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

1. **Date the notice of intended rulemaking was published in the Oklahoma Register:**
   December 1, 2025, Vol. 43 Okla. Reg., OAR Docket # 25-892

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

3. **Title and number of the rule:**
   Title 442. Oklahoma Medical Marijuana Authority
   Chapter 10. Medical Marijuana Regulations
   442:10-1-9. Recommending physician registration [AMENDED]
   442:10-1-9.1. Recommending physician standards [AMENDED]
   442:10-2-1. Application for patient license [AMENDED]
   442:10-2-2. Application for patient license for persons under age eighteen (18) [AMENDED]
   442:10-2-4. Application for temporary patient license [AMENDED]
   442:10-2-6. Information contained on patient and caregiver license [AMENDED]
   442:10-3-1. License for transportation of medical marijuana [AMENDED]
   442:10-3-6. Inventory manifests[AMENDED]
   442:10-4-1. License required [AMENDED]
   442:10-4-4. Inspections [AMENDED]
   442:10-4-5. Inventory tracking, records, reports, and audits [AMENDED]
   442:10-5-1. License required [AMENDED]
   442:10-5-1.1. Responsibilities of the license holder [AMENDED]
   442:10-5-2. Licenses [AMENDED]
   442:10-5-3. Applications [AMENDED]
   442:10-5-4. Inspections [AMENDED]
   442:10-5-6. Inventory tracking, records, reports, and audits [AMENDED]
   442:10-5-8. Food safety standards for processors [AMENDED]
   442:10-5-14. Handling of medical marijuana by dispensary [AMENDED]
   442:10-5-16. Prohibited acts [AMENDED]
   442:10-7-1. Labeling and packaging [AMENDED]
   442:10-7-2. Prohibited products [AMENDED]
   442:10-8-1. Testing standards and thresholds [AMENDED]
   442:10-8-3. Sampling requirements and procedures [AMENDED]
   442:10-9-1. License or permit required [AMENDED]
   442:10-9-5. Inspections [AMENDED]
   442:10-9-7. Audits and inventory [AMENDED]

4. **Citation to the statutory authority for the rule:**
   Executive Director of the Oklahoma Medical Marijuana Authority; 63 O.S. § 420, 63 O.S. § 427.7, 63 O.S. § 427.10, 63 O.S. § 427.14, 63 O.S. § 427.16, 63 O.S. § 427.18, 63 O.S. § 427.27, 63 O.S. § 427.28, and 63 O.S. § 431.1.

5. **Citation to any federal or state law, court ruling, or any other authority requiring rule:**

Executive Director of the Oklahoma Medical Marijuana Authority; 63 O.S. § 420, 63 O.S. § 427.7, 63 O.S. § 427.10, 63 O.S. § 427.14, 63 O.S. § 427.16, 63 O.S. § 427.18, 63 O.S. § 427.27, 63 O.S. § 427.28, and 63 O.S. § 431.1.

6. Brief summary of the content of the adopted rule:

The proposed permanent rules implement legislative changes mandated by HB 2807, SB 518, SB 774, SB 1039, and SB 1066 from the 2025 legislative session and address changes in statute under 63 O.S. § 420, 63 O.S. § 427.7, 63 O.S. § 427.10, 63 O.S. § 427.14, 63 O.S. § 427.16, 63 O.S. § 427.18, 63 O.S. § 427.27, 63 O.S. § 427.28, and 63 O.S. § 431.1. These rules are intended to provide a structure for the implementation of these legislative changes in OMMA's permanent administrative rules.

HB 2807 amends pre-packaging requirements under 63 O.S. § 431.1 (originally added by HB 3361 in 2024); authorizes commercial transporter licensees to use warehouse locations to temporarily store medical marijuana; and updates statutory language needed for FBI approval of the national fingerprint-based background check. Commercial transporter warehouse requirements are added to rules at **OAC 442:10-3-1** and **OAC 442:10-3-6**. Updates to the national fingerprint-based background check requirements are at **OAC 442:10-5-1.1.** Pre-packaging requirements are added to **OAC 442:10-7-1** and **OAC 442:10-7-2**. SB 518 requires an additional warning label stating it is illegal to drive a motor vehicle while under the influence of marijuana or marijuana products. These rules are added at **OAC 442:10-5-8(d)(7)** and **OAC 442:10-7-1(d)(2).** SB 774 reduces the patient license number to a 12-character number and adds a PDF417 barcode to patient licenses. The rules are updated at **OAC 442:10-2-6(7).** Rule changes to patient application resubmissions and full remittance of commercial license fees are required pursuant to SB 1039 (2025). SB 1039 requires patient applications to be resubmitted within 30 days of rejection and requires commercial applicants to remit all license and application fees, including any additional fees, within 45 days of notification by the Authority. Patient resubmission rules are amended at **OAC 442:10-2-1(g)**, **OAC 442:10-2-2(h)**, and **OAC 442:10-2-4(e).** Commercial application rules are amended at **OAC 442:10-4-1(b)**, **OAC 442:10-5-1(b)**, **OAC 442:10-5-2(a)**, **OAC 442:10-5-3(a)**, **OAC 442:10-9-1(c).** SB 1066 requires the Authority to create and maintain a registry of recommending physicians and establish continuing medical education (CME) requirements for recommending physicians. These rules are added to **OAC 442:10-1-9** and **OAC 442:10-1-9.1. OAC 442:10-5-1.1(13)(D)** is amended to make employee credentials valid for one year from the date of issuance, instead of expiring Jan. 31. Amendments to **OAC 442:10-5-14(a)** and **OAC 442:10-5-16(s)(2)** permit display samples of up to 3.5 grams, a size more consistent with industry standards and pre-packaging requirements. Clarification to rules regarding violations deemed as correctable by the Authority are added to **OAC 442:10-4-4(h), OAC 442:10-4-5(i)(6), OAC 442:10-5-4(k), OAC 442:10-5-6(i)(6), OAC 442:10-9-5(i),** and **OAC 442:10-9-7(a)(6).** Proposed laboratory rules clarify that testing laboratories must follow the current version of the manufacturer's instructions for use at **OAC 442:10-8-1(i)(1)(B)**. Clarification that an enrichment step is not required for quantitative assays is added to **OAC 442:10-8-1(i)(1)(D-E)**, and clarification that laboratory quality control (LQC) samples only need to be run each day of testing is added to **OAC 442:10-8-1(i)(1)(D)**. Clarification to the inventory tag requirement is added to **OAC 442:10-8-3(e)(3)(M)**. Peak integration rules are clarified or added to **OAC 442:10-8-1(i)(2)(H)** and **OAC 442:10-8-1(i)(5)(H)**. Minor typos or rule inconsistencies are corrected at **OAC 442:10-8-1(i)(1)(E)(iii-iv), OAC 442:10-8-1(i)(3)(D), OAC 442:10-8-1(i)(4)(D), OAC 442:10-8-1(i)(4)(G), OAC 442:10-8-1(i)(5)(D), OAC 442:10-8-1(i)(5)(G), OAC 442:10-8-1(i)(6)(G), OAC 442:10-8-1(i)(7)(E)(i)(II),** and **OAC 442:10-8-1(i)(7)(G).** Clarifying that testing laboratories must follow the current version of the manufacturer's instructions for use at **OAC 442:10-8-1(i)(1)(B)** is necessary to ensure laboratories are using the latest instructions for use when a manufacturer makes a change in a method; any deviation from the instructions for use may result in an erroneous reporting of results. A recent recall of laboratory-

tested products occurred because a laboratory implemented an updated procedure but did not follow the manufacturer's changes completely and subsequently reported results as "Test Passed" that should have been reported in "Test Failed" status.

7. Statement explaining the need for the adopted rule:

The proposed permanent rules implement legislative changes mandated by HB 2807, SB 518, SB 774, SB 1039, and SB 1066 from the 2025 legislative session and address changes in statute under 63 O.S. § 420, 63 O.S. § 427.7, 63 O.S. § 427.10, 63 O.S. § 427.14, 63 O.S. § 427.16, 63 O.S. § 427.18, 63 O.S. § 427.27, 63 O.S. § 427.28, and 63 O.S. § 431.1. These rules are intended to provide a structure for the implementation of these legislative changes in OMMA's permanent administrative rules.

8. Date and location where rules were adopted:

Adopted by Adria G. Berry, the Executive Director of the Oklahoma Medical Marijuana Authority on January 30, 2026, pursuant to authority provided by Title 63 O.S. § 420-431.1, in the offices of the Oklahoma Medical Marijuana Authority.

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

The Authority received 147 comments: 19 verbal and 128 written. Of the comments received, around 50 comments addressed prepackaging requirements pursuant to HB 2807 (2025) and 63 O.S. § 431.1. There were 25 comments about testing, 12 comments about driving-under-the-influence warning labels required by SB 518 (2025) and 63 O.S. § 427.18 of state statute, 4 comments about required physician medical education required by SB 1066 (2025) and 63 O.S. § 427.10 of state statute, 8 comments regarding administrative operations and hearing examiner changes, with the remaining comments addressing technical issues or providing other feedback. Most of the comments addressed statutory requirements from the recent legislation, with more comments about prepackaging requirements than another topic. The Authority has endeavored to respond individually to every single comment on OMMA's proposed permanent rules, even if the comment relates to proposed legislation or an existing statutory requirement that can't be changed by the agency. There have been no changes to Chapter 10 of the proposed rules based on public comments. The complete comments and responses are in Exhibit A.

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

BRENDA BLOXHAM	Patrick Bradley
Lisa Cupps	Robin Dobey
Camille Madden	James Blunts
samuel davidson	Michael Robert DeWitt
Caleb Barker	Christopher
Lacy Humphreys	Beverly Clements
Haley E. Dougherty	Courtney Albreski
Ryver Bradford	Shelley Sexton
Cliff Downing	Brandon Mosley
TB	Peter Lyamport
Amber Shepherd	Dennis Byrne

Cinsear Lee
Garret Harrell
Carl Swanson
Gregory Holbird
Steven Laner
Larry Jones
Theressa golden
Linn Bishop
Tammy Fondren
Kenneth Kupp II
Heather Scammahorn
Beverly Kobus
Patrick Swanson
Mindy Garrett
Zac Bennett
Mario Thompson
Karen Getchell
Joshua W
Brandon
Christopher Ryan Shannon
Michael Johnson
Chelsea Pagan
M Willard
Jennifer Pague-Pugh
Linda Casey
Alison K
Tim Gaulden
Tyler Thulin
Kris Galusha
Cindy Smith
Kellie Elizabeth Scott
Dale
Ekoria Biddle
Joseph Chitty
Lee Morton
Elizabeth Hendricks
Dondi Cobb
John
Mary Mathis
Matt Jingozian
Jack smith
Macayla McIntyre
Joe Douglass
Clifton Yeager
Lisa Brandborg
kathy Vochatzer
Kristi Smith
Chris Topher
Donna Montgomery
Shiralee Garren
Roscoe Rann Jr
Jimmie Rader
Robin Tiger
Victoria Lyons
Theo Morgan
Jimmy
Cheryl Malone
Martin Syring
Travis Vance
Veronica Petty
Douglas Joshua McMullen
La Tasha Hutchins
Sarah E Kirkhart
Stevie Taylor
Tessa Manning, MD
Tammy Armstrong
Bear
Matthew Phillips
Kennedy Collins
Jeremy Woods
Jeffery Havard
Lynn Hughes
BRIE TRUETT
Carl Hanz
Cole Alleman
Kristina Amiraslani
Austin Jones
John Koumbis
Cole Alleman
Henry Sprague III
Mary Lane Porter
Kelsey Palmer

Jonny Lung	Lee Bayless
Dion Mulcahy jr	Matthew Phillips
Rodney Alumbaugh	Brandon Mosley
Heidi Hernandez	Austin Woods
Debora Redmond	Jeremy Woods
Bonnie Lindley	Jeffrey Havard
Lisa Austin	Mo Mirambeigui
Virgil argo	Geary Wilson
Joshua chapman	Steph Davis
Mearra Hudson	John Byrd
Mike Dollard	Nick Serrano
Chris Q	James Tschiersch
Angela Stevens	Jed Green
Ryan Nix	Justin Wood

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

12. Incorporation by reference statement:
None

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

Adopted by Adria G. Berry, the Executive Director of the Oklahoma Medical Marijuana Authority on January 30, 2026, pursuant to authority provided by Title 63 O.S. § 420-431.1, in the offices of the Oklahoma Medical Marijuana Authority.

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

15. **Additional information:**
Information regarding this rule may be obtained by contacting Meagan Hansen, Chief of Staff, Oklahoma Medical Marijuana Authority, 2501 N. Lincoln Blvd., OK 73105, 405-522-6191. Meagan.Hansen@omma.ok.gov.

EXHIBIT A

RULE COMMENT SUMMARY AND RESPONSE

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

Comment:
NO MORE REMEDIATED MEDICAL MARIJUANA.
BRENDA BLOXHAM

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. In terms of the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
I don't agree with the requirements for medical marijuana to be prepackaged. Maybe you should learn how to select it before you start trying to restrict how it's sold. Most people want to be able to smell and see the product. And requiring fingerprints for licensing is just another way to circumvent the voices of the people who voted for medical marijuana in the first place. Stop legislation by religious beliefs and start following the constitution.
Lisa Cupps

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised in your comment relate primarily to statutory requirements rather than matters that can be addressed through administrative rulemaking. Specifically, the requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by HB 3361 (2024) and codified at 63 O.S. § 431.1. Any changes to this requirement fall within the authority of the Legislature and are outside the agency's ability to modify through rulemaking. We appreciate your engagement and the opportunity to consider your perspective as part of the public comment process.

Change:
No rule changes are recommended.

Comment:
The new prepackaged law makes it harder for me to get what I need. It's also makes it harder to use discount opportunities when we can. I could go into a dispensary and get a gram or two of what i needed. Now under the law I have to purchase it all pre weighed and prepackaged. No opportunity to see what I am buying or to buy less to try a sample to see if it's worth

buying. Please consider that we are actual patients who are not using for recreational purposes but to manage medical conditions or even chronic illnesses with no cure.
Camille Madden

OMMA Evaluation:
Thank you for taking the time to engage in the public comment process. The issues raised in your comment relates primarily to statutory requirements rather than matters that can be addressed through administrative rulemaking. Specifically, the requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by HB 3361 (2024) and codified at 63 O.S. § 431.1. While this statutory provision mandates prepackaging, existing law and current rules continue to allow for the display and smelling of medical marijuana in accordance with 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are satisfied Any changes to this requirement fall within the authority of the Legislature and are outside the agency's ability to modify through rulemaking. Thanks again for your comment and for providing thoughtful feedback.

Change:
No rule changes are recommended.

Comment:
i think its very obvious why lawmakers are putting all these rules on marijuana. very obvious as to why its TEN days in jail for having weed not in its original packaging or for considering a DAB PEN an open container. its bizarre how the state of oklahoma can afford to put potheads in jail for TEN DAYS but cant afford to put lights on any of our highways, or get fentanyl off our streets, or provide jobs that ARENT walmart or an amazon warehouse.
this state is severely lacking basic necessities yet we can afford to incarcerate an insane amount of people for non violent crimes. drugs have stolen this beautiful state. focusing on marijuana instead of the actual problem is insane. our small towns are dying. the town i was raised in has less than 200 people now. its not because of marijuana. its because of meth, horrible education and lack of jobs.
Samuel Davidson

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. Because you comment does not suggest any changes to the proposed rules, the Authority won't be making adjustments to permanent rules based on this feedback. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
I feel like yall need to take your stinky ass greedy hands oit of every aspect of marijuana. We dont trust the givernment and youve done nothing but screw up the medicine thus far in this state, lets fuck it up worste why dont ya....anyhow getbout of it you greedy pigs.
Caleb Barker

OMMA Evaluation:
Thank you for taking the time to engage in the public comment process. Regarding the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. We nonetheless appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
I feel like this is entrapment and also a violation of my medical rights. Are you trying to imprison those who use marijuana to manage their ailments rather than OxyContin. Alcohol should be under the scrutiny.
Lacy Humphreys

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The Authority has reviewed your comment and notes that it does not propose specific changes to the proposed permanent rules. Accordingly, no modifications will be made to the rules based on this comment. We appreciate your engagement in the public comment process.

Change:
No rule changes are recommended.

Comment:
The prepackaging requirement is terrible for both growers and consumers. There is less clarity among the product quality from which consumers are suffering. The growers may also have a near impossible task with advertising quality of their product if product is essentially invisible to consumer. Thank you for time and understanding.
Haley E. Dougherty

OMMA Evaluation:
Thank you for taking the time to submit a public comment. The requirement that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities is established in statute under HB 3361 (2024), codified at 63 O.S. § 431.1. While this statutory provision mandates prepackaging, existing law and current rules continue to allow for the display and smelling of medical marijuana in accordance with 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are satisfied. Because the prepackaging requirement is set forth in statute, any change to this requirement would require legislative action rather than administrative rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
A lot of these new implementations and regulations make purchasing significantly more difficult. Buying flower isn't just looking at the numbers. There's a wide variety of factors that come into play. Ever since these new rules came into play, it's been a chore to find the right

product that fits my exact needs. Nobody lists all of the terps on the packaging. The biggest factor in buying flower isn't what the bunch looks like. Most dispensaries put out the prettiest nicest from the entire batch, it doesn't match everything as every flower is different.
Ryver Bradford

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. While the Authority will not be making changes to the current rules in response to this specific comment, your input has been passed along to our team and will be included in future discussions. Thank you for engaging in the public comment process and sharing your perspective.

Change:
No rule changes are recommended.

Comment:
"re: Rules requiring medical marijuana to be sold in pre-packaged quantities for HB 2807 (2025) were added to OAC 442:10-7-1 and OAC 442:10-7-2. This rule is creating a hazard for patients. Prepackaging flower reduces quality and encourages mold which in turn creates a hazard for patients. It also causes the flower to dry out and become almost unusable. Boutique delivery of flower helps to keep the product fresh and mold free."
Cliff Downing

OMMA Evaluation:
Thank you for submitting your public comment. The requirement that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities is established in statute through HB 3361 (2024), codified at 63 O.S. § 431.1. While the statute requires prepackaging, current law and existing rules permit the display and smelling of medical marijuana consistent with 63 O.S. § 421 and allow the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are satisfied. Any changes to the statutory prepackaging requirement would require legislative action rather than administrative rulemaking. We appreciate your participation in the rulemaking process and the thoughtful comment you have shared.

Change:
No rule changes are recommended.

Comment:
Regarding: Rules requiring medical marijuana to be sold in pre-packaged quantities for HB 2807 (2025) were added to OAC 442:10-7-1 and OAC 442:10-7-2.
This rule has made it very difficult to make informed purchases as an OMM patient. These new rules regarding pre-packaged items make it harder for me to decide on which item to purchase depending on what I need. The pre-packaged marijuana seems to be pointless and seems to be another way for growers and/or marijuana businesses to potentially scam OMM patients by claiming that the product is a lot better than it is, which patients cannot confirm to be true, until they open the package after purchasing the product. There are many different things people look for when purchasing a basic item. I'm not sure how it is protecting Oklahomans by taking away their right to choose the marijuana that they like, that they believe is worthy of their money. This makes it extremely difficult to make an informed decision when

purchasing in a dispensary. There are certain strains, and other things I avoid when shopping and the right to make that decision for myself was taken away due to this new law.
TB

OMMA Evaluation:
Thank you for taking the time to provide your public comment. The requirement that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities is set forth in statute under HB 3361 (2024), codified at 63 O.S. § 431.1. Although prepackaging is required by law, current statutes and rules allow for the visual display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit the use of non-opaque packaging, so long as all packaging and labeling requirements are met. Because the prepackaging requirement is statutory, any modification would require action by the Legislature rather than changes through administrative rulemaking. We appreciate your engagement and the opportunity to respond to the concerns you have shared.

Change:
No rule changes are recommended.

Comment:
I do not approve of any of the restrictions added to our laws. We already passed them as the people wanted them. Your increased regulation is nothing more than a money grab and a way for representatives who never wanted medical marijuana to pass to limit our access as much as legally possible. Vote no.
Amber Shepherd

OMMA Evaluation:
Thanks for taking the time to participate in the public comment process. In terms of the proposed permanent rules, this comment doesn't suggest any changes. Therefore, the Authority won't be making adjustments based on this feedback. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
I think the rules regarding the single package rule will cause the prices to needlessly go up which will hurt myself and fellow patients
Cinsear Lee

OMMA Evaluation:
Thank you for taking the time to submit your comment and giving us the chance to address your concerns. The requirement that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities is established in statute under HB 3361 (2024), codified at 63 O.S. § 431.1. While this statutory requirement mandates prepackaging, existing law and the current rules do allow for the display and smelling of medical marijuana in accordance with 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any modification to the prepackaging requirement itself would require legislative action. We appreciate your

engagement in the public comment process.

Change:
No rule changes are recommended.

Comment:
The pre-package rule is a waste. The amount of plastic packaging used is absurd. It is wasteful and has only increased the price of goods at a detriment to patients.
Garret Harrell

OMMA Evaluation:
Thank you for taking the time to submit your comment and giving us the opportunity to respond to your concerns regarding the waste created as a result of the prepackaging requirement. The requirement that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities is established in statute under HB 3361 (2024), codified at 63 O.S. § 431.1. While this statutory requirement mandates prepackaging, existing law and the current rules do allow for the display and smelling of medical marijuana in accordance with 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any modification to the prepackaging requirement itself would require the Legislature to take action. We appreciate your engagement and the thoughtful feedback you have provided during the public comment period.

Change:
No rule changes are recommended.

Comment:
Regarding the requirement that all medical marijuana be prepackaged:
You have effectively made it so that I can no longer buy small amounts, nor can I see the actual product before purchasing it. This is not good. It provides me no benefit. It makes it more difficult, and more expensive, to get what I need. I feel this requirement only satisfies the desires of an uninformed state government representative. Dump it, and dump them.
Carl Swanson

OMMA Evaluation:
Thank you for taking the time to engage in the public comment process. The requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by HB 3361 (2024) and codified at 63 O.S. § 431.1. While this statutory requirement mandates prepackaging, existing law and the current rules do allow for the display and smelling of medical marijuana in accordance with 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to this statutory requirement fall within the authority of the Legislature and cannot be addressed through the administrative rulemaking process. We appreciate your participation in this process and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
The only rule change i care about is requiring dispensaries to sell prepackaged marijuana and only being allowed to display 3.5 grams. It puts an unnecessary burden on the stores and patients. It requires patients to biy in specific quantities instead of more or less than theu can afford or need. Also, not having jarred flower or only displaying a package of the product means the dispensary employees would have to leave eye sight of tje patients. Unscrupulous employees or dispensaries can use that as a way wo swap out lesser grade product and making more money. Being able to see and smell the product, as well as watching it being prepared by dispensary employees are important.
Gregory Holbird

OMMA Evaluation:
Thank you for taking the time to provide feedback during the public comment period. The requirement that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities is established in statute under HB 3361 (2024), codified at 63 O.S. § 431.1. While this statutory requirement mandates prepackaging, existing law and the current rules do allow for the display and smelling of medical marijuana in accordance with 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any modification to the prepackaging requirement itself would require legislative action. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
How about fixing your stupid, busted, portal first?!??? I CANNOT get in and tons of other people are experiencing the same. I was told via email to clear my cookies and cache. That's NOT the problem. Every device I try, same thing --DOESNT WORK!! It's not me, it's YOU.
Steven Laner

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. As you know, we recently launched a comprehensive licensing and inspection software, the OMMA MedPortal. With any large software transition, our team was prepared to navigate unexpected issues and hurdles in real time to minimize disruption on businesses and patients and ensure accurate data migration to the new portal. We are aware of issues that businesses and patients are experiencing and are attempting to resolve them as they arise. OMMA is under a statutory obligation to promulgate rules to implement new laws from the last legislative session. In terms of the proposed permanent rules, this comment doesn't suggest any changes and the Authority won't be making adjustments based on this feedback. Thank you once again for sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
The fact that you have made obtaining your meds in prepackaged form does not give you the

freedom of choice to the amounts and not being able to see the product is simply crazy. I've noticed too much change . Makes one just want to go back to the local dealer in town. Screw too much over regulation. Your new tracking software is a infringement on the population. Just make it recreational if your going to pre package. Ignorance !
Larry Jones

OMMA Evaluation:
Thank you for submitting your public comment. The requirement that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities is established in statute by HB 3361 (2024), codified at 63 O.S. § 431.1. While this statute requires prepackaging, existing law and current rules permit the display and smelling of medical marijuana in accordance with 63 O.S. § 421 and allow the use of non-opaque packaging, provided all applicable packaging and labeling requirements are satisfied. Because the prepackaging mandate is set by statute, any changes to this requirement would require legislative action rather than administrative rulemaking. We appreciate your participation and the feedback you have shared.

Change:
No rule changes are recommended.

Comment:
Lawmakers increase the alcohol content in beer
But lowered and controlled the medication that is keeping me alive I have had cancer since 1990
Theressa golden

OMMA Evaluation:
Thank you for submitting your comment. With respect to the proposed permanent rules, the comment does not identify any changes for consideration, and no modifications will be made as a result. We appreciate your participation and the input you provided.

Change:
No rule changes are recommended.

Comment:
Re: Prepackaging medical marijuana

My feelings on this proposal is that it is having, and will continue to have, a negative impact on OMMA patients. We can no longer see and/or smell what we are purchasing. As you know, sight and smell are the most important factors in making an informed selection.

While i do understand the logic behind this mandate, i would propose a slight amendment to it.

Perhaps it might be more logical to continue to have the medical cannabis prepackaged, but allow dispensaries to have a small apothecary jar (or whatever clear container that might be deemed appropriate) with a sample of each prepackaged strain so patients can see and smell what they might be purchasing.

By doing it this way, the patient would be able to make a wiser, more informed decision on what might be best for their individual particular health concern.

Thank-you very much for your consideration in this manner.

Sincerely,
Linn Bishop

OMMA Evaluation:
Thank you for your insight and for engaging in the public comment process. The requirement that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities is established in statute under HB 3361 (2024), codified at 63 O.S. § 431.1. While this statutory requirement mandates prepackaging, existing law and the current rules do allow for the display and smelling of medical marijuana in accordance with 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any modification to the prepackaging requirement itself would require legislative action. We appreciate you taking the time to provide feedback and share your concerns.

Change:
No rule changes are recommended.

FComment:
Amending the credentials to expire one year from issuance would be GREAT! Also, make it possible to report grows using illegal aliens as employees AND THEN YALL DO SOMETHING ABOUT IT!
Tammy Fondren

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. Additionally, if you become aware of any suspected illicit activity or violations of state law or OMMA rules, we encourage you to report them at any time through omma.ok.gov/complaint. We appreciate your engagement and the perspectives you have shared, and thank you again for taking the time to provide your input.

Change:
No rule changes are recommended.

Comment:
Do not like the pre packed flower was way better before the change
Kenneth Kupp II

OMMA Evaluation:
Thank you for taking the time to submit your comment and engage in the public comment process. The requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by HB 3361 (2024) and codified at 63 O.S. § 431.1. Any

changes to this statutory requirement fall within the authority of the Legislature and cannot be addressed through the administrative rulemaking process. Thanks again for your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
The pre packaged quantities are ridiculous. You can't guarantee freshness nor weight. It's making it more expensive. It's more of a headache. All it is doing is making a friend of someone rich.

Stop with the prepackaged. Let us smell and see the product. You can't smell it. If you can't smell it, you don't know if it will be okay for you. If it smells bad to you it probably won't help you. If it does, it may help. It's always dry. I have had more quality issues since

Bring back the old way. Let us weigh it out!
Heather Scammahorn

OMMA Evaluation:
Thank you for taking the time to submit your comment. The requirement that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities is established in statute under HB 3361 (2024), codified at 63 O.S. § 431.1. While this statutory requirement mandates prepackaging, existing law and the current rules do allow for the display and smelling of medical marijuana in accordance with 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any modification to the prepackaging requirement itself would require legislative action. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
The new rules requiring prepackaging requires the product to be over-handled, risking contamination, making desired products more expensive and difficult to find. It prevents the consumer from making more informed choices about purchases. The consumer needs to view the product color, texture, odor and what state the plant is in before choosing the product. All of these factors are important to what the patient needs and what the patient's doctor recommends.
So this rule subjects the consumer to increased risk and decreases the value of the product to said consumer.
The rule will certainly complicate purchasing, make getting the product your doctor prescribed more difficult if not impossible as it drives up the cost, and reduces the safety of the product, with contamination issues.
Please reconsider!
If you insist on prepackaging, you should also require clear packaging with an air vent so the consumer knows exactly what he or she is purchasing.
As it is, you have no idea what is in the sealed packaging.

