (45) 1 high-ROB trial of THC/CBD capsules (32), $N = 657$	No consistent clinically significant effects on pain	Insufficient	Few methodologically rigorous studies; inconsistent results; little long-term data; inclusion of pain as a secondary outcome; low applicability to formulations available in dispensaries
Cancer	2 unclear-ROB trials; combined $N = 596$; 177–360 per study: 1 of nabiximols (25) 1 of nabiximols and THC oromucosal spray in separate groups (23) 1 high-ROB trial of THC capsules (34), $N = 10$	No consistent clinically significant effects on pain	Insufficient	Small number of studies; methodological flaws, including high attrition, lack of clarity about randomization and blinding procedures, and use of nonstandard outcome measures
Other/mixed	1 unclear-ROB trial of nabiximols for rheumatoid arthritis (21); $N = 58$ 1 high-ROB trial of EPC002A (orally ingested 99% THC) for abdominal pain (46); $N = 65$ 3 cohort studies of mixed forms of cannabis (smoked, orally ingested, vaporized) for fibromyalgia (48), inflammatory bowel disease/Crohn disease (49), and nociceptive and/or neuropathic pain (50)	Small improvements in pain	Insufficient	Larger observational study had high attrition

CBD = cannabidiol; MS = multiple sclerosis; ROB = risk of bias; RR = risk ratio; THC = tetrahydrocannabinol.
* Based on the consistency, coherence, and applicability of the body of evidence, as well as the internal validity of individual studies. The strength of evidence is classified as follows: high = further research is very unlikely to change our confidence in the estimate of effect; moderate = further research is likely to have an important effect on our confidence in the estimate of effect and may change the estimate; low = further research is very likely to have an important effect on our confidence in the estimate of effect and is likely to change the estimate; insufficient = any estimate of effect is very uncertain.

DISCUSSION

In our systematic review, we found limited evidence on the potential benefits and harms of cannabis use in chronic pain populations (**Tables 2** and **3**). We found low-strength evidence that cannabis preparations with precisely defined THC–cannabidiol content (most in a 1:1 to 2:1 ratio) may alleviate neuropathic pain but insufficient evidence in populations with other types of pain. Most studies are small, many have methodological flaws, and the long-term effects are unclear given the brief follow-up of most studies.

Among neuropathic pain studies, we found a discrepancy between continuous and dichotomous pain outcomes. Possible interpretations are that cannabis is simply not consistently effective or that, although cannabis may not have clinically important effects on average, subgroups of patients may experience large effects. We did not find data to clarify which subgroups of patients are more or less likely to benefit.

Our findings complement several recent reviews. In 1 review, the authors concluded that low- to moderate-strength evidence supports the efficacy of cannabis in chronic pain populations, limited mainly to those with MS or neuropathic pain. However, a separate group reviewed and reanalyzed a similar set of published articles and determined that insufficient to low-strength evidence supports the use of cannabis to treat chronic noncancer pain (11). A recent report from the National Academies of Sciences, Engineering, and Medicine examined the biological and clinical effects of cannabis across a broad range of indications and concluded that there is substantial evidence of benefit for patients with

chronic pain. Although the overall conclusions seem to differ from our findings, the authors stipulated that the clinical improvements were modest and limited to neuropathic pain (93), and they underscored the urgent need for better research clarifying the effects of cannabis. Our review augments this report by using a systematic approach on a more focused topic (chronic pain and harms) as well as standard terminology for describing the strength of the body of evidence (19).

Even though we did not find strong, consistent evidence of benefit, clinicians will still need to engage in evidence-based discussions with patients managing chronic pain who are using or requesting to use cannabis. Therefore, clinicians must understand what is known and unknown about its potential harms.

We found moderate-strength evidence that light to moderate cannabis smoking does not adversely affect lung function over about 20 years. However, the limited data on the effects of heavy use suggest a possible deleterious effect on lung function over time (52, 53). We found low-strength evidence that light to moderate cannabis use is not associated with lung cancer or head and neck cancer diagnoses independent of tobacco use, but the data are limited to case-control studies and do not address heavy use. We found insufficient evidence examining whether cannabis use is associated with cardiovascular events over the long term.

Cannabis use has potentially serious mental health and adverse cognitive effects, although data are insufficient to characterize the magnitude of risk or in whom the risk is highest. Cannabis seems to be associated with at least small, short-term deleterious effects on cognition in active users, but long-term effects in past users are uncertain. We found a consistent association between cannabis use and the development of psychotic symptoms over the short and long term. A large prospective cohort study in the United States found that cannabis use was associated with a substantial risk for incident cannabis use disorder and a smaller risk for incident alcohol and other substance use disorders (91). Finally, we found some adverse effects that seem to be related to cannabis use and are important for clinicians to know (for example, infectious disease complications, cannabis hyperemesis syndrome, and violent behavior), but the incidence of these effects has not been well-characterized.

Evidence-based nonpharmacologic and nonopioid pharmacologic therapies are the preferred initial methods for treating chronic pain (94). Clinicians may struggle with treating chronic pain in patients who have not responded to first-line treatment, and cannabis may be perceived as a safer strategy in these patients (95). The scale and severity of adverse events, including death, seen with opioids have not been described with cannabis in the literature (although less research is available on cannabis than on opioids) (95). However, no studies have directly compared cannabis with opioids, and no good-quality data exist on how cannabis use affects opioid use and opioid-related adverse effects. Cross-sectional studies suggest an association between co-occurring cannabis use and adverse opioid-related events (that is, misuse or more refills) among patients prescribed opioids (6, 7, 96–98). By contrast, an open-label study found that pain scores and opioid use decreased over 6 months in participants with chronic pain who initiated cannabis treatment, although confidence in the findings is limited by the large number of participants lost to follow-up (99).

The applicability of study data to current practice is limited in several ways. The patient populations in many studies were highly selected, and some studies included a run-in period after which patients who did not respond were excluded from further study. The data on effectiveness largely come from trials examining formulations with precisely defined THC and cannabidiol content, which differs from the reality of clinical practice. Even though dispensaries are increasingly labeling products' content, discrepancies often exist between labeled and measured content (100). Moreover, the dose of THC assessed in many of the studies is substantially lower than that in products commonly available in dispensaries (for example, 2.5 mg of THC vs. a range of 15 to 200 mg) (100).

Finally, the evidence base on harms is limited because studies include relatively few patients who are older, are chronically ill, or have a history of heavy and prolonged cannabis use. In observational studies, the exact dose of exposure to cannabis was rarely known because of recall bias, and the potency (that is, in estimates of cannabis cigarettes smoked per day) was impossible to assess. On the other hand, this imprecision probably mirrors the uncertainty clinicians will face in discussing benefits and harms with their patients.

Our approach to synthesizing the literature also has limitations. Given the broad scope of our review, we relied on existing systematic reviews to identify the best available evidence. However, we also comprehensively searched for and included newer primary studies, included only good-quality systematic reviews, and reassessed the quality of primary pain studies included in prior reviews. We excluded studies of synthetic prescription cannabinoids, in part because these were included in recent reviews and are not available in cannabis dispensaries. Regardless, inclusion of these studies would not have changed our overall findings because so few studies were available, they were methodologically flawed, and they had very small sample sizes. We examined harms in both chronic pain and general populations, although the degree to which harms data in general populations apply to patients with chronic pain is uncertain. Finally, we focused specifically on pain outcomes in patients with chronic pain, but we acknowledge that other outcomes are also important in the treatment of chronic pain. In our larger report, we describe low-strength evidence that cannabis may reduce spasticity and improve sleep in patients with MS. We found insufficient evidence regarding the effects of cannabis on these outcomes in other patient populations and regarding effects on quality of life and functional status in any population (8).

Virtually no conclusive information exists about the benefits of cannabis in chronic pain populations, and

Table 3. Summary of Evidence for the Harms of Cannabis in Chronic Pain and General Adult Populations

Outcome	Studies	Findings	Strength of Evidence*	Comments
General AEs	2 systematic reviews (10, 11) and 1 observational study of chronic pain (50)	Cannabis-based treatments associated with higher overall risk for short-term, nonserious AEs.	-	Consistent findings except for serious AE
Motor vehicle accidents	Meta-analysis (51) of 21 observational studies; combined N = 239 739	Increase in collision risk (OR, 1.35 [95% CI, 1.15–1.61]).	Moderate	Small but significant increase in risk seen consistently across numerous sensitivity analyses and after adjustment in meta-regression analyses
Medical AEs				
Pulmonary function	2 low-ROB prospective cohort studies (52, 53) with 20–32 y follow-up; combined N = 6053 1 systematic review (54) of 5 observational studies (3 cohort, 2 cross-sectional); combined N = 851	In young adults, low levels of cannabis smoking did not adversely affect lung function over about 20 y A previous meta-analysis of 5 studies found no increased risk for pulmonary adverse effects (OR, 0.80 [95% CI, 0.46–1.39])	Young adults: moderate Older adults: no evidence	2 well-done prospective cohort studies, but limited information about effects of heavy use and no information in older or multimorbid populations
Cardiovascular effects	2 high-ROB observational studies: 1 case-crossover (55), N = 3882; 1 cohort (56), N = 2097	Cannabis use at time of MI not associated with mortality after mean 12.7-y follow-up, but longitudinal use not assessed Risk of MI within 1 h of cannabis use significantly elevated compared with periods of nonuse, but finding may be inflated by recall bias (OR, 4.8 [95% CI, 2.9–9.5])	Insufficient	Recall bias; inadequate controlling for confounders; lack of longitudinal exposure data
Lung cancer	1 patient-level meta-analysis (57) of 6 case-control studies; combined N = 2150 1 high-ROB cohort study (58); N = 49 231	Meta-analysis found no association between light cannabis use and lung cancer	Low	Recall bias; mostly light users, few heavy users; large cohort study had no information about exposure over time
Head/neck/oral cancer	Meta-analysis (59) of 9 case-control studies; combined N = 5732	No association between cannabis use and cancer (OR, 1.02 [95% CI, 0.91–1.14]); generally consistent across studies and no evidence of dose-response	Low	Imprecise exposure measurement with potential recall bias; ever-use among studies ranged from 1%–83%
Testicular cancer	Meta-analysis (60) of 3 high-ROB case-control studies; combined N = 719	Increased cancer risk for weekly users compared with never-users seen with nonseminoma cancer but not seminoma cancer (OR, 1.92 [95% CI, 1.35–2.72])	Insufficient	Potential confounding from recall bias and tobacco use
Transitional cell cancer	1 high-ROB VA case-control study (61); N = 52	Risk of cancer with >40 joint-years cannabis use vs. none (OR, 3.4; unadjusted P = 0.012).	Insufficient	1 very small case-control study with several methodological flaws
Mental health AEs				
Suicidal behaviors	1 meta-analysis (62) of 4 observational studies	Significantly increased odds of suicide with any cannabis use (OR, 2.56 [95% CI, 1.25–5.27])	Insufficient	Inconsistent results; inadequate exposure ascertainment and adjustment for confounding
Mania	1 meta-analysis (63) of 2 prospective studies	Increased incidence of new-onset mania symptoms among populations without diagnosis of bipolar disorder (OR, 2.97 [95% CI, 1.80–4.90])	Low	Small number of studies; exposure not well-characterized in 1 study, but other was large community-based cohort study also showing dose-response effect
Psychosis	1 systematic review (64) 8 studies (65-71, 74) including patients without psychotic symptoms at baseline: 3 low ROB, 3 medium ROB, 2 high ROB	History of cannabis use associated with increased risk for psychotic symptoms	Low	Consistent evidence from large observational studies and some evidence of increased risk with higher levels of use; consistent with data from small experimental studies suggesting risk of acute psychosis in some patients; magnitude of risk unclear and not specifically studied in chronic pain populations
Cognitive effects	2 systematic reviews (72, 73)	Active long-term cannabis use associated with small negative effects on all aspects of cognition Mixed, inconsistent findings on long-term effects in past users.	Moderate Insufficient (past use)	Consistent data from large number of studies on effects on active long-term use, but inconsistent findings from smaller number of studies regarding effects in those who abstained and no data available specifically in chronic pain populations

AE = adverse effect; MI = myocardial infarction; OR = odds ratio; ROB = risk of bias; VA = U.S. Department of Veterans Affairs.
* Based on the consistency, coherence, and applicability of the body of evidence, as well as the internal validity of individual studies. The strength of evidence is classified as follows: high = further research is very unlikely to change our confidence in the estimate of effect; moderate = further research is likely to have an important effect on our confidence in the estimate of effect and may change the estimate; low = further research is very likely to have an important effect on our confidence in the estimate of effect and is likely to change the estimate; insufficient = any estimate of effect is very uncertain.

limited information is available on harms, so methodologically strong research in almost any area is likely to add to the strength of evidence (see **Table 8 of Supplement 5** for a list of important research gaps and **Table 9 of Supplement 5** for a list of ongoing studies). Of note, many of the studies we found were done in European countries, suggesting that there may be fewer barriers to conducting cannabis-related research there than in the United States, where barriers are substantial.

Although cannabis is increasingly available for medical and recreational use, little methodologically rigorous evidence examines its effects in patients with chronic pain. Limited evidence suggests that it may alleviate neuropathic pain, but evidence in other pain

populations is insufficient. Evidence is also limited on its association with an increased risk for nonserious short-term adverse effects and potentially serious mental health adverse effects, such as psychosis.

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Medical Marijuana in Mississippi

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Medical Marijuana in Mississippi

1. *Cannabis and cannabinoids*
2. *Medicinal benefits of Cannabis*
3. *Evolution and range of state Medical Marijuana programs*
4. *Components of a sound medical approach*
5. *Legislative vs. administrative*

1. Cannabis and Cannabinoids

- More than 500 compounds discovered in Cannabis
- More than 120 "cannabinoids": THC, CBD, CBG, CBC, etc.
- THC and CBD are of primary interest now medically
- THC (Δ9 or Δ8) are psychoactive

Pure THC

2. Potential Medical Benefits of Cannabinoids (at present, primarily THC or CBD)

- Nausea and vomiting
- Appetite stimulation
- Motor control, spasticity
- Seizures
- Pain perception and processing
- Others?
- With any medical treatment:
  - Dose matters!
  - Delivery route matters!
  - Product quality matters!
  - Monitoring of benefit
  - Assessment of risks

I-65 and SB 2765: Simple Medical Questions

- What is it? 2.5 oz of what? – buds, extract, solutions, gummies?
- THC content???
- Route of administration (smoking, vaping, dabbing, oral, topical)?
- Product promotion
- Product quality and consistency
- Formulation

- Indications
- Dose level, frequency
- Risk/benefit assessments (clinical trials)
- Outcomes
- Adverse events

2.5 oz of MJ w 10% THC would be equivalent to 700 of high dose Marinol capsules

Top end dosage 4 per day of 10 mg

3. Evolution of State Medical Marijuana Programs

- First wave – ballot initiatives, 1996 – 1999
  - 7 states, including CA, OR, WA, AZ, AK, NV, ME
  - Primarily smoking, legal protections, little attention to quality/source
  - Most of these states are now recreational use states
- Early legislative initiatives, 2000 – 2008
  - 8 more states during this period; others "decriminalized" medical use
  - Patient registries
  - More explicit allowances on source/supplies
  - Expanding variety of product types
  - Revenue streams established in many states

Evolution of State Medical Marijuana Programs

- 2nd generation legislation, 2009 – present
  - Another 20+ states with comprehensive programs
  - Regulation of growers, distribution, dispensaries
  - More medical care integration
  - Growing focus on testing/labeling
  - Growing dependence on revenue streams
  - Migration of many MM states to recreational (11)

4. Components of a sound medical approach

- Designed and run by MDOH w other agencies
- Roles for physicians, pharmacists, health professionals
- Testing consistent quality products in defined indications
- Patient registry
- Documenting outcomes in an unbiased way
- Helping patients in the process

5. Legislative issues?

- **Objectives medically and fiscally**
- **Responsible agencies**
- **Legal protections for patients, caregivers, health professionals**
- **Revenue allocation by state**
- **Consistency with other state laws**

What about Mississippi?