Beverly Kobus

OMMA Evaluation:
Thank you for taking the time to submit your comment and giving us the opportunity to respond to your concerns regarding prepackaging. The requirement that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities is established in statute under HB 3361 (2024), codified at 63 O.S. § 431.1. While this statutory requirement mandates prepackaging, existing law and the current rules do allow for the display and smelling of medical marijuana in accordance with 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any modification to the prepackaging requirement itself would require legislative action. We appreciate your engagement in the public comment process and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
We passed a no touch Bill. All you have done is touch it. Products are leaving dispos are leaving. Im not renewing there will be nothing left. Its not medical if I can be told Where to take it. Pharmacies dont close down for re registration 4wks. You messed it up, im done and im joining the other patients and leaving the State. Complete Overreach by the state makes it rec not medical, all while alcohol can share a wall with a Liquor Store. Hypocrisy im out.
Mindy Garrett

OMMA Evaluation:
Thank you for taking the time to provide your comment. As it does not propose specific changes to the proposed permanent rules, the Authority will not be making revisions based on this feedback. We appreciate your engagement and the opportunity to review your perspective.

Change:
No rule changes are recommended.

Comment:
I haven,t seen any positive results from the changes that have been made so far. We, the people, worked hard to vote and establish the system the way we wanted it. Now we,re left guessing about the quality of our medicine and hoping that the packaging is being handled in a clean and safe manner. There,s less medicine on the shelves, and fewer jobs for the thousands of budtenders who were making an honest living.

With all due respect, please return things to the way we voted for them.

Sincerely,
An Oklahoma medical patient
Zac Bennett

OMMA Evaluation:

Thank you for taking the time to submit feedback during the public comment period. The concerns raised relate primarily to statutory requirements rather than provisions that may be addressed through administrative rulemaking. Specifically, the requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by HB 3361 (2024) and codified at 63 O.S. § 431.1. Any modifications to this requirement fall within the authority of the Legislature and are outside the agency's rulemaking authority. We appreciate your perspective and the feedback you have shared.

Change:
No rule changes are recommended.

Comment:
Whomever came up with the pre-packaged idea needs to have a seat and not ever come up with any ideas again. That was/is a horrible idea. Now you are taking a risk shopping for a product that you can't fully inspect before purchasing. I need to see and smell what I am purchasing so that I will know if this is the product that I want, not blindly shopping for products. Super bad idea!!!!!

Mario Thompson

OMMA Evaluation:
The Authority acknowledges your comment regarding prepackaging requirements. Current law requires that medical marijuana and medical marijuana products be transferred to dispensaries in prepackaged form pursuant to HB 3361 (2024), codified at 63 O.S. § 431.1. Although this statutory mandate limits changes through rulemaking, existing statutes and rules continue to allow dispensaries to visually display and allow the smelling of medical marijuana under 63 O.S. § 421, as well as the use of packaging that is not opaque, so long as all labeling and packaging standards are satisfied. Because the prepackaging requirement is prescribed by statute, any revision would need to be addressed by the Legislature. The Authority appreciates your participation in the rulemaking process and the input you have provided.

Change:
No rule changes are recommended.

Comment:
I oppose the rules requiring medical marijuana to be sold in pre-packaged quantities for HB 2807 (2025) that were added to OAC 442:10-7-1 and OAC 442:10-7-2.
Since these rules were implemented, the quality of the medical marijuana that I purchase has declined. For example, in many cases the package includes an (unusable) stem weighing 0.5 to 0.7 grams. Also, the weight has been consistently below the labeled amound. For example, the last three 1/8 ounce (3.5 gm) packages that I purchased weighed 2.68 grams, 3.24 grams, and 3.46 grams.

For these reasons, I prefer to purchase my marijuana flower in bulk. Thank you for your attention to this matter.
Karen Getchell

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your concerns. State statute 63 O.S. § 431.1 requires that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities ranging from one-half gram to three ounces. While this statute establishes the prepackaging requirement, both state law and the current rules allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions would require legislative action. We appreciate your engagement and the feedback you have shared.

Change:
No rule changes are recommended.

Comment:
Everything about OMA is garbage! Everything about this "medical" program is garbage. It is very apparent that everyone making the rules knows nothing about any of this whole entire world of cannabis. From the way, everything is done to the fact that you use metrc to the patient allowances. It's all garbage. None of it makes sense. None of it is friendly to the patient. This whole thing needs to be ripped apart and redone and instead of consulting idiots with money or local idiots actually consult groups that have been doing this in other states for a long time. There is nothing intelligent going on in Oklahoma in any aspect whatsoever. This place needs to be ran through and changed. And the people who run this place need to stop pocketing all the money and actually do stuff.
Joshua W

OMMA Evaluation:
Thank you for taking the time to share your concerns and provide feedback during the public comment period. In terms of the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
Deli style marijuana was more convenient for the customer. Pre packaged marijuana has lead to an increase from 2 plastic containers to 16 each time I visit my dispensary of choice. The requirements force small business owners to pay extra for packaging and they pass the cost and inconvenience on to the customers. While they have a choice to not do so, that choice effectively limits their ability to thrive and grow. The dispensaries I once frequented have had to increase prices to offer packaging costs as well as lowered the bulk quantities they sell as an additional gouge to try to recoup these losses. Oklahoma seems to be on its way to serving the interests of the mega farms and the large marijuana production akin to California. This is detrimental to the small business owner and ultimately to the patient. The quality availability and variety of medication available to us at affordable prices has been greatly reduced with the pre packaging laws recently placed in effect. Other regulations seem limited in benefit to any of the patients and rather only to the government agencies that regulate and manage the services to maintain the licenses.

In the most blunt way possible:

These laws are clearly in service to companies and future mega corporations than patients. Adding limits and expectations to re applicants etc serves patients in no way. More laws and more regulation of these kinds only serve the interests of those looking to profit off the suffering of mmj patients. Not to assist them.
Brandon

OMMA Evaluation:
Thank you for taking the time to submit your comment. The requirement that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities is established in statute under HB 3361 (2024), codified at 63 O.S. § 431.1. While this statutory requirement mandates prepackaging, existing law and the current rules do allow for the display and smelling of medical marijuana in accordance with 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any modification to the prepackaging requirement itself would require legislative action. Thanks again for your engagement and thoughtful feedback.

Change:
No rule changes are recommended.

Comment: The continued adding of new and pointless regulations is getting old at this point. Get over it, Legislature! We passed this and you guys are pissed so you are trying your damnedest to restrict it anyway you can. Shameful power play.
Christopher Ryan Shannon

OMMA Evaluation:
Thank you for taking the time to engage in the public comment process. In terms of the proposed permanent rules, this comment doesn't suggest any changes, so the Authority won't be making adjustments based on this feedback. We appreciate you sharing your perspective and concerns.

Change:
No rule changes are recommended.

Comment:
Please stop passing more restrictions. The prepackaged rule has negatively affected my level of care. Putting me in prison for having my medicine in my car is pure evil. Why not just start sending people to the gas chamber for trying to feel better? That's the direction you guys are heading. Soon Oklahoma will be communist China. Nice job, comrade.
Michael Johnson

OMMA Evaluation:
Thank you for your engagement and sharing your concerns. The requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by HB 3361 (2024) and codified at 63 O.S. § 431.1. These requirements are set by law, any changes would require legislative action rather than rulemaking. Additionally, OMMA does

not promulgate rules regarding driving under the influence. Any laws prohibiting driving under the influence of or being in possession of an open container of marijuana in the passenger area of a motor vehicle, are set by State statute and any changes would require legislative action rather than rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
Thank you for letting us comment. Im speaking from the perspective of being a patient. I appreciate the parts of these rules that actually make things easier and clearer for consumers and the community.

Display Samples (3.5g)
This is a helpful update. Bigger display samples help patients see what theyre buying and keep costs down for small local shops instead of forcing them into wasteful packaging. This supports transparency and keeps prices from creeping up on patients.

Employee Credential Changes
Making employee cards valid for a full year from the issue date is a good move. It prevents that January scramble every year and helps small businesses budget instead of hitting them all at once. That stability benefits both workers and the customers they serve.

Lab Testing Clarifications
Clear testing rules are important. Testing is expensive often $350,$450 per flower batch , and unclear rules cause retests that only raise prices for consumers. Anything that creates consistency and avoids unnecessary retesting is a win for patients.

Pre-Packaging Requirements (Legislative)
Even though this comes from the Legislature, I want to note the real impact: pre-packaging increases costs for small businesses, which almost always gets passed to patients. Packaging costs, labels, and labor easily add $1,500 $3,000/month for a typical shop. I hope OMMA will offer very clear guidance so small operators don’t get crushed trying to comply.

Patient Application Resubmission
The 30-day resubmission window makes sense, but reminders and clear instructions would really help patients, especially older ones or people dealing with health issues. Avoiding gaps in access should always be the priority.

Overall, I support the rule changes that simplify things, reduce confusion, and keep the market healthy for patients and community-level businesses. Thank you for listening to input from real people who rely on this program every day.

Chelsea Pagan

OMMA Evaluation:
Thank you for taking the time to submit your comment and for sharing your perspective as a patient. The Authority appreciates your thoughtful feedback on the proposed permanent rules, including your support for updates related to display samples, employee credential validity, and clarifications to laboratory testing requirements. We also acknowledge the concerns you raised regarding pre-packaging requirements and patient application resubmissions. As noted, certain requirements such as pre-packaging are established in statute, specifically 63 O.S. § 431.1, and are not subject to modification through administrative rulemaking. The Authority will, however, continue to provide guidance to support compliance and help mitigate unintended impacts where possible. Additional information regarding pre-packaging requirements is available in the proposed permanent rules at OAC 442:10-7-1(a) and OAC 442:10-7-2(c). With respect to patient application resubmissions, the proposed rules at OAC 442:10-2-1 provide further detail. The requirement allowing patients thirty (30) days to resubmit an erroneous application is established in statute under SB 1039 (2025), codified at 63 O.S. § 420(H), and therefore is not subject to change through rulemaking. Your comments will be considered as part of ongoing discussions, and we appreciate your engagement and the valuable insight you have provided as someone who relies on the program.

Change:
No rule changes are recommended.

Comment:
What tf is wrong with y'all? Everytime I turn around you're creating new rules for this shit...why? Why do you keep jacking with it?? Anything to demonize marijuana like it's heroin. Like we're in some reefer madness movie where folks is jumping off of roofs and ish GTFO with all that. Just like the new law can get you for DUI even if it's used days prior to the arrest and no exceptions? What in the actual fuck? Like why? Just out here trying to ruin people's lives? People that have cards and are legally smoking? Is the money the state accumulates from the taxes not enough? Or the licenses not enough? You have to have the fine money and court costs too? Your treating a medication like it's meth....yet you got all these sex offenders running the streets but sure I'm so glad you saved us from the pot heads.
M Willard

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. With respect to the proposed permanent rules, the Authority will not be making changes based on this comment; however, we appreciate your participation in the public comment process and the perspective you have provided. OMMA does not promulgate rules regarding driving under the influence. Any laws prohibiting driving under the influence of or being in possession of an open container of marijuana in the passenger area of a motor vehicle, are set by State statute and any changes would require legislative action rather than rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:

Pre-packaged sales only (HB 2807)
Strongly oppose. Removing the ability to smell flower before purchase takes away the only reliable way many patients (including me) can tell if a strain will actually help. I have bought sealed jars that turned out too harsh or ineffective and now cannot return them. This forces patients to gamble with money and medicine and creates unnecessary plastic waste.

Display samples up to 3.5 g
Useless if patients still cannot open and smell them. Sight alone does not tell me if a strain will trigger the therapeutic brain response I need. ,úLook but don,t smell,ù is not a real patient accommodation.

New physician registry & education requirements (SB 1066)
This will make it much harder for rural patients to find an OMMA-approved doctor. Travel is already difficult/expensive for disabled and distant patients. The old system was not broken for patients; this adds barriers with no clear patient benefit.

Patient license number & barcode change (SB 774)
Acceptable only if current cards remain valid until their normal expiration date and patients are not forced to pay for early replacement.

Additional warning label (SB 518)
No objection.

30-day resubmission & lab testing clarifications
No objection.

Thank you for the opportunity to comment. Please prioritize patient access and the ability to smell/test medicine over unnecessary packaging and physician restrictions.
Jennifer Pague-Pugh, Patient Perspective

OMMA Evaluation:
Thank you for taking the time to submit your comment. State law, codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities ranging from one-half gram to three ounces. Although this statute establishes the prepackaging requirement, state law and the current rules allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. The requirement that the Authority create and maintain a registry of recommending physicians is also established in statute under SB 1066 (2025), codified at 63 O.S. § 427.10. This statute governs both the physician registry and physician education requirements and is not subject to modification through administrative rulemaking. Patients may consult OMMA's publicly available list of registered physicians at omma.ok.gov/patients. With respect to barcode updates, this requirement was enacted through SB 774 (2025) and codified at 63 O.S. § 427.7. The updated barcode provision applies to new or replacement medical marijuana patient

licenses issued on or after the effective date of the act. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
Having the flower prepackaged is not right. You can't see it so people have been getting more stems than flower. I use it for my arthritis, anxiety, depression and stress. But it's stressful not getting good product because you can't see what you're buying. Thank you.
Linda Casey

OMMA Evaluation:
Thank you for taking the time to share your feedback and submit a comment during the public comment period. State statute, codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities ranging from one-half gram to three ounces. While this statute establishes the prepackaging requirement, both state law and the current rules allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions would require legislative action. We appreciate your engagement and the concerns you have shared.

Change:
No rule changes are recommended.

Comment:
As a budtender, it's evident that people are very unhappy with the prepackaged laws. The main way people purchase medical marijuana is from sight and smell. It seems the legislators aren't aware of the culture (and don't care to learn) by making the pre packaged rule.
Additionally, the amount of waste accrued from the new packaging is egregious. There has not been one plus, as an employee at a dispensary, from the prepack laws for flower. It has made our job immensely harder and has driven flower sales down by a pretty large margin.
Alison K

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. Thanks again for your engagement and the perspective you have provided.

Change:

No rule changes are recommended.

Comment:
We are the first dispensary in Norman, Chronic Solutions. We are hearing implementations possibly on a cap for business licenses. If this ever comes up we would like to have our input as we are a small ma and pa shop business owners. If this happens then it should go by seniority for who has been in the business the longest and has not sold out as well. If lawmakers want a cap then let's go by seniority making it easier for all who has been in it the longest and working your way down. This would help us small business owners who has been here doing things right and giving us a chance to make a bigger company. We have put everything into this business and would like to keep it going. These other rules you have implemented seem fair. I don't think the 3.0g sample going to 3.5g sample is a big deal. The credential from one year of getting should be like that. We will love the barcodes on the back of med cards as it would make it easier to input. The application fee of 45 days after approval does help small businesses to get the money in order. We do like you guys are cracking down on a lot and we do appreciate your time for reading this.
Tim Gaulden

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your perspective as a small, independently owned dispensary. The Authority appreciates your feedback on the proposed permanent rules, including your support for updates related to display sample sizes, employee credential validity, barcode placement on patient licenses, and the 45-day timeframe for remitting application fees. With respect to your comments regarding a potential cap on business licenses, no such cap is included in the proposed permanent rules. Any consideration of license caps, seniority-based criteria, or similar limitations would be matters of statutory policy and would require legislative action rather than administrative rulemaking by the Authority. We appreciate your engagement in the public comment process and thank you for sharing your experience and feedback.

Change:
No rule changes are recommended.

Comment:
I am deeply opposed to the provisions of HB 2807 regarding requiring cannabis to only be sold in pre-packed 1/8 gram packaging. As a patient, this restricts my ability to see the exact product that I am purchasing, and it also increases unnecessary waste to the distribution chain. The majority of distributors will be selecting plastic containers or plastic bags, and without implementing a buy-back or recycling program, this is creating unnecessary plastic waste that will end up in our landfills. Furthermore, the cannabonoids in cannabis degrade when it is not kept in appropriate storage containers, of which the aforementioned plastic bags and containers, are not. This frivolous addition restricts the rights of the patients whom voted on Medical Cannabis access, and it does a great disservice to our environment, while also increasing packaging cost for distribution, which will ultimately be passed on to the patients. I don't appreciate having my voice stifled by people that are not even card holders.

OMMA Evaluation:

Thank you for taking the time to submit your comment and share your concerns. State statute 63 O.S. § 431.1 requires that medical marijuana and medical marijuana products be sold to dispensaries in prepackaged quantities ranging from one-half gram to three ounces. While this statute establishes the prepackaging requirement, both state law and the current rules allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions would require legislative action. We appreciate you sharing your perspective as a patient and participating in the public comment process.

Change:
No rule changes are recommended.

Comment:
It is a financial hardship to have to pay a Dr every two years to tell you that my incurable MS still exists. You should be able to find a way to help those on disability living in poverty to afford their license. It's hard enough to afford the medication. MissIng a month of medication to afford the license shouldn't be an option.
Kris Galusha

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The requirement that a medical marijuana patient license be renewed every two years is established in statute at 63 O.S. § 420(D). Because this requirement is set by law, any modification would require legislative action rather than administrative rulemaking. While no changes can be made at this time, your comment will be considered in future discussions. We appreciate your engagement and the insight you have provided.

Change:
No rule changes are recommended.

Comment:
We voted this thru...LEAVE IT ALONE!!!!! Oklahoma has much worse problems than this...do your job...and no, this us not it.
Cindy Smith

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. In terms of the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. We appreciate you taking the time to participate in the public comment process.

Change:
No rule changes are recommended.

Comment:
The new law that is targeting OMMA patients is wrong. If we get pulled over and have THC in our system from over a week ago, we will still get charged because of it. That is completely taking away our rights to use our medication.

Kellie Elizabeth Scott

OMMA Evaluation:
Thank you for taking the time to provide feedback. These requirements are set by law; therefore, any changes would require legislative action rather than rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
Stop trying to genocide us.
Dale

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. In terms of the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. We appreciate the time you have taken to participate in the public comment period.

Change:
No rule changes are recommended.

Comment:
For the most part, I am ONLY against the newest regulation for renewing your medical card. It has become incredibly difficult to find a safe and reputable place to get it renewed now due to third party restrictions. This only hurts the patients and made the process 100% more stressful and less efficient.
Ekoria Biddle

OMMA Evaluation:
Thank you for taking the time to submit your comment. The requirement that the Authority create and maintain a registry of recommending physicians is established in statute under SB 1066 (2025), codified at 63 O.S. § 427.10. These statutory provisions govern both the physician registry and physician education requirements and are not subject to change through rulemaking. Patients may consult OMMA's publicly available list of registered physicians at omma.ok.gov/patients.We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
Oklahoma is just pissed that this was passed several years ago. That being said they are constantly making it more difficult and more expensive for the patients by all the expansive rules and regulations! We did not vote for recreational use after that and the state is still not happy. It's ridiculous that every few months the state is squeezing the system! Just stop. The products are less caustic and deadly than prescription medications but the state does not care.

Lee Morton

OMMA Evaluation:
Thank you for submitting your comment. After review, the Authority has determined that no changes to the proposed permanent rules are warranted based on this feedback. We appreciate your participation and the insight you shared.

Change:
No rule changes are recommended.

Comment:
I just want to say I dont understand why deli style flower shopping was banned. I could buy just a gram of any strain I wanted but now each strain has different purchase requirements, more than a gram. I like my dispensary but bureaucracy is now costing me more money for no apparent reason. If someone is somehow abusing the deli style shopping fine them, dont lump all of us into the abuser category. You caused prices to increase. Not cool. You are part of the problem because you obviously aren't part of the solution.
Elizabeth Hendricks

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. Thank you for taking the time to share your concerns during the public comment period.

Change:
No rule changes are recommended.

Comment:
Please show me the rule/law that forbids children from getting a cannabis license.

Since October 23, 2025, your portal will not accept a pediatric application and the last I knew, that may be illegal. However, OMMA has known about this glitch. I've informed Shea and Connie numerous times in the past 5 weeks. Now these children's recs have expired, putting an unnecessary burden on their families.

Also, can you also direct me to the LAW that says patients can't ask for help with your complicated process? I'm not seeing that either. It seems like, when there are 361 callers ahead of me, lots of people need help with your system.

It's beginning to appear as if Oklahoma is trying to prevent the most vulnerable patients

(children and elderly) from getting med cards. I really hope that is not your intent.

I'm looking forward to your reply!
Dondi Cobb

OMMA Evaluation:
Thank you for your comment. State statute, specifically 63 O.S. § 420(L), states that a medical marijuana patient license may be issued to an applicant under the age of eighteen (18) if the application is signed by two physicians and the parent or legal guardian of the applicant. If you are experiencing any issues submitting a patient license application for yourself, please reach out to our team for assistance at omma.ok.gov/contact. To protect patient information and ensure compliance with 63 O.S.§420(J), OMMA does not allow third-parties, including consultants, to contact OMMA on a patient's behalf or utilize the patient's OMMA MedPortal account to submit apps, make changes, or conduct other business related to a patient's license. OMMA sent an email to all licensed patients on 11/6/2025 regarding third-party consultants - you can view a copy of that email on our website at omma.ok.gov/news. While the Authority will not be making any changes to our rules in response to this comment, we appreciate you sharing your feedback.

Change:
No rule changes are recommended.

Comment:
Having pre-packaged only products available limits the quality of the products that patients are receiving. Even now, the pre-packaging of medicine has increased the sale price by 10 percent or more. Patents are receiving lower quality products hidden behind a few peices of good looking product. This solves no issues. This provision only adds obstacles to real patients who get amazing benefits from the products it's being imposed on. Furthermore, patents are not able to afford the aforementioned pricing increase due to more labor and plastic waste used for this provision. Please treat us as adults and stop punishing the good people for the shortcomings of failed metrics.
John

OMMA Evaluation:
Thank you for your public comment. The concerns raised address requirements that are established in statute and therefore are outside the scope of administrative rulemaking. House Bill 3361 (2024), codified at 63 O.S. § 431.1, mandates that medical marijuana and medical marijuana products be sold in prepackaged quantities. Although this statutory provision requires prepackaging, existing law and current rules continue to allow for the visual display and smelling of medical marijuana in accordance with 63 O.S. § 421 and permit the use of non-opaque packaging, provided all applicable packaging and labeling requirements are satisfied. Because these requirements are set by statute, any changes would require legislative action rather than modification through the Authority's rules. We appreciate your participation in the public comment process and the feedback you shared.

Change:
No rule changes are recommended.

Comment: Mary Mathis
If you won't allow the patient to observe the dispensary clerk weighing and packaging, we should certainly be able to visually examine the product in a generous sample size that represents a common purchase wieght.
As a patient the amount of over regulation in packaging requirements has become absurd. It seems like a Thriving industry is being forced to jump through unnecessary hoops that exist just to make doing business less profitable, those losses would inevitably be passed on to the patient.
The increase in the amount of packaging has been easily noticed. Very often a purchase of one ounce of flower is dispensed in four separately labeled bags. Every thing about that is wrong. It's expensive and inconvenient for businesses and patients and a lot of added plastic waste in our state. OR Maybe that's the next regulation you'll throw in.
Mary Mathis

OMMA Evaluation:
Thank you for submitting your public comment. The matters raised involve statutory requirements that cannot be modified through administrative rulemaking. House Bill 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be transferred to dispensaries in prepackaged form. While this statute establishes the prepackaging requirement, current law and rules continue to allow for the visual display and smelling of medical marijuana under 63 O.S. § 421 and permit the use of non-opaque packaging, provided all packaging and labeling requirements are met. Any revisions to these statutory provisions would require action by the Legislature. We appreciate your participation in the public comment process and the perspective you provided.

Change:
No rule changes are recommended.

Comment:
My comment is on the new DUI laws that effect medical card-holders. My medical card states that I can use Cannabis ANYWHERE that it is legal to smoke cigarettes. Cannabis stays in your system for 30-90 days. You can't with a straight face, honestly tell me that if someone smokes weed, 24 hours later they cannot drive safely. You DEFINITELY can't tell me someone that smoked 30 days ago isn't straigh to drive, but you can drug test someone and charge them with a DUI with NO WAY to determine when they last time they used cannabis actually was. Furthermore, you are opening people up to 4th Amendment violations, as medical patients don't have to announce that they have medicine on them. It is their right to possess it. They can possess up 3 ounces on their person. They can possess up to an ounce of concentrate, there are no ifs, ands, or buts, included.

Tell it like it is...

The legislature is pissed off that medical cannabis is legal in Oklahoma. That is why they passed a law that is being challenged which limits THE PEOPLE from passing laws that THEY want passed. The people passed MMJ. You are welcome for all the money that went to education, even though the legislature is working hard to destroy education in Oklahoma. THE PEOPLE passed healthcare expansion. You are welcome, Oklahomans were getting better and

more coverage than they haf in decades, so you brought back managed care.You guys enabled Ryan Walters to treat the taxpayers like his piggybank. Maybe you should just stop breaking things that aren't broken.
Matt Jingozian

OMMA Evaluation:
Thank you for taking the time to share your concerns and provide input. OMMA does not promulgate rules regarding driving under the influence. Any laws prohibiting driving under the influence of or being in possession of an open container of marijuana in the passenger area of a motor vehicle, are set by State statute and any changes would require legislative action rather than rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
I believe it is unfair to cannabis patients who are being treated worse than alcoholics as of the new sb 518. The metabolite testing should be testing for age and not just if they are present. The way the laws are currently written it's against the patients who spent there hard earned money and time to apply and get a medical card. We are not alcoholics.
Jack smith

OMMA Evaluation:
Thank you for taking the time to submit your public comment. SB 518 (2025), codified at 63 O.S. § 427.18, requires certain warning labels to be affixed to medical marijuana containers, including a label stating, "It is illegal to drive a motor vehicle while under the influence of marijuana or marijuana products." Because these requirements are set by law, any modifications would require legislative action rather than changes through administrative rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
The continuing rule making seems ultimately aimed at outlawing legal MMJ consumption in violation of the will of the people as demonstrated in their vote to allow it. Without MMJ I would be captive of the phamiautical industry for aiding in my sleep rather than OK businesses paying OK taxes to the OK gov while suffering terrible side effects. I want the legislature to be faithful to their oath and facilitate the will if the people rather than puritan interests and puritan money.
Jonny Lung

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. In terms of the proposed permanent rules, this comment doesn't suggest any changes, so the Authority won't be making adjustments based on this feedback. We nonetheless appreciate you engaging in the public comment process and sharing your concerns.

Change:
No rule changes are recommended.

Comment:
The passing of the law which charges people under the influence of marijuana while driving with a felony is preposterous. A person can legally drive under the influence of alcohol so long as they are below state limit yet the state can say a person has used Marijuana days before and can be charged for doing so is completely ludicrous. Marijuana and alcohol have two completely different effects on the human body and are nothing alike. The fact legislatures have passed this is borderline insanity. Please reconsider and rework the law, no on should be receiving a felony for marijuana use.
Dion Mulcahy jr

OMMA Evaluation:
Thank you for taking the time to provide feedback. These requirements are set by law; therefore, any changes would require legislative action rather than rulemaking. We appreciate your engagement and for participating in the public comment process.

Change:
No rule changes are recommended.

Comment:
I was hoping to see if there would be any changes to the out of state licenses. 100 bucks a month plus the processing fee every 30 days sucks. I am a long term cannabis user, and buy for my medical reasons. I buy in Oklahoma because compared to Missouri it makes more sense to do so. Just wanting to see if there is any chance of there being a longer term deal instead of the 30 days allowed. I purchase my license every month, and with the economy the way it is, would be nicer to get longer out of the card then what is only allowed currently.
Rodney Alumbaugh

OMMA Evaluation:
Thank you for taking the time to submit your comment. The requirement that temporary medical marijuana patient licenses be valid for 30 days and carry a $100 fee is established in statute under State Question 788 (2018), codified at 63 O.S. § 420(D). Because these provisions are set by law and govern temporary licenses for out-of-state residents, any modifications would require legislative action rather than administrative rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
I am not in favor of prepackaging. I feel it creates unnecessary waste.
Heidi Hernandez

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The concerns raised relate primarily to statutory requirements rather than provisions that may be addressed

through administrative rulemaking. Specifically, the requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by HB 3361 (2024) and codified at 63 O.S. § 431.1. Any modifications to this requirement fall within the authority of the Legislature and are outside the agency's rulemaking authority. We appreciate your participation and the input you have shared.

Change:
No rule changes are recommended.

Comment:
I don't agree with the new DUI law I'm a 72 year old legal card holder and when I need to use for medical reasons I do so at home I don't drive impaired but geez if tested I could get DUI my vehicle don't smell like marijuana but why give law enforcement chance to arrest you might see you coming out of dispensary and figure you use also it's going to be tech challenging for us elderly to not be able to go to dispensary to have help renew our license cause I for one can not do that so therefore you will loose a lot of 50 to 80 year olds whom Dr have recommended mmj for certain things we need to lobby to legislature bout DUI thing and OMMA needs to let people at dispensary help those of us who were not born with computers. Ty
Debora Redmond

OMMA Evaluation:
Thank you for taking the time to provide feedback. OMMA does not promulgate rules regarding driving under the influence. Any laws prohibiting driving under the influence of or being in possession of an open container of marijuana in the passenger area of a motor vehicle, are set by State statute and any changes would require legislative action rather than rulemaking. With respect to patient license renewals, OMMA recognizes that some patients may need assistance navigating the renewal process. While dispensaries are limited in the assistance they may provide, OMMA offers multiple resources to support patients, including online guidance available at omma.ok.gov/patients. Patients may also contact OMMA directly for additional assistance by visiting omma.ok.gov/contact. We appreciate you taking the time to share your concerns and value your participation in the public comment process.

Change:
No rule changes are recommended.

Comment:
With all these new walls being made, and we, the people have not voted on any of them? Who makes up all these laws and changes?
The only reason I'm asking it's as if you're more geared to the retailer versus what the user wants.
I personally, do not, and will not buy any flower in any type of packaging that I cannot see the product, you would think that would be common sense.
I say this only because the product when you get home doesn't look like the product that theyshowed you in the store, it is dried out, and it makes you wonder how long they've had it.

I tried to return some flower because it was not what they said it was, and it was horrible, do you know I was not only laughed at, I was kicked out and told to never come back. I could not

step a foot on their property anymore.

You see I had bought a product and when I got home, it wasn't what it was supposed to be and I paid a lot of good money for it! So what is it and user supposed to do? Can you return the product and does the store the dispensary have to take it back?

I asked that because there is no return policy available and you would think The user would have rights!

I was never so dissatisfied and I have not yet nor will I ever step a foot back into that store again, it's the local source in Owasso Oklahoma

I would love to know whether or not there is a return policy if the customer isn't satisfied, what rights does the customer have?

All these changes are geared for the dispensaries, it's not for the customers Best interest because we, the people have not yet been asked to vote on it.

Thank you very much. I hope and pray that you would consider adding a law to support the customer. What rights does the customer have ??
Bonnie Lindley

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. Futhermore, medical marijuana products that are defective or hazardous to the health of the patient may be returned to a dispensary pursuant to OAC 442:10-7-1(b). We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
The pre-packaging rules are extremely wasteful, inconvenient, and costly. It hinders the patient's ability to find and afford the strains they need. This rule needs to be eliminated.
Lisa Austin

OMMA Evaluation:
Thank you for submitting your public comment. The concerns raised pertain primarily to

statutory requirements rather than matters that can be addressed through administrative rulemaking. HB 3361 (2024), codified at 63 O.S. § 431.1, requires medical marijuana and medical marijuana products to be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, existing law and current rules allow for the display and smelling of medical marijuana in accordance with 63 O.S. § 421 and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Because these requirements are established in statute, any modifications would require legislative action and cannot be made by the Authority through rulemaking. Thank you for your participation and for sharing your input.

Change:
No rule changes are recommended.

Comment:
Do not like hb 2807 and sb 1066 would not support these bills thank you
Virgil argo

OMMA Evaluation:
Thank you for submitting your public comment and for sharing your feedback. Because the requirements in HB 2807 (2025) and SB 1066 (2025) are established in statute, any changes would require legislative action rather than amendments to the Authority's rules. Thank you for your participation in the public comment process and for providing your perspective.

Change:
No rule changes are recommended.

Comment:
The fact that I can smoke weed legally here and then get pulled over for a dui for something I did 2 weeks ago needs to end right now the state of oklahoma will not entrap the good people here who are hard workers and do things the right way there's no real way to tell if you smoked 1 hour ago or 2 weeks ago people who take edibles are on the verge on being convicted of something they didnt even do we the people of oklahoma will rise up and we dont like being told something is okay to do but if I drive in 5 days I can get a dui this is nonsense and it needs to be stopped now
Joshua chapman

OMMA Evaluation:
Thank you for taking the time to provide feedback and share your concerns. OMMA does not promulgate rules regarding driving under the influence. Any laws prohibiting driving under the influence of or being in possession of an open container of marijuana in the passenger area of a motor vehicle, are set by State statute and any changes would need legislative action. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
Personally I'm tired of all the new laws and kinda think it's bullshit. Especially the last law I saw which has to do with getting a dui and the strict rules under that make no goddamn sense.

I believe it needs to be looked at and reevaluated. As someone that REQUIRES edibles to sleep and have an appetite to eat; it's astounding that ,that would incur a dui. It's not fair. And that's not a rule, it's giving all control. I don't believe the Oklahoma government let alone the damn governor should be coming up with these laws. Point blank and period.
Mearra Hudson

OMMA Evaluation:
Thank you for taking the time to provide feedback. OMMA does not promulgate rules regarding driving under the influence. Any laws prohibiting driving under the influence of or being in possession of an open container of marijuana in the passenger area of a motor vehicle are set by State statute. These requirements are set by law; therefore, any changes would require legislative action rather than rulemaking. Thanks again for your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
I would like to see us go back to what we voted on in the first place, 788 back in 2018.
Also I would like to see less grows because we have way to many illegal grows. I would also like to see Government out of it completely, Government is why it is as bad as it is now. Government seen $ signs and had no regard to whether it was to many grows or whether it was an actual state resident land owner.
Government did not care about any of this until they let it get out of hand. Now they want to put all these unnecessary rules in place because they screwed up and refused to take responsibility for it. They want to blame us the people.
We could have a great thing going if government just washed their hands of it and let the private sector control it.
Mike Dollard

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. In terms of the proposed permanent rules, this comment doesn't suggest any changes, so the Authority won't be making adjustments based on this feedback, but your input will be included in future discussions. Additionally, if you become aware of any suspected illicit activity or violations of state law or OMMA rules, we encourage you to report them at any time through omma.ok.gov/complaint. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
It tends to get more expensive when you make everything have to be prepackaged, especially the flower. Please don't make things more difficult for patients.
Chris Q

OMMA Evaluation:

Thank you for taking the time to submit feedback during the public comment period. The concerns raised relate primarily to statutory requirements rather than provisions that may be addressed through administrative rulemaking. Specifically, the requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by HB 3361 (2024) and codified at 63 O.S. § 431.1. Any modifications to this requirement fall within the authority of the Legislature and are outside the agency's rulemaking authority. Thanks again for providing input and sharing your concerns.

Change:
No rule changes are recommended.

Comment: Angela Stevens
OMMA needs to be investigated for fraud waste and abuse. This organization has done nothing but destroy the industry. I will not get a patient card and contribute to this anymore.

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. Regarding the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. We nonetheless appreciate you taking the time to engage in the public comment process.

Change:
No rule changes are recommended.

Comment: ubject: Public Comment on Proposed Permanent Rules (Chapter 10) - Patient Access, Mental Health Considerations, and Fee Structure.

To Whom It May Concern,

I am writing to submit my public comment regarding the proposed permanent rules for the Oklahoma Medical Marijuana Authority (OMMA). I speak as a patient living with HIV and a history of cancer, for whom consistent access to medical marijuana is a necessity for preventative and palliative care.

1. Patient Fees Should be Covered by Tax Revenue (OAC 442:10-2-1)

My primary objection concerns the continued requirement of upfront application and renewal fees for patients. The medical marijuana industry in Oklahoma is a mature, self-sustaining market heavily funded by excise and sales taxes collected at the point of sale. These tax revenues should be sufficient to cover the administrative costs of patient licensing without imposing additional upfront fees.

While I acknowledge the current rules provide a discount for patients on Medicaid, Medicare, or 100% disabled veterans (reducing the fee to $20), this cost remains a barrier for the most vulnerable populations. For patients on fixed incomes or disability, any fee represents a financial burden that can hinder access to medicine. I urge the OMMA to amend OAC 442:10-2-1(d) to completely eliminate application and renewal fees for these specific groups, funding the administrative cost entirely through the tax revenue the state already collects.

2. Permanent Licenses for Chronic and Homebound Conditions

I advocate for the implementation of a non-expiring or "permanent" patient license for individuals with incurable, chronic, or terminal conditions. The current two-year renewal cycle places an undue administrative and physical burden on patients whose conditions,îsuch as HIV or cancer remission requiring lifelong care,îare unlikely to change.

Furthermore, this requirement disproportionately affects patients suffering from severe mental health conditions, such as agoraphobia and debilitating anxiety. For these patients, the requirement to physically leave their home to obtain new passport-style photos, visit physician offices, or navigate public spaces for renewal tasks is not just an inconvenience,îit is a direct barrier to healthcare. Historically, compassionate care standards have recognized that patients facing permanent illnesses or severe mental health barriers should not be forced to repeatedly prove their condition to the state. I request the Authority expand the rules to allow physicians to recommend a non-expiring license for patients with permanent disabilities, incurable conditions, or mental health diagnoses that render them homebound.

3. Objection to Strict Resubmission Deadlines (OAC 442:10-2-1(g))

Regarding the strict 30-day window for resubmitting rejected applications, this timeline is punitive for patients dealing with serious health crises. A patient suffering from a debilitating condition, or one grappling with severe anxiety or executive dysfunction, may not be able to manage email correspondence or correct clerical errors within such a short window.

For a patient with agoraphobia, a simple rejection due to a "bad photo" can require weeks of mental preparation to leave the house again to rectify the issue. Since fees are non-refundable, this rule effectively penalizes patients for their own symptoms. I request this window be significantly extended or that fees be made refundable in these instances.

4. Objection to Mandatory Pre-Packaging (OAC 442:10-7-1)
Regarding the proposed changes to packaging, I strongly oppose the mandate for pre-packaging all medical marijuana flower. The "deli-style" model allows patients to visually inspect and smell the medicine before purchase, which is a critical consumer right for medical patients to ensure the quality and specific therapeutic profile of the product. Mandating pre-packaging forces patients to buy "blind," increasing the risk of wasting limited funds on ineffective or lower-quality medicine. If patients are paying taxes on this medicine, we should retain the right to inspect it fully before purchase.

Thank you for considering these comments and for your commitment to ensuring patient access is not hindered by unnecessary financial or administrative barriers.

Sincerely,

,Ryan Nix, a lowercase living thing

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues you raise relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, patient fees are governed by State Question 788 (2018), codified at 63 O.S. § 420(D). That same statutory provision also establishes the requirement that a medical marijuana patient license be renewed every two years. In addition, the requirement allowing patients thirty (30) days to resubmit an erroneous application is established in statute under SB 1039 (2025), codified at 63 O.S. § 420(H), and is therefore not subject to modification through rulemaking. Further, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute mandates prepackaging, state law and current rules allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421 and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Because these requirements are set by statute, any changes would fall within the authority of the Legislature and cannot be made by the Authority through administrative rulemaking. We appreciate your engagement and for taking the time to participate in the public comment process.

Change:
No rule changes are recommended.

Comment:
Dispensary should be allowed to transport at least a limited amount to patients who do not have access to a vehicle, or are in a designated desert where medicinal products are not readily available. I am medically disabled and I have no access to my medicine for 85 miles where I live.
Patrick Bradley

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

Authority will not be making changes to the current rules in response to this specific comment, your input will be considered as part of future rule evaluations and updates. We appreciate your engagement in the public comment process.

Change:
No rule changes are recommended.

Comment:
As a patient, I would like to see what I am purchasing before I purchase it. I have seen expired products in dispensaries here in Norman. I don't see any sample jars in any of the dispensaries. I've been told that they're not allowed to do that. I think the medical marijuana license should expire every four years instead of two years. Or at least lower the price.
Robin Dobey

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, patient fees as well and the license renewal period are governed by State Question 788 (2018), codified at 63 O.S. § 420(D). Furthermore, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. Thanks for taking the time to share your input on these matters.

Change:
No rule changes are recommended.

Comment:
What will the Oklahoma legislature do to protect the investments made in the cannabis industry so far from the Trump Administrations ongoing War on America?
James Blunts

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. In terms of the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. We appreciate your engagement and the concerns you have shared.

Change:
No rule changes are recommended.

Comment:
My main concern is the loss of tax revenue that will occur based off the law to only allow pre-packaged product for sale; I have heard many anecdotal experiences from both employees at medical dispensaries and patients both. It is causing a stark increase in cost, lowering quality, and complicating the process of harvest to sale. Unless this state wishes to make LESS revenue, I would alter the legislation back to its original form, allowing for the sale of product to be "Deli Style". Before you seek to change things, first understand why they exist as they do. Thank you for your attention to this matter.
Michael Robert DeWitt

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised in your comment relate primarily to statutory requirements rather than matters that can be addressed through the rulemaking process. Specifically, the requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by HB 3361 (2024) and codified at 63 O.S. § 431.1. Any changes to this requirement fall within the authority of the Legislature and are outside the agency's ability to modify. We appreciate your engagement and the opportunity to consider your perspective as part of the public comment process.

Change:
No rule changes are recommended.

Comment:
It's b******* with the new laws that you have made basically punishing people for having a medical marijuana card and if they get pulled over with their weed the cop can drug test them regardless of how long it's going to take to get out of your system if you can smoking for a long time do you get charged with a DUI even though you haven't smoked in like 12 hours I think it's on constitutional and you need to change these laws because it's b*******
Christopher

OMMA Evaluation:
Thank you for taking the time share your concerns. OMMA does not promulgate rules regarding driving under the influence. Laws prohibiting driving under the influence of or being in possession of an open container of marijuana in the passenger area of a motor vehicle are set by Oklahoma statute. We appreciate your engagement in the public comment process and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
PLEASE, PLEASE STOP ALLOWING SMALL AMOUNTS OF MOLD CONTAMINANTS IN THE MEDICAL MARIJUANA I AM EXTREMELY SENSITIVE TO THE SMALLEST AMOUNT OF MOLD. PATIENTS THAT ARE IMMUNE

COMPROMISED ARE AT RISK OF SERIOUS LIFE THREATENING INFECTIONS FROM MOLD AND OTHER CONTAMINANTS. MEDICAL MARIJUANA SHOULD HAVE ZERO CONTAMINANTS.IF A MARIJUANA GROWER IS UNABLE TO GROW CONTAMINATE FREE MARIJUANA THEN HE SHOULD NOT BE ALOUD TO HAVE A LICENSE TO GROW MEDICINE
BRENDA BLOXHAM

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. While the Authority will not be making changes to the current rules in response to this specific comment, we will include the input you've shared in future discussions. We appreciate your engagement and the perspective you have provided.
Change:
No rule changes are recommended.

Comment:
The state has made it legal for medical use. STOP MAKING IT WORSE. ALL Y'ALL ARE DOING IS MAKING IT HARDER FOR THE PPL WHO ARE PATIENTS. ENOUGH IS ENOUGH. Y'ALL HAVE DONE NOTHING HELPFUL, Y'ALL ARE CONSTANTLY CHANGING THE LAWS. YOU MAKE NEW LAW AND WITHIN A FEW WEEKS, Y'ALL CHANGING IT.
SHIT CAN'T EVEN GET GOOD MARIJUANA FOR PAIN,OR ANYTHING WITHOUT GOIN INTO DEBT. STOP ALL THE FUCKING CHANGES, STOP WASTING PPL MONEY. LEAVE THE LAWS THE WAY PPL VOTED FOR MEDICAL MARIJUANA THE FIRST TIME.
Beverly Clements

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. In terms of the proposed permanent rules, this comment doesn't suggest any changes; therefore, the Authority won't be making adjustments based on this feedback. We do appreciate you sharing your concerns and providing feedback during the public comment period.

Change:
No rule changes are recommended.

Comment:
Please stop forcing the sale of prepackaged and pre weighed marijuana. This is ruining most of the medical marijuana due to drying out the contents of the prepackaged buds.
Courtney Albreski

OMMA Evaluation:
Thank you for taking the time to share your perspective during the public comment period. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63

O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. We appreciate you sharing your concerns.

Change:
No rule changes are recommended.

Comment:
The new prepackaged law has resulted in lower quality flowers full of seeds. We also had a local dispensary selling to people wirhout a card including underage kids. They were reported numerous times and nothing was done. They have stopped for now but its a matter of time before they resume.
Shelley Sexton

OMMA Evaluation:
Thank you for bringing these issues to our attention. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. Additionally, please report any suspected illicit activity or violations of state law and OMMA Rules any time at omma.ok.gov/complaint so we can investigate more thoroughly. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
The additional language of "An enrichment step is not required for quantitiative analysis" would be much more clear if 'quantitative analysis' was simply replaced with 'Yeast & Mold Analysis'. The only other parameter that could be considered quantitative would be Aerobic count, which is impractical by Genetic Assay. I simply think this language could be clearer.

Additionally, I would like to see the rules prohibit genetic assay for Yeast & Mold. There are too many false negatives as well as false positive results, and from our experience there is just too much hocus pocus with stuff to eliminate dead DNA to get an accurate result that is still in question. Why not just eliminate the option to test by Genetic Assay for Yeast & Mold which has an unlimited number of species (qPCR is designed to assay specific genetic sequences and Total Yeast & Mold as it is prescribed in the rules is comprised of countless species with countless genetic sequences), and make agar plate and actual counting of live colonies the only approved methodology? Then we are hopefully all on a level playing field unless some lab happens to do the math wrong based on dilution.

Furthermore, I would propose that it be considered removing Yeast & Mold as a Safety Parameter altogether. I'm not saying don't test for it anymore. Patients with compromised immune systems may have a legitimate concern as to the Y&M levels in products they consume. I'm for us to continue to test for Yeast & Mold and let the consumer decide if they are willing to purchase product that contained a specified colony count of Y&M at the time of testing. We obviously know that the yeast and mold count is constantly changing whether it be growing and reproducing or dying. It is never going to be the same at the time of testing as it is as the time of consumption.

One other option would be to simply raise the Y&M level to 100,000 CFU/g.
Brandon Mosley

OMMA Evaluation: Thank you for taking the time to submit your comment and share your feedback. With respect to microbial testing, the Authority will not be making changes to the permanent rules to further clarify that quantitative testing refers to total yeast and mold under OAC 442:10-8-1(i)(1)(A). Additionally, regarding the removal of total yeast and mold testing and/or associated limits, the Authority will not be making changes to the rules as a result of this comment. However, we appreciate the perspective you provided and will share your feedback with the appropriate teams for consideration in future discussions. Thank you again for your engagement and for participating in the public comment process.

Change:
No rule changes are recommended.

Comment:
The move towards pre-packaged flower requirements does not serve the best patient experience in current state - it encourages purchases of higher quantities that do not align with many patients' consumption needs and overall reduces quality of the product for the end user.

There is legitimate merit to keeping product unopened until a patient purchases it. During the deli-style era, budtenders would often use the main jar of product as a sample jar which is problematic. Opening the same jar that many times in a day for patients to smell dried product out and exposed it to skin flakes, hair, and other air borne contaminants during the smelling/sampling process.

Pre-packaged flower in theory solved these problems, but introduced new ones. Sample jars are often no longer accurate to the actual product for sale as dispensaries are more inclined to preserve each prepackaged unit given the higher cost associated with packaging and processing. Patients are also unable to get smaller qualities of flower to sample at home. This works to exclude lower income patients who may not be able to afford the 3.5g minimum amount of flower, and reduces the ability to try a variety of product. It also encourages higher consumption which can be problematic in its own right.

The ability to purchase a single gram or even a .5 in some cases accommodated patients with lower consumption needs as well as lower income. Previously to the pre-packaged regulation, dispensaries would often allow the splitting of a 3.5g amount into two strains/varieties of product. A 1.75 of two varieties allowed for better sampling and was beneficial to patients

looking for a specific effect on the medicinal market.

Completely reversing pre-packaged regulation would likely take the state back to the original problems we faced with contamination etc. However, the new problems created by this regulation are a real detriment to the patient group of Oklahoma and should be addressed from a consumer wellness and medical use perspective.
Peter Lyamport

OMMA Evaluation:
Thank you for taking the time to submit thoughtful feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. Thank you for taking the time to share your concerns and participate in public comment process.

Change:
No rule changes are recommended.

Comment:
Personally, I count on the State of Oklahoma to regulate the distribution and quality of the drugs we get from a pharmacy. So thank you!

Am concerned about the cost of over regulation's grip on the economy and final higher cost of the drug though. Fortunately, OK has an option to grow our own which will help to keep the costs way down and reduce the risk taken of purchased drugs being laced with other chemicals.

From my observations, doctors seem to need a wider legal status of working with patients on approvals for the drug and the risks and long term affects of cannabis use. Today, primary care providers do not even want to discuss anything. Not sure if because of legal restrictions for doctors accepting federal money (MEDICARE/MEDICADE), or just ignorance of how these drugs in their differnt forms can affect our bodies?

Lastly, why are licenses necessary? I do not need a license for doctor perscribed controlled substance from any pharmacy, why do I need a license for medical cannabis? This additional buracrocy only interfers with what the state of Oklahoma and the doctor has to do by having to spend more manpower, time and money to get a patient what they need. Hold patients and doctors responsible for treatments that provide a better quality of life in a responsible manner, the same as any controlled substance.
Dennis Byrne

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, State Question 788 (2018), codified at 63 O.S. § 420, requires that medical marijuana patients obtain a license. Furthermore, the requirement that the Authority create and maintain a registry of recommending physicians is established in statute under SB 1066 (2025), codified at 63 O.S. § 427.10. These statutory provisions govern both the physician registry and physician education requirements. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. We value your input and will take your comments into consideration in ongoing discussions. Thank you again for engaging in the public comment process and sharing your perspective.

Change:
No rule changes are recommended.

Comment:
Threatening DUI's on patients with THC in their urine, when it potentially takes up to 30 days for THC to be undetectible, is ludicrous. According to Oklahoma Cannibas Information's website, as of October of this year, over 300,000 Oklahomans are medical marjuana patients. Do you expect these 300,000 people to either be unemployed or find employment within walking distance? Do you prioritize making communities within the state walkable?

Marjuana impacts peak after 10-30min of use and last for about 2-5 hours, according to Lawter & Associates, LLC. Why are we focused on THC levels in urine if this is the case? There are many issues I have with these new regulations, but this in particular makes no sense and does nothing to protect non-impaired drivers on Oklahoma roads. It seems like this addition is only meant to prosecute non-impaired medical marjuana users.
Macayla McIntyre

OMMA Evaluation:
Thank you for taking the time to provide feedback. OMMA does not create rules regarding driving under the influence. Any laws prohibiting driving under the influence of or being in possession of an open container of marijuana in the passenger area of a motor vehicle, are set by State statute and any changes would require legislative action rather than rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
Why can`t we get five year license?
Joe Douglass

OMMA Evaluation:
Thank you for your comment. State statute, specifically, 63 O.S. § 420(D) states the license term of a medical marijauana patient license at two years. Changes to state statute can only be made by the Legislature, and the Authority will not be making changes in response to this

comment. Thank you again for sharing your feedback.

Change:
No rule changes are recommended.

Comment:
For a state that prides itself on its deep far right wing political policies, any attempts by the State of Oklahoma to enact further regulation on an already established law allowing the usage of Marijuana by licensed medical marijuana patients and growers seems contradictory to the party line. Furthermore, requiring medicinal marijuana to be prepackaged for sale will ensure a lower potency and quality of product due to the concealment of the product during purchase. Government mandated requirements for continuing education would be the most liberal policy move I can possibly imagine for business owners, wasting their time and taxpayer dollars.
Clifton Yeager

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The concerns raised relate primarily to statutory requirements rather than provisions that may be addressed through administrative rulemaking. Specifically, the requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by HB 3361 (2024) and codified at 63 O.S. § 431.1. Any modifications to this requirement fall within the authority of the Legislature and are outside the agency's rulemaking authority. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
I attempted to read the various bills and found it impossible to find the final version to comment on. The website should be simple to read the bills you want comments on. I wonder if the point is to make it so difficult for the average person to read that they give up. I'm very disappointed. Do a better job and put the full proposed bills in your email or at least at the beginning of any links.
Lisa Brandborg

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. OMMA has a dedicated legislation tracking page on our website at omma.ok.gov/legislation to help licensees identify legislation that may impact the medical marijuana industry. You can also visit okhouse.gov and oksenate.gov to review bill language and watch Committee and Floor hearings. While the Authority will not be making changes to our rules in response to this comment, we appreciate you taking time to share feedback.

Change:
No rule changes are recommended.

Comment:
The website is insufficient for users attempting to navigate toward renewal. I finally found the OMMA phone number and called yesterday. I sat on hold for 1 hour and 37 minutes listening

to the same repetive message directing back to the insufficient website. The call ended with a message along the lines of our phone system is having difficulties. I am too sick to do public anything. I cannot take many types of prescriptions, I have lost 30 pounds because of my illnesses. Please get it together. This was the only thing that has helped me be able to have an appetite, with my constant pain, and permitted to sleep. This is not a joke please take these matters seriously.
kathy Vochatzer

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. As you know, we recently launched a comprehensive licensing and inspection software, the OMMA MedPortal. With any large software transition, our team was prepared to navigate unexpected issues and hurdles in real time to minimize disruption on businesses and patients and ensure accurate data migration to the new portal. We are aware of issues that businesses and patients are experiencing, including long wait times while trying to receive help from the OMMA Call Center. We have implemented automatic processes to speed up resolution for login and authentication issues, have reallocated staff from other departments to help address issues in real-time, and launched a new call center menu and published internal and external resources for quicker assistance and troubleshooting. While OMMA will not be making any changes to our rules in response to this comment, we appreciate this feedback and the patience and proactive communication from licensees regarding these issues.

Change:
No rule changes are recommended.

Comment:
I do not like having to buy prepackaged

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The concerns raised relate primarily to statutory requirements rather than provisions that may be addressed through administrative rulemaking. Specifically, the requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by HB 3361 (2024) and codified at 63 O.S. § 431.1. Any modifications to this requirement fall within the authority of the Legislature and are outside the agency's rulemaking authority. We appreciate your engagement and the perspective you have provided.
Kristi Smith

Change:
No rule changes are recommended.

Comment:
Rules requiring medical marijuana to be sold in pre-packaged quantities for HB 2807 (2025) were added to OAC 442:10-7-1 and OAC 442:10-7-2.

Variations exist between production runs, and prepackaging requirements limit the patients ability to assess the exact product they'll be receiving prior to purchase. This makes it easier for a producer to sell product that otherwise may be less desirable, and inversely makes it

more challenging for a patient to locate the medicine best suited to their needs. Our senses of sight & smell are our most useful senses in determining desirable and undesirable characteristics in cannabis. Pre-packaged goods limit our senses.

Prepackaged goods should be available to patients who prefer them, and "deli-style" should remain available for patients who prefer them as well.
Chris Topher

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
I feel that there are already too many regulations and changing regulations and rules make an already complicated process worse
Donna Montgomery

OMMA Evaluation:
Thank you for submitting your comment and sharing your input. The feedback provided does not identify any changes to the proposed permanent rules, and the Authority will not be making revisions based on this comment. We appreciate your participation in the public comment process and the perspective you have shared.

Change:
No rule changes are recommended.

Comment:
I'm tired of all your rule changes. Like the marijuana being put in containers we can't see. I'm sorry someone had a sniffle and blamed it on patients smelling the product. Enough. The only thing I support is better testing for contamination-other than that back off.
Shiralee Garren

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged

quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
I was wondering who pays for the fingerprint check the state or I.
Roscoe Rann Jr

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issue you raised primarily relates to statutory requirements rather than administrative rulemaking. Specifically, these matters are governed by HB 1734 (2024), codified at 63 O.S. § 427.27, which requires individuals to submit fingerprints to the Oklahoma State Bureau of Investigation (OSBI) for state and federal criminal background checks. Please note that the state does not cover the cost of these fingerprint submissions. We appreciate your engagement and the perspective you have shared.

Change:
No rule changes are recommended.

Comment:
Prepackaged flower products allow for dispensaries to hide poor quality product and over charge. I have received low grade product in prepackaged bags. There is no quality assurance at the consumer level. I can see, touch, smell any other product I consume except marijuana.
Jimmie Rader

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
I do not like the prepackaged Pot. The flower gets dry and almost like you have freeze dried the product. Who the hell thought it would be awesome to buy old dry sticks? The administration acts like it never smoked a joint.

I am a Native American and was a gaming manager for some years. We had to send our fingerprints and credentials to the FBI starting in 1994. My son told me that the Russian mafia was involved with the northern half of Oklahoma and the south is run by the Chinese Mafia. How did you dumbass white people fuck it up? You should have done the same things we Natives have to do to get a gaming license. No felons or someone with a record can never work in a casino. Who the hell is in charge of licensing? Just donto the white people what we have to do to get a gaming license. Our state is in your hands. Instead of getting to mafia out, you are making us smoke ancient dry sticks. My god. It is like you 2ant us to fail. Up to a couple of years ago we were to hot new kid. Then you went to prepackaged product. Assholes. Start acting like you want this product to put money in the coffers of Oklahoma. Do what business does. Stop hurting the weed industry fucking jerks.
Robin Tiger

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. We appreciate your engagement and the perspective you have provided.
Change:
No rule changes are recommended.