Three Possible Paths

We could follow everyone else… irreversibly
We could hold out – another year or two?

Or we COULD lead the nation with a medically sound program…

DISCLAIMER

The attached file includes Medical Marijuana Program regulations filed by the Mississippi Department of Health on May 7, 2021. Please note, the regulations are NOT final regulations. The regulations were withdrawn on May 18, 2021.

Title 15: Mississippi State Department of Health
Part 22: Medical Marijuana Program
Subpart 1: Product Safety

Chapter 1 REGULATIONS FOR INDEPENDENT MEDICAL MARIJUANA TESTING FACILITY

Subchapter 1 General Provisions:

Rule 1.1.1. Legal Authority: This regulation has been promulgated under the authority of and pursuant to Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2).

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.1.2 Definitions

1. "Department" shall mean the Mississippi State Department of Health or its successor agency.

2. "Independent Medical Marijuana Testing Facility" means any facility, entity or site that offers or performs testing of medical marijuana or medical marijuana products, including the equipment provided by such laboratory, facility, or entity and that is licensed/certified by the Department. An independent medical marijuana testing facility may acquire, possess, test and transport medical marijuana and medical marijuana products between its licensed premises and other licensed premises.

3. "Medical marijuana" shall have the meanings as given as of July 1, 2018 in Section 41-29105(r) and/or Section 41-29-105(o), of the Mississippi Code of 1972, and which is used to treat the symptoms and/or effects of a debilitating medical condition as provided in the Mississippi Constitution.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.1.3 All independent medical marijuana testing laboratory operations must be physically located within the State of Mississippi.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.1.4 All independent medical marijuana testing facilities must be currently certified by the Department and adhere to all regulations and guidelines set forth by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.1.5 An independent medical marijuana testing facility must receive from the Department full or provisional certification for at least one analyte and the methodology to be used for the testing of medical marijuana products.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 2 Documentation Requirements for Applicants

Rule 1.2.1 All applicants for an independent medical marijuana testing facility certification must complete the application document required by the Department and include the documentation outlined in Subchapter 3 of these regulations, pay appropriate fees to the Department, and be certified by the Department prior to initiating any testing related to medical marijuana.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.2.2 At a minimum, the following must accompany an application for independent medical marijuana testing facility certification:

a. The name and qualifications of the facility director in charge of the independent medical marijuana testing facility, a roster of employees with each employee's qualifications including resumes, college diplomas, and transcripts and individual job descriptions that demonstrate compliance with the Department's personnel requirements;
b. A description of the organization and management structure of the independent medical marijuana testing facility, its place in any parent organization and the relationships between quality management, technical operations and support services
b. Independent medical marijuana testing facility quality assurance manual;
c. List of all testing methods for which applicant is seeking certification as well as all completed validation studies, associated standard operating procedures and required Department forms for all fields of testing methods;
d. A management plan defining the responsibilities of key personnel in the organization who have any involvement or influence on testing, and if the independent medical marijuana testing facility is part of an organization performing activities other than testing, identifying potential conflicts of interest;
e. Written policies and procedures that ensure the protection of its clients' confidential information and proprietary rights, including procedures for protecting the electronic storage and transmission of results;
f. Written policies and procedures for receipt of samples for mandatory or other testing;
g. A written policy defining legal chain of custody protocols and including procedures to control access to certificate of analysis data and other testing data to prevent it from being falsified or manipulated.

h. Written policies for how results will be reported and how all testing data will be retained.
i. Written policies and procedures for how any remaining product will be destroyed or returned to the producer.
j. Written policies and procedures that ensure the protection of its clients' confidential information and proprietary rights, including procedures for protecting the electronic storage and transmission of results;
k. Quality control criteria for the test(s) that the applicant intends to conduct;
l. Evidence that validates the accuracy of the test(s) to be conducted by the independent medical marijuana testing facility applicant as performed in the applicant's marijuana testing facility;
m. A list of all persons or business entities having direct or indirect authority over the management or policies of the independent medical marijuana testing facility applicant;
n. A list of all persons or business entities having any ownership interest in any property utilized by the independent medical marijuana testing facility applicant, whether direct or indirect, and whether the interest is in land, building(s), or other material, including owners of any business entity that owns all or part of land or building(s) utilized;
o. A description of the facilities and equipment that shall be used in the operation of the independent medical marijuana testing facility applicant;
p. A general written security policy, to address at a minimum safety and security procedures;
q. Proof of ISO/IEC 17025:2017 or most recent version accreditation for all proposed fields of testing or, if applying for a provisional certification, proof that the applicant has submitted an approved application for ISO/IEC 17025:2017 or most recent version accreditation for such fields of testing;
r. Submission of the non-refundable application fee.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 3 Business/Ownership Requirements for Applicants

Rule 1.3.1 Must be registered with the MS Secretary of State as a cannabis related business. Applicants must register utilizing the applicable NAICS Codes 111419, 424590, 453998, or 111998 as a component of formation or registration.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.3.2 As a part of applications, applicants must submit the following for each owner, regardless of the percentage of ownership:

a. An attestation signed and dated by the owner that the owner has not been convicted of an excluded felony offense;
b. An attestation signed and dated by the owner that the owner does not have a direct or indirect familial or financial relationship with or interest in a Medical

Marijuana Treatment Center/dispensary, related medical marijuana business entity, or management company;

c. An attestation signed and dated by the owner that the independent medical marijuana testing facility will not test marijuana or marijuana products for a designated caregiver who the owner has a direct or indirect familial or financial relationship with;
d. An attestation signed and dated by the owner pledging not to divert marijuana to any individual or entity that is not allowed to possess marijuana;
e. Mississippi Driver's License;
f. The owner's fingerprints on a fingerprint card or a live scan print that includes:
    i. The owner's first name; middle initial, if applicable; and last name;
    ii. The owner's signature;
    iii. If different from the owner, the signature of the individual physically rolling the owner's fingerprints;
    iv. The owner's residence address;
    v. If applicable, the owner's surname before marriage and any names previously used by the owner;
    vi. The owner's date of birth;
    vii. The owner's Social Security number;
    viii. The owner's citizenship status;
    ix. The owner's gender;
    x. The owner's race;
    xi. The owner's height;
    xii. The owner's weight;
    xiii. The owner's hair color;

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.3.3 The Department may, at its discretion, allow applicants to submit an application to expand the scope of its certification for one or more of the fields of testing on an individual basis rather than requiring the applicant to meet all fields of testing for all available testing types.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 4 Certification of Independent Medical Marijuana Testing Facility

Rule 1.4.1 Full certification will be granted by the Department to an independent medical marijuana testing facility that can demonstrate that it has current certification through ISO/IEC 17025:2017 or most recent version accreditation valid during the period of Department certification, paid appropriate fees to the Department and meets all other requirements of Title 15 Part 22.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.4.2 Provisional certification will be granted by the Department to an independent medical marijuana testing facility that can demonstrate that it has had an application accepted for, but has not yet received nor been denied, ISO/IEC 17025:2017 or most recent version accreditation, paid appropriate fees to the Department and that meets all other requirements of Title 15 Part 22.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.4.3 Certification may be denied or limited when an applicant has deficiencies and the Department certification officer is not satisfied that marijuana testing facility is able to produce quality data and meet all requirements of Title 15 Part 22 and guideline requirements of the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.4.4 An independent medical marijuana testing facility must receive a comprehensive on-site inspection prior to receiving certification. Following inspection, the Department will issue a written initial on-site assessment report which identifies any deficiencies noted during the inspection. An independent medical marijuana testing facility must correct any deficiencies identified and provide documentation of the correction to Department within sixty (60) calendar days of receipt of the initial on-site inspection report prior to becoming fully certified.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.4.5 An independent medical marijuana testing facility may test medical marijuana or marijuana products only if it holds a current valid licensure/certification from the Department. Initial licensure/certification will be for a period of one (1) year, and annual recertification and fees are required.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.4.6 Certification of an independent medical marijuana testing facility may be granted if the facility is fully accredited to the International Organization for Standardization (ISO), ISO/IEC 17025:2017 or most recent version accreditation, by an Internal Marijuana testing facility Accreditation Cooperation (ILAC) recognized accreditation body, makes application, pays appropriate fees to the Department, and meets all requirements of Title 15 Part 22. The Department must receive the complete report from the accrediting organization, including any/all Corrective Action Plans.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.4.7 Annual licensure/ recertification is required and the application shall include, at a minimum, the following:

a. Any changes to assertions made during initial certification or most recent recertification;
b. Copies of updated current QA manual, policies and procedures;
c. An updated field of testing list;
d. Copies of any new field of testing validation studies;
e. All proficiency testing results for the prior year.

Rule 1.4.8 The Department may consider an independent medical marijuana testing facility's compliance with licensure/certification requirements, proficiency testing, accuracy of testing and reporting implicated in this rule when determining whether to renew the facility's certification.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 5 Proficiency Testing

Rule 1.5.1 The independent medical marijuana testing facility shall participate in a proficiency testing program provided by an organization that operates in conformance with the requirements of ISO/IEC 17043, at least once every six months.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.5.2 The independent medical marijuana testing facility shall report all analytes available by the proficiency testing program provider and for which the facility is licensed/certified.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.5.3 The independent medical marijuana testing facility shall participate in the proficiency testing program by following the marijuana testing facility's existing SOPs for testing cannabis goods.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.5.4 The independent medical marijuana testing facility shall rotate the proficiency testing program among the marijuana testing facility employees who perform the test method and all marijuana testing facility employees who participate in a proficiency testing program shall sign the corresponding analytical reports or attestation statements to certify that the proficiency testing program was conducted in the same manner as the marijuana testing facility tests of cannabis goods.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.5.5 The independent medical marijuana testing facility shall request the proficiency testing program provider send results concurrently to the Department, if available, or the marijuana testing facility shall provide the proficiency testing program results

to the Department within three (3) business days after the independent medical marijuana testing facility receives notification of their test results from the proficiency testing program provider.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.5.6 The independent medical marijuana testing facility shall be deemed to have successfully participated in a proficiency testing program for an analyte tested in a specific method if the test results demonstrate a "satisfactory" or otherwise proficient performance determination by the proficiency testing program provider.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.5.7 The independent medical marijuana testing facility may not report test results for analytes that are deemed by the proficiency testing program provider as "unacceptable," "unsatisfactory", or otherwise deficient.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.5.8 The independent medical marijuana testing facility may resume reporting test results for analytes that were deemed "unacceptable," "unsatisfactory", or otherwise deficient, only if both of the following conditions are met:

a. The independent medical marijuana testing facility satisfactorily reviews and remedies the cause of the failure for each analyte;
b. The independent medical marijuana testing facility submits, to the Department, a written correction action report demonstrating how the independent medical marijuana testing facility has fixed the cause of the failure and the plan is officially accepted by the Department.
c. The independent medical marijuana testing facility successively completes a new proficiency study for the analyte.
d.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 6 Testing

Rule 1.6.1 The independent medical marijuana testing facility must perform all required analytes from Department guidelines.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.2 The independent medical marijuana testing facility shall develop and implement a sampling standard operating procedure (SOP) that describes the independent medical marijuana testing facility's method for obtaining representative samples of medical marijuana and for maintaining sample integrity.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.3 The independent medical marijuana testing facility shall develop and implement a Chain of Custody form and its use shall be described in the sampling SOP.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.4 The independent medical marijuana testing facility that obtains a representative sample from a licensed Medical Marijuana Treatment Center shall perform all the required testing at one licensed marijuana testing facility premises.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.5 The independent medical marijuana testing facility shall obtain and analyze samples only from batches in final form.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.6 A representative from the medical marijuana treatment center must physically observe the sampling to ensure an appropriate sample size is obtained. The representative must not assist the marijuana testing facility employee with sampling but only act as a witness.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.7 The independent medical marijuana testing facility sampler shall collect a representative sample from each batch following the procedures specified in the marijuana testing facility's sampling standard operating procedure(s).