Comment:
I prepose that the processors should start adding Sativa, hybrid and indica on to the packaging of their products. See, I can't do Sativa's so well. I can't handle 18% and up of limonene in my Sativas. Yes, checking a strain book would be awesome, but most places don't even have that ready for a patient when they come in. We are supposed to be a medicinal state first not a recreational state. So why we haven't been expanding patient education is beyond me. Besides the main point. The main point is I'm going to these dispensaries and they dont have anything on the package stating what type sativa/hybrid/indica it is!! So the budtenders are looking goofy for not knowing which is which. They could look up the strain yeah, but if it's from a different grow..It could be anything!! I had a blue dream once be an indica!!! It's a well known blue dream is a sativa but ayyye!!! This grow managed it!! Also in speaking to other people they have the mindset, "its all hybrids anyways." That mindset is a recreational mindset, again we are supposed to be a medicinal state. Why we are not forcing it to be on packaging is beyond me!!! In the long run applying a rule for them to mark the package with s/h/i is going to help everyone in the end!! It will make budtenders look more professional then they do now

and it gives actually true medicinal users the ability to know what is in their product better. If you're not going to force every place to have an up to date strain book with all products then atleast do that. Last thing: Budtenders need actual training for the industry. Every year or every other year they need to be trained on patient education and how to act in the industry. People are forgetting this is a MEDICINAL state!!! I know they want to rush to rec sooo bad, how about you get this industry looking right before we rush to something that extreme ahhh.
Victoria Lyons

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. While the Authority will not be making changes to the current rules in response to this specific comment, your input will be considered as part of future rule evaluations and updates. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
I believe Oklahoma legislators are putting undue regulations and rules upon medical cannabis, from growing, packaging, and selling. This is a gross attempt to seize mediation that has been diagnosed and approved by a doctor, and the Oklahoma Medical Marijuana Authority. It is obvious that the leaders in this state are uneducated on cannabis and seek to restrict access to those with medical licenses as much as possible. I propose that for every restriction encouraged and enforced on medical marijuana, we do the same for the legal purchase of alcohol, as Tulsa is one of the leading cities in fatal drunk driving collisions.
Theo Morgan

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. In terms of the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
HB 2807 that requires marijuana be in prepackaged quantities just adds more costs and unnecessary regulation. This industry is being over regulated and patients are bearing the burden. Enough with the over-regulation.
Jimmy

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The concerns raised relate primarily to statutory requirements rather than provisions that may be addressed through administrative rulemaking. Specifically, the requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by 63 O.S. § 431.1. Any modifications to this requirement fall within the authority of the Legislature and

are outside the agency's rulemaking authority. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
Regarding prepackaging:
I'm a senior citizen with multiple health issues living on retirement. This rule serves no purpose that I can see. It's done nothing but raise the cost for patients, many of whom are low income. Also, being able to look at, smell & choose a strain for certain conditions & watching it come out of the batch you chose & being weighed in front of you so weight is accurate is lost with this rule. To me that's an important aspect, along with the increase in cost.
Cheryl Malone

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
The Oklahoma legislature needs to stop changing our medical marijuana progrom!
Martin Syring

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. In terms of the proposed permanent rules, this comment doesn't suggest any changes, and the Authority won't be making adjustments based on this feedback. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
"Rules requiring medical marijuana to be sold in pre-packaged quantities for HB 2807 (2025) were added to OAC 442:10-7-1 and OAC 442:10-7-2."

^ The current pre-packaged containers are not easy to use, and I end up just using scissors to cut them open and transfer product to a more secure container (meaning actually air-sealed);

The current packaging needs to be redesigned, or better yet, the onerous rule should be repealed to let a better packaging solution emerge.
Travis Vance

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your concerns. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
As a patient it is beneficial to see a sample and inspect the quality of the now prepackaged medical cannabis I will be purchasing. It is also necessary to smell the product sample as some strains have an adverse smell or others may trigger similar allergy symptoms as pollen or in my case may induce supra ventricle tachycardia. I stay with the earthy cannabis strains to help prevent this. I need to be able to inspect what I am purchasing. Being able to see and smell the product is one small way I can feel more confident and be sure about what strain I am getting. Samples need to be viewed and smelled through small sample containers. This option has been available and should continue to for the benefit of all medical cannabis patients. The new laws need to be put in place first and foremost to consider the patients whom voters passed state question 788 to help as well as the state. The Oklahoma Medical Marijuana Authority has done an excellent job advocating and helping patients since it was formed. I am thankful to share why I believe it is necessary to have sample containers to be assured about the medical cannabis I will be purchasing. Thank you for your consideration.
Kind Regards
Veronica Petty

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. We appreciate the time you have taken to engage in the public comment process.

Change:
No rule changes are recommended.

Comment:
I agree on the new rules for drivers but do these new rules apply to people walking because they have no vehicle as well?
Or is about the stupid people DwI.
I am just concerned about my mental health needs not being able to take care of my extreme anxiety when I need to.
Douglas Joshua McMullen

OMMA Evaluation:
Thank you for taking the time to submit your comment. OMMA does not promulgate rules regarding driving under the influence. Any laws prohibiting driving under the influence of or being in possession of an open container of marijuana in the passenger area of a motor vehicle, are set by State statute and any changes would require legislative action rather than rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
1. Prepackaged products: I completely disagree with this, as a patient I want to be able to know what I'm buying and know that I'm getting a full ounce that does not include the package material. I also want to be able to know that when I'm getting isn't skanky when I'm getting isn't dry when I'm getting is fresh and so far the stores that are selling Prepackaged product it's crap it's dry. It's skanky getting sick to my stomach because I'm unable to determine whether this product is meant for me I'm unable to determine whether or not I would like this product prior to buying it and that is not fair. That is not right I am spending a lot of money to make myself feel better and I'm buying product that's makes myself feel worse by buying pre-packaged Products. We used to be able to smell, and you took that away, which I think was erroneous. You need to put that back in the laws that we can smell the product again because this medical marijuana was meant to help the patient and the more and more constraints you put on the less and less it helps the patient. We are the end users. We are the people that are buying the product. We are the ones that need to know that this is what we need to buy and just buying something that's in a black box doesn't tell me whether or not this is right for me just buying something that's in a black bag doesn't tell me whether or not this is right for me. There's not enough information to tell me whether or not this product is right it doesn't tell me what it smells like it doesn't tell me whether it's gonna turn my stomach. It doesn't tell me whether it's gonna let me sleep. It doesn't tell me whether it's going to help me eat. It doesn't tell me whether it's going to release my anxiety. it doesn't tell me whether it's gonna help me with my PTSD. It doesn't tell me whether it's gonna help me with my depression. It doesn't tell me anything like that by just pre-packaging the Product. If you want to do something for the patients bring back the ability to smell the product before we buy it so we know whether it's going to turn our tummy before we consume it and whether we can get relief from it before we buy it these people that work in the stores are just sells people they don't know all the ins and outs of weed they just don't so it is up to us to make the decision on our own and you are

limiting our ability to do that with all these constraints, you are putting on selling the product, put things back the way they were when we first started selling medical marijuana.
La Tasha Hutchins

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, HB 3361 (2024), codified at 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. We appreciate you sharing your concerns.

Change:
No rule changes are recommended.

Comment:
STOP MESSING THINGS UP. You have patients and businesses who cant access theor accounts yet youre attempting to add more rules and regulations. You cant even run your own agency effectively. I am a patient. I use Marijuana to stay off opiods for my health issues. You are FUELING the black market...FUELING it. This is a PLANT. You are absolutely over regulating a PLANT.
Sarah E Kirkhart

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. In terms of the proposed permanent rules, this comment doesn't suggest any changes; therefore, the Authority won't be making adjustments based on this feedback at this time. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
I do not agree with prepackaged with this day in age it's hard to live as is, patients who need their products are being forced to spend more on 3.5gs alone vs being able to get a a few different varieties and this is another concern as well, my patients want to be able to get a few different strains but can't afford to do so.
I also disagree with new dui, open container laws. This is not like alcohol. I've never seen or heard of a patient being so "high" to kill someone behind the wheel. Getting dui charges for being medically legal is insane. And not to mention you'll get a breathalyzer for it to a test that only test for alcohol not marijuana. How can our patients be treated so poorly with the new rules and regulations. Put a stop to this OMMA. OUR PATIENTS DESERVE MORE AND DESERVE TO BE PROTECTED
Stevie Taylor

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established by HB 3361 (2024) and codified at 63 O.S. § 431.1. OMMA does not promulgate rules regarding driving under the influence. Any laws prohibiting driving under the influence of or being in possession of an open container of marijuana in the passenger area of a motor vehicle, are set by State statute and any changes would require legislative action rather than rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
I was writing to comment on SB 1066. I would highly advise OMMA make sure that any required physician education regarding marijuana is not sponsored, funding, or otherwise influenced by the marijuana industry. I reviewed several of the proposed educational offerings suggested by OMMA for this purpose and many are directly produced by the marijuana industry and are likely very biased. I would suggest a partnership between the state medical associations and medical board to provide this education from instructors who have no conflicts of interest. Required physician education should include comprehensive information about the chronic use of marijuana and associated risks to both physical and mental health. Instruction should also include a session about addition risks and how to identify patients that have higher risk of addiction and require closer monitoring. It would also be advised to provide a session about the importance of the establishment of a long term relationship between the physician issuing the license and the patient who continues to use medical marijuana at the physicians recommendation. Currently these licenses are being issued and there is no subsequent follow up after this. I would also advise there be a way to track the name of the physician issuing the license so that they can be directly contacted by other medical professionals if their patient were to have complications from the treatment - this would mirror the current practice with other controlled substances and the PMP. Currently if a patient gets admitted to the hospital with a marijuana related complication, there is no way to identify or coordinate care with the physician recommending this treatment.
Tessa Manning, MD,

OMMA Evaluation:
Thank you for taking the time to submit your comment. The requirement that the Authority create and maintain a registry of recommending physicians is established in statute under SB 1066 (2025), codified at 63 O.S. § 427.10. These statutory provisions govern both the physician registry and physician education requirements and are not subject to change through rulemaking. For additional information, physicians may refer to the Physician page at omma.ok.gov/physicians, which explains that OMMA reviewed the approved courses in coordination with the applicable medical boards. These courses have undergone additional content review and are fully accredited, meaning the accrediting bodies oversee compliance with conflict-of-interest standards related to industry influence. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
I have been a patient for severl years now, and the reason I have my medical card will not go away in 2 years, or 10; it is something I will have for the rest of my life. I undersand making people pay a certian amount when first getting their card, but to keep making people pay the same amount for a renewal is hurting the program, and honestly forcing people to go back to the black market. The pre-package rules are a joke. It is not hard to put whatever you want in those bags and call it something else. It is not transparent. Oklahoma does not have any qualifying conditions, therefore making it to where residents have to shell out even more money to an approved OMMA doctor instead of Jiffy Doctor for example is greed. The rules and regulations that need to be imposed are the ones that hand down more strict punishment to the out of state medical card holders. The rules state that they can not take their product across the border. How do you expect anyone to come to Oklahoma from Texas and buy their goods and use said goods before going back across the border. Does that not permote DUI?

The regulations handed out about the breathalizers, and how you are not to operate a motor vehicle until all TCH is out of the system, then later in the same document it states to pleas wait 4-6 hours after use to operate a motor vehicle.

This cancels itself out. Am I not supossed to drive for 30 days after use, because thats how long it stays in one's system.

The saftey sentive positions is another roadblock designed to discriminate against card holders. Just because you have your card, does not mean you are stupid, and dont know how to do your job. I seen a job posting for a cashier for Hobby Lobby that states its saftey sentive. I ask how is that not just another way to discriminate. You may not agree with medical use, but that does not give you the right to deny employment. I don't drink, and I don't like it, but I would not be alowed to discriminate for that reason. This double standard has to stop.
Tammy Armstrong

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The requirement that medical marijuana and medical marijuana products be sold in prepackaged quantities is established at 63 O.S. § 431.1.

Additionally, OMMA does not promulgate rules regarding driving under the influence. Any laws prohibiting driving under the influence of or being in possession of an open container of marijuana in the passenger area of a motor vehicle, are set by State statute and any changes would require legislative action rather than rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
The below rule has got to be the stupidest damn thing ever. Why are we not allowed to view our product? Smell it? Touch it? Why are you all putting your goddamn fingers in everybodies shit and fucking it up? Our government really likes stealing from the citizens as well as raping

them but we're not pre-packaging ass or bands of cash. Leave people the fuck alone and butt out. Stop making every fucking thing about getting y'all's grubby sausage fingers on money at the expense of the people.
THE MOST ILLOGICAL RULE YET.
Rules requiring medical marijuana to be sold in pre-packaged quantities for HB 2807 (2025) were added to OAC 442:10-7-1 and OAC 442:10-7-2.
Bear

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. The issues raised relate primarily to statutory requirements rather than matters that may be addressed through administrative rulemaking. Specifically, 63 O.S. § 431.1, requires that medical marijuana and medical marijuana products be sold in prepackaged quantities. While this statute establishes the prepackaging requirement, state law and the current rules do allow for the display and smelling of medical marijuana pursuant to 63 O.S. § 421, and permit the use of non-opaque packaging materials, provided all applicable packaging and labeling requirements are met. Any changes to these statutory provisions fall within the authority of the Legislature and cannot be made by the Authority through rulemaking. We appreciate you taking the time to engage in the public comment process.

Change:
No rule changes are recommended.

Comment:
I am submitting this comment regarding the proposed rules governing Total Yeast and Mold (TYM) testing.

As written, the rules allow multiple analytical approaches for TYM testing without sufficient alignment between methodology and regulatory intent, which introduces unnecessary variability, reduces inter-laboratory comparability, and increases the risk of inconsistent enforcement.

My primary concern with the use of qPCR or similar genetic assay methods for Total Yeast and Mold is their poor quantitative performance for this application. These technologies are designed for targeted detection rather than broad population quantification, and limitations in their ability to reliably quantify Total Yeast and Mold across diverse species have been widely documented. This results in variable performance and undermines confidence in the comparability and reproducibility of reported results.

To address these concerns, I respectfully request OMMA consider one of the following outcomes. Total Yeast and Mold testing could be limited to culture-based agar plate methods that enumerate viable organisms. Alternatively, if multiple methodologies remain permissible, the action limit should be revised to 100,000 CFU per gram to better reflect biological variability and analytical limitations. A third option would be to continue Total Yeast and Mold testing but require results to be reported for informational or quality purposes only rather than as a pass or fail safety parameter. Several state regulatory programs take differing approaches to Total Yeast and Mold testing, including higher action limits or non-pass/fail

reporting, demonstrating that alternative regulatory frameworks are feasible.

Any of these approaches would improve clarity, consistency, and fairness in application of the rules while preserving OMMA's commitment to patient safety.

Thank you for the opportunity to provide public comment.
Matthew Phillips

OMMA Evaluation: Thank you for taking the time to submit your comment and share your feedback. With respect to microbial testing, the Authority will not be making changes to the permanent rules to further clarify that quantitative testing refers to total yeast and mold under OAC 442:10-8-1(i)(1)(A). Additionally, regarding the removal of total yeast and mold testing and/or associated limits, the Authority will not be making changes to the rules as a result of this comment. However, we appreciate the perspective you provided and will share your feedback with the appropriate teams for consideration in future discussions. Thank you again for your engagement and for participating in the public comment process.

Change:
No rule changes are recommended.

Comment:
I would like to respectfully request clarification regarding the requirements for enrichment and incubation when performing quantitative total yeast and mold enumeration using agar plate culture methods in OAC 442:10-8-1(E)(i). The addition of this language would only specify that enrichment is not required for quantitative assays, while also specifying enrichment and incubation requirements for non-quantitative testing. Because incubation, or a period of growth, is an inherent component of agar-based colony enumeration, clarification is needed to ensure consistent interpretation and implementation across all licensed laboratories. Clear guidance on acceptable incubation parameters, as typically outlined by the manufacturers, would promote methodological consistency, data comparability, and regulatory confidence in CoA results. Definitions added to OAC 442:10-1-4 for the terms "enrichment" and "incubation" would be benefitial to distiguish the two laboratory procedures and add further clarity.

I would also like to bring to your attention that the language added to OAC 442:10-8-1(D)(i) permits the use of qPCR to enumerate total colonies of yeast and mold. Allowing qPCR as a quantitative enumeration method will likely result in significant variability in reported total yeast and mold (TYM) results between laboratories. The use of qPCR for quantitative yeast and mold testing requires additional research and method validation within a production quality assurance setting before being accepted as a valid compliance testing method for cannabis products. A colony-forming unit (CFU) often includes multiple cells and does not translate into a consistent or predictable number of target gene copies, DNA segments, or Cq value. This difference in identifying what constitutes a ‚úunit‚ù inherently renders direct comparison of qPCR and selective culture-based methods of total yeast and mold enumeration unreliable. Genetically based methods, including qPCR, have been predominantly validated and adopted in the food safety industry for qualitative (presence/absence) detection rather than

for quantitative microbial enumeration, particularly for mixed microbial populations such as total yeast and mold. Microbial loads greatly vary among cannabis samples due to differences in cultivation environments, post-harvest handling, storage practices, and decontamination treatments. Selective culture-based methods remain the most consistent and reproducible approach for microbial enumeration, particularly when analytical testing is performed on a subsample representing a small fraction (up to 1/6800th) of a production batch. Given the known limitations of genetically based enumeration methods, rigorous internal validation by the state laboratory of commercially available qPCR-based assays for total yeast and mold enumeration in CFU/g for cannabis products is warranted prior to their acceptance for regulatory testing.

Thank you for taking the time to consider my comments.

Scissortail Laboratory
kennedy@scissortaillabs.com
Kennedy Collins, B. Sc.

OMMA Evaluation: Thank you for taking the time to submit your comment and share your feedback. With respect to microbial testing, the Authority will not be making changes to the permanent rules to further clarify that quantitative testing refers to total yeast and mold under OAC 442:10-8-1(i)(1)(A). Additionally, regarding the removal of total yeast and mold testing and/or associated limits, the Authority will not be making changes to the rules as a result of this comment. However, we appreciate the perspective you provided and will share your feedback with the appropriate teams for consideration in future discussions. Thank you again for your engagement and for participating in the public comment process.

Change:
No rule changes are recommended.

Comment:
I am submitting this comment regarding the proposed rules governing Total Yeast and Mold (TYM) testing.

As written, the rules allow multiple analytical approaches for TYM testing without sufficient alignment between methodology and regulatory intent, which introduces unnecessary variability, reduces inter-laboratory comparability, and increases the risk of inconsistent enforcement.

My primary concern with the use of qPCR or similar genetic assay methods for Total Yeast and Mold is their poor quantitative performance for this application. These technologies are designed for targeted detection rather than broad population quantification, and limitations in their ability to reliably quantify Total Yeast and Mold across diverse species have been widely documented. This results in variable performance and undermines confidence in the comparability and reproducibility of reported results.

To address these concerns, I respectfully request OMMA consider one of the following outcomes. Total Yeast and Mold testing could be limited to culture-based agar plate methods that enumerate viable organisms. Alternatively, if multiple methodologies remain permissible, the action limit should be revised to 100,000 CFU per gram to better reflect biological variability and analytical limitations. A third option would be to continue Total Yeast and Mold testing but require results to be reported for informational or quality purposes only rather than as a pass or fail safety parameter. Several state regulatory programs take differing approaches to Total Yeast and Mold testing, including higher action limits or non-pass/fail reporting, demonstrating that alternative regulatory frameworks are feasible.

Any of these approaches would improve clarity, consistency, and fairness in application of the rules while preserving OMMA,s commitment to patient safety.

Thank you for the opportunity to provide public comment.
Matthew Phillips

OMMA Evaluation:

Change:
No rule changes are recommended.

Comment:
On pg 29, 442:10-3-1 it states transporters are allowed for temporary storage. What is OMMA determination as temporary is it 2 days, 2 weeks, 3 years. We need a definition in regulations clarifing a time frame for temporary
Jeremy Woods

OMMA Evaluation:
Thank you for taking the time to submit your comment. The ability for licensed transporters to

temporarily store medical marijuana, medical marijuana concentrate, and medical marijuana products, is established in statute under HB 2807 (2025), codified at 63 O.S. § 427.16. Because this requirement is set by law and governs a licensed transporter's ability to temporarily store medical marijuana, any modification would require legislative action rather than rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
There are multiple different topics that we propose as changes to the OMMA Proposed Permanent Rules introduced in November 2025, and other additions we need to see introduced in to the regulations. These additions to the include;

1. Removal of language that changes the Administrative Law Judge (ALJ) to a ˜hearing examiner.' The change from an outside agency serving as the ALJ to a ˜hearing examiner' (an employee of the OMMA) is a complete conflict of interest since an OMMA employee that is paid by the OMMA will have pressure to side with the OMMA (bias) on administrative matters. This language changing the ALJ to a ˜hearing examiner' must be removed from these proposed rules. Any objections or dismissal to this request given the clear conflict of interest will lead to complete distrust of *any* OMMA administrative proceedings and will also lead to complaints being filed.
Jeffery Havard

OMMA Evaluation:
For consistency with the law, OMMA's rules should be uniform with the Oklahoma Administrative Procedures Act ("OAPA") since OMMA is subject to the OAPA with regard to rulemaking and individual proceedings. "Administrative Law Judge" is not a term defined by or used in the OAPA. To refer to the decision maker in individual proceedings, the OAPA uses the term "Hearing Examiner" and defines it as the person who presides over hearings and renders orders or proposed orders. OMMA uses ALJ's as its Hearing Examiners, to hold hearings and render orders as that is what the Oklahoma Medical Marijuana and Patient Protection Act authorizes. Some other agencies have rules that authorize the use of Hearing Officers. A Hearing Officer typically presides over an individual proceeding and then makes recommendations, through a proposed order, about the outcome of the hearing to an agency director. To be clear, OMMA is not now nor has it ever sought to use Hearing Officers. The law explicitly authorizes OMMA to use ALJ's as its hearing examiners, not hearing officers. In other words, nothing about using the legally correct term "Hearing Examiner" to describe ALJ's changes anything about OMMA's current process used for individual proceedings.

Change:
No rule changes are recommended.

Comment:
There are multiple different topics that we propose as changes to the OMMA Proposed Permanent Rules introduced in November 2025, and other additions we need to see introduced in to the regulations. These additions to the include;

The types of testing equipment (i.e. Gas Chromatography, Liquid Chromatography, etc. referenced in multiple sections 442:10-8) and technologies or methods should not be restricted for any section of regulations with regards to testing, but contingent on Proficiency Testing. There are multiple different ways for labs to perform testing of various analytes (i.e. pesticides, mycotoxins, etc) and being able to have the flexibility to detect and measure using the appropriate equipment *and/or* being able to confirm results on multiple types of equipment is the proper way to do so, and is also a commonly accepted industry practice. The last few sets of regulations (emergency rules) have been increasingly restrictive on the types of equipment that are allowed, and we believe that this was suggested to make inspections easier for OMMA personnel, not that this is the correct way to perform testing. These restrictions need to be removed to allow proper testing to occur. The fact that labs are already *required to perform and pass Proficiency Testing* validate that the types of various testing equipment and methods are appropriate for the measurement of these analytes, which is a requirement for not only for current OMMA regulations but also for ISO accreditation. Any objections or dismissal of this point are a clear indication by the agency that public safety and *good science and methods* are compromised.
Jeffery Havard

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

Change:
No rule changes are recommended.

Comment:
There are multiple different topics that we propose as changes to the OMMA Proposed Permanent Rules introduced in November 2025, and other additions we need to see introduced in to the regulations. These additions to the include;

We need like to see an expansion of the pesticide panel since the current list is inadequate for ensuring public safety and that pesticides are a constantly evolving market. We must see the regulations written in a way that allows for a dynamic approach to the analytes and potential thresholds to prevent ˜Permanent Rules' from locking in non-relevant pesticides for extended periods of time. Oklahoma test for only 13 pesticides for the last several years, and it is unclear how this list of pesticides was determined and formed, and has remain unchanged for years. We also want to see written in regulations where the OMMA performs a survey of relevant pesticides at least every other year and updates the list of pesticides and thresholds as needed. We also ask that this report be made public and that the public be able to have *effective* input on updating the list of pesticides. Any objections or dismissal of this point are a clear indication by the agency that public safety and *good science and methods* are compromised.
Jeffery Havard

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

Change:
No rule changes are recommended.

Comment:
There are multiple different topics that we propose as changes to the OMMA Proposed Permanent Rules introduced in November 2025, and other additions we need to see introduced in to the regulations. These additions to the include;

We need to see new regulations written into the rules for *full transparency* of the OMMA QA lab, including research and reports, studies (I.e surveys of pesticides, etc), performance of Proficiency Testing (to show public trust and efficacy in the test results generated by this lab), comparative studies (parallel testing), results of any ˜Round Robin' testing, protocols and methods used or studied or recommended to the other testing labs, and other relevant reports. Since this second QA lab is again funded by taxpayer dollars, the lab has an obligation to be transparent and accountable. Any objection or dismissal of this request for transparency will lead to complete distrust of results produced by the lab, and furthermore is owed to the public since it is taxpayer funded and owned by the public.
Jeffery Havard

OMMA Evaluation: Thank you for taking the time to share your comment. The duties and requirements of the Authority's Quality Assurance Laboratory are codified in state statute at 63 O.S. § 427.17. The Authority's rules at OAC 442-10-8-5(h) require the QA Lab to submit an annual report to the Legislature on quality assurance activities and results. While the Authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:
No rule changes are recommended.

Comment:
OMMA has been aware of THC potency inflation for multiple years (since the first QA lab) and has made statements that they are aware of it and have a plan to fix it. It has never been addressed (to our knowledge) and resulted in a market with widespread fraudulent results and no apparent action by the Agency taken to correct the issue. This also results in manipulated and inaccurate data input into Metrc making Metrc data inaccurate and untrustworthy for data analysis

The fact that Metrc data is considered ˜confidential records' and that a publicly paid for and owned data tracking system is *inaccessible to the public* is outright violation of public trust. Furthermore, the testing data as previously mentioned is often manipulated by either THC inflation, underreporting of safety failures, data cliffs and other problems that are not able to be determined by the public due to the occlusion of the data; and the Metrc data is inaccurate

and untrustworthy. Statements made by multiple OMMA personnel called as witnesses to the OMMA vs Graves Farms case on December 18th, 2025 validated that the Metrc data was used as proof of nefarious activities (on the assumption that the data input into Metrc was truthful), but also that the data input into Metrc was *also* compromised and not trustworthy. With public access to Metrc data, the pubic can audit the data and can be able to catch cheaters and hold the market accountable. OMMA *should be advocating* for the change in this regulation (SS 63), which would have a bigger impact than an expensive QA lab or other activities

Lastly, we have been providing reports, references, and logical arguments during public comment periods in attempt to provide good logic, good and concise regulations, and address industry issues that have negatively impacted the industry for years. The typical response we get back to our comments and suggestions is no change required. This is an unacceptable response to our concerns and we hope that you seriously consider what we have to say and take action to correct these problems. Furthermore, we are usually given an excuse (paraphrased) we don't write the regulations we carry them out; take it up with the legislature but this is an untrue statement. There is a clear difference in Title 63 written by legislators and the regulations in the OAC (442) that the OMMA *does write and submits for approval to the Senate.* We know that you have the actually have the ability to change these regulations.
Jeffery Havard

OMMA Evaluation:
Thank you for taking the time to provide input and share your concerns. While no changes to the permanent rules will be made based solely on this comment, your input will be considered in future discussions. Additionally, industry data is available through the OMMA Dashboard via NCS Analytics, which can be accessed by visiting omma.ok.gov/data. We sincerely appreciate your engagement and ongoing participation in this process.

Change:
No rule changes are recommended.

Comment:
What would constitute a "correctable violation" for businesses?
Where is a list of such violations posted on your website for them to refer to?
Lynn Hughes

OMMA Evaluation:
Pursuant to OAC 442:10-4-4(h), violations deemed correctable by the Authority will be identified in a written notice. At this time, no changes will be made to the permanent rules; however, we will keep your comments in mind for future discussions. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
What qualifies for "Any inspection or audit violation

not specifically listed above"?

$500 per violation

63 O.S. § 427.6(E)-(F)

Seems like every inspector could interpret this differently unbeknownst to the business owners.
Lynn Hughes

OMMA Evaluation:
This provision is an acknowledgement that while OMMA has attempted to encapsulate every possible violation in the questions on the form, we recognize that may not be reasonable. Any potential violation cited by an inspector is reviewed for legal sufficiency before an action is filed. That means that only actions or omissions provided for in the statutes or the rules are pursued by OMMA as violations. This process ensures that any violations filed are not based on varying interpretations of the rules but rather on the facts of the circumstances and applicable law and regulations.

Change:
No rule changes are recommended.

Comment:
We would like to see amendments made to some of the current proposed regulations to allow for additional types of testing technologies to be availble to testing laboratories for the *proper* detection and measurement of various analytes (pesticides, heavy metals, mycotoxins, and others not currently listed here) and to also allow confirmational detection on multiple types of testing equipment that would ensure the accuracy and safety of laboratory testing results. This would include multiple sections in OAC 442:10-8-1;

We would like to see GC/MS (rather than the overspecifed GC/MS/MS from the previous revision of the rules from the 2025 legislative session) added to the list of available equipment for the testing of pesticides. GC/MS has been used for several decades for the detection of pesticides and has been well proven beyond a doubt for its ability to detect pesticides and is already a piece of equipment that almost every testing laboratory in the State already owns. We have called last year and verified this fact with the testing labs, meaning that it will have no impact on the Reins Act (HB 2728) as far as an undue expense to testing laboratories. We are attaching multiple white papers (the same ones provided to our legislators in 2025) to show that this is an *appropriate* piece of testing equipment. We are also attaching parts sheet to show that the detector for the GC/MS and GC/MS/MS are the exact same meaning that the detection sensitiviy for either type of technology is the exact same for both.

https://www.agilent.com/store/productDetail.jsp?catalogId=G3170-80103

We also want to see more flexibility for the testing of mycotoxins to include the use of HPLC-FLD for the detection of mycotoxins. Again, this is a technology that has been proven for decades to be an appropriate method for the detection and measurement of mycotoxins and can

also serve as a confirmatory test to accurately identify potential analytes.

Please do reach out to us to discuss these issues as they are more involved and complex than this writing can summarize. We have hundreds of pages of proof why these methods do work, and are the industry standard that we should be following but aren't.
Jeffery Havard

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

Change:
No rule changes are recommended.

Comment:
I have made this suggestion for the past 3 rule making comments. This is the only one of my suggestions that you haven't implemented. I don't think it's worth my time to come comment in person so I'm only using the form this time. I would like to see the rule of not putting a sticker on top of a sticker be changed or removed completely. The label wording we're required to use changes so often it is a financial burden to licensed business to repackage everytime you change the label requirements. It would be much less of a finacial loss if we could simply cover the non-compliant sticker with a compliant one. Since the label wording is changing again I believe this is still relavant.
BRIE TRUETT

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. While the Authority will not be making changes to the current rules in response to this specific comment, your input will be considered as part of future rule evaluations and updates. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
Dear Oklahoma Medical Marijuana Authority (OMMA),
I am writing to provide feedback on the Emergency Rules, particularly in relation to worker safety considerations within the medical marijuana industry. While the rules under Title 442, Chapter 10, Subchapter 8 (pages 71-100) establish robust testing protocols for contaminants such as heavy metals, pesticides, solvents, microbials, and mycotoxins in final products to protect patient health, they do not explicitly address occupational hazards for workers in cultivation, processing, and related facilities. As outlined in the rules' purpose (OAC 442:10-1-1), OMMA's mandate focuses on ensuring the health and safety of Oklahomans through orderly regulation of medical marijuana under 63 O.S. § 420 et seq. and related statutes. However, emerging evidence from the national cannabis industry highlights how unaddressed worker exposures can indirectly impact product quality and public health, warranting

consideration within OMMA's framework.

Nationally, workers in cannabis facilities have faced significant occupational health risks from airborne and contact exposures, including cannabis dust, mold, yeast, volatile organic compounds, pesticides, solvents, and heavy metals. These hazards have led to respiratory illnesses, including work-related asthma, with at least two confirmed fatalities reported as of late 2025. For instance:

Incident 1: Lorna McMurrey, a 27-year-old production technician at an indoor cannabis cultivation and processing facility operated by Trulieve in Holyoke, Massachusetts, died in January 2022 from a fatal asthma attack. She began working in 2021 and experienced progressively worsening work-related asthma symptoms due to exposure to high levels of airborne contaminants, specifically ground cannabis dust, yeast, and mold. Her symptoms escalated after transferring to a role involving direct handling of ground cannabis, culminating in cardiac arrest and death three days after hospitalization. Following an investigation, OSHA cited Trulieve for violations of the Hazard Communication Standard (29 CFR 1910.1200), proposing a $35,219 penalty, which was later settled.

Incident 2: A second fatality from new-onset work-related asthma was reported more recently, involving a worker exposed to dried cannabis materials, underscoring the ongoing risks in the industry. Additionally, non-fatal cases include a $3 million jury award in Missouri to a cannabis consultant who suffered a career-ending asthma attack in 2022 due to accidental exposure to fine cannabis particles.

These incidents illustrate broader hazards: studies show that cannabis workers are routinely exposed to respiratory irritants like mold (e.g., Penicillium and Alternaria), bacterial endotoxins, pesticides (including disinfectants), solvents, and heavy metals, which can cause or exacerbate asthma, allergies, and other conditions. In Oklahoma grows and processors, the absence of required monitoring for air quality (e.g., dust and mold levels) and water quality (e.g., contamination from pesticides or heavy metals) could similarly expose employees to these risks, potentially leading to cross-contamination of products and undermining patient safety goals.

I recognize that primary jurisdiction for workplace safety lies with the Occupational Safety and Health Administration (OSHA), not OMMA. However, OMMA could encourage compliance by requiring licensees to attest to adherence with relevant OSHA standards, which directly address these hazards without overreaching OMMA's statutory mandate. Key applicable OSHA regulations include:

Air Quality and Dust/Mold Hazards:

29 CFR 1910.1000 - Air Contaminants (Tables Z-1, Z-3): Sets Permissible Exposure Limits (PELs) for particulates, including total dust (15 mg/m³) and respirable dust (5 mg/m³), applicable to cannabis dust as a nuisance dust or allergen.

29 CFR 1910.94 - Ventilation: Requires local exhaust for dust-generating operations like grinding or drying cannabis.

29 CFR 1910.134 - Respiratory Protection: Mandates respirators (e.g., N95+) and programs including fit-testing and training if exposures exceed PELs, relevant for dusty cannabis processing areas.

General Duty Clause (Section 5(a)(1) of the OSH Act): Requires employers to mitigate recognized hazards like mold or cannabis dust, even without specific PELs.

Water Quality and Contaminants (Pesticides, Solvents, Heavy Metals):
29 CFR 1910.141 - Sanitation: Ensures potable water meets EPA standards (40 CFR Part 141), prohibiting contamination from heavy metals (e.g., lead action level 0.015 mg/L), pesticides, or solvents.
29 CFR 1910.1200 - Hazard Communication: Requires SDSs, labeling, and training for handling hazardous chemicals like pesticides and solvents.
General Duty Clause (Section 5(a)(1) of the OSH Act): Applies to contaminated water sources.
Agriculture-Specific: 29 CFR 1928.110 - Field sanitation, including potable water for handwashing to prevent pesticide residue transfer.

Integrating references to these standards such as mandating hazard assessments or basic monitoring for air and water quality in facilities could align with OMMA's product testing requirements (e.g., for heavy metals <0.2 ppm arsenic in inhaled products, pesticides like abamectin <0.5 ppm) by preventing worker-handled contaminants from entering the supply chain. For concentrated products in processors, screening for mechanical or chemical residues (e.g., solvents like benzene <2 ppm) could include worker exposure checks to ensure safe handling.
This approach would enhance credibility, avoid regulatory overreach, and promote a safer industry without mandating OMMA to enforce OSHA directly. I urge OMMA to consider amendments that bridge these gaps, potentially through declaratory rulings (OAC 442:1-1-14) or interagency coordination.
Thank you for considering this input.
Sincerely,
Carl Hanz

OMMA Evaluation:
Thank you for taking the time to submit your comment and for sharing your detailed feedback regarding worker safety considerations within the medical marijuana industry. While the Authority will not be making changes to the current rules in response to this specific comment, your input will be considered as part of future rule evaluations and updates. We appreciate your engagement and the perspective you have provided.
Change:
No rule changes are recommended.

Comment:
Dear Oklahoma Medical Marijuana Authority (OMMA),
I submit this comment regarding the testing standards and thresholds in OAC 442:10-8-1(i)(1)(G) (Microbial testing - Decontamination), within Subchapter 8 of Chapter 10. The current rules permit decontamination for certain failed microbial tests (e.g., allowing harvest batches to be treated and retested, provided they pass all required analytes post-treatment), but they provide no specific guidance on allowable decontamination methods, approved treatments, or requirements for disclosing those methods to testing laboratories or on final Certificates of Analysis (COAs).
While OMMA's primary focus is product safety for patients (as stated in OAC 442:10-1-1), the lack of defined standards for microbial decontamination raises potential concerns about consistency and transparency. Decontamination processes whether physical (e.g., controlled

heat, cold trapping, UV light, or ozone) or other validated methods can effectively reduce microbial loads without introducing harmful residues if properly applied. However, without clear guidelines, there is variability in practices among growers and processors, and patients may not have full information about how a passing product achieved compliance after an initial failure.

Evidence from other jurisdictions and scientific literature supports safe, residue-free. decontamination options:

Methods like ozone gas treatment break down into oxygen, leaving no chemical residues while effectively targeting pathogens like Aspergillus (commonly failed in microbial testing).

UV-C light or controlled radiofrequency can inactivate surface microbes without altering cannabinoids or terpenes.

States like Colorado have approved specific non-chemical methods (e.g., ozone, UV irradiation, vaporized hydrogen peroxide, pasteurization) with validation requirements to ensure no new contaminants are introduced.

To enhance transparency and patient confidence without unduly burdening licensees, I respectfully suggest OMMA consider the following in future rulemaking (e.g., for grower/processor subchapters):

1.Specify or approve a list of allowable decontamination methods limited to those that do not introduce testable residues (e.g., prohibiting chemical sanitizers like acids or unapproved solvents that could leave traces outside of residual solvent thresholds).

2.Require growers/processors to disclose the decontamination method used (if any) on the final product label as Decontaminated per approved methods. Product may contain trace amounts of.

3.Similar to disclosure practices in other states for remediated goods.

These measures would align with OMMA's patient protection goals, promote uniform industry practices, and provide patients with greater informed choice, while relying on existing retesting safeguards to ensure final product safety.

Thank you for the opportunity to comment and for your ongoing efforts to refine these rules.

Sincerely,

Carl Hanz

OMMA Evaluation: Thank you for taking the time to share your comment. The Authority's rules at OAC 442:10-8-1(k) require licensees to have detailed procedures and to provide the testing laboratory with a document specifying how the final product was remediated or decontaminated prior to retesting. While the authority will not be making changes to our rules based on this specific comment, please know that we are grateful for your input. Thanks again for taking the time to share your thoughts and feedback with us.

Change:

No rule changes are recommended.

Comment:

Dear Oklahoma Medical Marijuana Authority (OMMA),

I am submitting this comment regarding the definition of "Medical marijuana waste" in OAC 442:10-1-4, which includes "(A) unused, surplus, returned or out-of-date marijuana; recalled marijuana; unused marijuana; plant debris..." The term "out-of-date marijuana" is included but

not explicitly defined or tied to any specific criteria, such as an expiration date or shelf life standard. This creates a gap in the rules, as products well beyond what might reasonably be considered fresh or stable continue to be sold to patients without clear guidance on when they become "out-of-date."

Current OMMA rules (as of January 2026) do not mandate shelf life labeling, expiration dates, or stability testing for medical marijuana products. While some packaging and labeling requirements exist (e.g., date packaged and date tested for certain transfers, per recent updates), there is no requirement for an expiration date on retail products or a default shelf life. This can lead to inconsistencies in product quality, as cannabinoids (e.g., THC) and terpenes naturally degrade over time due to factors like light, temperature, moisture, and air exposure, potentially reducing potency and therapeutic value or increasing risks such as mold growth if not stored properly.

To protect patient safety, ensure accurate labeling, and align test results (valid at the time of testing) with the product's condition at purchase, I respectfully recommend OMMA consider adding a provision for a default shelf life. This would be reasonable and mirrors approaches in other jurisdictions (e.g., some states treat COAs as valid for 12 months, requiring retesting beyond that for potency/contaminant checks, while others require stability studies for edibles or specific products).

Suggested Rule Addition Place this under OAC 442:10-8-1 (Testing standards and thresholds), as a new subsection or under (b) Batches / (c) Frequency, to tie it directly to testing validity:

(New) Shelf Life Unless otherwise demonstrated through a validated shelf life/stability study conducted on a per-product basis (e.g., real-time or accelerated stability testing showing no significant degradation in potency, cannabinoid profile, or safety parameters beyond acceptable limits), the shelf life of medical marijuana and medical marijuana products shall not extend beyond one (1) year from the date of initial laboratory testing (as shown on the Certificate of Analysis). Products exceeding this default period shall be considered "out-of-date" and treated as medical marijuana waste under OAC 442:10-1-4, requiring disposal or remediation if feasible. Licensees may request OMMA approval for extended shelf life upon submission of stability data.

This approach:

Promotes patient safety by ensuring products retain expected potency and quality.

Encourages stability studies for longer shelf lives (similar to requirements in states like Colorado for certain edibles or Massachusetts' 1-year retest rule for expired COAs).

Avoids undue burden by allowing opt-out via evidence-based studies.

Enhances transparency, as patients would have clearer expectations about product freshness.

This fills a legitimate regulatory gap without conflicting with existing OMMA mandates focused on product testing and safety. It would better ensure that labels, test results, and patient communications remain accurate over time.

Thank you for considering this suggestion in future rulemaking or through a declaratory ruling (OAC 442:1-1-14). I appreciate OMMA's commitment to patient protection.

Sincerely,
Carl Hanz

OMMA Evaluation:

Thank you for taking the time to submit your comment and for the detailed analysis you provided regarding the definition of "medical marijuana waste" and the use of the term "out-of-date marijuana" in OAC 442:10-1-4. The Authority appreciates your thoughtful discussion of shelf life, product stability, and testing validity. At this time, OMMA's rules do not establish mandatory expiration dates, default shelf lives, or stability testing requirements for medical marijuana products beyond the testing and labeling provisions currently set forth in rule and statute. As written, the definition of medical marijuana waste reflects existing regulatory and statutory frameworks and does not include additional criteria specifying when a product must be deemed "out-of-date." The Authority is not making changes to the permanent rules on this issue at this time. However, your comment will be included in the rulemaking record and considered in future discussions as OMMA continues to evaluate product safety, testing standards, and regulatory clarity within the scope of its statutory authority. We appreciate your engagement in the public comment process and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
I submit this comment regarding Total Yeast and Mold (TYM) testing under OAC 442:10-8-1(i)(1) Microbial testing, specifically the allowable thresholds in subsections (A)(i)(I), (ii)(I), (iii)(I), and (iv)(I). The current rules require TYM testing with action limits of $<10^2$ CFU/g (100 CFU/g) for many product types. While pathogen-specific testing (e.g., Aspergillus <1 CFU/g) is essential for patient safety, recent events and scientific considerations suggest that TYM is better suited as an indicator of product quality and good manufacturing practices rather than a strict safety threshold.
Quantitative plate count methods for TYM (standard agar-based enumeration) have significant inherent measurement uncertainty (MU) due to Poisson distribution, biological variability, and technical factors. Typical expanded MU for these methods is ±0.5 to ±1.0 log unit (95% confidence). At the current ~10,000 CFU/g threshold:
A ±1.0 log MU spans a 10-fold range (1,000"100,000 CFU/g), effectively encompassing or exceeding the action limit.[iso acceptable performance]
A ±0.5 log MU spans a 5-fold range 3,162'31,623 CFU/g), effectively encompassing or exceeding the action limit.[median performance]
A ±0.3 log MU spans a 3-fold range 5,012 19,953 CFU/g), effectively encompassing or exceeding the action limit.[exception control]
This makes borderline results unreliable, contributing to inconsistent outcomes and unnecessary batch failures.
Peer-state frameworks and literature support higher thresholds: Colorado and Michigan allow up to 10,000 - 100,000 CFU/g for certain products, focusing on specific pathogens while using TYM for quality monitoring.
To balance patient safety, scientific accuracy, and industry viability, I suggest OMMA consider one or more of these measured options in future rulemaking:
1.Clarify testing methodology Specify that TYM enumeration does not require enrichment protocols (to avoid amplifying low-risk or non-viable organisms).
2.Limit to validated methods Restrict TYM to traditional agar-based plating, ensuring

consistency and reducing over-detection from alternative approaches.
3.Raise the action limit Increase to 100,000 CFU/g (especially for non-inhaled products), aligning with peer states like Colorado and Michigan, while retaining strict pathogen-specific limits for inhaled products.
These adjustments would maintain robust protections against harmful microbes, account for method uncertainty, and reduce waste from quality-related failures.
Carl Hanz

OMMA Evaluation: Thank you for taking the time to submit your comment and share your feedback. With respect to microbial testing, the Authority will not be making changes to the permanent rules to further clarify that quantitative testing refers to total yeast and mold under OAC 442:10-8-1(i)(1)(A). Additionally, regarding the removal of total yeast and mold testing and/or associated limits, the Authority will not be making changes to the rules as a result of this comment. However, we appreciate the perspective you provided and will share your feedback with the appropriate teams for consideration in future discussions. Thank you again for your engagement and for participating in the public comment process.

Change:
No rule changes are recommended.

Comment:
This section was abandoned by the transition to final form testing and should be removed. It is unnecessarily burdensome on business and generates no value.
442:10-8-1. Testing standards and thresholds (i) Analyte testing requirements. (6) THC and cannabinoid concentration(I) Totalˆ†-9-THC concentration acceptance criteria(ii) For medical marijuana distillate with a total †-9-THC concentration that is: (I) &(II)
Cole Alleman

OMMA Evaluation:
Thank you for taking the time to share your concerns and participate in the public comment process. The language you reference was originally adopted as part of laboratory standardization efforts and is not being revised as part of the current round of proposed rules. However, your feedback has been noted and will be shared with the appropriate team for consideration in future discussions. We appreciate your engagement and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
The current rules at 442:10-8-1(i)(7)(E)(i)(H) require positive identification with qualifier ions for terpene testing using GC-MS. Terpene profiles are informational quality metrics for patients and do not pose a safety risk if misidentified. This requirement creates unnecessary laboratory burden without corresponding patient safety benefit. We request that the positive identification requirement be removed from terpene testing. If OMMA determines that positive identification requirements are valuable, we suggest they would be more appropriately applied to residual solvent testing, which is an actual safety test.
Cole Alleman

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

Change:
No rule changes are recommended.

Comment:
I am writing to provide public comment on the regarding sections OAC 442:10-3-6 (Inventory Manifests) and OAC 442:10-4-5 (Inventory Tracking, Records, Reports, and Audits), as well as analogous provisions in other subchapters such as those for processors and general commercial licensees. I appreciate the Authority's efforts to ensure robust oversight and compliance in the medical marijuana industry. However, I urge the OMMA to explicitly emphasize and facilitate the use of electronic formats for inventory manifests, tracking, and related records to align with Oklahoma's statutory directives on digitization and electronic recordkeeping. This would enhance efficiency, reduce administrative burdens, improve accuracy, and promote environmental sustainability while fully complying with state law. OAC 442:10-3-6 requires commercial licensees to create and maintain inventory manifests for transporting or temporarily storing medical marijuana and products. These manifests must include detailed information such as license numbers, inventories, dates, and signatures, with copies provided to originating and receiving licensees. While the rules allow for electronic records in some contexts (e.g., OAC 442:10-4-5(c) and similar sections permit records to be kept "either in paper or electronic form"), the language around manifests often implies physical copies, such as "provide copies" and "printed names, signatures." This could inadvertently discourage full digitization.

Similarly, OAC 442:10-4-5 (and parallel sections like OAC 442:10-5-6 for processors) mandates comprehensive inventory tracking, monthly reports, and audits, with subsection (6) stating that submission through the State inventory tracking system shall suffice for monthly reporting upon implementation. This is a positive step toward digital compliance, but the rules could go further by mandating or prioritizing electronic manifests integrated with the seed-to-sale system to streamline processes and minimize paper-based requirements.

Oklahoma statutes strongly support and, in some cases, direct the adoption of electronic records and digitization across state agencies and public entities:

- **12 O.S. § 15-117 (Electronic Records and Signatures in Global and National Commerce Act adaptation)**: This statute provides a directive for electronic record creation and retention, requiring agencies to determine methods for creation, retention, and conversion of records to electronic formats. It supports the OMMA's ability to mandate digital manifests to ensure efficient, secure, and verifiable documentation.

- **67 O.S. § 201“215 (Records Management Act)**: This Act offers indirect support through its emphasis on records management and format neutrality, allowing agencies like OMMA to adopt electronic systems that maintain the integrity and accessibility of records

without favoring paper over digital.

- **65 O.S. § 3-113.1 et seq. (State Publications Depository Act)**: This encourages the deposit and issuance of agency publications in electronic formats, reflecting the Legislature's intent to promote digital dissemination of information, which can extend to regulatory records like inventory manifests.

By explicitly allowing or requiring electronic signatures, digital manifests, and full integration with the State inventory tracking system (e.g., via APIs or secure uploads), the OMMA can reduce errors in manual transcription, facilitate real-time audits, and lower costs for licensees. This aligns with subsection (6) of OAC 442:10-4-5 by extending digital sufficiency beyond monthly reports to all tracking and manifest requirements. I recommend amending the rules to include language such as: "Inventory manifests may be created, signed, and maintained electronically in compliance with 12 O.S. § 15-117 and integrated with the State inventory tracking system to satisfy reporting obligations."

Thank you for considering this comment. Digitization will strengthen the regulatory framework, support compliance, and reflect Oklahoma's commitment to modern records management. I am available for further discussion.
Cole Alleman

OMMA Evaluation:
Thank you for taking the time to submit your comment and for the detailed feedback regarding inventory manifests, inventory tracking, and recordkeeping requirements under OAC 442, including OAC 442:10-3-6 and OAC 442:10-4-5. The Authority appreciates your perspective on the benefits of electronic recordkeeping and digitization, as well as your recognition of existing provisions that allow records to be maintained in electronic form. The Authority will not be making changes to the permanent rules based on this comment. However, your input regarding expanded digitization, integration with the State inventory tracking system, and alignment with broader state records management statutes will be included in the rulemaking record and considered in future discussions as OMMA continues to evaluate opportunities to improve efficiency and regulatory clarity within its statutory authority. We appreciate your engagement in the public comment process and the thoughtful analysis you have provided.

Change:
No rule changes are recommended.

Comment:
All veterans not just 100% disable deserve to have access to affordable healthcare. These patients already have a tremendous number of obstacles and bureaucracy to deal with. It only makes sense to give all veterans access. The VA rating system changes every year, making it so some veterans loose coverage from the OMMA. The lawmakers do not understand the VA rating system and we are neglecting veterans.

There should also be some in person opportunity for disables patients and veterans to have in person access to the application as it is cumbersome for them to meet the requirements.

The veterans and elderly patients are extremely confused by the entire process. When they attempt to call for help, they are met with some of the rudest and most unhelpful people at OMMA. Patients are treated terribly by the agency.

In addition, the ridiculous roll out of the new med portal has kept many patients without medicine and the agency out of compliance with the law. Specifically, we have multiple patients trying to renew card since OCTOBER 2025. IT is no 01/07/26 and they can't get help from OMMA. When they do finally reach someone to help, they are completely misinformed about how the application works.

It's like OMMA doesn't try to run through the process themselves to see how the system is working. Nor do they want to collaborate with the doctors in the state working with actual patients. OMMA Leadership is singularly focused on law enforcement and dropping the ball on patient rights.

I'd love to attach supporting documentation but HIPPA prevents disclosure of PHI. I have HIPPA documentation to discuss patients directly with the agency yet they do not afford doctors the opportunity to collaborate. But if OMMA wants to reach out directly, we are happy to share the growing list of issues.

Kristina Amiraslani

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. While the Authority will not be making changes to the current rules in response to this specific comment, your input will be considered as part of future rule evaluations and updates. We appreciate your engagement and for taking the time submit a comment during the public comment period.

Change:
No rule changes are recommended.

Comment:
Beginning November 1, 2025, if an application is rejected for failure to provide required information, the applicant shall have thirty (30) days to submit the required information for reconsideration.

Veteran, Medicare and Medicaid patient access will hugely impacted by the new rule.

Patients should not be held to a timeline to access renewal. This is excessivly punitive to patients. After a rejection, It often takes weeks to obtain the correct and completely perfect picture or documentation to meet the rules when looking at 100% diabled veterans and patients on Medicaid or Medicare. The rules are written in a way that causes confusion. Use and AI application (passport app) but they get rejected for using Ai on the picutres. Not everyone has

access to a white or off white background. It is difficult for many patients to go to places for these pictures and the free or affordable options are now being rejected by the NEW MED PORTAL AI DETECTION SOFTWARE!! Make it make sense, Please.

The state changes it's policy (internally) on when they issue cards to Medicare or Medicaid (SoonerSelect). As sometime the OHCA issues Medicaid (low income long term health cases) and sometimes they do not issue them cards or they have cards that are very old.

These patients get rejected due to the fact that they are on SoonerSelect but it is actually Medicare due to long term disability even though the cards just say SoonerCARE (old name same game). The agency has no compansion or ability to assist these patients. Also cards don't have expiration dates so it is nearly impossible to acuratly get this information. The approval for these patients is incredibly inconistent and one patient will be approved while anopther will be rejected for they exact same thing and exact documentation. The inconsistencies are incredibly obvious. Again we go back to no one at the agency doing the actual work in the sytem to know how it works, just how it should work.

Shouldn't the Agency offer to help these patients instead of imposing deadlines to ensure they will have to pay fees mulitlple times? If a patient has paid a fee, they patient should have as much time as they need to get the documentation perfect. The explainiation provided by Thentia were vauge and inconistent and now in the new medportal, there is no guidance. The entire process need attention. Patients deserve better. Patients should not be penalized like thisby the agency who is already doing fine with fees and fines from the commercial liscensing. Why are we focusing on increasing revenue from patients.

I'd love to offer an financial analysis on these issues but those statistics are not avaiable to the public. This is going to put a burden on patients that is both unfair and unjust as they are doing thier best to hold up thier end of the rules while OMMA onesidedly gets to dictate to us as they see fit with no oversight.

Again, I would provide a list of patients to the OMMA if they ever reached out but they don't have hippa documentation allowing them to talk to me, even though I have signed consent from patients to discuss issues with OMMA.

Why is there not more collaboration with the industry stakeholders??
Kristina Amiraslani

OMMA Evaluation:
Thank you for taking the time to submit your comment. The requirement that an applicant whose application is rejected for failure to provide required information must submit the missing information within thirty (30) days for reconsideration is established in statute under SB 1039 (2025), codified at 63 O.S. § 420(H). Because this requirement is set by law and governs a patient’s ability to resubmit an incomplete or erroneous application, any modification would require legislative action rather than rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
First and foremost-PATIENT SAFETY. I WANT US TO COLLECTIVELY AS AN INDUSTRY DO WHATEVER IS NECESSARY TO KEEP OKLAHOMA PATIENTS SAFE. PERIOD

It's no secret that it is difficult for growers to pass yeast and mold testing that is done accurately and correctly.

It is SO difficult that most of the Oklahoma Grower community collectively knows what laboratories routinely report passing values for Y&M that fail at other testing facilities.

I understand from OMMA email correspondence that at one point, there was a testing facility that erroneously tested 19000+ samples for yeast and mold provoking an Authority Recall on this vast number of products. This recall forced the lab in question to temporarily shut down for approximately 2 full weeks before being allowed to continue testing!!!

Cannabis testing laboratories, as a whole, in the State of Oklahoma are percieved as a JOKE Why you ask? Because we can't all get the same answer on the same samples. With that stated, as a professional scientist, we have to get to a point where we are all generating consistent results.

There is simply too much hocus pocus going on by allowing yeast and mold to be tested by genetic assay or qPCR as it is commonly referred to. There are different platforms that utilize all kinds of different chemicals and products to supposedly eliminate dead yeast & mold genetic material so that it can be (quantitated) I hate to use that word for this type of analyses as it is better suited to the presence or absence of a genetically unique species, not an array of similar organisms... Additionally, different qPCR platforms correlate the cycle counts to CFU from either an in house developed math equation or in some cases requires the data sent to the provider and they return a quantitative value. How is this permissible? The former would be akin to subcontracting, and would require additional documentation on COAs the way I interpret the rules.

When you talk about yeast and mold, we are talking about an estimated number of well over 2 million species.

YEAST AND MOLD AREN'T EVEN IN THE SAME GENUS INDIVIDUALLY!!!

Genetic assay attempts to quantify, as a whole, yeast and mold. BY Genetic SEQUENCE As a human, my Genetic sequence is different than every other human Genetic sequence, and WE ARE THE SAME SPECIES!!

You are telling me that by genetic sequencing, it is permissible to quantify a class of millions of organisms by this technology. There is NO way it can be done accurately. Can you estimate it? Maybe But even then, it is an ESTIMATE. Not a scientifically valid quantitation.

Yet the rules currently allow genetic based assay to quantify by genetic sequencing this vast array of organisms¦

To my knowledge, you would need to analyze multiple times for multiple genetic sequences to ever get an accurate number of CFU/g Speaking of CFU (Colony Forming Units) Shouldn't the definition of a colony eliminate the ability to quantitate by anything other than counting the colonies that grow!!!!???? I know we use the same unit of measure for the micro we do in fact speciate by genetic assay, but in reality it is either a presence or absence test as "1 CFU" equates to presence and therefore a failure. In it's purest form by definition, "CFU" should define that we need to get back to counting actual living, viable colonies for parameters

requiring quantitation.
As a professional scientist for over 25 years, there is no way I can agree that this can be considered good laboratory practice.
I urge you to consider plating to be the only viable means to test for the extremely broad category of yeast and mold. Where actual growing, living, colonies of yeast and mold are physically counted. We have performed here at Baseline Labs, plating on 2 of the leading industry options for total yeast and mold, and they agree quite well. Early on, we also experimented with genetic assay alongside actual plating, and it was extremely evident the genetic assay doesn't agree with actual growing colonies. I'm not even asking to use the same identical plates across the state, just that genetic assay be removed.
This is one of the first steps in the authority getting all testing facilities in agreement with each other.
Brandon Mosley

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

Change:
No rule changes are recommended.