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.8 Except as otherwise approved by the Department, the independent medical marijuana testing facility shall collect a sample size that is sufficient to complete all required analyses and include not less than 0.5% of the weight of the harvest batch and not to exceed 50 pounds.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.9 The independent medical marijuana testing facility must use at least 75% of the sample taken for testing. The remaining 25% must be stored for up to forty-five (45) days in the event that additional testing is required. After that timeframe, the remaining product would be destroyed in accordance with standard operating procedures.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.10 The independent medical marijuana testing facility must develop a statistically valid sampling SOP to collect a representative sample from each batch of product.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.11 The independent medical marijuana testing facility shall ensure that samples are transported in one (1) or more containers sealed with evidence tape and that the sample is not accessible while in transit.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.12 Vehicles used by an independent medical marijuana testing facility to transport samples must not bear markings or other indication that it is carrying medical marijuana products.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.13 Medical marijuana testing sample products in transit must always remain secure and in the presence of an independent medical marijuana testing facility employee.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.14 The independent medical marijuana testing facility must store samples only on their premises and in a manner that prevents degradation, contamination, commingling, and tampering.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.15 If the medical marijuana label specifies how it shall be stored, the independent medical marijuana testing facility shall store the sample as indicated on the label.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.16 The independent medical marijuana testing facility shall complete a chain of custody form for each sample that the marijuana testing facility collects and analyzes. The medical marijuana treatment center representative that observes the collection must attest to observing the sampling on the chain of custody form.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.17 Once a representative sample has been obtained for regulatory compliance testing, the state certified independent medical marijuana testing facility that obtained the sample must complete the regulatory compliance testing while maintaining product integrity throughout the testing process.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.18 The independent medical marijuana testing facility must reject any products meeting the below criteria as unsatisfactory for testing:

a. Samples are received without a Chain of Custody;
b. Samples are received with the evidence tape broken;
c. Samples that are collected using inappropriate techniques or that are submitted with missing or incomplete sample collected records;
d. Samples are received with evidence of comingling, contamination, degradationor or related occurrence rending the sample unusable or unacceptable for analytical testing.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.19 If an independent medical marijuana testing facility is unable to competently complete the regulatory compliance testing after sampling and within its stated testing turn-around-time, the licensed medical marijuana treatment center may request approval from the Department in writing to have the impacted batch(s) re-sampled and tested by another state certified independent medical marijuana testing facility. The Department will review the request and determine if the independent medical marijuana testing facility that initially took the sample is unable to complete the regulatory compliance testing. If the Department determines that the independent medical marijuana testing facility is unable to complete the regulatory compliance testing, the Department, at its discretion, may approve the request in whole or part and set conditions for the re-sampling and testing. No re-sampling of any batch shall occur prior to the medical marijuana treatment center obtaining written approval from the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.20 The independent medical marijuana testing facility shall develop, implement, and maintain written standard operating procedures (SOP) for sample preparation and each required test method.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.21 The independent medical marijuana testing facility shall keep each SOP at the independent medical marijuana testing facility premises and ensure that each SOP is accessible to independent medical marijuana testing facility employees during operating hours.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.22 The independent medical marijuana testing facility shall make each SOP available for inspection by the Department upon request, as well as any other SOPs associated with the licensee's ISO/IEC 17025:2017 or most recent version, accreditation certificate.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.23 The independent medical marijuana testing facility shall develop, implement, and validate test methods for the analysis of samples.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.24 The independent medical marijuana testing facility shall generate a certificate of analysis (COA) for each representative sample that the independent medical marijuana testing facility analyzes.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.25 The independent medical marijuana testing facility shall ensure that the certificate of analysis (COA) contains the results of all required analyses performed for the representative sample.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.26 The independent medical marijuana testing facility shall, within one (1) business day of completing all analyses of a sample, upload the certificate of analysis (COA) into the system defined by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.27 The independent medical marijuana testing facility shall not release to any person any cumulative or individual test results prior to completing all analyses and providing the certificate of analysis (COA) to the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.28 The certificate of analysis (COA) must contain the elements defined by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.29 A medical marijuana batch that has been additionally processed after failed testing must be retested and successfully pass all the analyses required under this chapter.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.30 The medical marijuana treatment center shall arrange for remediation of a failed cannabis product. If the product cannot be remediated, the entire lot shall be destroyed.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.31 A cannabis product lot that fails initial testing may not be retested before remediation without written authorization from the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.32 A cannabis product lot may only be remediated twice. If the batch fails after the second remediation attempt and the second retesting, the entire batch shall be destroyed.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.33 Upon completion of testing and quality review, the laboratory shall upload the certificate of analysis (COA) into the system defined by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.34 Nothing in this section shall be interpreted to prevent a cannabis goods batch from being retested when the certificate of analysis (COA) is 12 or more months old.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.35 The independent medical marijuana testing facility shall retain the reserve sample, consisting of any portion of a sample that was not used in the testing process. The reserve sample shall be kept, at minimum, for forty-five (45) business days after the analyses, after which time it may be destroyed and denatured to the point the material is rendered unrecognizable and unusable.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.36 The independent medical marijuana testing facility shall securely store the reserve sample in a manner that prohibits sample degradation, contamination, and tampering.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.37 The independent medical marijuana testing facility shall provide the reserve sample to the Department upon request.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.38 The independent medical marijuana testing facility will retain all testing data and reports for up to 5 years. All testing data shall be made available to the Department on request.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.39 The independent medical marijuana testing facility must utilize the statewide inventory control and reporting system(s) designated by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.6.40 The independent medical marijuana testing facility must store all raw unprocessed instrument output data files and processed quantitation output files on some form of electronic, magnetic or optical media. All testing data, including the Certificate of Analysis, must be securely maintained and include password-protection for electronically stored data. The marijuana testing facility must allow access to these records for inspection and audit.

Subchapter 7 Quality Assurance

Rule 1.7.1 The independent medical marijuana testing facility shall develop and implement a Medical Marijuana testing facility Quality Assurance (QA) program to assure the reliability and validity of the analytical data produced by the independent medical marijuana testing facility. The QA program shall be approved by the facility director and at minimum, include a written QA manual that addresses the following:

a. Quality control procedures;
b. Marijuana testing facility organization and employee training and responsibilities, including good marijuana testing facility laboratory practice (GLP);
c. QA objectives for measurement data;
d. Traceability of data and analytical results;
e. Instrument maintenance, calibration procedures, and frequency;
f. Performance and system audits;
g. Corrective action procedures;
h. Steps to change processes when necessary;
i. Record retention and document control;
j. Test procedure standardization; and
k. Method validation.
l.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.7.2 The independent medical marijuana testing facility director shall ensure the annual review of the QA plan.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.7.3 The QA plan must be reviewed and amended, as necessary, anytime there is a change in methods, marijuana testing facility equipment, or the supervisory or management of the independent medical marijuana testing facility employee.

SOURCE: Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)

Rule 1.7.4 The marijuana testing facility shall use Laboratory Quality Control (LQC) samples and adhere to good marijuana testing facility laboratory practice (GLP) in the performance of each analysis.

SOURCE: Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)

Subchapter 8 Compliance Monitoring

Rule 1.8.1 Submission of an application for an independent medical marijuana testing facility certification constitutes permission for:

a. The Department's entry to and inspection of the facility, and:
b. The Department to conduct proficiency testing.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.8.2 The Department shall conduct an initial facility inspection and follow-up facility inspections, at least annually.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.8.3 The Department may conduct unannounced facility inspections.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.8.4 If the Department determines that a facility is not in compliance with this chapter, the Department will provide the owner and facility director with a written notice of findings.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.8.5 Other than an initial application, after receipt of a written notice of findings from the Department, an independent medical marijuana testing facility shall have thirty (30) calendar days to submit a corrective action plan to address the findings of the Department. Corrective action plans must be sufficient to be accepted by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.8.6 The corrective action plan must:

a. Describe how each finding will be corrected and reoccurrence prevented; and
b. Include a date for correcting each finding.
c.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 9 Mandatory Testing of Medical Marijuana

Rule 1.9.1 No independent medical marijuana testing facility shall examine a sample related to medical marijuana without certification from the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.9.2 Mandatory testing shall be performed on the final medical marijuana product equivalent to the sealed medical marijuana product dispensed to the patient (e.g., in a sealed vial or intact capsule).

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.9.3 Sampling and testing of each lot of final medical marijuana product shall be conducted with a statistically significant number of samples and with acceptable methodologies such that there is assurance that all lots of each medical marijuana product are adequately assessed for contaminants and the cannabinoid profile is consistent throughout.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 10 Transportation of Medical Marijuana

Rule 1.10.1 A printed transportation manifest must accompany every transport of medical marijuana.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.10.2 The printed transportation manifest must include, but not be limited to:

a. medical marijuana production establishment address and license number of the departure location;
b. physical address and license number of the receiving location;
c. strain name, quantities by weight, and unique identification number of each medical marijuana material to be transported;
d. date and time of departure;
e. estimated date and time of arrival, and;
f. printed name and signature of each agent accompanying the medical marijuana.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.10.3 The transportation manifest may not be voided or changed after departure from the original medical marijuana production establishment.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.10.4 A copy of the transportation manifest must be provided to the facility upon arrival.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.10.5 The receiving facility shall ensure that the medical marijuana material received is as described in the transportation manifest and shall record the amounts received for each strain into the inventory control system.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.10.6 The receiving facility shall document at the time of receipt any differences between the quantity specified in the transport manifest and the quantities received in the inventory control system.

SOURCE: Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)

Rule 1.10.7 During transport an independent cannabis testing facility agent shall ensure the cannabis is:

a. Shield from the public view;
b. Secured at all times, and;
c. Temperature controlled, if perishable

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.10.8 An independent medical marijuana testing facility shall contact the Department immediately, but no later than twenty-four (24) hours of the time of the incident if a vehicle transporting medical marijuana is involved in an accident that involves product loss.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 1.10.9 Only independent medical marijuana testing facility agents may occupy a transporting vehicle.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 11 Suspension of Independent Medical Marijuana Testing Facility Licensure/Certification

Rule 1.11.1 The Department may suspend the certification of any independent medical marijuana testing facility for:

a. Documented conditions of serious threat or jeopardy to patients' health or welfare;
b. Failure to comply with laws or regulations;

c. Failure to satisfactorily meet the minimum requirements as a independent medical marijuana testing facility as defined by this Chapter;
d. Failure to complete a Corrective Action Plan within the timeframe specified by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Title 15: Mississippi State Department of Health

Part 22: Medical Marijuana

Subpart 2: General Requirements

Chapter 1 GENERAL REQUIREMENTS FOR THE MEDICAL MARIJUANA PROGRAM

Subchapter 1 General Provisions

Rule 2.1.1 Purpose of Regulations: These regulations, and any guidelines set forth by the Department, governs the medical marijuana program in Mississippi. The purpose of this Part is to ensure the availability of and safe access to medical marijuana for qualified persons with debilitating medical conditions.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.1.2 Legal Authority: This regulation has been promulgated under the authority of and pursuant to Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2).

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.1.3 Definitions: The following terms as used in the rules and regulations related to the medical marijuana program (insert admin code reference) shall have the meaning hereinafter respectively ascribed to them:

1. **Applicant** - The term "Applicant" shall mean a person or entity that has submitted an application to the Department for a license but who has not yet received a determination from the Department.

2. **Assessment** – The term "Assessment" shall mean the amount, up to the equivalent of the state's sales tax rate, that may be assessed by the Department or its designee to the final sale of medical marijuana.

3. **Caregiver** - The term "Caregiver" shall mean a person who is at least twenty-one (21) years of age, who complies with the regulations prescribed by the Department, and who assists with a Qualified Patient's use of Medical Marijuana. A qualified patient may have more than one caregiver. A caregiver is prohibited from consuming medical marijuana provided for use by a qualified patient.

4. **Church** - The term "Church" shall mean a permanent structure with a permanent foundation and constructed roof, floors, and walls,

the intended purpose and current use of which is for a group of persons to meet at least weekly for religious services.

5. **Criminal or Civil Sanctions** – The term "criminal or civil sanctions" shall mean hall mean arrest; incarceration; prosecution; penalty; fine; sanction; the denial of any right, privilege, license, certification; and/or to be subject to disciplinary action by a licensing board or commission; and/or to be subject to seizure and/or forfeiture of assets pursuant to any Mississippi law, local ordinance, or board, commission, or agency regulation or rule.

6. **Cultivator** – The term "Cultivator" shall mean an entity holding a license issued by the Department that allows the entity to acquire, cultivate, cure, dry, grow, harvest, package, possess, purchase, research and trim medical marijuana. A cultivator may distribute, sell, transfer, and transport Medical Marijuana and Medical Marijuana Products between its licensed premises and any other licensed premises but not to Qualified Patients or Caregivers.

7. **Current Photograph** – The term "Current Photograph" shall mean an image on an individual, take no more than 60 calendar days before the submission of the application in a Department approved electronic format.

8. **Debilitating Medical Condition** - The term "Debilitating Medical Condition" shall mean cancer, epilepsy or other seizures, Parkinson's disease, Huntington's disease, muscular dystrophy, multiple sclerosis, cachexia, post-traumatic stress disorder, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, chronic or debilitating pain, amyotrophic lateral sclerosis, glaucoma, agitation of dementias, Crohn's disease, ulcerative colitis, sickle-cell anemia, autism with aggressive or self-injurious behaviors, pain refractory to appropriate opioid management, spinal cord disease or severe injury, intractable nausea, severe muscle spasticity, or another Medical condition of the same kind or class to those herein enumerated and for which a physician believes the benefits of using Medical Marijuana may reasonably outweigh potential health risks.

9. **Department** - The term "Department" shall mean the Mississippi State Department of Health or its successor agency.

10. **Dispensary** – The term "Dispensary" shall mean the same as Medical Marijuana Treatment Center.

11. **Dispense** – The term "dispense" shall mean the means the retail selling of medical marijuana medical marijuana products that are packaged and labeled in accordance with the rules set forth in this Part to a qualified patient or caregiver.

12. **Disposal** – The term "Disposal" shall mean the final disposition of medical marijuana waste by either a process which renders the waste unusable through physical destruction or a recycling process.

13. **Edible** – The term "edible" shall mean cannabis products that are orally consumed. These products can contain THC, CBD or a combination of the two.

14. **Employee** – The term "Employee" shall mean any individual employed by a licensee. The term "Employee" shall also mean any individual employed by a licensee who by contract with a licensee provides routine services to the licensee.

15. **Extraction** – The term "Extraction" shall mean the conversion of target molecules in cannabis raw materials to a usable form.

16. **Harvest Batch** – The term "Harvest Batch" shall mean a specifically identified quantity of medical marijuana plant material that is uniform in strain, cultivated utilizing the same growing practices, harvested at the same time and at the same location, and cured under uniform conditions.

17. **Harvest Lot** – The term "Harvest Lot" shall mean specifically identified quantity of medical marijuana plant material taken from a harvest batch.

18. **Identification Card** - The term "Identification Card" shall mean a document issued by the Department, which identifies a person as a qualified patient, caregiver or officer, owner, operator, employee, contractor, or agent of a Medical Marijuana Treatment Center. An identification card is not transferable or assignable.

19. **Independent Medical Marijuana Testing Facility** – The term "Independent Medical Marijuana Testing Facility" shall mean any facility, entity or site that offers or performs testing of medical marijuana or medical marijuana products, including the equipment provided by such laboratory, facility, or entity and that is licensed/certified by the Department. An independent medical marijuana testing facility may acquire, possess, test and transport medical marijuana and medical marijuana products between its licensed premises and other licensed premises.

20. **Inventory Control System** – The term "Inventory Control System" means a process, device or other means that may be used to monitor the chain of custody of cannabis from the point of cultivation to the end consumer. This may also be referred to as a seed to sale system.

21. **License** – The term "License" shall mean a document, whether electronic or paper, permitting an entity to provide the services for a specific period of time

under the rules and regulations set forth by the Department. A license is not transferable or assignable.

22. **Licensed Child Care Facility** – The term "Licensed Child Care Facility" shall mean a place, licensed by the Department, which provides shelter and personal care for six or more children who are not related within the third degree computed according to the civil law to the operator and who are under 13 years of age, for any part of the twenty-four-hour (24) day, whether such place be organized or operated for profit or not. The term "childcare facility" includes day nurseries, day care centers, childcare centers, preschool programs, and any other facility that fall within the scope of the definition set forth above.

23. **Licensed Entity** - The term "Licensed Entity" shall mean a person or entity holding a license issued by the Medical Marijuana Program.

24. **Manufacturer** – The term "Manufacturer" shall mean entities licensed by the Department to compound, blend, extract, infuse, or otherwise make or prepare a medical marijuana product. Additionally, a manufacturer may distribute, sell, transfer, and transport Medical Marijuana and Medical Marijuana Products between its licensed premises and any other licensed premises, but not to Qualified Patients or Caregivers.

25. **Marijuana Testing Facility** – The term "Marijuana Testing Facility" shall mean an Independent Medical Marijuana Testing Facility.

26. **Medical Marijuana** - The term "Medical Marijuana" shall have the meanings given as of July 1, 2018 in Section 41-29-105(r) and/or Section 41-29-105(o), of the Mississippi Code of 1972, and which is used to treat the symptoms and/or effects of a debilitating medical condition as provided in the Mississippi Constitution.