Comment:
I wanted to additionally provide some thoughts on the action limits for Yeast & Mold testing.

Please consider either raising the limit for Yeast & Mold to 100,000 CFU/g, eliminate it as a safety parameter altogether, or remove the action level.

Y&M's life cycle is constantly evolving. By that, I mean it is either growing or dying. A sample that is tested on Monday will ALWAYS return a result different than the same sample that is tested on say Wednesday. May be lower, may be higher depending on how the organisms are reacting to current conditions. We can only guess at product that was tested, then allowed to set on a shelf for a month or more at a dispensary... Is the Y&M number higher? Is it lower after a month or two? It's designed to be a snapshot of living organisms at the time of testing. It will never be consistent from the time it is tested until the time it is consumed anyway.

I'll expound...

Let the patients decide if they are willing to incur various levels of Y&M. The limits as they are, are entirely to restrictive on the State's Grower Community. The 100,000 CFU/g limit I am proposing as one option, allows the majority of raw plant materials to pass other than the extreme cases. Every product that is sold in the state of Oklahoma is required to have a COA with this value. Let the consumer decide if the level of Y&M at the time of testing is acceptable to them, the patient.

Another option would be to eliminate the Y&M testing. I am not a proponent of this but it would solve some of the issues. I believe this is the worst option I am proposing.

The other option I am proposing is to remove Y&M action level altogether. Let us continue to test for Y&M, but don't make it a pass or fail, and again let the patient decide if it is within their tolerance for Y&M.
Brandon Mosley

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

Change:
No rule changes are recommended.

Comment:
Dear Oklahoma Medical Marijuana Authority,
My name is Austin Jones. I am a longtime medical marijuana patient advocate/ Oklahoma patient and have more than 15 years of experience working in regulated medical marijuana programs across multiple states. I appreciate the opportunity to submit written comments regarding OMMA's proposed permanent rules implementing HB 2807, SB 518, SB 774, SB 1039, and SB 1066 from the 2025 legislative session.
While I recognize OMMA's responsibility to implement statutory changes, I respectfully submit that rulemaking should not exceed legislative intent, restrict patient access, or create unnecessary administrative and financial burdens that undermine the stability of Oklahoma's voter-approved medical marijuana program.

HB 2807 (2025) Commercial Transporter Warehouses & Pre-Packaging
OAC 442:10-3-1 and OAC 442:10-3-6

The proposed updates to commercial transporter warehouse requirements raise concerns regarding operational feasibility and proportionality. While security and accountability are appropriate regulatory goals, these requirements risk creating logistical bottlenecks and increased operating costs without a corresponding public safety benefit. Any warehouse-related rule changes should be narrowly tailored, clearly justified, and consistent statewide to avoid uneven enforcement.

OAC 442:10-7-1 and OAC 442:10-7-2 " Mandatory Pre-Packaging
The proposed requirement that medical marijuana be sold only in pre-packaged quantities represents one of the most impactful changes in this rule package. As written, these rules will:

Increase compliance and labor costs for licensees.
Reduce flexibility in patient purchasing.

Disproportionately harm small and independent operators
Ultimately raise prices for patients

Pre-packaging should be implemented in a manner that preserves patient choice, allows reasonable flexibility, and avoids functioning as a mechanism for market consolidation. Regulation should protect patients, rather than reshaping the market by favoring large operators with greater capital resources.

Labeling Requirements " SB 518 (2025)
OAC 442:10-7-1(d)(2) and OAC 442:10-5-8(d)(7)

Warning labels added under OAC 442:10-7-1(d)(2) and 442:10-5-8(d)(7) should remain consistent with legislative intent and patient education goals.

Patient Licensing Updates " SB 774 & SB 1039
OAC 442:10-2-6(7)
Updates to patient license numbers and the addition of a PDF417 barcode may improve verification. Still, OMMA must ensure that implementation does not interrupt patient access or create confusion during transition periods.

OAC 442:10-2-1(g), OAC 442:10-2-2(h), and OAC 442:10-2-4(e)

The proposed requirement that patient applications be resubmitted within 30 days of rejection is unduly restrictive. Patients may face legitimate barriers such as medical issues, technology access limitations, physician scheduling delays, or document errors. Missing an administrative deadline does not create a public safety risk it simply removes lawful access to medicine.

I respectfully urge OMMA to include extensions, grace periods, or discretionary relief within this rule.

Commercial License Fee Deadlines " SB 1039
OAC 442:10-4-1(b), OAC 442:10-5-1(b), OAC 442:10-5-2(a), OAC 442:10-5-3(a), and OAC 442:10-9-1(c)

The proposed 45-day deadline for payment of all license and application fees does not reflect the realities of inspections, financing, zoning approvals, or OMMA processing timelines. Rigid enforcement of this deadline risks turning administrative delays into grounds for denial. Reasonable extensions should be explicitly permitted when delays are outside the applicant's control.

Physician Registry & CME Requirements SB 1066
OAC 442:10-1-9 and OAC 442:10-1-9.1

Physician participation is essential to patient access. Any new registry or continuing education requirements should be implemented cautiously to avoid discouraging physicians from participating in the program. Overregulation in this area will directly reduce patient access

statewide.

Laboratory Rules & Technical Amendments
OAC 442:10-8-1 and OAC 442:10-8-3

Clarifications related to manufacturer instructions, enrichment steps, quality control samples, and inventory tagging should be applied consistently and not expanded beyond the written rule text through interpretation.

I also acknowledge and support:
The amendment to OAC 442:10-5-1.1(13)(D) extending employee credentials to one year from issuance
.
The amendments to OAC 442:10-5-14(a) and OAC 442:10-5-16(s)(2) allow display samples up to 3.5 grams, which better align with industry standards and pre-packaging requirements.

OMMA's role is not only enforcement but also stewardship of a voter-approved medical marijuana program. Rules should be grounded in statutory authority, applied fairly, and designed to protect patient access while maintaining public safety.

I respectfully urge OMMA to revise these proposed rules to ensure they do not unintentionally restrict access, consolidate the market, or penalize patients and licensees through inflexible administrative requirements.

Thank you for your time, consideration, and commitment to improving Oklahoma's medical marijuana program.
Sincerely,
Austin Jones

OMMA Evaluation:
Thank you for taking the time to submit your comment and for sharing your perspective as both a patient advocate and an individual with extensive experience in regulated medical marijuana programs. The Authority appreciates the detailed feedback you provided regarding the proposed permanent rules implementing HB 2807, SB 518, SB 774, SB 1039, and SB 1066 from the 2025 legislative session. Many of the issues you raise, including pre-packaging requirements, patient application resubmission timelines, license fee deadlines, physician registry and education requirements, and certain labeling and transporter provisions, are established directly in statute. As such, these requirements reflect legislative direction and are not subject to modification through administrative rulemaking. Where the proposed rules implement statutory mandates, the Authority must adopt rules consistent with those laws, and any substantive changes would require legislative action. At this time, no changes will be made to the proposed permanent rules based on this comment. However, your feedback will be included in the rulemaking record and considered in future discussions as the Authority continues to evaluate the medical marijuana program within the scope of its statutory authority. We appreciate your engagement in the public comment process and the thoughtful

insight you have provided.

Change:
No rule changes are recommended.

Comment:
My name is John. I'm with JK Processing. Um, man, I was going to talk about some of the rule changes, but I'm going to change it up a little bit. Uh, I'm tired. All these people are tired. All the hoops we have to jump through, all the calls to customer service at OMMA and everything. And I just wish that the OMMA would see the struggles that we go through every single day, the hoops that we have to jump through, to be legal, to do things the right way, for the people that rely on us to pay their bills, to feed their families and stuff. And I really think that's where OMMA is missing it. And I know this is a talk about the rules and there's so many more people in here that are smarter than me that are gonna talk and I just want to be the first one just say that, you know, I appreciate you guys having this meeting. I I appreciate I know you guys' work is hard work as well, but I just wish that you guys would see the struggles and I wish that, you know, I wish and everybody else would realize that we're all human. We all make mistakes within our organizations, within our businesses. And a lot of my friends are getting shut down because of just simple clerical errors or human errors. Nothing. You know, if you've got 50 pounds of flower sitting by your back door with no metric tag, no identifier on it, okay, you're probably doing something a little shady and we need to, you know, get rid of you. But um it's disheartening for me and you know I've been kind of quiet for the past three and a half years. I used to be a loudmouth and when I walked into this room the people sitting up there would be like fudge John's here. What's going to come out of his mouth? But I've kind of taken a step back thanks to my good friend Brandy Frisbee here uh on reeling me back in and stuff. But, you know, I know you guys' work is hard and you guys get a lot of hate emails and stuff from people that just don't understand how this business works. Um, so I will say I do appreciate you guys having this meeting and listening to everybody and saying that everybody's going to get a response from MA, but I just want you guys know that we're tired. I've been doing this for almost seven years and honestly, I do it now because of the people that rely on me every single day inside of my under more organization. But other than that, man, like I said, there's way smarter people in this room. They're going to talk about a lot of our stuff. And that's really all I have to say.
John Koumbis

OMMA Evaluation:
Thank you for taking the time to share your comment and for speaking candidly about your experience. The Authority appreciates you acknowledging the purpose of the meeting and recognizing the work involved on all sides of this program. While this public comment period is focused on proposed rule changes, your perspective regarding the day-to-day realities faced by licensees is important and has been noted. OMMA remains committed to ongoing communication, providing guidance where possible, and engaging with stakeholders as the program continues to evolve within the framework set by statute. We appreciate your participation, your professionalism in sharing these concerns, and the time you took to engage in the public comment process.

Change:
No rule changes are recommended.

Comment:
Good morning, this morning I would like to talk about 442:10-8-1(i) and (ii).So analyte testing requirements for uh distillate uh when you when you have distillate test over a certain threshold uh you have to run confirmation tests and uh when the rule went into effect uh it was very important that we do that. Uh however after that rule went into effect we changed the what products we were testing and what was final form. When we made the transition for final form, the intermediary product of distillate uh overwhelmingly stopped being tested uh industrywide. But when those samples do come in, we're required to test them not once, not twice, but three times. Um and it's a unnecessary burden on the industry. uh it delays test results uh for these clients that are the intermediaries between the grows and then the processors that are making their final goods. Um and we we'd really like it if we could get that condensed down and removed uh since it's no longer serving the purpose for which it was written. And that's all I have today. Thank you.,
Cole Alleman

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

Change:
No rule changes are recommended.

Comment:
I'm 80 years old, so I'll talk real fast. Um, so I'm um Google authorized uh representing uh contractornews.com and um so says we have this is another business of mine, OMMA says we have an active license but are in renewal pending. So we're denied access to transportation agent application. This is causing me another headache. I'm tired, too. I want to just say this. I'm really tired. I'm sorry. I just wanted to just get it out. I feel better now. So, that's about it. I don't want to be negative, but it's You have 200 employees. Two. If I had 200 employees, I could build a freight train. 200 employees. Why can't you take care of us? promptly and fast. That's it. Thanks.
Henry Sprague III

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your concerns. The Authority understands that delays or limitations encountered during the license renewal process can be frustrating, particularly when they affect access to related applications such as transportation agent credentials. Your comments regarding the impact of these processes have been noted and will be considered in future discussions as the Authority continues to evaluate

ways to improve efficiency, communication, and customer service within the framework of existing law. We appreciate you taking the time to participate in the public comment process and share your experience.

Change:
No rule changes are recommended.

Comment:
Hey everyone. Uh, thank you first of all for coming and thank you guys for being professional today. Um, and respectful. That's definitely our goal here is to get things done as much as possible. Um, so I wanted to comment on OAC 442:10-5-1(13)(D). Um, amended to make employee credentials valid for one year. I think that's great. Um, the biggest concern I'm sure um, a lot of you guys have heard that we were not able to renew this week um, due to the authentication error online, which we know there's been a lot of portal issues. Um, we've been experiencing issues for about nine weeks now. So, my biggest concern is that when these dates come around, and I'm thankful that we get a full year after versus just the January 31st date, um my biggest concern is that when we are doing everything right, communicating with uh calling, emailing, contact forms, um and we're still not able to get that timeline correctly just because it's taking so long, there's so many calls, uh that somehow we can put in the system that we can get an email or written extension from you guys if we follow the right steps and approve that we follow the right steps so that we can continue um to operate if it's going beyond that timeline. Um because we have been experiencing issues since October 28th that's made it difficult on some of these things and since the credentialing started having issues this week already um we're just trying to get ahead of the game to make sure we can continue to operate after January 31st.
Mary Lane Porter

OMMA Evaluation:
Thank you for taking the time to submit your comment and share your feedback. If you are experiencing specific issues or need additional clarification regarding the MedPortal, we encourage you to contact OMMA at omma.ok.gov/contact so staff may assist you directly. We also appreciate the additional concerns you raised and will take them into consideration during future discussions. Thank you again for your engagement and input.

Change:
No rule changes are recommended.

Comment:
Good morning, y'all. Thank you for having us here today. I will keep my five points brief. Ashley, I know they're in your inbox as well. Um but first I would like to start off on the topic of process validation. Um you know we and I apologize I'm with Apothecary Extracts and Apothecary Farms. Um we would like to see the rules that have been put in place for process validation become more operable. Right? We see the legislative intent that was intended. Um but the rules kind of contradict themselves in that fact. Right? they are not operable currently and we would love to see that change to make it more efficient for businesses to use what is currently put in place legislatively. Uh secondly here um we would love to see a reassessment of how transporter agent licenses have been assigned. Um would love to see that assigned to

an individual and not to a business. Um speaking from someone who you know really generally runs our business in Oklahoma and we're vertically integrated. I have four five dispensaries a processor and a grow. It's a lot of specific licenses to apply for myself or anybody driving and would love to see that narrowed down into one for each individual and just associated with that individual. Uh third here, would love to see some clarification on the rules regarding displays. Um as a lot of dispensaries I'm sure do not let their patients handle displays, but we would love for our patients to be able to view the product. Right? They don't need to smell it, but we would love for them to see what that product looks like. Um, we would love to see some clarification in uh specifically 10-5-14. Um, applying that if it is not handled by uh by the patient that it does not need to be wasted if it is just being displayed and it has been protected from being contaminated by that touching of the patient. Uh, next we would love to see some movement on the uh storage and retention of metric manifests. Right. We are blessed to be able to use metric and have everything all in one place, but it's still a lot of paperwork that we physically have to keep on hand at our facilities for seven years, right? Um, a lot of states have moved over to the digital retainment of these manifests as you are signing them digitally when you accept something in metric. Um, we would love to see that paper be removed. Number one, to save the environment, but also save our filing records. Obviously, we still recommend that somebody transporting marijuana has a physical manifest with them, but avoiding that retainment of two copies at each licensee. Lastly, um we'd love to see some clarification on the rejected transfer. Um specifically, let's see here in 10-3-6, 10-7-1, um removing the fact that a product if it is rejected does not need to be wasted. Um, we see a lot of labeling errors and that would be the majority of products that we reject is something that has the wrong label. Um, also giving maybe the license a slight window. I know uh, Mr. Gallagher who is with our company as well and unable to be here today has recommended a 90-day window to return the rejected product um, to the originating license without destroying that product if it has been untouched specifically for the labeling issues. And that is all I have today. Thank you guys. I appreciate you.
Kelsey Palmer

OMMA Evaluation: Thank you for taking the time to submit your comment and for participating in the public comment process. We appreciate you sharing your feedback and the perspective you have provided. At this time, the Authority will not be making changes to the rules based on this comment. However, your input has been shared with the appropriate members of our team and will be considered as part of future discussions and potential rulemaking efforts. We value stakeholder engagement and thank you again for taking the time to share your thoughts and concerns with us.

Change:
No rule changes are recommended.

Comment:
Good morning. Gives me great pride to drive up Lincoln Boulevard and see the state capital, knowing that as an individual, you can come in and have your voice heard. And it's nice to know there's people sitting on the other side of the counter that take that same respect that you hear our voices, too. So, thank you for that. A little bit of background, I'm your smallest grower in the state. I grow 60 to 80 plants. I've had my license since 2018. Um, passed every

inspection. Never had any fines, never had any problems anywhere. Uh, a couple things that I want to talk about. First of all, is safety. Your signage requirement of putting a sign in front of your building. I understand I'm on a residential property, 5 acres in the country. So advertising to everybody driving up and down the street. It's not the most beneficial for my safety. I would maybe suggest that you put a waiver requirement, an option if you've been in business 3 years or 5 years. You know where we are by now. So we should be able to maybe not have to put the sign up or make it optional once we've been in business long enough. Um, secondly, every time I call the OMMA, they're always nice and respectful, but they've been trained to say, "We can't give you any legal advice. Consult a lawyer." Which automatically creates an adversarial relationship between us. So, every other state agency, you can call the Oklahoma assessor's office, you can call the tax collector, you can call the realtor's office, secretary of state, everybody has a way to give you some advice. Whether it's an executive committee, whether it's somebody that you have internally that you can really escalate certain cases up and get some answers to without having to have us pay for legal fees or have you pay your lawyers and have it wait weeks and weeks and weeks to get answers. Sometimes you're sitting across a table talking to people with common sense, you can come up with a solution that's workable for everybody without all the time and energy that's getting wasted and expense. So I would suggest that you may consider putting in some kind of a executive resolution committee as some step in the process of the calls that you get. Um thirdly, last year when I came here, I spent my whole time talking to you about my difficulty renewal because my wife and I both had our names on our property and they were requiring me to add her as a license holder or put up a surety bond which was completely not listed anywhere in the rules. My local congressman, Robert Manger, got with Mr. Fetgatter and they worked with Ashley quite closely and they were able to solve that in May. However, I still had to pay the $2,000 surety bond to get my license not in jeopardy and it wasn't renewed until May. So, I paid the $2,000 not wanting to jeopardize my license. And even the email that I got back later says, you know, hey, thank you for bringing this to our attention. Uh, we had to retrain our licensing team to ensure consistency. Hope this Thanks for bringing this to our attention. So, um, when I was growing up, if your dog got on your neighbor's property and ate your chickens, they'd come over and say, "Hey, sorry. You know, we pay you back for some of your chickens, you know, you your dogs ate my chickens this last year, made me pay $2,000 that I shouldn't have had to pay." So, what I would suggest is that maybe instead of just writing me a check or refunding that maybe you credit me towards my next relicensing fee or some way to see if there's a way to make that $2,000 a little more palatable that I shouldn't have had to pay. Um, I brought copies of that email and also my bond for you to have for your records.
Lee Bayless

OMMA Evaluation:
Thank you for taking the time to submit your comment. This comment provides feedback on state statute and existing permanent rules, not proposed changes to the rules. The requirement that medical marijuana commercial grower licensees post signage at the site of the commercial grow operation is required by SB 1737 (2022), which amended 63 O.S. § 427.21 of state statute. Similarly, the requirement that a medical marijuana commercial grower obtain a surety bond is required by SB 913 (2023) 63 O.S. § 427.26 of state statute. Modifications to these statutory requirements fall under the jurisdiction of the Legislature and cannot be altered by the agency in administrative rule. Although the Authority won't be making changes based on

this comment, we appreciate you sharing your thoughts.

Change:
No rule changes are recommended.

Comment:
Good morning. Thank you for taking the time to hear fi the feedback on proposed permanent rules. My name is Matthew Phillips. I'm the CEO of OKCTL, a licensed testing laboratory in Oklahoma. I would start would like to start by expressing my gratitude for the limited rule making as it pertains to laboratories this this go-around. As many have said, we're tired and we greatly appreciate that that break. Uh I have a few minor comments to make. Uh, first off on manufacturer instructions regarding the proposed rules requiring laboratories to follow manufacturers instructions. While we're disappointed that you have to say that, we greatly appreciate you addressing it and solving that problem for us. Um, my next comment is relating to microbial enrichment um, in the proposed rules. While I understand the desire to clarify that enrichment is not required for quantitative assays, the language creates a new point of ambiguity. The term non-quantitative is not defined anywhere in OMMA rules which leaves rooms for interpretation. A laboratory could argue that any method producing a numerical result including qPCR methods that report CT values or estimated CFU counts constitute a quantitative assay thereby avoiding enrichment requirement entirely. I have a few proposals of course decisions ultimately yours. Um, one you could be more specific explicit explicitly stating that total use of mold uh does not require enrichment or alternatively define quantitative and non-quantitative accomplishing the same thing. Alternatively, as an overreaching or overarching improvement, you could limit total use and mold testing to auger based methods which would improve the consistency and reliability across the entire industry. Um, and then finally, you could consider removing total use of mold testing altogether as many of our peer states have done uh recently. Um, or increasing the fell limit to closer to 100,000 TFU per gram as many of our peer states have done. Um, next, as Mr. Alman mentioned, uh, distillate post potency confirmation has been a pain point since final form testing was introduced. There's an undue burden on testing laboratories and licenses alike. Those clients that are doing testing on distillate are largely going above and beyond to ensure product safety for patients and they're being burdened by additional potency verifications. While at the time it was totally appropriate and appreciated, now it it is an undue burden. Uh we would love to see that that backed off to just the standard potency test. Finally, um, as I'm sure many may state later on in the meeting, um, I have significant concerns regarding the changes regarding the administrative law judge and administrative hearing processes. Changing from an administrative law judge to a hearing examiner raises concerns about due process for licenses. Hearing examiners historically lack the stat to statutory independence protected afforded to administrative law judges. We would greatly appreciate providing an explanation as to why this change is being made, clarification on the impact, if any, that this will have on the independence and qualifications of the individuals adjudicating uh cases. Thank you guys very much for your time to be here today.
Matthew Phillips

OMMA Evaluation: Thank you for taking the time to submit your comment and share your feedback. With respect to microbial testing, the Authority will not be making changes to the permanent rules to further clarify that quantitative testing refers to total yeast and mold under OAC 442:10-8-

1(i)(1)(A). Additionally, regarding the removal of total yeast and mold testing and/or the associated limits, the Authority will not be making changes to the rules in response to this comment. However, we appreciate the perspective you provided and will share your feedback with the appropriate teams for consideration in future discussions. With respect to administrative law judges, for consistency with existing law, OMMA's rules must align with the Oklahoma Administrative Procedures Act (OAPA), as OMMA is subject to the OAPA for both rulemaking and individual proceedings. The term "Administrative Law Judge" is not defined in, nor used by, the OAPA. Instead, the OAPA uses the term "Hearing Examiner," which it defines as the individual who presides over hearings and renders orders or proposed orders. OMMA utilizes administrative law judges to serve as its hearing examiners, as authorized by the Oklahoma Medical Marijuana and Patient Protection Act, to preside over hearings and render orders. While some agencies are authorized by rule to use hearing officers—who typically preside over proceedings and issue proposed orders with recommendations to an agency director—OMMA does not use, nor has it ever sought to use, hearing officers. The law expressly authorizes OMMA to use administrative law judges as hearing examiners. Accordingly, the use of the legally correct term "Hearing Examiner" does not change OMMA's existing processes for individual proceedings in any way. Thank you again for your engagement and for participating in the public comment process.

Change:
No rule changes are recommended.

Comment:
Good morning. I am Brandon Mosley with Baseline Laboratories. Um I'm going to talk uh I'm I'm going to limit my talk to uh yeast and mold essentially. Um but first and foremost, so all of us here in this industry should be first and foremost concerned about patient safety. Um period. Um it's no secret that it's difficult in the state of Oklahoma for growers to pass yeast and mold testing if it is done correctly. Um, it's so difficult that it's common knowledge that you can potentially take product to certain laboratories and get a different result than you can at other laboratories. Um, at one point there was a testing laboratory that erroneously tested a large number of samples for yeast and mold that provoked a recall from the authority. Um my understanding that these erroneous results were all analyzed by genetic assay or qPCR as it's more commonly termed. Um as a whole cannabis testing laboratories in the state of Oklahoma are really considered kind of a joke because we can't all get the same number. And I think a lot of that um is I know the standardization rules that you guys put out were designed to eliminate a lot of that, but we need to go a few steps further. Um there's simply with with the genetic assay, there's simply too much what I call hocus pocus going on. And what I mean by that is with these different qPCR platforms, there are there are for yeast and mold specifically, there are just random things that have to be done to arrive at a quantitative number for yeast and mold by genetic assay. And what I mean by that is there's stuff that you're having to introduce by one manufacturer's uh protocol that eliminates uh DNA that is supposedly dead. I don't know if it does or not. I've never been able to prove that it did or not. Um there's another platform that you actually send your results into them and they send you a number back. I mean, this is all done with mathematical formulas that were never meant to be applied to analyzing a large number of species by genetic assay. Um, when you talk about yeast and mold, you're talking about in the world, you're talking about an estimated number of over 2 million species. Um, it's a vast number. And if you'll draw from like when we all took elementary science, it goes kingdom, film, class, order, family, genus, species. So I mean that genetic assay is designed to identify a specific species, not a vast array of two million different

species of compounds because it's all done by genetic sequencing. So, um, like I was saying, genetic actually attempts to quantify yeast and mold, uh, by genetic sequence. And golly, I got so much more that you guys need to hear. So, so real quick, I mean, we're talking about colony farming units is what you guys rules say that we need to report these results in. Let's get back to counting colonies on an augur plate or some type of a petri film, a hardy plate. Let's get back to where we're actually counting colonies of yeast and mold and not doing some kind of hocus pocus for genetic assay of this vast number of species that obviously have don't have the same genetic sequence is what I'm trying to get at. Appreciate you guys' time.
Brandon Mosley

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

Change:
No rule changes are recommended.

Comment:
Hi. Uh, I'm Austin Woods with Wild West Compliance. Uh, I'm going to try and keep this short as I can because I think my dad's fixing to use that 3 minute mark as more of a target than a restriction. Uh, I just want to say, uh, thank you for upping the sample jar limits to 3 and a half grams. The look on the faces we'd get when we tell a dispensary owner that they had to use a tag to waste a half a gram was not fun sometimes. Um, and then the next is 10-5-6 I6 states, except as it is otherwise provided in Oklahoma law or these rules, violations which have been deemed as correctable by the authority and identified as such in a written notice of violation shall be corrected within 30 days of receipt of a said written notice. Um, are we going to get a list of violations that are deemed correctable? If uh if so, where can we see it? And then um 10-3-1F medical marijuana transporter warehouses that are licensed and approved by the authority may temporarily store medical marijuana, medical marijuana concentrate and medical marijuana products provided that all temporary storage is documented, tracked and traceable in the state mandate mandated seed to sale tracking system. Um can we also get a hard definition of what is considered temporary? Because if not, then it's just not it's not really going to change anything. 10 years out of a 100 years seems temporary versus one day out of a week can be deemed temporary. Thank you.
Austin Woods

OMMA Evaluation:
Pursuant to OAC 442:10-4-4(h), violations deemed correctable by the Authority will be identified in a written notice, and such violations must be corrected within thirty (30) days of receipt. At this time, no changes will be made to the permanent rules; however, we will keep your comments in mind for future discussions. Furthermore, the ability for licensed transporters to temporarily store medical marijuana, medical marijuana concentrate, and medical marijuana products, is established in statute under HB 2807 (2025), codified at 63 O.S. § 427.16. Because this requirement is set by law and governs a licensed transporter's

ability to temporarily store medical marijuana, any modification would require legislative action rather than rulemaking. We appreciate your engagement and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
So, I'm Jeremy Woods, Wildwood Compliance. I'm here today to discuss the proposed rule 44210-5-8 D7. Change the wording up a little bit. Women should not use marijuana or marijuana products during pregnancy because of the risk of birth defects. Would you remove the word medical that was after or and before marijuana? Are you going to give dispensaries 90 to 120 days to sell their existing inventory? That was wording that matches what is in current state regulations on page 68. Out of the five dispensaries we looked at in the last week, we have a minimum of $50,000 worth of inventory that would have to be wasted. Because the wording actually matches what's in our regulations and not what's on state statute. A dispenser can technically cannot add the correct labeling to the package because title 63 on page 74 or 748 manufacturer includes any person who packages, repackages or labels any container of any controlled dangerous substance. So therefore, they can't actually come in and add the actual wording to change what we want. Uh the wording does match what's in Senate Bill 518 that was passed May 21st, 2025 to go into effect November 1st of 2025. However, on July 12th of 2025, the regulations was updated to the existing language and all you guys added was the driving label. You did not actually change the wording on the other side. So, can we get a little time for dispensaries to actually sell what's actually in packages? I mean, we in a dispensary yesterday received about $12,000 worth of product and every one of them had the correct labeling that matches our regulations currently. If OMMA chooses not to allow the 90 days for dispensary to sell what is in current inventory on the correct wording or the current regulations because the Senate Bill 518 does state it goes into effect on November 1st. Then I ask you to look at Senate Bill 518 page two number five states that labels on the container shall not make any claims regarding health or physical benefits to the patient. We all know that we have labels out there that have health benefits. They've been doing it for a long time. Some dispensaries get wrote up for it. Some dispensaries do not. Can we get it across the board? Either allowed or you don't allow it. FDA says we're not allowed. Regulation says we're not allowed. But people still do it. That's it. Thank you.
Jeremy Woods

OMMA Evaluation:
SB 518 (2025) added a new warning regarding driving under the influence of cannabis and codified two existing warnings that were previously only in OMMA rules regarding the use of marijuana during pregnancy and testing for contaminants. The language in current OMMA rules at OAC 442:10-7-1(d)(2) states, “Women should not use marijuana or medical marijuana products during pregnancy because of the risk of birth defects", while the language in SB 518/63 O.S. § 427.18 and in the proposed permanent rules removes the term “medical” in front of marijuana products. If approved, these permanent rules will ensure OMMA’s rules are updated to reflect the exact language in state statute, providing clarity for licensees. As it relates to labels on containers that make claims regarding health or physical benefits to patients, thank you for pointing out this is an area of concern. We have shared this

information with our compliance and investigations/enforcement teams to ensure they are aware. You can visit omma.ok.gov/complaint and complete the OMMA Complaint Form to report any suspected violation of state law or OMMA rule at any time – complaints are reviewed by our team and referred to inspectors, investigators, or law enforcement officers based on the specific issues and further investigation needed. All our business complaints are reviewed in the order they are received, but threats to public health and safety are prioritized. While OMMA will not be amending our rules in response to this comment, we have shared your feedback with members of our staff. Thank you again for your comment.

Change:
No rule changes are recommended.

Comment:
Thank you. All right. So, yeah, my name is uh Jeff Hard. I am the owner and lab manager of Havard Industries, a uh transparent and live streaming testing lab located here in Oklahoma City. We really are trying to encourage other people to be transparent and also uh live stream as well to help kind of instill trust in the industry which we think is like much needed at this point. So um we have submitted the majority of our comments online already. However, we wanted to emphasize a few particular uh points that we thought were especially important. Um, number one, we would like to see basically the majority of the changes to the administrative uh law rules and process in court uh completely removed. And in particular, we have a huge objection against uh having the administrative law judge removed from the administrative uh court process and instead replaced with the hearing examiner. So we feel like this is probably going to be like an OMMA personnel whose either pay or job security may be affected by conviction rates uh on these cases. So uh we do find this to be a conflict of interest but we also find it uh pretty unethical to do this as well. So we would like to see uh that particular issue removed. Another thing is we're trying to ask you for this uh next legislative session to help us move uh metric data from being confidential records, which I realize it's in title 63, but we were looking for your help to try to move uh metric data from confidential records into public records. Uh I mean, first of all, like it's paid for by taxpayer dollars, so the public should have access to this metric data. But um additionally if uh citizen scientists if data analysts and other people can look at this uh data if it was made public then there wouldn't be problems with data manipulation uh as much. Um it would hold the market more accountable. uh we'd be able to see these things such as inversion which people are talking about all the time like these uh it would help the uh community itself self police and wouldn't require um us to come to like the to look through the metric data or whatnot. Um so I I highly encourage you to help us during this next legislative session uh to try to switch this into uh publicly a publicly available data. Uh we also found it interesting that Oklahoma is one of only a couple of states that uses metric and doesn't allow the data to be public and we are kind of questioning why that is. So uh if you could help us with that that would be uh absolutely great and I think that's it for my comments. Thank you.
Jeffrey Havard

OMMA Evaluation:
For consistency with the law, OMMA's rules should be uniform with the Oklahoma Administrative Procedures Act ("OAPA") since OMMA is subject to the OAPA with regard to rulemaking and individual proceedings. "Administrative Law Judge" is not a term defined by

or used in the OAPA. To refer to the decision maker in individual proceedings, the OAPA uses the term “Hearing Examiner” and defines it as the person who presides over hearings and renders orders or proposed orders. OMMA uses ALJ’s as its Hearing Examiners, to hold hearings and render orders as that is what the Oklahoma Medical Marijuana and Patient Protection Act authorizes. Some other agencies have rules that authorize the use of Hearing Officers. A Hearing Officer typically presides over an individual proceeding and then makes recommendations, through a proposed order, about the outcome of the hearing to an agency director. To be clear, OMMA is not now nor has it ever sought to use Hearing Officers. The law explicitly authorizes OMMA to use ALJ’s as its hearing examiners, not hearing officers. In other words, nothing about using the legally correct term “Hearing Examiner” to describe ALJ’s changes anything about OMMA’s current process used for individual proceedings.

Change:
No rule changes are recommended.

Comment:
Hello. Um, my name is Mo Mirambeigui. I uh work at Havard Industries and I'm also a patient. um clarifying what Jeff had just said about metric data being open if OMMA is looking in the vested interest of patients and them making informed decisions and also trying to hold the market accountable of possible um inflation of numbers in order to help out certain players economically. I think it would make sense to open up that data to see what the trends are and you can see what the averages that are coming out of certain laboratories in order to hold the market accountable in order for patients to be more informed rather than having to have a filter which is you all in order to uh only where you guys have access to the data. It makes sense to make it more open if you guys have vested interest for patient health and patient uh uh power pretty much the power for them. Um, one of the things that's rough is over the last 5 6 years of seeing biologically impossible COAs out on the market. It it's rough to then go what's the credibility whenever what's the purpose of audits? What's the purpose of any of the inspections if you have biologically impossible COAs out on the market? If they're impossible and you and you know the authority goes to these other conferences and gets informed of other cannabis states and what the realistic numbers can be and are then it kind of removes what the reasoning is to not address those issues. So then what is the purpose of having an audit if you're not going to look that direction when there's COAs I remember in the past that added up to over 100%. it just isn't possible. And yet some of those labs are still operating. Um, with us being a transparent live streaming our laboratory, we've been trying to increase trust and accountability. We've been wanting people to come on the stream, ask us questions. You can see our quality controls. You can see our methods. With our state being 50th in education, I think we can be first in honesty. And like the heart of Oklahoma is in my opinion of growing up here. Honesty is like a big beacon of what I thought we had here and what I thought was like a tried and-true thing of being an Oklahoma and to see it kind of actually the government not assisting in that and not feeling uh not using uh that that platform politically and even trying to increase that conversation. We want a roundtable conversation of what the science could be, what the science is, and what it should be. That's why we've dropped TR and we're like, this is what it is. This is what the science is. And we're not seeing anybody else kind of come to the table, especially with the Q two QA labs, which the second QA lab is now coming up. The first QA lab was a waste of $10 million. Did that equipment get to get shifted over? You don't need $10 million to have an honest laboratory. and

especially whenever childhood education is what it's at. From what I've heard from a lobbyist was $800,000 for pre-K education for all of Oklahoma citizens and all the uh it's kind of absurd that we can blow $10 million on a QA lab that did no quality assurance. So, not trying to be adversarial. It's just it's just disheartening. It's rough. Thank you for your time.
Mo Mirambeigui

OMMA Evaluation:
Thank you for taking the time to provide feedback and participate in the public comment process. We appreciate and value the perspective you shared. While no changes to the permanent rules will be made based solely on this comment, your input will be considered in future discussions. Additionally, industry data is available through the OMMA Dashboard via NCS Analytics, which can be accessed by visiting omma.ok.gov/data. Your comments regarding COAs are noted and will be considered in future discussions as the Authority continues to refine its regulatory and oversight approaches within the scope of existing law. We appreciate your engagement, your willingness to participate in the public comment process, and the perspective you have provided.

Change:
No rule changes are recommended.

Comment:
Good morning, everybody. My name is Gary Wilson. Uh, six and a half years ago, I'm a disabled Marine. I've been in business my whole life. I decided I was going to enter a regulated market that we had established. When I got into it, what I realized is that it wasn't regulated at all. Two years in, no inspections. When I go to deal with dispensaries, I would go in there doing everything by the rules, even when nobody was watching. And I would go in and I'd see inconsistencies in front of my face. People traveling in selling on the spot. people coming in with COAs, impossible COAs, which is like you running a gas station selling dollar gas, but nobody realizes their car is going to blow up in 5 years because there's no safety for the patient in this market is false. So, if I'm running a consistent and honest business, what happens to me? I go in front of them, I my product is devalued. So you're the the motivation is to crush somebody that's doing it right and trying to make a quality product that's safe for their customer because it costs more. It takes good processes, no pesticides, etc. That costs money to do. And if I can only get 75% or 50% of the value of somebody that's getting BS lab results, obviously how can you going to get zero yeast and then turn around and do a same a side sample on this and get 4,000? It's BS. How are you going to drop 10 points on on a 30 point scale for for the uh efficacy of the product? In my opinion, we need to free the metric data so we can see what's going on behind the scenes. We ought to be able to analyze this data in my in my I mean at this point I don't know if it's just incompetence. I heard in the beginning, hey, we this was thrust upon us and we weren't ready. How you weren't ready, I don't know because plenty of states were doing it. There are plenty of examples of what works and doesn't work. But I let that go in the first couple years. But at this point, we're over half a decade out and we're still seeing all of this inconsistency. We're seeing all this incompetence. It's either incompetence, wildly incompetent, which means head should roll, or it's incompetence by design, in which case heads should roll. This is I unbelievable how this runs. The DMV used to be the gold standard of of bad service. For me, OMMA has cleared them away. I I don't understand the the the secrecy, moving meetings more towards uh uh secrecy. Uh this is this is

the realm of racketeers and corruption. And it just makes me wonder what is really going on behind the scenes. And uh these things come and go, but sunshine will come down on this and it will come out and it happens over and over. And uh I'm just telling you, I was done wrong. And this is real money, real people. And I don't know if anybody here really cares.
Geary Wilson

OMMA Evaluation:
Thank you for taking the time to provide feedback and participate in the public comment process. We appreciate and value the perspective you shared. While no changes to the permanent rules will be made based solely on this comment, your input will be considered in future discussions. Additionally, industry data is available through the OMMA Dashboard via NCS Analytics, which can be accessed by visiting omma.ok.gov/data. We sincerely appreciate your engagement and ongoing participation in this process.

Change:
No rule changes are recommended.

Comment:
Good morning. My name is Stephanie Davis with Amber Law Group. Our firm represents a multitude of medical marijuana licenses across the state, but previously I worked in OMMA's legal department. So, I have a unique experience and perspective on these rules from both sides of the aisle. I'm here to oppose several provisions in the proposed rules that undermine due processes for licensees. The most significant change is replacing administrative law judges with hearing examiners. This isn't just a word change. It fundamentally changes who decides these cases. An ALJ is a neutral decision maker who doesn't work for either side. Currently, OMMA contracts with the attorney general's office to use an assistant general counsel. A hearing examiner will be an employee. Under these rules, OMMA will investigate cases, file charges, present evidence, and through its own employees decide the outcome. This eliminates the separation between prosecutor and judge. The current ALJ system provides fair hearings where both sides can present their evidence. When we replace independent judges with agency employees, we lose that balance. These changes shift the focus to winning cases rather than achieving fair outcomes. During my time at the authority, I saw firsthand how independent ALG oversight created meaningful checks and balances. When there was a disagreement about consent orders on the grow signs, the ALG's independent perspective prevented overreach and ensured fairness. That oversight already disappeared when OMMA legal's leadership removed the oversight with consent orders. At OBNDD, respondents lose at the administrative level nearly 100% of the time under this model. That is not a coincidence. It's the inevitable result when the referee works for one team. Good businesses with legitimate defenses cannot get fair hearings, forcing expensive district court appeals. From my time at Legal, I know discovery moves cases forward and leads to settlements that serve everyone's interest. These rules systematically dismantle discovery rights, requiring the hearing examiner's reproval and cutting the deadline, which is currently 30 days. We need to allow hearing examiners not to block licensees from obtaining these documents or witnesses needed to present their defense. An OMMA employee now decides what evidence licensees can gather to defend against OMMA's charges. Without meaningful discovery, licenses lose at by default and must appeal to district court, paying twice for their due process and extending their non-operational status by several months, even years in some cases. These rules don't serve public safety. They serve

administrative convenience.
Steph Davis

OMMA Evaluation:
For consistency with the law, OMMA's rules should be uniform with the Oklahoma Administrative Procedures Act ("OAPA") since OMMA is subject to the OAPA with regard to rulemaking and individual proceedings. "Administrative Law Judge" is not a term defined by or used in the OAPA. To refer to the decision maker in individual proceedings, the OAPA uses the term "Hearing Examiner" and defines it as the person who presides over hearings and renders orders or proposed orders. OMMA uses ALJ's as its Hearing Examiners, to hold hearings and render orders as that is what the Oklahoma Medical Marijuana and Patient Protection Act authorizes. Some other agencies have rules that authorize the use of Hearing Officers. A Hearing Officer typically presides over an individual proceeding and then makes recommendations, through a proposed order, about the outcome of the hearing to an agency director. To be clear, OMMA is not now nor has it ever sought to use Hearing Officers. The law explicitly authorizes OMMA to use ALJ's as its hearing examiners, not hearing officers. In other words, nothing about using the legally correct term "Hearing Examiner" to describe ALJ's changes anything about OMMA's current process used for individual proceedings.

Change:
No rule changes are recommended.

Comment:
Thanks for letting me speak. I'm John Bird. I represent Oklahoma Nights Craft Cannabis and some uh other small rural farms. I want to be real brief. I don't want to badmouth. Um I have problems with this administrative thing. I have seen the OBN administrative. It is a 100% loss. Doesn't matter if you do everything right, you will lose. And for OMMA to want to actually take that away from us when they can't even figure out a med portal is kind of it's just crazy to me. It's like slow the roll. Figure out your guys's job first before you go try to be our judge, jury, and executioner. Um then that's just my biggest complaint. Other than that, OMMA hasn't done me wrong. It's actually been pretty easy. Um, but to allow you guys to tell us what we can, can't do, can, can't see, and what we have done wrong, even though it's not wrong, cuz I've never been hit with a bad inspection. Um, but I know people that if the inspector feels like it's wrong, he can just do what he wants. Um, and then to go into a court proceeding where it's 100% guaranteed to lose because you guys want to be our judge, doesn't give me as a citizen of Oklahoma, born and raised. Um, the right to be able to fight it. Um, I'm a small farm, so money is limited. I focus on quality product. I just killed the harvest because I didn't think it met an Oklahoma standard. Um, and I would just like to actually make sure that my voice was heard and that you guys taken uh an administrative hearing away from us is a just total violation of my Oklahoma right um which I thought was afforded to me in our constitution as a business owner in Oklahoma. I have the right to sue you before a judge and the same thing you have a right to sue me before a judge, not one of your employees. That's what scares me. And that's all I had to say. Thank you.
John Byrd

OMMA Evaluation:
For consistency with the law, OMMA's rules should be uniform with the Oklahoma

Administrative Procedures Act ("OAPA") since OMMA is subject to the OAPA with regard to rulemaking and individual proceedings. "Administrative Law Judge" is not a term defined by or used in the OAPA. To refer to the decision maker in individual proceedings, the OAPA uses the term "Hearing Examiner" and defines it as the person who presides over hearings and renders orders or proposed orders. OMMA uses ALJ's as its Hearing Examiners, to hold hearings and render orders as that is what the Oklahoma Medical Marijuana and Patient Protection Act authorizes. Some other agencies have rules that authorize the use of Hearing Officers. A Hearing Officer typically presides over an individual proceeding and then makes recommendations, through a proposed order, about the outcome of the hearing to an agency director. To be clear, OMMA is not now nor has it ever sought to use Hearing Officers. The law explicitly authorizes OMMA to use ALJ's as its hearing examiners, not hearing officers. In other words, nothing about using the legally correct term "Hearing Examiner" to describe ALJ's changes anything about OMMA's current process used for individual proceedings.

Change:
No rule changes are recommended.

Comment:
Hello. Thanks. My name is Nick Serrano. I'm the owner of Southwest Genetics, a nursery here in Oklahoma City. Um most of the um participants have already spoken about most of my concerns for the new proposed rules. So I just want to tell you guys thank you for the new inspectors have been pretty nice. I've had no issues. Um but u this kind of brings me to concern that I have. Um I'd like to take this time to address a bigger issue for this panel and specifically to Miss Porsche Riley. Um that issue is one pound is equal to one plant. Um I want to know why does our licensing authority allow OBN to go unchecked and outright publicly contradict what we do? Um it I believe this hurts all of us especially OMMA. Uh OBN is destroying credibility with this. um they're stigmatizing all of us, all of us lences here as if we are supplying the entire United States with illegal weed. Um the numbers, it seems intentional, intentionally misleading uh the public. Um it could be incompetence. maybe they don't understand how growing works and the production scales, but uh what they're what they're putting out there and I see on KFOR and I've seen some um some web pages uh just hosting some of the stuff with Texas receiving all this uh illegal weed and that we're producing all of it. It's kind of crazy and I would just like to see a better job from you guys uh in contradicting OBN publicly to uh let this go checked what they do cuz it's bad for everybody. That's all. Thanks.
Nick Serrano

OMMA Evaluation:
Thank you for submitting your comment. While this comment does not address any proposed rule changes, we have passed along your positive feedback to members of our team. Visit omma.ok.gov/data to see licensing totals and tax revenue reports, including a real-time dashboard analyzing data from multiple systems including our seed-to-sale system. While the Authority will not be making any changes in response to this comment, we appreciate your participation in the process and have shared your feedback with our team. Thanks again.

Change:
No rule changes are recommended.

Comment:
I'm James Sher. I own Pollination Cultivation uh with Little Grow in southeast Oklahoma. Um, one of my main concerns is uh the wait times when we call in yesterday, I think or the day before yesterday, we were on hold for 5 hours and then got hung up on and then there's no recourse or nobody to call back or nobody's going to call you back or anything like that. So, you're just kind of out of there. Yesterday, we were on the hold for 4 hours before we finally got through and got a couple questions answered. Um, I I don't know what your staffing's like at the call centers, so I don't, you know, I don't I I assume y'all have a pretty decent amount of employees there with the amount y'all hired in the past few years, but uh wait times are it's it's just crazy to have to hold that long and then especially get hung up on. You know, I dealt with the IRS and stuff like that. It's kind of the same thing. you, you know, been hold for eight hours and then you're just stuck. So, that's probably one of the uh biggest issues that uh I think needs to be addressed is is why is it taking so long for some of these questions to get answered? And a lot of them are just basically easy to easy to handle things, but they're just it's just it eats so much of our time up to have to hold for 5 hours and you really can't do anything. you can't answer any other phone calls. Like you have to leave that line dedicated because god forbid you click over and answer another call and you go back and then you've missed it and then you're right back in that same situation. Um, I think really that's my main thing. I think most everybody else has covered you know the majority of uh you know our other issues. I am curious where's the board members? Where's where's the where's where's everybody else? like what happened? Where's Adria? Where's Sheriff Tommy Johnson? Where's the uh other couple folks that are on the board? I It's really weird that we have a board, but yet we can't we this is our f I've come to many meetings. This my first chance to actually talk, but we can't even get a hold of the board members to be like, "Hey, can you bring this up at the meeting?" Nobody wants to talk to you. Um, I've reached out to Sheriff Johnson. Uh, I've reached out to the majority of them and it's just you don't get any info back. Only one of them has actually been kind of helpful and that was uh I think her name's Katie. Um, she's a nurse practitioner I believe that's on the board. She's been pretty helpful. um the other two guys that have that are actually in the industry which are the only two ones who actually have licenses and stuff and they're they're tough to get a hold of and I don't know that they're actually what their agenda is either and I'm I'm kind of curious how these people even got on the board some of them because what are they doing you know what I mean like I don't I don't understand what they have to do with the industry and I just The board's kind of confusing to me. Thank you guys for your time. Appreciate it.
James Tschiersch

OMMA Evaluation:
Thank you for submitting a comment and sharing your feedback. As you know, we recently launched a comprehensive licensing and inspection software, the OMMA MedPortal. With any large software transition, our team was prepared to navigate unexpected issues and hurdles in real time to minimize disruption on businesses and patients and ensure accurate data migration to the new portal. We are aware of issues that businesses and patients are experiencing, including long wait times while trying to receive help from the OMMA Call Center. We have implemented automatic processes to speed up resolution for login and authentication issues, have reallocated staff from other departments to help address issues in real-time, and launched a new call center menu and published internal and external resources

for quicker assistance and troubleshooting. While OMMA will not be making any changes to our rules in response to this comment, we appreciate this feedback and the patience and proactive communication from licensees regarding these issues.

Change:
No rule changes are recommended.

Comment:
Uh, thank you for doing this and thank you for the red underlines. It makes all the changes easy to see. I will never stop saying thank you for that. Um, I want to just uh uh I want to run over just a couple of things real quick. I'm not going to cite, but I want to uh provide some uh provide some feedback and some things for y'all to uh consider. Uh when we're dealing with the testing, specifically the yeast and mold, I remain the position that we need to take a look at actually raising what the CFU is. Other states have a much higher threshold. I would also suggest splitting yeast and mold. Yeast is actually beneficial in a lot of things. I'd hate to see a yeast test on a beer. Um I would also like to mention that uh when we're talking about that aspelis, I guarantee you guys that if we ran an air test in this room right now, all of us have actually inhaled more aspelis in this room than what would fail a test. That's real. Okay. Um a couple of uh and it's just a perspective. There are a couple other things that folks have brought up. Um one and and some of the things that folks have brought up here today, say uh grower bond or the signage that is outside, those are ultimately statutory requirements. And um I I would appreciate when you guys respond to this if you would uh respond to these questions. if you would specifically go ahead and point out for folks, hey, this is a statutory thing. You're going to have to take that up with lawmakers. Um, our uh our group is uh, you know, obviously working with lawmakers and we're looking for these things. You know, if you guys are hemmed in from making a change, flag it, and then we can go take it up with those guys. You know, that that would be helpful in the um in the deal. I definitely see people's concern about switching from a hearing examiner, switching to a hearing examiner from an ALJ. Uh, also the uh when we're changing when we're talking about what the authority deems to be a correctable violation, it really would be good to have some sort of a list. Now, what that looks like, how we get there, I'm not 100% sure, but there is a fundamental thing here, and that is a lot of the violations that these folks are getting rung up on, you know, probably would be a correctable violation. You know, think of the out of 5,000 plant tags, the three that fell on the ground that day. You know, that's a correctable a correctable thing. I hope uh as uh hopefully the um uh the new system gets sorted out and folks are able to get inspection reports more quickly that we can kind of look at that and maybe you know get more over towards on some of these things say hey and this is so typical with other agencies hey you got a screw loose you got this you got these three tags get it in the report make it a correctable and it's gonna, you know, drop a lot of need for ALJs. You know, just something to something to consider there. Um, one thing else, it's uh it's not specifically in the rules. Could I take a point of privilege? Thank you. Um, let's look at let's look at something else. You know, when we have a software issue like we have, which being fair, you know, this is probably rooted in Salesforce. It's probably rooted in. and what that takes to work all that stuff out. I'll just say that. But something that I've talked about for a couple of three years now, and maybe this is something we do need to address with lawmakers, is what can we do to have you guys recognize third parties to deal with these licenses, be it child custody, be it tax, we can appoint a point of contact. OBN allows us to do it for these businesses that for example, let's say that right now

you got a situation where you've got someone that's got a hundred employees and they're currently being required to have every one of those employees call in in order to fix their stuff because of the debacle. Wouldn't it be so much easier if you were able to allow a POC to just run through that list? You know, there are definitely some situations here. And look, you know, a lot of these folks are small operators, but let's face it, some of these businesses are, you know, you got a couple of guys that own the deal. They probably own a whole bunch of other stuff and they'd really just assume hire someone and have them on staff as being that POC, you know. Um, so that's just something to kind of, you know, something to think about there, you know. And if that's something that, uh, we need to talk with the lawmakers about, then I guess we could. But that's there. Um, off the top of my head, that's basically it. Oh, the last thing, what I actually signed up to talk about the definition of marijuana. Uh, as uh, and this is just to kind of throw this out there. Uh, we we see where there have been changes made in cannabis regulation at the federal level, starting with a spending bill that changed up the definition of hemp. uh and also now a potential push, although it'll happen when it happens towards schedule 3. And so what I'm looking at is that in Oklahoma law, we are actually very very close to what the current what those federal changes were. And I bring this up in definitions and this is something that you know you guys will be aware of. But what I intend to ask legislators to do is to remove the prohibition from the definition of marijuana in your section of title 63 on OMMA being able to regulate delta 8 and delta 10. It's THC. It's in the dispensaries. You guys are prohibited by law. You know, we need to remove that out of the definition and just get it clean. I think that uh I think that would be helpful. And uh I'll also maintain that uh any uh any THCA that is in your dispensaries that is marketed as hemp, marijuana that is being sold as hemp, guys, that is under your authority right now. It's untagged marijuana. when we really dig into it. I appreciate the director's comments at the last EAC meeting um uh regarding this and if that's we need to get a little final clarity from lawmakers. I think that behooves every everything. Um outside of that, appreciate everyone that's come here today to talk about this. appreciate uh the work that you guys are doing here and uh in line with kind of what we're seeing today and what some of the frustrations that you heard with the EAC uh the movement that you guys put together and discussed at the last EAC with allowing a public comment there like this that would allow folks to come in and say okay it's not a rules thing but hey we're having these issues I think that would be absolutely wonderful you know I really do u Sheriff Johnson's very well aware Oklahoma County's got a model. I think you guys threw a model out that would work to do that. But I think that would be I think that' be a good deal for folks that care enough to show up. So anyway, I appreciate you guys time. Thank you.
Jed Green

OMMA Evaluation: Thank you for taking the time to share your comment. Laboratory standardization recommendations are required by HB 4056 (2022) and codified in state statute at 63 O.S. § 427.17. Additionally, pursuant to OAC 442:10-4-4(h), violations deemed correctable by the Authority are identified as such in a written notice of violation, and licensees are provided thirty (30) days from receipt of that notice to correct the identified issues. This process is intended to provide clarity to licensees, promote compliance, and allow reasonable time for corrective action where appropriate. At this time, the Authority does not intend to make changes to the permanent rules based on this comment. However, the concerns and recommendations raised will be considered in future discussions. Furthermore, any

modification to the statutory definition of marijuana set forth at 63 O.S. § 427.2 is beyond the scope of administrative rulemaking and would require legislative action. We appreciate your engagement in the rulemaking process and the thoughtful feedback you have provided.

Change:
No rule changes are recommended.

Comment:
Uh, morning. Happy New Year. Uh, my name is Justin Wood. I run a company called Shock Top Processing. Um, I have a unique perspective on this market because I'm not a brand. I'm a brand manufacturer and a wholesale producer of oil, distillate, cured resin, live resin. Uh, that being said, my first thing that I wanted to talk about was the testing labs. We've had a couple people up here talk about the variances that we have across the board of this lab's 30%, this lab's 26, yada yada yada yada yada. We've spent a lot of money to get this QA lab up and running that should basically nip all this intermingling and hostilities the labs have against each other. Uh just to kind of cut it out. Wanted an update on what was going on with that. The second thing I had was classifications on products. I talked about this at the last uh public hearing. I think it was last year. uh basically stating that whole plant fresh frozen can only make live resin or live rosin. Cured biomass can only make cured resin or distillate. We have a lot of products out here that in a medical market are lying about what their products are. For example, people selling live resin as distillate, cured resin is live, yada yada yada. We're a medical market. There's medical effects to all these things. There's patients that um consume cannabis for epilepsy that can have seizures if they smoke distillate. Just looking for more transparency in the market. And then I think the last thing that I was going to talk about was uh correlating to the metric data being open for all of us to look at it. We had the OBN yesterday come out and say there was what 85 million pounds of marijuana that's missing. A street value of that brings that up to $ 38 billion. So, if there's 38 billion dollars of weed missing in our state, I think we got a pretty big problem. We're 50th in education. This is the fourth state that I've operated in, and I can tell you that I've seen tax revenue help education, help roads, help healthcare, help everything. That's what this program was put into effect for. And I'd like to get back to that instead of us all in this rat race of trying to figure out how we operate under your guys' jurisdiction, OBN, all that stuff. Let's get the tax revenue to where it's supposed to go so that people can stop laughing at us because at this point we have that guy going out saying there's 85 million pounds missing. That's a laughable thing. That hit national news. It's all over the country. I have cannabis operators in California be like, "Oh, god damn, that happened. What's going on with that?" I'd like this industry that's now evolving away from all the malarkey that it was years ago to actually stand up, stand tall, stand proud, and be what I believe Oklahoma's all about. I'm not from here, but I've heard enough people talk about how honesty, transparency, and loyalty is what this Oklahoma stuff's all about. Well, cool. I'm here for it. That's how it is in Massachusetts. I'm from Boston. Loyalty and integrity is life. So, if we could uh evolve to the times, be a little bit more current, and tackle 2026 unified and together instead of this divided crap that we're all doing, that would be great. So, I appreciate everything. Appreciate everybody's comments today. Everybody had a lot of cool things to say. Even the one guy got a little upset. Let's just get this done, man. There's a lot of money on the table. We got a rescheduling coming up. A lot of people can start actually operating like a normal business. We can hit banks and not be persecuted. Give me another 20 seconds and I'll get out of your hair. Just let's all come together, guys. At this point, we've all been in this

industry and spent a lot of money, had a lot of headaches, a lot of setbacks, and I've helped a lot of people kind of write their paths and fix things. And I'd like to continue to do that with our regulatory agency and OBN if at all possible. So, let's crush this year, guys. We made it through the really hard times and let's all just really focus on coming together because that's what my brand, excuse me, that's what my building does. All I do is make other people's products. I moved here to Oklahoma to elevate the product level of everything that goes out and that's my mission. So, I appreciate you guys and your time. You all have a great rest of your day.
Justin Wood

OMMA Evaluation:
Thank you for taking the time to provide feedback and participate in the public comment process. We appreciate and value the perspective you shared. While no changes to the permanent rules will be made based solely on this comment, your input will be considered in future discussions. Additionally, industry data is available through the OMMA Dashboard via NCS Analytics, which can be accessed by visiting omma.ok.gov/data. We sincerely appreciate your engagement and ongoing participation in this process.