27. **Medical Marijuana Program** – The term "Medical Marijuana Program" shall include all components of the system responsible for the implementation of Initiative Measure No. 65 of the Constitution of the State of Mississippi. This includes, but is not limited to, the Department, Licensed Entities, Qualified Patients, and Caregivers.

28. **Medical Marijuana Products** - The term Medical Marijuana Products shall mean any and all products that are comprised of Medical Marijuana, marijuana concentrate, or marijuana extract and other ingredients and are intended for use or consumption, including but not limited to edible products, topical ointments, and tinctures.

29. **Medical Marijuana Treatment Center** – The term "Medical Marijuana Treatment Center" shall mean an entity that is registered with and licensed and regulated by the department and that processes medical marijuana, related

supplies, and/or educational materials. A treatment center may engage in one or more of the activities involved in the processing of medical marijuana.

30. **Mnor** – The term "Minor" shall mean anyone who is under the age of eighteen (18).

31. **Mississippi Universal Symbol** - The term "Mississippi Universal Symbol" shall mean the symbol that must be placed upon Medical Marijuana and Medical Marijuana Products.

32. **Pesticide** – The term "Pesticide" shall mean chemical or organic substances that might be used on medical marijuana plants to protect against insects or fungus.

33. **Physician** – The term "Physician" shall mean a person with a valid Doctor of Medicine or Doctor of Osteopathic Medicine degree and who holds an unrestricted license to practice medicine in the state of Mississippi by the Mississippi Board of Medical Licensure, or its successor agency.

34. **Physician Certification** – The term "Physician Certification" shall mean an application/certification document (electronic and/or paper) approved by the Department, signed and dated by a physician, certifying that a person suffers from a debilitating medical condition for which the use of medical marijuana may mitigate the symptoms and/or effects. The certification shall remain current for twelve months, unless the physician specifies a shorter period of time, and shall be issued only after an in-person examination of the patient in Mississippi. A certification shall only be issued on behalf of a minor when the minor's parent or guardian is present and provides signed consent. Nothing herein shall require a physician to issue a certification.

35. **Political Subdivision** – The term "Political Subdivision" shall mean any county or municipal governments.

36. **Process** – The term "Process" shall mean to acquire, administer, compound, convert, cultivate, deliver, develop, disburse, dispense, distribute, grow, harvest, manufacture, package, possess, prepare, process, produce, propagate, research, sell, test, transport, or transfer medical marijuana or any related products such as foods, tinctures, aerosols, oils, or ointments.

37. **Process Lot** – The term "Process Lot" shall mean any amount of medical marijuana product of the same type and processed using the same ingredients and processed at the same time.

38. **Qualified Patient** – The term "Qualified Patient" shall mean a person who has been diagnosed with a debilitating medical condition and who has been issued a physician certification.

39. **Renewal Identification Card** – The term "Renewal Identification Card" shall mean a card issued annually to qualified patients.

40. **School** – The term "School" shall mean any public or private school providing education in kindergarten or any of the grades one through 12.

41. **"TCH"** – The acronym "THC" shall mean tetrahydrocannabinol, which is the primary psychotropic cannabinoid formed by decarboxylation of naturally testrahydrocannabinolic acid, which generally occurs by exposure to heat.

42. **Transporter** – The term "Transporter" shall mean an entity licensed by the Department to acquire, deliver, disburse, distribute, possess, transfer and transport Medical Marijuana and Medical Marijuana Products between Licensees but not to Qualified Patients or Caregivers.

43. **Strain** – The term "Strain" shall mean variety of medical marijuana plants that have a particular characteristic(s) that might be used to express a specific desired effect.

44. **Trim** – The term "Trim" shall mean the trimming of the plant leaves to focus on the remaining buds. This is typically done when a plant is harvested.

45. **Use** – The term "Use" shall mean the acquisition, possession, preparation, use or use with an accessory, delivery, transfer, or administration of medical marijuana by a qualified patient or caregiver. For purposes of this chapter, "accessory" shall have the meaning given in Section 41-29-105(v) of the Mississippi Code of 1972, as of July 1, 2018.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 2 Severability

Rule 2.2.1 The provisions of this part are severable. If a court of competent jurisdiction declares any section, subsection, paragraph, or provision unconstitutional or invalid, the validity of the remaining provisions shall not be affected.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 3 Application Submission

Rule 2.3.1 Applicants must submit an electronic application, on a Department approved application, for the following:

1. Identification card – initial, renewal or replacement
2. Cultivator license
3. Manufacturer license

4. Dispensary license
5. Independent Medical Marijuana Testing Facility license

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.3.2 All applications shall be complete, accurate, and contain the information required by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.3.3 An applicant may apply for more than one license type at one time. The applicant will be responsible for the fee associated with each license type for which application is made.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 4 Application Fees

Rule 2.4.1 All applications must be accompanied by the non-refundable application fee. An application will not be considered complete until the application fee is received by the Department. Incomplete applications will be void after 90 calendar days from the first date of submission.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.4.2 Non-refundable application fees are as follows:

a. Cultivator license application fee of $15,000.00.
b. Dispensary application fee of $15,000.00.
c. Independent Medical Marijuana Testing Facility application fee of $15,000.00.
d. Manufacturer License application fee of 15,000.00.
e. Identification Card application fee of **$50.00** for initial and renewal cards
f. Identification Card application fee of **$25.00** for replacement cards

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.4.3 With the exception of the Qualified Patient Identification Card fee, the Department may change application fees subject to public notification of the change.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.4.4 As soon as possible, but no later than 60 calendar days after the application was submitted, the Department will act upon the application. The Department may:

a. Approve the application

b. Request additional information
c. Notify the applicant that the application that the application will be denied and provide the applicant an opportunity to cure the disqualifying aspect of the application. The Department will notify the applicant of the disqualifying aspects of the application and allow the applicant 60 calendar days to cure the disqualifying aspects of the application.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.4.5 Failure of the applicant to supply the requested information or failure to address any defects identified by the Department within the amount of time designated by the Department will result in an application being denied.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.4.6 The Department will notify the applicant, in writing, of approval or denial of the application.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 5 Medical Marijuana Program Licensure

Rule 2.5.1 The following license types will be issued by the Department:

a. Cultivator license
b. Dispensary License
c. Independent Medical Marijuana Testing Facility
d. Manufacturer License

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.5.2 Entities may hold more than one license type at one time. Entities must hold licensure based on the scope of their work as defined by this Part.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.5.3 All licenses issued by the Department for the Medical Marijuana Program will be valid for a one-year period from the date of issuance.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.5.4 Upon the awarding of a license and every year on or before that date in subsequent years as long as the license remains active, the Licensed Entity must submit to the Department the appropriate annual fees. The annual fees are non-refundable. Non-payment of an annual fees is grounds for suspension or revocation of a license.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.5.5 Non-refundable license fees are as follows:

a. Cultivator license fee of $10,000.00.
b. Dispensary license fee of $10,000.00.
c. Independent Medical Marijuana Testing Facility license fee of $10,000.00.
d. Manufacturer License fee of $10,000.00.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.5.6 No later than ninety (90) calendar days before a License expires, the Licensed Entity must apply for renewal.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.5.7 A license shall remain valid while under review by the Department, provided the Licensed Entity submitted the renewal application ninety (90) calendar days prior to its expiration date.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.5.8 The renewal application for licensure must be completed as required by the Department as included in Subchapters 3 and 4 of this Subpart.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.5.9 As soon as possible, but no later than thirty (30) calendar days after the application was submitted, the Department will act upon the application. The Department may:

a. Approve the renewal
b. Request additional information
c. Notify the applicant that the renewal will be denied and provide the applicant an opportunity to cure the disqualifying aspect of the renewal. The Department will notify the Licensed Entity of the disqualifying aspects of the renewal and allow the Licensed Entity thirty (30) calendar days to cure the disqualifying aspects of the renewal.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.5.10 Failure of the Licensed Entity to supply the requested information or failure to address any defects identified by the Department within the amount of time designated by the Department will result in a license renewal being denied.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.5.11 The Department will notify the Licensed Entity, in writing, of approval or denial of the license renewal.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.5.12 A license shall be surrendered to the Department upon written notice and demand if the licensee fails to begin operations, to the satisfaction of the Department, within one (1) year of the date of issuance of the license.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 6 Appeal Following Denial of Application and/or Licensure

Rule 2.6.1 The Department will provide an opportunity for a fair hearing to every applicant or licensee who is dissatisfied with administrative decisions made in the denial of an application or suspension, denial or revocation of license.

a. The Department shall notify the applicant or licensee by in writing of the reasons for the denial of application or suspension, denial or revocation of license. Upon written request of applicant or licensee within ten (10) calendar days of the date of notification the Department shall fix a date not less than thirty (30) calendar days from the date of notification at which time the applicant or licensee shall be given an opportunity for a prompt and fair hearing.
b. On the basis of such hearing or upon default of the applicant or licensee, the Department shall make a determination specifying its findings of fact and conclusions of law. A copy of such determination shall be sent by registered mail to the last known address of the applicant or licensee.
c. The decision revoking, suspending, or denying the application or license shall become final thirty (30) calendar days after notification, within such thirty (30) calendar day period, appeals the decision to the State court having jurisdiction and such court issues a conditional permit for the duration of the judicial proceedings. An additional period of time may be granted at the discretion of the Department including a conditional license.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 7 Notifications to the Department

Rule 2.7.1 The information submitted to and maintained by the Department must remain accurate and current. Applicants and Licensees have a duty to notify the Department when information changes. All notifications of changes relating to a location change must be made prior to the change being made.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.7.2 Changes that require the applicant to notify the Department while the application is pending include:

a. Name change;
b. Location change;
c. Contact information change; or
d. Any change to controlling ownership.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.7.3 Changes that require a Licensed Entity to notify the Department include:

a. Name change;
b. Address change;
c. Contact information change;
d. Any change to controlling ownership;
e. Changes in operating hours.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.7.4 Licensed Entities must report their start date of operations to the Department.

Rule 2.7.5 The Department may charge a reasonable fee for these notifications that shall not exceed $100.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 8 Confidential Information, Exceptions

Rule 2.8.1 All information received and records kept by the Department for purposes of administering the medical marijuana program are confidential and not subject to disclosure except to:

a. Employees or contractors of the Department as necessary to perform their official duties;
b. Federal, state or local law enforcement agencies for the purpose of verifying licensure/registration with the Department;
c. A person or entity pursuant to an order or subpoena from a court or agency of competent jurisdiction;
d. A person or entity with the written permission of the qualifying patient or, if the qualifying patient is a minor or adult lacking legal capacity, to the qualifying patient's parent, guardian or person having legal custody;
e. Employees or contractors of the Medical Marijuana Program's dispensary system;
f. Employees or contractors of the Department's contracted computer software tracking system used within the Medical Marijuana Program;

g. Medical Marijuana Treatment Center/ Dispensaries licensed by the Department as deemed necessary by the Department for the purposes of:
   i. Verifying the status of a person as a qualifying patient or caregiver, and;
   ii. Tracking a qualified patient's allowable medical marijuana limits; and
h. Other persons or entities deemed necessary by the Department to administer the Medical Marijuana Program.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 2.8.2 Nothing in this Chapter precludes the Department from the following:

1. Notifying law enforcement or relevant authorities about falsified or fraudulent information submitted to the Department;
2. Notifying state or local law enforcement about suspected criminal violations; and,
3. Publishing non-identifying aggregated data or statistics of information related to the Medical Marijuana Program.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 9 Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Rule 2.9.1 All records maintained by entities licensed as Medical Marijuana Treatment Centers/Dispensaries which pertain to a qualified patient or caregiver shall be considered protected health care information for purposes of the Federal Health Insurance Portability and Accountability Act of 1996, (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act), and their implementing regulations.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Title 15: Mississippi State Department of Health

Part 22: Medical Marijuana

Subpart 3: Advertising and Marketing

Chapter 1 REGULATIONS FOR ADVERTISING AND MARKETING

Subchapter 1 General Provisions

Rule 3.1.1 Legal Authority: This regulation has been promulgated under the authority of and pursuant to Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2).

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 3.1.2 Definitions. In addition to the general definitions and terms in 15 Miss. Admin. Code Pt. 22, R. 2.1.3 the following terms shall have the meaning hereinafter respectively ascribed to them as they relate to the Medical Marijuana Program:

1. **Advertising** – The terms "advertising" and "advertisement" shall mean all representations disseminated in any manner or by any means, other than labeling, for the purpose of inducing, or which are likely to induce, directly or indirectly, the purchase of medical marijuana. Advertising does not include labeling as required by the regulations of the Medical Marijuana Program.
2. **Brand** – The term "brand" shall mean a name, term, design or symbol or any other feature that that identifies one seller's goods or services as distinct from those of other sellers. For the purposes of these regulations, a company logo is considered a brand.
3. **Branding** – The term "branding" shall mean the process of giving a meaning to a specific organization or company by creating or shaping a brand in the mind of the consumer.
4. **Marketing** – The term "marketing" shall mean the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large. The term also includes all representations disseminated in any manner or by any means, other than labeling, for the purpose of inducing, or which are likely to induce, directly or indirectly, the purchase of medical marijuana.
5. **Media** – The term "media" shall mean the communication channels through which we disseminate news, movies, education, promotional messages, and other data. It includes, but is not limited to, physical and online newspapers and magazines, television, radio, billboards, telephone, internet, fax, and billboards.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 2 Prohibition Against Advertising and Marketing

Rule 2.2.1 Licensed Entities participating in the Medical Marijuana Program, or entities acting on their behalf, are prohibited from advertising and marketing in any media, including but not limited to:

a. Broadcast or electronic media:
    i. Radio
    ii. Television
b. Print media:
    i. Newspaper
c. Other forms:
    i. Mass text/messaging communications
    ii. Mass email communications
    iii. Medical marijuana or medical marijuana products shall not be displayed in windows or public view.
    iv. Advertise in any manner that can be viewable or otherwise perceived as a public space, including, but not limited to, adopt a highway signs, electronic interstate signs.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 3 Branding Requirements

Rule 3.3.1 Licensed Entities are permitted to participate in branding activities.

Rule 3.3.2 Permissible branding activities include:

a. Establishment of a website that provides general information on the licensed entity's contact information, retail dispensing locations, and a list of products available. The website of the licensed entity may also contain general information reasonably expected to be necessary to serving qualified patients of the Medical Marijuana Program.

Rule 3.3.3 All brandings must include the licensed entity's license number.

Rule 3.3.4 Branding must not target minors, pregnant women, breastfeeding women, or promote non-medical use of marijuana.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 4 Use of Inducements

Rule 3.4.1 Licensed Entities are prohibited from using inducements to persuade or influence the use of medical marijuana. Examples of inducements include, but are not limited to:

a. The use of discount cards;
b. The use of coupons;
c. The use of "punch cards" to offer discounts/free products;
d. Promotion of sales/discounts on medical marijuana of any type;
e. The use of "buy one, get one" discount approaches;
f. The use of any type of "daily deal", "weekly deal", "monthly deal", etc.;
g. Product give-aways of any type; and,
h. Product sampling of any type.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 5 Education Regarding the Risks and Benefits of Use of Medical Marijuana

Rule 3.5.1 Education on the risks and benefits of the use of medical marijuana during a one-on-one session with a qualified patient, caregiver, parent, or legal guardian is permissible. This education is not considered advertising or marketing.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Title 15: Mississippi State Department of Health

Part 22: Medical Marijuana

Subpart 4: Tracking and Labelling of Medical Marijuana

Chapter 1 REGULATIONS FOR LABELLING, PACKAGING, and TRACKING MEDICAL MARIJUANA

Subchapter 1 General Provisions

Rule 4.1.1 Legal Authority: This regulation has been promulgated under the authority of and pursuant to Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2).

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.1.2 Licensed Entities shall not sell, distribute, or otherwise transfer medical marijuana and medical marijuana products that are not packaged and labeled in accordance with these regulations.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.1.3 A Licensed Medical Marijuana Treatment Center/ Dispensary shall refuse to accept or shall return to the licensed entity transferring medical marijuana or medical marijuana products to the dispensary, any medical marijuana or medical marijuana products that are not packaged and labeled in accordance with these regulations. The Licensed Entity that sold or otherwise transferred the nonconforming medical marijuana or medical marijuana products shall accept such return. If circumstances are such that the dispensary cannot return or refuse to accept the nonconforming medical marijuana or medical marijuana products, the dispensary shall dispose of the nonconforming medical marijuana and medical marijuana products.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.1.4 A Medical Marijuana Treatment Center/dispensary shall document any such return, nonacceptance, or disposal, and such documentation shall include at a minimum:

a. The license number, name, contact information, and address of the licensed entity that sold or otherwise transferred the nonconforming medical marijuana or medical marijuana products to the dispensary;
b. A complete inventory of the medical marijuana and medical marijuana products to be returned or disposed, including the batch number;
c. The reason for the nonacceptance, return, or disposal; and
d. The date of the nonacceptance, return, or disposal.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 2 General Packaging Requirements

Rule 4.2.1 The following packaging requirements apply to all medical marijuana or medical marijuana products being transferred to or sold to a Medical Marijuana Treatment Center/dispensary or by a Medical Marijuana Treatment Center/dispensary for sale to a qualified patient and/or caregiver:

a. Labels, packages, and containers shall not be attractive to minors and shall not contain any content that reasonably appears to target children, including toys, cartoon characters, or any color scheme, image, graphic, or feature that might reasonably be expected to make the product label, package, or container appealing to children.
b. Packages should be designed to minimize appeal to children and shall not depict images other than the business name and logo of the licensed entity.
c. Packaging must contain a label that reads: "Keep out of reach of children." Placement must be on the primary panel of the product.
d. All medical marijuana and medical marijuana products must be packaged in child-resistant containers at the point of sale or other transfer to a patient, a patient's parent, or legal guardian if patient is a minor, or a caregiver.
e. Label must contain a warning that states "Women should not use marijuana or medical marijuana products during pregnancy because of the risk of birth defects."
f. Packages and labels shall not contain any false or misleading statements.
g. Packages and labels shall not contain product names related to foods to avoid patient confusion.
h. Packages and labels shall not contain product names to candy or candies (or any spellings thereof e.g. kandy, kandies, etc.)
i. No medical marijuana or medical marijuana products shall be intentionally or knowingly packaged or labeled to cause a reasonable patient confusion as to whether the medical marijuana or medical marijuana product is a trademarked product or any commercially available candy, snack, baked good or beverage.
j. Packages and labels shall not make any claims or statements that the medical marijuana or medical marijuana products provide health or physical benefits to the patient.
k. Must not contain the logo of the Department or any seal, flag, crest, coat of arms, or other insignia that could reasonably mislead any person to believe the product has been endorsed, manufactured, or used by any state, county, or municipality or any agency thereof.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.2.2 In addition to the packaging requirements in Rule 4.2.1, all retail-ready medical marijuana or medical marijuana products much be in compliant packaging upon enter the medical marijuana treatment center/ dispensary retail space.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.2.3 In addition to the packaging requirements in Rule 4.2.1, all retail-ready medical marijuana or medical marijuana products must:

a. Be opaque and light resistant;
b. Fully enclose the product so that it cannot be seen from outside the packaging;
c. Protect the product from contamination;
d. Not impart any toxic or deleterious substance to the medical marijuana product;
e. must be in child-resistant packages or containers that meet the effectiveness specifications outlined in 16 CFR 1700.15;
f. must be in a resealable package or container that meets the effectiveness specifications outlined in 16 CFR 1700.15, if the Medical Marijuana Product contains more than one serving;

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 3 General Labeling Requirements

Rule 4.3.1 For retail sales by licensed entities, Medical Marijuana and/or medical marijuana products must contain the following labeling:

a. The name and license number of the grower or manufacturer who is selling or otherwise transferring the medical marijuana or medical marijuana products to the medical marijuana treatment center/dispensary;
b. Name of the medical marijuana or medical marijuana product;
c. The batch number of the medical marijuana or medical marijuana product;
d. Unique identifier number created by the seed to sale system;
e. Net quantity or weight of contents;
f. Ingredients list;
g. The Mississippi Universal Symbol in the manner and form prescribed by the Department;
h. Total THC as provided by the independent medical marijuana testing facility;
i. Total CBD as provided by the independent medical marijuana testing facility;
j. Terpenoid potency; and
k. The statement, "This product has been tested for contaminants."

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.3.2 All labeling must be in plain font that can be easily read.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.3.3 All labeling on topical products must also state "For Topical Application – Do Not Eat or Smoke".

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 4 Labeling and Packaging Requirements for Edible Medical Marijuana Products

Rule 4.4.1 Labels and packaging for food containing marijuana shall comply with all applicable requirements in existing Mississippi law, rules and regulations.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.4.2 Requirements for principal display panels or information panels include:

a. Ingredients list;
b. Food allergen information;
c. Nutrition labeling, if required under 21 CFR 101.9;
d. List of the cannabis ingredients;
e. Total contents of THC and CBD must be stated per serving unit in milligrams (mgs);
f. Total contents of THC and CBD must be stated per package in milligrams (mgs);
g. Serving size; and,
h. Number of servings per package.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.4.3 All packages and individually packaged product units, including but not limited to those in bulk packaging, must contain the Mississippi Universal Symbol in clear and plain sight. The universal symbol must be at least the same size as the allowable branding element. If no branding element is included, the universal symbol must be at least 0.5"x 0.5". The universal symbol must be placed on the primary panel of the package and the product itself.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 5 Label Requirements for Sales Between Cultivators and Manufacturers

Rule 4.5.1 All medical marijuana and medical marijuana products sold or otherwise transferred between cultivators/growers and/or manufacturers shall be labeled, and the label shall contain, at a minimum, the following information:

a. Name and license number of the cultivator/grower or manufacturer who is selling or otherwise transferring the medical marijuana or medical marijuana product;
b. The batch number of the medical marijuana or medical marijuana product;
c. Date of harvest or production; and,
d. Unique identifier number generated by the seed to sale system.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 6 Warnings at the Point of Sale in Retail Settings in Medical Marijuana Treatment Centers/Dispensaries

Rule 4.6.1 The following warnings must be highly visible at the point of sale (e.g at the counter, directly behind the counter at least at eye level):

a. "WARNING: For Medical Use ONLY. Store in a securely locked location away from children."
b. "WARNING: Not for resale. For MEDICAL USE by REGISTERED PATIENTS only."
c. "WARNING: Do not operate a vehicle or machinery under the influence of marijuana."
d. "WARNING: Marijuana should not be used by women who are pregnant or breastfeeding."
e. If products that are intended to be smoked or vaporized are sold:
    i. "WARNING: Smoking and Vaping is hazardous to your health."
f. If edible products are sold:
    i. "WARNING: The effects of edible products may be delayed by 2 or more hours".

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 7 Tracking and Tagging Requirements for the Medical Marijuana Program

Rule 4.7.1 All Licensed Entities must utilize an electronic inventory control system (aka seed to sale system) as set forth by the Department to allow real time monitoring of its Medical Marijuana and Medical Marijuana Product inventory.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.7.2 A Licensed Entity may utilize an electronic inventory control system of its choosing, provided the system utilized meets all the requirements below:

a. Documents the chain of custody of Medical Marijuana and Medical Marijuana Products in real time, including, but not limited to:
    i. all transfers between Licensed Entities (of all types e.g. cultivator to manufacturer to independent medical marijuana testing facility);
    ii. Sales from Licensed Entities to Qualified Patients or Caregivers; and,
    iii. movement within a Licensed Entities' physical spaces (e.g., manufacturing space to retail space or grow room to drying area)

b. Allows for inventory reviews and Medical Marijuana and Medical Marijuana Product traceability to allow the Licensed Entity to detect any diversion, theft, or loss within a timely manner;
c. Tracks the entire lifespan of a Licensed Entity's inventory of Medical Marijuana and Medical Marijuana Products including, but not limited to:
    i. when medical marijuana seeds are planted;
    ii. when medical marijuana plants are harvested and/or destroyed;
    iii. when medical marijuana is transported, sold, stolen, diverted, or lost;
    iv. a complete inventory of all medical marijuana; seeds; plant tissue; clones; usable marijuana; trim; leaves; other plant matter; and medical marijuana products;
    v. all samples sent to an independent medical marijuana testing facility or used for internal quality testing or other purposes.

d. Tracks Medical Marijuana and Medical Marijuana Products using an assigned batch number and bar code that can be utilized to identify whether a specific product has been tested;
e. Be capable of generating a transportation manifest approved by the Department that can accompany any transport of Medical Marijuana or Medical Marijuana Products;
f. Tracks and confirms the amount of Medical Marijuana a Qualified Patient has purchased within the previous fourteen (14) days;
g. Be interoperable with the Department's identified state system(s). The licensed entity is responsible for the costs associated with user fees for access to the state system, tags, etc.; and,
h. In the event of an adverse event or recall, is capable of tracking medical marijuana or medical marijuana product from a qualified patient or caregiver to the source of the medical marijuana or medical marijuana product.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.7.3 Unique identifier tags shall be placed in a manner to clearly display their association with a particular plant, plant material, or product as approved by the Department. For example:

a. Affixed to the plant itself or the plant receptacle;
b. On a label affixed to the storage/transport package and or/retail-ready package; and/or
c. Any other means deemed appropriate by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.7.4 All immature plants, usable marijuana, medical marijuana products and waste must be tagged with the following information unless otherwise approved by the Department:

a. The Licensed Entity's license number and tradename/business name;
b. The unique identifier generated by the inventory control system;
c. Strain name or product name (waste excluded);
d. The quantity of the product;
e. An expiration date; and,
f. Any other information or technical functions the Department deems appropriate.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.7.5 Each mature marijuana plant must be physically tagged and tracked individually with the following information unless otherwise approved by the Department:

a. The licensee's license number and tradename or business name;
b. The unique identifier generated by the inventory control system;
c. Strain name;
d. Date of creation;
e. An expiration date; and,
f. Any other information or technical functions that the Department deems appropriate.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 8 Inventory Reporting Requirements for Licensed Entities

Rule 4.8.1 Licensed growers, processors, and dispensaries shall complete a monthly report on a form and in a manner prescribedby the Department. These reports shall be deemed untimely if not received by the Department by the fifteenth (15th) of each month for the preceding month.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.8.2 Licensed Medical Marijuana Treatment Centers/Dispensaries reports shall include:

a. The amount of marijuana purchased in pounds;
b. The amount of marijuana sold or otherwise transferred in pounds;
c. The amount of marijuana waste in pounds;
d. If necessary, a detailed explanation of why any medical marijuana product purchased by the licensee cannot be accounted for as having been sold or still remaining in inventory;
e. Total dollar amount of all sales to qualified patients and caregivers;
f. Total dollar amount of all state assessments collected from sales to medical marijuana patients and caregivers; and
g. Any information the Department determines is necessary to ensure that all

marijuana grown in Mississippi is accounted for as required.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.8.3 Cultivator reports shall include:

a. The amount of marijuana harvested in pounds;
b. The amount of marijuana purchased in pounds;
c. The amount of marijuana sold or otherwise transferred inpounds;
d. The amount of drying or dried marijuana on hand;
e. The amount of marijuana waste in pounds;
f. If necessary, a detailed explanation of why any marijuanacannot be accounted for as having been sold, disposed of, or maintained in current inventory;
g. Total dollar amount of all sales; and
h. Any information the Department determines is necessary to ensure that all marijuana grown in Mississippi is accounted for as required.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.8.4 Manufacturer reports shall include:

a. The amount of marijuana purchased in pounds;
b. The amount of marijuana sold or otherwise transferred in pounds;
c. The amount of medical marijuana manufactured or processed in pounds;
d. If necessary, a detailed explanation of why any marijuana cannot be accounted for as having been purchased, sold, processed, or maintained in current inventory;
e. The amount of marijuana waste in pounds; and
f. Any information the Department determines is necessary to ensure that all marijuana grown in Mississippi is accounted for as required.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 4.8.5 Submission of information and data to the Department through the seed-to-sale tracking system established by the Department is required.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Title 15: Mississippi State Department of Health

Part 22: Medical Marijuana

Subpart 5: Issuance of Medical Marijuana Identification Cards

Chapter 1 MEDICAL MARIJUANA IDENTIFICATION CARDS

Subchapter 1 Types of Medical Marijuana Identification Cards or Registration and Associated Fees

Rule 5.1.1 The following types of medical marijuana identification cards or registration will be issued (in a form and manner set by the Department) upon satisfaction of all application criteria:

a. Patient Identification Cards
b. Caregiver Identification Cards
c. Caregiver Institution/Program Identification Cards
d. Licensed Entity Identification Cards
   i. Owner
   ii. Operator
   iii. Officer
   iv. Agent
   v. Employee
   vi. Contractor
e. Physician Registration

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.1.2 At a minimum, Identification Cards issued by the Department will identify the type of card, valid dates of the card, the legal name and date of birth of the cardholder, and a unique identification number.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.1.3 The initial fee for Patient Identification Cards is as follows:

a. If the applicant is currently receiving assistance through SNAP, TanF, or WIC, the identification card fee is reduced to $25.00. State issued evidence of current enrollment in SNAP, TanF or WIC must be submitted as part of the application process. If evidence of current enrollment is not provided, the full fee will be applicable.
b. For all other participants, the identification card fee is $50.00.
c. All fees are nonrefundable. Fees must be paid in the manner set forth by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.1.4 The renewal fee for Patient Identification Cards is as follows:

a. If the applicant is currently receiving assistance through SNAP, TanF, or WIC, the identification card fee is reduced to $25.00. State issued evidence of current enrollment in SNAP, TanF or WIC must be submitted as part of the application process. If evidence of current enrollment is not provided, the full fee will be applicable.
b. For all other participants, the identification card fee is $50.00.
c. All fees are nonrefundable. Fees must be paid in the manner set forth by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.1.5 The initial fee for Caregiver Identification Cards is as follows:

a. If the applicant is currently receiving assistance through SNAP, TanF, or WIC, the identification card fee is reduced to $25.00. State issued evidence of current enrollment in SNAP, TanF or WIC must be submitted as part of the application process. If evidence of current enrollment is not provided, the full fee will be applicable.
b. For all other participants, the identification card fee is $50.00.
c. All fees are nonrefundable. Fees must be paid in the manner set forth by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.1.6 The annual renewal fee for Caregiver Identification Cards is as follows:

a. If the applicant is currently receiving assistance through SNAP, TanF, or WIC, the identification card fee is reduced to $25.00. State issued evidence of current enrollment in SNAP, TanF or WIC must be submitted as part of the application process. If evidence of current enrollment is not provided, the full fee will be applicable.
b. For all other participants, the identification card fee is $50.00.
c. All fees are nonrefundable. Fees must be paid in the manner set forth by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.1.7 The initial fee for all Licensed Entity Identification Cards is $50.00. All fees are nonrefundable. Fees must be paid in the manner set forth by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.1.8 The renewal fee for all Licensed Entity Identification Cards is $50.00. All fees are nonrefundable. Fees must be paid in the manner set forth by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.1.9 Both initial and renewal fees for all medical marijuana identification cards may be waived by the Department in the event of extenuating circumstances approved by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 2 Patient Identification Cards

Rule 5.2.1 Patient Identification Cards will only be issued by the Department when all application and physician certification criteria is met. Upon issuance of the identification card, the applicant is recognized as a qualified patient of the medical marijuana program.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.2.2 Patient Identification Cards issued by the Department are valid for one (1) year from the date of issuance unless a lesser timeframe is otherwise indicated by the physician issuing the physician certification or circumstances determined by the Department outlined in Rule 5.2.6 of this subchapter.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.2.3 Utilizing the same process outlined in Rule 5.3.1, Qualified Patients may apply for renewal of their Patient Identification Card no later than one (1) year from the date of issuance or last renewal of the Qualified Patient's Identification Card.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.2.4 When there a change in the patient's name, address, or designated caregiver, the patient is responsible for notifying the Department within ten (10) calendar days of the change.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.2.5 If a patient no longer has a debilitating medical condition that qualifies him/her for the medical marijuana program, the patient is responsible for notifying the Department and returning/surrendering his/her patient identification card within ten (10) calendar days of receiving such information from his/her physician.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.2.6 Patient Identification Cards may be suspended or revoked for the following:

a. The patient provided false information to the Department;
b. The patient uses his/her card to obtain marijuana for another individual; and/or,
c. The certifying physician has terminated the physician certification.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 3 Application to Participate in the Medical Marijuana Program as a Qualified Patient

Rule 5.3.1 To obtain a Qualified Patient Identification Card, an applicant must submit (in a form and manner determined by the Department) the following information:

a. Full legal name and any aliases, such as a nickname (e.g., Bill as a nickname for William);
b. Date of birth;
c. Current physical address;
d. Current telephone number and/or email address;
e. Identification issued by the State of MS – driver's license, state-issued ID
f. Current photograph
   i. clear, color photograph of the head and top of shoulders;
   ii. be an image in a .jpg, .png, or .gif digital image format no larger than 3 mb in size;
   iii. be taken in the last sixty days to reflect the applicant's appearance;
   iv. be taken in front of a plain white or off-white background;
   v. be taken in full-face view directly facing the camera at eye level with nothing obscuring the face;
   vi. must not be digitally enhanced to change the appearance of the applicant (e.g. use of "filters").
g. Physician certification (as set forth by the Department);
h. Identification card fee (see Rules 5.1.3 and 5.1.4);
i. An attestation, signed and dated by the applicant, that the information provided is true and correct;
j. An attestation, signed and dated by the applicant, pledging not to divert medical marijuana or medical marijuana products to any individual or entity; and,

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.3.2 To obtain a Qualified Patient Identification Card for a Minor, a Legal Guardian or Parent, on behalf of the minor applicant, must submit (in a form and manner determined by the Department) the following information:

a. The full legal name and aliases, such as a nickname (e.g., Bill as a nickname for William) of the applicant;
b. The applicant's date of birth;
c. A copy of the applicant's birth certificate;

d. A copy of any court orders pertaining to custody of the minor applicant (including, but not limited to custody order through chancery or youth court);
e. The applicant's current physical address;
f. The applicant's telephone number and/or email address if the applicant has a telephone number and/or email address and that telephone number and/or email address is different from one provided by the applicant's parent(s) or legal guardian(s);
g. The full legal name(s) of the applicant's parent(s) or legal guardian(s);
h. The date(s) of birth of the applicant's parent(s) or legal guardian(s);
i. The current physical address(es) of the applicant's parent(s) or legal guardian(s);
j. The current telephone number(s) and/or email address(es) of the applicant's parent(s) or legal guardian(s);
k. Identification issued by the State of MS – driver's license, state-issued ID;
l. Current photograph
   i. clear, color photograph of the head and top of shoulders;
   ii. be an image in a .jpg, .png, or .gif digital image format no larger than 3 mb in size;
   iii. be taken in the last sixty days to reflect the applicant's appearance;
   iv. be taken in front of a plain white or off-white background;
   v. be taken in full-face view directly facing the camera at eye level with nothing obscuring the face;
   vi. must not be digitally enhanced to change the appearance of the applicant (e.g. use of "filters").
m. Physician certification (as set forth by the Department);
n. Identification card fee (see Rules 5.1.3 and 5.1.4);
o. An attestation that the information provided is true and correct;
p. Parental or legal guardian consent for the minor to participate in the medical marijuana program;
q. An attestation, signed and dated by the applicant and parent(s)/legal guardian(s), pledging not to divert medical marijuana or medical marijuana products to any individual or entity; and,

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.3.3 For all qualified patients who are minors, parental consent or consent of the legal guardian(s) is required.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 4 Caregiver Identification Cards

Rule 5.4.1 Caregiver Identification Cards will only be issued by the Department when all application criteria is met. Upon issuance of the identification card, the applicant is recognized as a caregiver to a patient or patients of the medical marijuana program. The Department will not issue a caregiver identification card before the

Department issues the designated caregiver's qualifying patient's identification card.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.4.2 Applicants are prohibited from having a disqualifying criminal conviction 15 Miss. Admin. Code, Part 22, Subpart 2, Rule 2.1.3.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.4.3 Caregiver Identification Cards issued by the Department are valid for one (1) year from the date of issuance.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.4.4 Utilizing the same process outlined in Rule 5.5.1, Caregivers may apply for renewal of their Patient Identification Card no later than one (1) year from the date of issuance or last renewal of the Caregiver Identification Card.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.4.5 Caregiver Identification Cards may be suspended or revoked for the following:

a. The caregiver provided false information to the Department;
b. The caregiver uses his/her card to obtain marijuana for an individual who has not designated them as their caregiver or who is not a qualified patient; and/or,
c. The caregiver uses the medical marijuana of the patient for whom he/she is providing care.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 5 Application to Participate in the Medical Marijuana Program as a Caregiver

Rule 5.5.1 To obtain a Caregiver Identification Card, an applicant must submit (in a form and manner determined by the Department) the following information:

a. Full legal name and any aliases, such as a nickname (e.g., Bill as a nickname for William);
b. Date of birth;
c. Current physical address;
d. Current telephone number and/or email address;
e. Identification issued by the State of MS – driver's license, state-issued ID;
f. Current photograph
   i. clear, color photograph of the head and top of shoulders;

ii. be an image in a .jpg, .png, or .gif digital image format no larger than 3 mb in size;
iii. be taken in the last sixty days to reflect the applicant's appearance;
iv. be taken in front of a plain white or off-white background;
v. be taken in full-face view directly facing the camera at eye level with nothing obscuring the face;
vi. must not be digitally enhanced to change the appearance of the applicant (e.g. use of "filters").

g. Names, dates of birth, and identification numbers (if available at the time of application) of the patients they will be providing services to;
h. Identification card fee (See Rules 5.1.5 and 5.1.6);
i. Fingerprints on a fingerprint card or a live scan print to be submitted to conduct a state and federal criminal records checks;
j. Authorization to conduct state and federal criminal records checks;
j. An attestation that the information provided is true and correct;
k. An attestation, signed and dated by the applicant, pledging not to divert medical marijuana or medical marijuana products to any individual or entity; and,
l. Any other documentation required by the Department such as an acknowledgement of caregiver responsibilities.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.5.2 In the event that an applicant is applying to become a caregiver for qualified patient who is a minor and the applicant is not the patient's parent and/or legal guardian, the applicant must also submit authorization from the patient's parent and/or legal guardian to serve in a caregiver capacity. The form of the authorization may be determined by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 6 Application to Obtain a Caregiver Institution/Program Identification Card

Rule 5.6.1 The following entities, licensed by the Department, may facilitate the use of Medical Marijuana by a Qualified Patient after registering with the Department as a Caregiver Institution/Program:

a. Hospitals;
b. Hospice Programs;
c. Assisted Living Programs;
d. ICF/IDD Institutions; and,
e. Nursing Homes.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.6.2 To register as a Caregiving Institution/Program, the institution/program shall submit, in a form and manner determined by the Department, the following information:

a. The name, address, and telephone number of the institution, as well as the contact information for a primary contact person at that institution;
b. A copy of the institution's current facility license; and,
c. An attestation that the information provided is true and correct and must be signed and dated by an authorized signatory of the institution.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.6.3 The Caregiving Institution shall update the Department with any changes to the institution's primary contact person and shall file a copy of their facility licenses each time that license is renewed or updated.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.6.4 A Caregiving Institution/Program identification card shall remain valid unless or until the institution's/program's state license or certification (whichever is applicable) is no longer valid or the registration is suspended, revoked, or restricted by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.6.5 The Department shall provide identification cards to Caregiving Institutions/Programs to distribute to employees designated by the institution/program to serve as Caregivers for Qualified Patients at the Caregiving Institution.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.6.6 Caregivers in recognized Caregiver Institutions/Programs are subject to all other Caregiver requirements included in this Part.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 7 Identification Cards for Owners, Operators, Employees, Contractors, and Agents

Rule 5.7.1 To obtain an Identification Card for an owner, operator, board member, officer, agent, employee, or contractor of a licensed entity participating in the medical marijuana program, the licensed entity must submit (in a form and manner determined by the Department) the following information on behalf of its owners, operators, board members, officers, agents, employees, or contractors:

a. Full legal name and any aliases, such as a nickname (e.g., Bill as a nickname for William);
b. Date of birth;
c. Current physical address;
d. Current telephone number and/or email address;
e. Current photograph
   i. clear, color photograph of the head and top of shoulders;
   ii. be an image in a .jpg, .png, or .gif digital image format no larger than 3 mb in size;
   iii. be taken in the last sixty days to reflect the applicant's appearance;
   iv. be taken in front of a plain white or off-white background;
   v. be taken in full-face view directly facing the camera at eye level with nothing obscuring the face;
   vi. must not be digitally enhanced to change the appearance of the applicant (e.g. use of "filters");
f. Role with the licensed entity;
g. Date of hire with the licensed entity (if an employee, officer, or agent);
h. Effective contract date (if a contractor, officer, or operator); and,
i. Dated evidence of ownership.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.7.2 All owners, operators, board members, officers, agents, employees, and contractors are subject to the requirements in 15 Miss. Admin. Code. Chapter 22, Subpart 7.

Subchapter 8 Physician Certification

Rule 5.8.1 A physician certification (in a manner set for the by the Department) is required for a person to apply to become a qualified patient of the medical marijuana program.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.8.2 The purpose of the physician certification is to determine and certify that a person suffers from a debilitating medical condition for which the use of medical marijuana may mitigate the symptoms and/or effects.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.8.3 Before issuing a Physician Certification for an individual, a Physician must:

a. Examine the individual in person in Mississippi; and
b. Determine that the individual suffers from a Debilitating Medical Condition for which the use of Medical Marijuana may mitigate the symptoms and/or the effects.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.8.4 A physician certification is valid for twelve months from the date of issue unless a shorter timeframe is specified by the certifying physician.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 9 Physician Registration

Rule 5.9.1 Physicians participating in the medical marijuana program with the intent of issuing physician certifications must register with the Department in order to issue physician certifications for the medical marijuana program.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.9.2 The initial and renewal fees for the physician registration is $50.00. Fees are nonrefundable. Fees must be paid in the manner set forth by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.9.3 In order to register with the Department, the physician (i.e., applicant) must submit the following information in a manner set by the Department:

a. Evidence of unrestricted licensure in Mississippi by the Mississippi State Board of Medical Licensure;
b. Issue date and expiration date of licensure in Mississippi;
c. Area of specialty;
d. Physical address of practice;
e. Current telephone number and email address;
f. Fee of $50.00;
g. Evidence of completion of continuing medical education approved by the Department;
h. A waiver, signed and dated by the physician, allowing, and authorizing the Department to fully communicate with the Mississippi State Board of Medical Licensure and receive licensure information; and,
i. If applicable, a disclosure that the applicant has a direct or indirect familial or financial relationship with or interest in a licensed entity participating in the medical marijuana program.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.9.4 Physician Registration may be suspended or revoked for the following:

a. The physician provided false information to the Department; and/or
b. The physician is the subject of disciplinary action from the Mississippi Board of Medical Licensure.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 10 Requirements of Physicians Participating in the Medical Marijuana Program

Rule 5.10.1 Physicians must complete four (4) hours of initial training related to the use of medical marijuana prior to offering physician certification. Annual training in the amount of two (2) hours related to the use of medical marijuana must also be completed in order to renew participation in the medical marijuana program. All training must be approved by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.10.2 Participation in the program does not negate the authority of the Mississippi State Board of Medical Licensure to investigate physicians and freely communicate with the Department should those instances occur.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.10.3 Physicians must utilize the Prescription Monitoring Program in order to complete an assessment of the patient prior to issuing a physician certification for the medical marijuana program.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.10.4 If a physician has a direct or indirect familial or financial relationship with or interest in a licensed entity participating in the medical marijuana program, he/she must disclose that information to all patients of the medical marijuana program. Evidence of this disclosure must be maintained in the patient's medical record.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.10.5 All patients must be advised of their freedom of choice as to the medical marijuana treatment center/dispensary they wish to utilize. Evidence of this must be maintained in the patient's medical record.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.10.6 In addition to the requirements set forth in this Part, physicians must also follow the rules, regulations, and policies set forth by the Mississippi State Board of Medical Licensure. This includes, but is not limited to, Part 2640: Chapter 1: Rules Pertaining to Prescribing, Administering and Dispensing of Medication.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 5.10.7 A certifying physician may determine that a patient no longer meets the requirements related to a debilitating medical condition; no longer believes that the patient receives therapeutic benefit from the use of medical marijuana; or does not believe the patient is using the medical marijuana for medical purposes. The

physician may notify the Department of that determination and intent to terminate the physician certification. Termination of physician certification renders the patient identification card null and void.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Title 15: Mississippi State Department of Health

Part 22: Medical Marijuana

Subpart 6: Reciprocity with Other States for Qualified Patients

Chapter 1 REGULATIONS FOR RECIPROCAL AGREEMENTS WITH OTHER STATES FOR PATIENTS REGISTERED IN MEDICAL MARIJUANA PROGRAMS

Subchapter 1 General Provisions

Rule 6.1.1 Legal Authority: This regulation has been promulgated under the authority of and pursuant to Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2).

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.1.2 A qualified out-of-state patient participating in another state's medical marijuana program (i.e., home medical marijuana program) must register with the Department as established by this Part in order to purchase medical marijuana at a dispensary in Mississippi. This type of registration will identify the individual as a "guest patient" of the Medical Marijuana Program in Mississippi.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.1.3 If the guest patient is a minor, as defined in this Part, a guest caregiver must also register with the Department as a "guest caregiver" as established by this Part.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.1.4 If the guest patient requires the use of the caregiver in his/her home medical marijuana program, the guest patient's caregiver will also be required to register as a guest caregiver as established by this Part.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.1.5 A guest patient registration will be effective for no more than sixty (60) calendar days from the date of issue from the Department or the ending date of the term of registration of the temporary qualified patient's home medical marijuana program, if less than sixty dates from the date of issue in Mississippi.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.1.6 Guest patient registration renewal is limited to an additional thirty (30) calendar day period within one calendar year that begins with the initial registration date.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.1.7 Guest patients must adhere to the possession limits set forth in this Part. Guest patients must not exceed 2.5 ounces of medical marijuana during any one fourteen (14) day period.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.1.8 All licensed Dispensaries are responsible for ensuring an out of state patient is registered with the Department as a guest patient of the medical marijuana program prior to dispensing any form of medical marijuana. The guest patient registration must be active.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.1.9 The Department may temporarily suspend the registration of guest patients for a period of up to thirty (30) calendar days if the Department determines that the registration process for qualified patients from Mississippi and caregivers is being adversely impacted or the supply of medical marijuana in licensed Dispensaries is insufficient to serve qualified patients from Mississippi, caregivers, and guest patients.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.1.10 The Department may extend the suspension of guest patient registration by thirty (30) calendar day periods until the Department determines:

a. Adequate capacity exists to register guest patients, qualified patients from Mississippi, and caregivers; and,
b. Licensed Dispensaries can meet the needs of qualified patients from Mississippi.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 2 Guest Patient Registration

Rule 6.2.1 All guest patients of the medical marijuana program must submit an application as required by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.2.2 At a minimum, guest patients of the medical marijuana program must meet the following criteria for registration:

a. Provide a valid government issued medical marijuana/cannabis program card issued to the guest patient by his/her "home" state with a medical

marijuana/cannabis program. The medical marijuana/cannabis program card must have an expiration date and must not be expired.

b. Provide a valid photographic identification card or driver's license issued by the same state that issued the medical marijuana/cannabis card.

c. Applicant must be certified in his/her "home" state as having one or more of the debilitating medical conditions as defined by this Part.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.2.3 Each guest patient must submit a nonrefundable application fee in the amount of $50.00.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 3 Guest Caregiver Registration

Rule 6.3.1 All guest caregivers of the medical marijuana program must submit an application as required by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.3.2 At a minimum, guest caregivers of the medical marijuana program must meet the following criteria for registration:

a. Provide a valid government issued medical marijuana/cannabis program card issued to the guest caregiver by another state with a medical marijuana/cannabis program. The medical marijuana/cannabis program card must have an expiration date and must not be expired.

b. Provide a valid photographic identification card or driver's license issued by the same state that issued the medical marijuana/cannabis card.

c. Meet the definition of caregiver as included in this Part.

d. Identify the guest patient approved by the Department for whom the caregiver will provide services.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.3.3 Each guest caregiver must submit a nonrefundable application fee in the amount of $50.00.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.3.4 A guest caregiver registration/license will be effective for no more than sixty (60) calendar days from the date of issue from the Department or the ending date of the

term of registration of the temporary qualified patient's home medical marijuana program, if less than sixty dates from the date of issue in Mississippi.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.3.5 Guest caregiver registration/license renewal is limited to an additional thirty (30) calendar day period within one calendar year that begins with the initial registration date.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.3.6 Guest caregivers are subject to the same regulations as outlined in this Part.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 6.3.7 Guest caregiver registrations/licenses may not extend beyond the expiration date of the identified guest patient registration regardless of the date.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Title 15: Mississippi State Department of Health

Chapter 22: Medical Marijuana Program

Subpart 7: Qualifications and Limitations on Owners, Board Members, Officers, Agents, Employees, and Contractors, of Licensed Entities (Cultivators, Manufacturers, Dispensaries) Participating in the Medical Marijuana Program

Chapter 1 GENERAL REQUIREMENTS

Rule 7.1.1 Purpose of Regulations: These regulations, and any guidelines set forth by the Department, governs the medical marijuana program in Mississippi. The purpose of this Part is to ensure the availability of and safe access to medical marijuana for qualified persons with debilitating medical conditions.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 7.1.2 Legal Authority: This regulation has been promulgated under the authority of and pursuant to Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2).

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 7.1.3 Definitions. In addition to the general definitions and terms in 15 Miss. Admin. Code Pt. 22, R. 2.1.3 the following terms shall have the meaning hereinafter respectively ascribed to them as they relate to the Medical Marijuana Program:

a. **Owner** – The term "owner" or "owners" shall mean any individual who holds any portion of the economic or voting interests of a licensed entity and who will have access to medical marijuana, medical marijuana products, or a medical marijuana business/entity licensed by the Department.
b. **Board Member** – The term "board member" or "board members" shall mean any individuals who jointly supervise the activities of an organization.
c. **Officer** – The term "officer" or "officers" shall mean any individual responsible for managing an organization's daily operations.
d. **Agent** – The term "agent" or "agents" shall mean any individual, corporation, or LLC who or that has been legally empowered to act on behalf of any Mississippi company.
e. **Employee** – The term "employee" or "employees" shall mean an individual hired to work for another person or business for compensation and is subject to the employer's direction as to the details of performing the job.
f. **Contractor** – The term "contractor" or "contractors" shall mean any person or company that undertakes a contract with a licensed entity to perform work that would include access to medical marijuana, medical marijuana products, or related equipment or supplies for a time period greater than fourteen (14) calendar days or who has routine access for shorter periods of time (e.g., weekly scheduled services).

Chapter 2 QUALIFICATIONS FOR OWNERS, BOARD MEMBERS, OFFICERS, AND/OR AGENTS OF LICENSED ENTITIES – CULTIVATORS, MANUFACTURERS, DISPENSARIES

Rule 7.2.1 Minimum qualifications for cultivators, manufacturers, and dispensaries, are as follows:

a. An individual applicant for a license under this chapter shall be a natural person that:
   i. Is twenty-one (21) years of age or older;
   ii. Has not previously held a license for any type of licensed entity participating in the medical marijuana program in Mississippi or any other state that has been revoked by the state licensing authority;
   iii. Has not been convicted of a disqualifying criminal conviction in the past five (5) years from the date of application;
   iv. If possessing a professional license, that the license is in good standing; and
   v. Does not owe a debt to the State of Mississippi or its political subdivisions.
   vi. A minimum of twenty-five (25) percent of the controlling ownership is held by a current Mississippi resident.

b. If the applicant is applying on behalf of an entity, in addition to (a) of this Section, the applicant:
   i. Shall be legally authorized to submit an application (as prescribed by the Department) on behalf of the entity;
   ii. Shall serve as the primary point of contact with the Department;
   iii. Shall submit sufficient proof that:

      1. The entity has no owner, board member, or officer under the age of twenty-one (21);
      2. The entity has no owner, board member, officer, or agent that has previously been an owner, board member, officer, or agent of a licensed entity of any type participating in the medical marijuana program in Mississippi or any other state that has been revoked by the state licensing authority;
      3. The entity has no owner, board member, officer, or agent that has been convicted of disqualifying criminal conviction in the past five years from the date of application;
      4. If an owner, board member, officer, or agent has a professional license, that the license is in good standing; and
      5. The entity has no owner, board member, officer, or agent that owes a debt to the State of Mississippi or its political subdivisions.
      6. A minimum of twenty-five (25) percent of the controlling ownership of the entity is held by current Mississippi residents.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 7.2.2 If an applicant posts a surety bond, the bond must be maintained until:

a. An applicant withdraws an application;
b. An applicant's application is denied by the Department; and/or,
c. An applicant, following approval by the Department for licensure, pays the licensing fee and posts the required performance bond.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 7.2.3 At the time of application, the following documentation must be provided for individual applicants and all owners, board members, officers, or agents for applicants representing entities:

a. Legal name;
b. Date of birth;
c. Legal residence;
d. Social security number or tax identification number;
e. Mailing address or principal residence address if different from the mailing address;
f. Phone number;
g. Email address; and,
h. Statement of individual's authority to act on behalf of an entity, if applicable;
i. Consent to state and federal background checks; and,
j. Fingerprint card or live scan fingerprint image.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 7.2.4 At the time of application, the following documentation related to the proposed operations, must be provided:

a. Evidence of authorization to occupy the location (e.g., confirmation of land ownership, identification of mortgages and lienholders, lease agreements, contingency agreements for sale or lease based on licensure status);
b. Plan for operating as a cultivator, manufacturer, dispensary (as applicable to the application);
c. Timeline for beginning operations at the identified location;
d. Tax identification number issued by the Mississippi Department of Revenue;

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 7.2.5 If the Department receives any notification that an owner, board member, officer, or agent, is found guilty of a disqualifying criminal conviction that renders the individual to serve in his/her named capacity with the licensed entity, the Department will provide written notification to the licensed entity. Within 24 hours of receiving written notice from the Department, a licensed entity must ensure that

the named individual is no longer serving in his/her capacity with the licensed entity.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Chapter 3 QUALIFICATIONS FOR EMPLOYEES AND CONTRACTORS OF LICENSED ENTITIES – CULTIVATORS, MANUFACTURERS, AND DISPENSARIES

Rule 7.3.1 All employees and contractors of entities licensed by the Department as Cultivators, Manufacturers, and Dispensaries are subject to the following:

a. Must be at least twenty-one (21) years of age;
b. Must have a valid driver's license;
c. Must not have a disqualifying criminal conviction within five (5) years of the date of hire or initial date of the term of the contract;
d. Must not have a disqualifying criminal conviction during employment or covered terms of the contract with the licensed entity;

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Chapter 4 LIMITATIONS ON CULTIVATORS, MANUFACTURERS AND DISPENSARIES

Rule 7.4.1 All licensed entities are subject to the limitations of licensure issued by the Department. The limitations describe the procedures, actions, and processes that a licensed entity is permitted to undertake in keeping with the terms of their licenses.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 7.4.2 The following limits shall apply based on each license type:

a. A Cultivator may acquire, cultivate, cure, dry, grow, harvest, package, possess, purchase and trim medical marijuana. A cultivator may distribute, sell, transfer, and transport Medical Marijuana and Medical Marijuana Products between its licensed premises and any other licensed entities and premises, but not to Qualified Patients and/or Caregivers.
b. Manufacturer – The term "Manufacturer" shall mean entities licensed by the Department to compound, blend, extract, infuse, or otherwise make or prepare a medical marijuana product. Additionally, a manufacturer may distribute, sell, transfer, and transport Medical Marijuana and Medical Marijuana Products between its licensed premises and any other licensed premises, but not to Qualified Patients or Caregivers.
c. A Dispensary may process medical marijuana, related supplies, and/or educational materials. A Dispensary may engage in one or more activities involved in the processing of medical marijuana and medical marijuana products. In addition to retail sales and dispensing of medical marijuana and medical marijuana products, a Dispensary may serve as a Cultivator,

Manufacturer, and Transporter. Separate licensure is required for each. A Dispensary is the only entity that can provide medical marijuana and/or medical marijuana products to Qualified Patients and/or Caregivers. A medical marijuana treatment center/dispensary is prohibited from delivering medical marijuana or medical marijuana products to Qualified Patients and/or Caregivers.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 7.4.3 Licensed entities shall only sell or otherwise transfer, purchase, obtain, or otherwise accept the transfer of medical marijuana or medical marijuana products from an entity licensed by the Department to participate in the medical marijuana program. No licensed entity shall purchase or sell medical marijuana or medical marijuana products from any unlicensed or out-of-state individual or entity.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Title 15: Mississippi State Department of Health

Part 22: Medical Marijuana Program

Subpart 8: Qualifications and Limitation of Caregivers

Chapter 1 GENERAL REQUIREMENTS

Rule 7.1.1 Purpose of Regulations: These regulations, and any guidelines set forth by the Department, governs the medical marijuana program in Mississippi. The purpose of this Part is to ensure the availability of and safe access to medical marijuana for qualified persons with debilitating medical conditions.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 7.1.2 Legal Authority: This regulation has been promulgated under the authority of and pursuant to Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2).

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 7.1.3 Caregivers participating in the medical marijuana program must obtain a Caregiver Identification Card issued by the Department in compliance with 15 Miss. Admin Code, Pt. 22, Subpart. 5.

Chapter 2 QUALIFICATIONS FOR CAREGIVERS

Rule 8.2.1 An individual applicant for a caregiver identification care under this chapter shall be a natural person that:

a. Is twenty-one (21) years of age or older;
b. Is a current resident of the State of Mississippi;
c. Has not previously held a license, identification card, or other state issued document participating in the medical marijuana program in Mississippi or any other state that has been revoked by the state authority for the medical marijuana program.
d. Has not been convicted of a disqualifying criminal conviction in the past five (5) years from the date of application; and,
e. If possessing a professional license, that the license is in good standing.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Chapter 3 LIMITATIONS ON CAREGIVERS

Rule 8.3.1 All caregivers are subject to the limitations of medical marijuana program as set forth by the Department. The limitations describe the procedures, actions, and processes that a caregiver is permitted to undertake in keeping with their participation in the program.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 8.3.2 The following limits shall apply to caregivers participating in the medical marijuana program:

a. Caregivers must only assist qualified patients the use of medical marijuana;
b. A qualified patient can only have one caregiver at any given time;
c. A caregiver may serve as a caregiver to no more than ten (10) qualified patients at any given time;
d. On behalf of the qualified patients being served by a caregiver, the caregiver may:

    i. Purchase medical marijuana or medical marijuana products from a licensed dispensary;
    ii. Acquire medical marijuana or medical marijuana products from a licensed dispensary;
    iii. Possess medical marijuana or medical marijuana products, not to exceed individual possession limits;
    iv. Deliver medical marijuana or medical marijuana products to qualified patients from licensed dispensaries;
    v. Prepare medical marijuana or medical marijuana products for use by qualified patients; and,
    vi. Administer medical marijuana or medical marijuana products to qualified patients.

e. At no time shall a caregiver engage in the following:

    i. Consumption or use of medical marijuana or medical marijuana products that have been obtained for qualified patients;
    ii. Purchase any medical marijuana or medical marijuana products for personal consumption or use;
    iii. Sale or diversion of any medical marijuana or medical marijuana products; and/or,
    iv. Grow, cultivate, manufacture, or process marijuana for medical use by qualified patients.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Title 15: Mississippi State Department of Health

Part 22: Medical Marijuana

Subpart 9: Safe and Secure Processing of Medical Marijuana

Chapter 1 GENERAL REQUIREMENTS

Rule 9.1.1 Purpose of Regulations: These regulations, and any guidelines set forth by the Department, governs the medical marijuana program in Mississippi. The purpose of this Part is to ensure the availability of and safe access to medical marijuana for qualified persons with debilitating medical conditions.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.1.2 Legal Authority: This regulation has been promulgated under the authority of and pursuant to Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2).

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Chapter 2 RECORD KEEPING

Rule 9.2.1 All licensed entities must keep onsite and readily accessible, either in paper or electronic form, a copy of the records listed below. Unless otherwise stated in this Part, all records must be maintained by the licensed entity for at least five (5) years from the date of creation.

a. Business records, which may include but are not limited to employee records, organizational documents or other records relating to the governance and structure of the licensee, manual or computerized records of assets and liabilities, monetary transactions, tax records, journals, ledgers, and supporting documents, including agreements, checks, invoices, receipts, and vouchers.
b. As applicable, any documents related to the processing, preparation, transportation, sampling, and/or testing of medical marijuana and medical marijuana products, including but not limited to sample field logs, lab reports, testing records, equipment inspections, training materials, and standard operating procedures.
c. As applicable, any documents related to the processing, preparation, transportation, sampling, and/or testing of medical marijuana and medical marijuana products, including but not limited to sample field logs, lab reports, testing records, equipment inspections, training materials, and standard operating procedures.
d. Documentation of every instance in which medical marijuana was sold or otherwise transferred to or purchased or otherwise obtained from another licensed entity, which shall include, but is not limited to:

    i. The name, license number, address, and phone number of all licensees involved in each transaction; and

ii. The quantity and type of medical marijuana or medical marijuana products involved in each transaction;
iii. The batch number of the medical marijuana or medical marijuana products involved in each transaction;
iv. The date of each transaction;
v. The monetary value of the medical marijuana or medical marijuana products involved in each transaction, including the total sale or purchase amounts;
vi. All point-of-sale, tax records, and assessments on the sale of medical marijuana;
vii. All transportation manifests and other documentation relating to the transport of medical marijuana and medical marijuana products; and,
viii. All documents relating to the disposal or destruction of medical marijuana, medical marijuana products, and medical marijuana waste.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Chapter 3 MEDICAL MARIJUANA TRANSACTION AND POSSESSION LIMITS

Rule 9.3.1 A transaction by a medical marijuana treatment center/ dispensary with a qualified patient, or caregiver shall be limited to 2.5 ounces during a fourteen (14) day period.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.3.2 All qualified patients and caregivers are limited to a possession limit of 2.5 ounces at any one time every fourteen (14) day period.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.3.3 Licensed entities shall verify and ensure that all medical marijuana transactions are conducted with a qualified patient, caregiver, or other licensed entity in accordance with this Part and shall take all reasonable steps necessary to prevent the sale or other transfer of medical marijuana and medical marijuana products to a person or entity who does not hold a valid, unexpired license or identified card issued by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.3.4 Verification of all qualified patients, caregivers and licensed entities shall include, at a minimum: name; unexpired license number or identification card number; and expiration date.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.3.5 In addition to the items required in Rule 9.5.4 above, verification identification cards issued to qualified patients or caregivers must include verification of the photo of the qualified patient or caregiver.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.3.6 Any transaction not in accordance with this Chapter will constitute an unlawful purchase and sale.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Chapter 4 LOSS AND THEFT

Rule 9.4.1 If a licensed entity has reason to believe that an actual loss, theft, or diversion of medical marijuana has occurred, the commercial licensee shall notify immediately the Department and law enforcement. The licensed entity shall provide the notice by attaching and submitting electronically a signed statement that details the estimated time, location, and circumstances of the event, including an accurate inventory of the quantity and type of medical marijuana unaccounted for due to diversion or theft. The notice shall be provided no later than seventy-two hours after discovery of the event.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Chapter 5 ENTRY TO AND ACTS OCCURING ON PREMISES OF LICENSED ENTITIES

Rule 9.5.1 No minors under the age of eighteen (18) may enter licensed premises unless the minor is accompanied by his or her parent or legal guardian.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.5.2 No licensed entity shall allow the consumption or use of medical marijuana or medical marijuana products on the premises.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Chapter 6 SECURITY REQUIREMENTS

Rule 9.6.1 Entities licensed as cultivators, manufacturers and medical marijuana treatment centers/ dispensaries must ensure the security measures are in place where marijuana is cultivated, manufactured, processed, and sold to prevent unauthorized access to medical marijuana. Access to the enclosed, locked facility where marijuana is cultivated, manufactured, and processed must be limited to the licensed entity's owners, operators, officers, board members, and authorized personnel.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.6.2 Each cultivation site/location, manufacturing site/location, processing site/location, and dispensing site/location must have the following security equipment to deter and prevent unauthorized access to the site/location:

a. Devices or a series of devices to detect unauthorized intrusion, which may include a signal system interconnected with a radio frequency method, such as cellular, private radio signals, or other mechanical or electronic device;
b. Interior and/or exterior lighting to facilitate surveillance;
c. Electronic monitoring to include, but not limited to:
    i. Call up monitors;
    ii. The ability to produce a clear still photo from any video camera image;
    iii. Video cameras (as described in Rule 9.6.3);
    iv. Storage capability of video recordings from all video cameras for at least 30 calendar days;
    v. A failure notification system that provides audible and visual notification of any failures in the electronic monitoring system; and,
    vi. Sufficient battery backup for video cameras and recording equipment to support at leaves five minutes of recording in the event of power outage.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.6.3 Video cameras at each site/location must:

a. Provide coverage of all entrances to and exits from limited access cultivation, manufacturing, processing, or dispensing areas;
b. Provide coverage of all entrances to and exits from the building;
c. Be capable of identifying any activity occurring in or adjacent to cultivation, manufacturing, processing, and dispensing sites/locations;
d. Have a recording resolution of at least 704 x 480;
e. Be directed at each point-of-sale location allowing for the identifying of any qualified patients or caregiver purchasing medical marijuana or medical marijuana products; and,
f. Provide coverage of each grow room/area, manufacturing area, and processing area capable of identifying any activity occurring within the room/area in low light conditions.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.6.4 Licensed Entities must have security policies and procedures that:

a. Restrict access to the cultivation sites/locations, manufacturing sites/locations, processing sites/locations, and dispensing sites/locations;
b. Provide for the identification for authorized personnel;

c. Prevent loitering; and,
d. Address how electronic monitoring and surveillance is conducted.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Chapter 7 CLEANING AND SANITATION

Rule 9.7.1 Any building and/or equipment used by a licensed entity to cultivate, manufacture, process, and/or dispense medical marijuana must be maintained in a clean and sanitary manner.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.7.2 Medical marijuana or marijuana products, in the process of production, preparation, manufacture, packing, storage, sale, distribution, or transportation, are protected from contaminants.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.7.3 Waste products incident to the manufacture, preparation, packing, selling, distributing, or transportation of medical marijuana or marijuana products are removed from the building used as a cultivation, manufacturing, processing, or dispensing site at least once every 24 hours or more often as necessary to maintain a clean and sanitary conditions.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.7.4 All supplies used in the preparation of medical marijuana or medical marijuana products that is flammable or volatile chemicals are stored in a manner to avoid a hazardous condition (such as combustion, accidental ingestion, etc.) from occurring.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.7.5 All stored medical marijuana and medical marijuana products must be securely covered and labelled according to this Part.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Chapter 8 TRANSPORTATION MANIFESTS

Rule 9.8.1 In addition to requirements in this Part, all licensed entities responsible for the transportation of medical marijuana and/or medical marijuana products must adhere to the requirements outlined in this Subpart.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.8.2 All licensed entities shall utilize an electronic inventory management system to create and maintain transportation manifests documenting all transport of medical marijuana and medical marijuana products throughout the State of Mississippi.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.8.3 When transporting medical marijuana or medical marijuana products, all licensed entities shall provide copies of the inventory manifests to each originating and receiving licensed entity at the time the product changes possession.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.8.4 The copy of the inventory manifest to be left with the originating licensed entity shall include, at a minimum:

a. The license number, business name, address, and contact information of the originating licensed entity;
b. A complete inventory of the medical marijuana and medical marijuana products to be transported, including the quantities by weight or unit of each type of medical marijuana and medical marijuana products and the batch number(s);
c. The date of transportation and the approximate time of departure;
d. Printed names, signatures, and identification card numbers of personnel accompanying the transport;
e. The license number(s), business name(s), address(es), and contact information for all end point recipients.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.8.5 The copy of the inventory manifest to be left with the receiving licensed entity shall include, at a minimum:

a. The license number, business name, address, and contact information for the receiving licensed entity;
b. The license number, business name, address, and contact information of the originating licensed entity;
c. A complete inventory of the medical marijuana and medical marijuana products delivered to the receiving licensed entity, including the quantities by weight or unit of each type of medical marijuana and medical marijuana products and the batch number(s);
d. The date and estimated time of arrival;
e. The printed names, signatures, and identification card numbers of the personnel accompanying the transport; and
f. The printed names, titles, and signatures of any personnel accepting delivery on behalf of the receiving licensed entity.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.8.6 A separate inventory manifest shall be prepared for each licensee receiving the medical marijuana or medical marijuana products.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.8.7 Transportation manifests should reflect a complete chain of custody of all medical marijuana and medical marijuana products being transported, including all instances in which the medical marijuana and medical marijuana products are stored.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.8.8 Originating and receiving licensed entities shall maintain copies of transportation manifests and inventory records logging the quantity of medical marijuana or medical marijuana products received for at least three (3) years from the date of receipt.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.8.9 A transportation manifest must not be altered after departing from the originating licensed entity's premises, except for the addition of the printed names, titles, and signatures of any personnel accepting delivery on behalf of the receiving licensed entity.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.8.10 A receiving licensed entity must refuse to accept any medical marijuana or medical marijuana products that are not accompanied by a transportation manifest.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.8.11 If a receiving licensed entity refuses to accept delivery of any medical marijuana and/or medical marijuana product or if delivery of the medical marijuana or medical marijuana is impossible:

a. The medical marijuana and/or medical marijuana products shall be immediately returned to originating licensed entity who retains legal ownership of the products; and,
b. The refusal of acceptance must be documented in writing by the licensed entity refusing to accept the transfer. The refusal must document the following:

i. Identification of licensed entity refusing acceptance;
ii. A complete inventory of what is being returned to the originating licensed entity;

iii. The date and time of refusal;
iv. The printed name and signature of the employee authorizing the refusal.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Chapter 9 MEDICAL MARIJUANA WASTE DISPOSAL

Rule 9.9.1 All medical marijuana plant material and waste generated during the cultivation, production, processing, handling, and testing of medical marijuana and medical marijuana products must be stored, managed, and disposed of in accordance with these Rules, and any other applicable Mississippi statutes and rules.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.9.2 Licensed entities may dispose of root balls, stems, fan leaves, seeds, and the mature stalks or fiber produced from such stalks at the license premises by open burning, incineration, burying, mulching, composting or any other technique approved by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.9.3 Licensed entities engaged in the disposal of root balls, stems, fan leaves, seeds, and the mature stalks or fiber produced from such stalks shall create and maintain a disposal log that contains, at a minimum, the following information:

a. Name and license number of the commercial licensee;
b. A description of the plant material being disposed;
c. A brief description of the method used for disposal;
d. Date and time of the disposal; and
e. Printed names of employee(s) conducting the disposal and signatures.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.9.4 The waste disposal log shall contain a signed statement from an authorized representative of the licensed entity attesting to the lawful disposal of the medical marijuana waste under penalty of perjury.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 9.9.5 All disposal records shall be maintained by the licensed entities for a period of five (5) years and shall be subject to inspection and auditing by the Department.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Title 15: Mississippi State Department of Health

Part 22: Medical Marijuana Program

Subpart 10: Use of Medical Marijuana in Long Term Care Settings

Chapter 1 REQUIREMENTS FOR THE USE OF MEDICAL MARIJUANA IN LONG TERM CARE SETTINGS

Subchapter 1 General Provisions:

Rule 10.1.1 Purpose of Regulations: These regulations, and any guidelines set forth by the Department, govern the medical marijuana program in Mississippi. The purpose of this Part is to ensure the availability of and safe access to medical marijuana for qualified persons with debilitating medical conditions.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 10.1.2 Legal Authority: This regulation has been promulgated under the authority of and pursuant to Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2).

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 10.1.3 Definitions. In addition to the general definitions and terms included in 15 Miss. Admin. Code, Part 22, Subpart 2, Rule 2.1.3, the following terms shall have the meaning hereinafter respectively ascribed to them as they relate to the Medical Marijuana Program:

1. Long Term Care Setting – The term "long term care setting" shall include the following program types: assisted living, nursing homes, hospice programs, and intermediate care facilities for individuals with intellectual disabilities (ICF/IID)

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 10.1.4 All long-term care settings participating in the medical marijuana program with residents/clients who are qualified patients and the long-term care program is facilitating the residents'/clients' use of medical marijuana must be approved by the Department as a Caregiver Institution/Program and obtain a Caregiver Institution/Program Identified Card as outlined in 15 Miss. Admin. Code Subpart 5.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 10.1.5 Patients participating in the medical marijuana program adhere to all requirements set forth in 15 Miss. Admin. Code, Part 22.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 10.1.6 Any long-term care setting may adopt reasonable written requirements on the use of medical marijuana by their residents/clients, including:

a. That the facility will not store or maintain the patient's supply of medical marijuana;
b. That only the identified caregivers, with training required by the long-term care setting, are responsible for facilitating the use of medical marijuana by qualified patients;
c. That only physicians affiliated with the long-term care settings, either as employees or through a contractual relationship, can provide physician certification for individuals seeking to participate in the medical marijuana program;
d. That medical marijuana be consumed by a method other than smoking;
e. That medical marijuana be consumed only in place specified by the long-term care program; and,
f. That the long-term care settings have plans for safe administration and monitoring of residents/clients who use medical marijuana.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 10.1.7 Nothing in this Part requires a long-term care setting to adopt restrictions on the use of medical marijuana.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 10.1.8 Provided that the provisions of this Subpart are followed, a long-term care setting may not unreasonably limit a qualified patient's access to or use of medical marijuana authorized under this Part unless failing to do so would cause the long-term care setting to lose a monetary or licensing-related benefit under federal law or regulations.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Subchapter 2 Physician Requirements for Use of Medical Marijuana as a Component of Palliative Care

Rule 10.2.1 Physicians providing certification for individuals receiving palliative care services through a hospice care team and as an identified member of a caregiver institution/program are exempt from the following requirements:

a. 15 Miss. Admin. Code Subpart 5, Subchapter 9; and,
b. 15 Miss. Admin. Code Subpart 5, Rule 5.10.1.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 10.2.2 All other requirements of 15 Miss. Admin. Code Subpart 5 remain applicable.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*

Rule 10.2.3 The Caregiver Institution/ Program is responsible for ensuring the physician's license is unrestricted through the Mississippi Board of Medical Licensure and that the physician is practicing within his/her area of specialty.

SOURCE: *Mississippi Constitution Initiative Measure #65 Sections 5(1) and (2)*