Change:
No rule changes are recommended.

Persons or organizations who appeared or registered for or against the adopted rule at any public hearing held by the agency or those who have commented in writing before or after the hearing were:

BRENDA BLOXHAM	Patrick Bradley
Lisa Cupps	Robin Dobey
Camille Madden	James Blunts
samuel davidson	Michael Robert DeWitt
Caleb Barker	Christopher
Lacy Humphreys	Beverly Clements
Haley E. Dougherty	Courtney Albreski
Ryver Bradford	Shelley Sexton
Cliff Downing	Brandon Mosley
TB	Peter Lyamport
Amber Shepherd	Dennis Byrne
Cinsear Lee	Macayla McIntyre
Garret Harrell	Joe Douglass
Carl Swanson	Clifton Yeager
Gregory Holbird	Lisa Brandborg
Steven Laner	kathy Vochatzer
Larry Jones	Kristi Smith
Theressa golden	Chris Topher

Linn Bishop	Donna Montgomery
Tammy Fondren	Shiralee Garren
Kenneth Kupp II	Roscoe Rann Jr
Heather Scammahorn	Jimmie Rader
Beverly Kobus	Robin Tiger
Patrick Swanson	Victoria Lyons
Mindy Garrett	Theo Morgan
Zac Bennett	Jimmy
Mario Thompson	Cheryl Malone
Karen Getchell	Martin Syring
Joshua W	Travis Vance
Brandon	Veronica Petty
Christopher Ryan Shannon	Douglas Joshua McMullen
Michael Johnson	La Tasha Hutchins
Chelsea Pagan	Sarah E Kirkhart
M Willard	Stevie Taylor
Jennifer Pague-Pugh	Tessa Manning, MD
Linda Casey	Tammy Armstrong
Alison K	Bear
Tim Gaulden	Matthew Phillips
Tyler Thulin	Kennedy Collins
Kris Galusha	Jeremy Woods
Cindy Smith	Jeffery Havard
Kellie Elizabeth Scott	Lynn Hughes
Dale	BRIE TRUETT
Ekoria Biddle	Carl Hanz
Joseph Chitty	Cole Alleman
Lee Morton	Kristina Amiraslani
Elizabeth Hendricks	Austin Jones
Dondi Cobb	John Koumbis
John	Cole Alleman
Mary Mathis	Henry Sprague III
Matt Jingozian	Mary Lane Porter
Jack smith	Kelsey Palmer
Jonny Lung	Lee Bayless
Dion Mulcahy jr	Matthew Phillips
Rodney Alumbaugh	Brandon Mosley
Heidi Hernandez	Austin Woods
Debora Redmond	Jeremy Woods
Bonnie Lindley	Jeffrey Havard
Lisa Austin	Mo Mirambeigui

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EXHIBIT B

INITIAL RULE IMPACT STATEMENT

TITLE 442. OKLAHOMA MEDICAL MARIJUANA AUTHORITY

CHAPTER 10. MEDICAL MARIJUANA REGULATIONS

1. A STATEMENT OF THE NEED FOR THE RULE AND LEGAL BASIS SUPPORTING IT:

The proposed permanent rules implement legislative changes mandated by HB 2807, SB 518, SB 774, SB 1039, and SB 1066 from the 2025 legislative session and address changes in statute under 63 O.S. § 420, 63 O.S. § 427.7, 63 O.S. § 427.10, 63 O.S. § 427.14, 63 O.S. § 427.16, 63 O.S. § 427.18, 63 O.S. § 427.27, 63 O.S. § 427.28, and 63 O.S. § 431.1. 1. These rules are intended to provide a structure for the implementation of these legislative changes in OMMA's permanent administrative rules.

HB 2807 (2025): HB2807 amends prepackaging requirements under 63 O.S. § 431.1 (originally added by HB 3361 in 2024), authorizes commercial transporter licensees to use warehouse locations to temporarily store medical marijuana, and updates statutory language needed for FBI approval of the national fingerprint-based background check. Commercial transporter warehouse requirements are added to rules at **OAC 442:10-3-1** and **OAC 442:10-3-6**. Updates to the national fingerprint-based background check requirements are added at **OAC 442:10-5-1.1.** Pre-packaging requirements are added to **OAC 442:10-7-1** and **OAC 442:10-7-2**.

SB 518 (2025): SB 518 requires an additional warning label stating it is illegal to drive a motor vehicle while under the influence of marijuana or marijuana products and incorporates previous warning labels about pregnancy and contaminant testing into state statute. These rules are added at **OAC 442:10-5-8(d)(7)** and **OAC 442:10-7-1(d)(2).**

SB 774 (2025): Rule changes to patient license numbers are required by SB 774 (2025). SB 774 reduces the patient license number to a 12-character number and adds a PDF417 barcode to patient licenses. The rules are updated at **OAC 442:10-2-6(7).**

SB 1039 (2025): Rule changes to patient application resubmissions and full remittance of commercial license fees are required pursuant to SB 1039 (2025). SB 1039 requires patient applications to be resubmitted within 30 days of rejection and requires commercial applicants to remit all license and application fees, including any additional fees, within 45 days of notification by the Authority. Patient resubmission rules are amended at **OAC 442:10-2-1(g)**, **OAC 442:10-2-2(h)** and **OAC 442:10-2-4(e).** Commercial application rules are amended at **OAC 442:10-4-1(b)**, **OAC 442:10-5-1(b)**, **OAC 442:10-5-2(a)**, **OAC 442:10-5-3(a)**, and **OAC 442:10-9-1(c)**.

SB 1066 (2025): SB 1066 requires the Authority to create and maintain a registry of recommending physicians and establish medical education and continuing medical education (CME) requirements for recommending physicians. These rules are added to **OAC 442:10-1-9** and **OAC 442:10-1-9.1**.

Laboratory changes: The proposed laboratory rules clarify that testing laboratories must follow the current version of the manufacturer's instructions for use at **OAC 442:10-8-1(i)(1)(B)**. Clarification that an enrichment step is not required for quantitative assays is added to **OAC 442:10-8-1(i)(1)(D-E)**, and clarification that laboratory quality control (LQC) samples only need to be run each day of testing is added

to **OAC 442:10-8-1(i)(1)(D)**. Clarification to the inventory tag requirement is added to **OAC 442:10-8-3(e)(3)(M)**. Peak integration rules are clarified or added to **OAC 442:10-8-1(i)(2)(H)** and **OAC 442:10-8-1(i)(5)(H)**. Typographical errors or rule inconsistencies are corrected at **OAC 442:10-8-1(i)(1)(E)(iii-iv), OAC 442:10-8-1(i)(3)(D), OAC 442:10-8-1(i)(4)(D), OAC 442:10-8-1(i)(4)(G), OAC 442:10-8-1(i)(5)(D), OAC 442:10-8-1(i)(5)(G), OAC 442:10-8-1(i)(6)(G), OAC 442:10-8-1(i)(7)(E)(i)(II)**, and **OAC 442:10-8-1(i)(7)(G)**. Clarifying that testing laboratories must follow the current version of the manufacturer's instructions for use at **OAC 442:10-8-1(i)(1)(B)** is necessary to ensure laboratories are using the latest instructions for use when a manufacturer makes a change in a method; any deviation from the instructions for use may result in an erroneous reporting of results. A recent recall of laboratory-tested products occurred because a laboratory implemented an updated procedure but did not follow the manufacturer's changes completely and subsequently reported results as "Test Passed" that should have been reported in "Test Failed" status.

2. A CLASSIFICATION OF THE RULE AS MAJOR OR NONMAJOR, WITH A JUSTIFICATION FOR THE CLASSIFICATION, INCLUDING AN ESTIMATE OF THE TOTAL ANNUAL IMPLEMENTATION AND COMPLIANCE COSTS INCURRED BY OR PASSED ALONG TO BUSINESSES, STATE OR LOCAL GOVERNMENT UNITS, OR INDIVIDUALS AND A DETERMINATION OF WHETHER THOSE COSTS EXCEED $1 MILLION OVER THE INITIAL 5 YEAR PERIOD:

The proposed rule changes are "major", as there may be costs in excess of $1 million over a five-year period. The Authority does not anticipate new costs of compliance for businesses as a result of the commercial transporter warehouse requirements. The requirement that businesses pay remaining licensing fees owed within 45 days of notification by the Authority is not expected to create new or additional costs of compliance for businesses; applicants are already required to remit all license and application fees, so establishing a deadline for payment does not impact the cost of compliance but instead provides clear expectations for businesses and the Authority. There may be costs of compliance associated with pre-packaging requirements and the updated warning labels beginning November 1, 2025, but these rule changes are required by changes to state statute and any costs of implementation are a direct result of the legislative mandates and not the Agency's rulemaking. There may be a minimal cost of around $140 for recommending physicians to receive required Continuing Medical Education (CME) before registering with OMMA, but those costs are not anticipated to be passed along to businesses or patients. The Authority has limited proposed rule amendments in both number and scope to minimize disruption on businesses.

The Authority sent a survey to all licensed medical marijuana businesses to solicit specific cost estimates for these legislative requirements. The survey was sent to 4,963 licensed businesses and 92 businesses responded, a response rate of less than 2% of all businesses in the state. These responses have been utilized in the answer to question #7. OMMA will also ask for specific dollar figures during the public comment period and will thoroughly review all public comments to ascertain the economic impact of these rules on affected businesses. Following the public comment period, OMMA will modify this Rule Impact Statement to include a detailed quantification of implementation and compliance costs based on additional information received from businesses.

Initial Cost Estimates

OMMA sent a survey to all 4,963 licensed businesses and received 92 responses, a response rate of less than 2% of all businesses in the state. These responses have informed the calculations below, but are subject to change with additional information received during the public comment period

	First year implementation costs	5-year implementation costs, if ongoing
Pre-packaging	$23,581 annually per licensee	$117,905 over a five-year period

(HB 2807)		per licensee
Warehouse locations (HB 2807)	$24,000 annually per Commercial Transporter licensee that wishes to operate a warehouse location	$120,000 over a five-year period per Commercial Transporter that wishes to operate a warehouse location
FBI background check (HB 2807)	$1,001,507 annually	$5,007,535 over a five-year period
DUI-c Warning (SB 518)	$5,000 one-time cost per licensee	$0
12-character patient license number and PDF417 barcode (SB 774)	$2,000 to $8,000 one-time costs for scanners and software, per licensees	$0
Application resubmission; 30-day license fee remittance (SB 1039)	$0	$0
Physician CME (SB 1066)	$40,606 for all physicians that issued recommendations in CY'24	$203,030 over a five-year period

3. DESCRIPTION, INCLUDING A DETERMINATION OF WHETHER THE PROPOSED RULE IS MANDATED BY FEDERAL LAW, OR AS A REQUIREMENT FOR PARTICIPATION IN OR IMPLEMENTATION OF A FEDERALLY SUBSIDIZED OR ASSISTED PROGRAM, AND WHETHER THE PROPOSED RULE EXCEEDS THE REQUIREMENTS OF THE APPLICABLE FEDERAL LAW:

HB 2807: The national fingerprint-based background check requirements at **OAC 442:10-5-1.1** are required by HB 2807. This language is necessary for OMMA to secure approval from the FBI (pursuant to Public Law 92-544 and other federal authorizing statutes) to conduct the national fingerprint-based background check in Oklahoma state statutes. This proposed rule is limited to the language in state statute at 63 O.S. § 427.28 and does not exceed the requirements of state or federal law.

No other rule change is required for participation in a federal program or required by federal law.

4. DESCRIPTION OF CLASSES OF PERSONS AFFECTED AND COST IMPACT RESPONSE, INCLUDING CLASSES THAT WILL BEAR THE COSTS OF THE PROPOSED RULE(S), AND ANY INFORMATION ON COST IMPACTS RECEIVED BY THE AGENCY FROM ANY PRIVATE OR PUBLIC ENTITIES:

Primary persons affected by the proposed rules are licensed businesses, licensed patients, and the Agency. The Agency recognizes that there will likely be costs impacting licensed business, but these costs are driven by legislative acts and are not caused solely by the Agency's rulemaking. The Agency has worked to minimize cost impacts by ensuring rule amendments are limited to explicit requirements of the legislation. OMMA promulgated emergency rules in July 2025 that are identical to the requirements in these proposed permanent rules, providing licensees with clear guidance on changes required by SB 518, SB 774, and SB 1039 well ahead of the November 1, 2025 effective date, reducing confusion and allowing more time for businesses to comply with these updated requirements. To further limit disruption for businesses, the Agency has ensured these proposed permanent rules for pre-packaging and commercial warehouse requirements are largely identical to the current emergency rules in effect, which provide clarification and consistency to OMMA licensed businesses regarding these requirements. The Agency will solicit additional information on cost impacts during the public comment period and will amend this Rule Impact Statement to reflect information received from any public or private entities.

HB 2807:

- Businesses: Businesses that want to operate a commercial warehouse must comply with new commercial warehouse rules for temporary storage and will be responsible for documenting,

tracking, and ensuring products remain traceable. Businesses will bear costs for pre-packaging requirements pursuant to HB2807, including the cost of pre-packaging medical marijuana products before transferring to dispensaries. However, the proposed permanent rules are similar to existing emergency rules in place to limit the impact on licensed businesses.

- Patients: Licensed patients will benefit indirectly from more secure storage and consistent pre-packaging that protects product integrity; there are no direct costs to patients for pre-packaging.
- General public: The general public gains increased public safety from national fingerprint-based background checks for business licensees and employees.

SB 518:

- Businesses: Businesses will bear costs to update packaging to include the additional DUI warning label beginning November 1, 2025. This language is required pursuant to state statute 63 O.S. § 427.18.
- OMMA staff: The agency staff will verify labeling compliance during routine inspections. There will be no direct impact to state or local government units beyond enforcement of impaired driving laws, which are already in place.

SB 774:

- Dispensaries: Dispensaries may update their POS systems and scanning equipment to read the new PDF417 barcode; however, the business is not required to utilize the PDF417 barcode and may instead continue to enter the patient license number manually. Medical marijuana dispensaries will benefit from the shortened patient license code, even if they do not utilize the PDF417 barcode, as the license number is reduced in half.

SB 1039:

- Business applicants: Business applicants must remit all license and application fees within 45 days of notification from OMMA. Businesses were already required to remit all fees, but setting a clear 45-day timeframe for full remittance provides clarity and helps ensure compliance.
- OMMA: The agency benefits from a clear timeframe for full remittance of license fees, ensuring that applications do not remain in an undefined "waiting to pay" status. This change also ensures that businesses remit all statutorily-required application and licensing fees prior to receiving a license.

SB 1066:

- General public: The general public benefits from physician education for recommending physicians. Physicians who are more familiar with cannabis can make recommendations specific to each of their patients, while talking about potential side effects or adverse reactions. Patients and the general public will benefit from better-informed physicians and quality recommendations for medical patients in the state.

Laboratory changes:

- All licensees: All licensed businesses, including testing laboratories, will benefit from the streamlined testing rules. These rule changes streamline testing processes and provide clarification that will benefit licensed laboratories by removing potential sources of confusion on how to comply with a particular rule. Patients will benefit from assurance that testing by laboratories is performed appropriately.

5. DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:

Licensed businesses, patients, the Agency, and the general public will benefit from the proposed permanent rule changes.

HB 2807:

- Patients: Businesses and patients will both benefit from clarification in rules that ensures dispensaries may still display samples of medical marijuana in accordance with state law.
- General public: Oklahomans will benefit from increased public safety due to the commercial transporter warehouse clarification and updated background check requirements, as these amendments ensure all medical marijuana being stored in a warehouse is tracked in the state inventory tracking system and all licensees and employees have successfully completed national background checks instead of just statewide background checks.

SB 518:

- General public: The general public will benefit from the increased safety messaging aimed at reducing impaired driving incidents.

SB 774:

- Dispensaries: Medical marijuana dispensaries will positively benefit from the shortened patient license code and PDF417 barcode (even if they do not utilize the PDF417 barcode, as the license number is reduced in half). This will ensure accurate records.

SB 1039:

- Business applicants: Businesses will benefit from the 45-day timeframe in these rules. Businesses were already required to remit all fees, but setting a clear 45-day timeframe for full remittance provides clarity and helps ensure compliance.

SB 1066:

- General public: The general public benefits from physician education for recommending physicians. Physicians who are more familiar with cannabis can make recommendations specific to each of their patients, while talking about potential side effects or adverse reactions. Patients and the general public will benefit from better-informed physicians and quality recommendations for medical patients in the state.

Laboratory changes:

- Testing laboratories: Clarification in testing rules will benefit licensed laboratories by removing potential sources of confusion on how to comply with testing rules. The rule change at OAC 442:10-8-1(i)(1)(B) will benefit medical marijuana patients by ensuring testing affected by this rule change is performed properly.

6. A COMPREHENSIVE ANALYSIS OF THE RULE'S ECONOMIC IMPACT, INCLUDING ANY ANTICIPATED IMPACTS ON THE FULL-TIME-EMPLOYEE COUNT OF THE AGENCY, ANY COSTS OR BENEFITS, AND A DETAILED QUANTIFICATION OF IMPLEMENTATION AND COMPLIANCE COSTS ON THE AFFECTED BUSINESSES, BUSINESS SECTORS, PUBLIC UTILITY RATEPAYERS, INDIVIDUALS, STATE OR LOCAL GOVERNMENT UNITS, AND ON THE STATE ECONOMY AS A WHOLE. THE ANALYSIS SHALL INCLUDE COST OF COMPLIANCE AND FEE CHANGES:

Businesses that want to operate a commercial warehouse must comply with new commercial warehouse rules for temporary storage and will be responsible for documenting, tracking, and ensuring products remain traceable. Additional costs may occur with transporters using the state seed-to-sale inventory tracking system, as well as with meeting all building codes and security requirements. Additionally, there may be costs of compliance associated with pre-packaging requirements and the updated warning labels beginning November 1, 2025, but these rule changes are required by changes to state statute and any costs of implementation are a direct result of the legislative mandates and not the Agency's rulemaking.

The requirement that businesses pay remaining licensing fees owed within 45 days of notification by the Authority is not expected to create new or additional costs of compliance for businesses; applicants are already required to remit all license and application fees, so establishing a deadline for payment does not impact the cost of compliance but instead provides clear expectations for businesses and the Authority.

Furthermore, the Authority does not anticipate new costs of compliance for businesses as a result of the required physician education and registration with OMMA.

The Authority has limited proposed rule amendments in both number and scope to minimize disruption on businesses. The Authority will thoroughly review all public comments to ascertain the economic impact of these rules on affected businesses and will modify this Rule Impact Statement to include a detailed quantification of implementation and compliance costs.

HB 2807:

- The Agency recognizes that there are costs of compliance with pre-packaging requirements: however, these rules are necessary to implement legislation adopted during the 2024 legislative session and amended during the 2025 legislative session. The Agency has ensured any permanent rule amendments are limited to the statutory requirements outlined in HB 3361 (2024) and HB 2807 (2025) so as to limit the costs of implementation for businesses. The requirement that all medical marijuana be sold in pre-packaged quantities is required by HB 3361 (2024) and further amended in HB 2807 (2025). The proposed permanent rules regarding pre-packaging are limited to the requirements outlined in 63 O.S. § 431.1 of state statute, so any costs of compliance are driven by the legislative mandate and are not caused by agency rulemaking. Businesses that want to operate a commercial warehouse must comply with new commercial warehouse rules for temporary storage and will be responsible for documenting, tracking, and ensuring products remain traceable, so there may be costs to ensure a new building meets all required building codes or security measures, and the transporter will need to utilize the state seed-to-sale inventory tracking system, which may be an additional cost. The Authority has attempted to minimize costs of compliance and limit disruption on businesses by ensuring these proposed permanent rules are largely identical to current emergency rules in effect for HB 2807. The Authority does not anticipate an impact on the full-time employee count of the agency as a result of these proposed permanent rule changes.

SB 518:

- The Agency recognizes that adding an additional warning label to packaging may create costs for businesses; however, this warning label is required by SB 518 and 63 O.S. § 427.18 of state statute. The Authority does not anticipate an impact on the full-time employee count of the agency as a result of these proposed permanent rule changes.

SB 774:

- In order to read the new PDF417 barcode, dispensaries may need to update their POS systems and scanning equipment to read the new barcode; however, the business is not required to utilize the PDF417 barcode and may instead continue to enter the patient license number manually. Medical marijuana dispensaries will benefit from the shortened patient license code, even if they do not utilize the PDF417 barcode, as the license number is reduced in half. The Authority does not anticipate an impact on the full-time employee count of the agency as a result of these proposed permanent rule changes.

SB 1039:

- There are no anticipated compliance costs associated with these rule changes. Businesses were already required to remit all fees, but setting a clear 45-day timeframe for full remittance provides clarity for both the business and agency. The Authority does not anticipate an impact on the full-time employee count of the agency as a result of these proposed permanent rule changes.

SB 1066:

- The Agency recognizes that medical education and continuing medical education may add an additional expense for physicians; however, this requirement applies only to those physicians who choose to issue medical marijuana recommendations and does not extend to all licensed physicians in the state. The Authority has worked closely with the State Board of Medical Licensure and

Supervision, the State Board of Osteopathic Examiners, and the Board of Podiatric Medical Examiners to ensure that approved courses are comparable in cost and scope to other CME requirements already required under state law or rule. OMMA released information and costs of the CME requirements and published the free "physician registration" application in September 2025, months before the January 1, 2026 requirements went into effect. The Authority does not anticipate an impact on the full-time employee count of the agency as a result of these proposed permanent rule changes.

7. A DETAILED EXPLANATION OF THE METHODOLOGY AND ASSUMPTIONS USED TO DETERMINE THE ECONOMIC IMPACT, INCLUDING THE DOLLAR AMOUNTS CALCULATED:

OMMA sent a survey to all licensed medical marijuana businesses to solicit specific cost estimates for these legislative requirements. The survey was sent to 4,963 licensed businesses and of those businesses 92 responded, a response rate of less than 2% of all OMMA-licensed businesses in the state. These responses have been utilized in the calculations below. None of the responses included supporting documents like receipts, quotes, or figures to help support the calculations, so OMMA will also ask for specific dollar figures, including supporting documents, during the public comment period and will thoroughly review all public comments to ascertain the economic impact of these rules on affected businesses. Following the public comment period, OMMA will modify this Rule Impact Statement to include a detailed quantification of implementation and compliance costs based on additional information received from businesses. Initial calculations are below.

HB 2807:

- **Pre-packaging:** OMMA collected written cost estimates from licensees by asking "*How much did it cost your business to comply with pre-packaging requirements, including packaging, labeling, and machinery?*" Over 80 responses were received. Licensees reported both one-time and recurring expenses associated with pre-packaging, labeling, and machinery. Responses to this question varied considerably, with several licensees reporting cost increases of 20–30% or providing figures on a per-pound or monthly basis. None of the respondents provided any receipts, quotes, or other mathematical proof of these figures. Because these formats make it difficult to determine a precise dollar amount without additional information, the Authority will seek specific dollar figures during the public comment period, including the opportunity to submit files like receipts or quotes, to better inform this analysis. After excluding outlier responses that reported cost increases exceeding $100,000, as well as those expressed as percentages or monthly costs, the average cost among approximately 55 of the 89 surveyed licensees is $23,581.
- **Warehouse locations:** OMMA collected written cost estimates from licensees by asking "*Does your business operate as a commercial transporter? If so, how much did you pay on warehouse costs to comply with commercial transporter warehouse requirements, including the cost to buy/lease a facility, security, and software?*" Less than 10 licensees responded, noting that typical warehouse lease and security expenses range from $1,000 to $10,000 per month, averaging approximately $24,000 annually.
- **FBI Background check:** OMMA collected written cost estimates from licensees by asking *"How much do you think it will cost your business (in direct fees and/or administrative costs) to comply with national fingerprint-based background check requirements?"* More than 60 responses were received, with businesses reporting costs of approximately $50 to $150 per employee to comply with the national fingerprint-based background check requirement. This estimate includes both the direct cost of fingerprinting and indirect costs such as travel to fingerprinting sites and time away from work. Some businesses reported a negligible fiscal impact, noting that the cost is borne by employees rather than absorbed by the business.

OMMA staff calculated the total cost using the following information: The cost for an FBI background check conducted by OSBI is set in state statute (74 O.S. § 150.9) at $41. The background check is necessary for an employee credential, which is valid for a full year after approval and can be associated with multiple businesses. There are currently 24,427 credentialled employees in Oklahoma. The total estimated cost for the national, fingerprint-based background check for all current credentialled employees is $1,001,507 annually. Businesses are not required to absorb this cost for their employees, although some businesses may.

SB 518:

- **DUI-c warning:** OMMA collected written cost estimates from licensees by asking "*What do you expect to spend on updating packaging and labeling to include the DUI warning label?"* More than 70 responses were received. Approximately one-third of those responses stated adding the additional warning label would not result in any additional costs. Among those anticipating expenses, businesses reported one-time costs for redesigning and printing compliant labels ranging from $1,000 to $10,000, with six businesses estimating costs between $35,000 and $50,000. The average one-time cost for businesses is estimated at approximately $5,000, with no ongoing annual costs expected.

SB 774:

- **12-Character Patient License Number and PDF417 Barcode:** OMMA collected written cost estimates from licensees by asking "*Does your business anticipate costs related to the 12-character patient license number and PDF417 barcode requirement? If so, please be specific.*" More than 60 responses were received. Most businesses already utilize barcode-compatible point-of-sale (POS) systems, and just over half of businesses expect no additional costs. Four businesses reported one-time implementation costs ranging from $2,000 to $8,000 for scanners, software, and employee training.

SB 1039:

- **Patient application resubmission within 30 days and business remit license fees:** OMMA collected written cost estimates from licensees by asking "*List the anticipated costs to your business due to the requirement that license application fees must be paid within 45 days of notification from OMMA (e.g., financing and penalties).*" Over 40 responses were received. Half of businesses reported a very minimal impact as there are no new costs, just a definitive timeframe in which to pay them. Businesses were already required to remit all license and application fees before being approved for licensure, so this rule change does not increase costs for businesses.

SB 1066:

- **Physician CME:** OMMA collected written cost estimates from licensees by asking "*Do you anticipate costs to your business related to the new physician education requirement?*" Over 40 responses were received. Almost half of businesses noted no direct compliance costs, while some businesses are concerned that physicians will increase costs for patient recommendations, reducing the number of licensed patients in the state and causing impacts to the volume of medical marijuana sold to patients.

  OMMA staff calculated the total cost using the following information: There are currently three approved CME options for physicians, priced at $200, $120, and $100, for an average course cost of $140. With 329 physicians that have issued patient recommendations in CY 2024 (January 1-December 31, 2024), the anticipated costs for each of those physicians to complete the required CME is $40,606. To limit costs for physicians, OMMA created a free physician registration application on our website, ensuring costs to physicians are limited to the cost of the required CME.

8. IMPACT ON POLITICAL SUBDIVISIONS OR WHETHER IMPLEMENTATION WILL REQUIRE THEIR COOPERATION IN IMPLEMENTING OR ENFORCING THE RULE:

There are no expected impacts, including adverse economic impacts, on municipalities or political

subdivisions. These rules are necessary to implement legislative requirements and ensure compliance with state statute.

9. ADVERSE EFFECT ON SMALL BUSINESS:

There are no expected adverse effects on small businesses in addition to the impacts as described above. Small businesses will not be impacted any more than other businesses.

10. EFFORTS TO MINIMIZE COSTS AND IMPACT OF RULE ON ECONOMIC DEVELOPMENT IN THIS STATE, LOCAL GOVERNMENT UNITS OF THIS STATE, AND INDIVIDUALS:

The Agency has made efforts to minimize costs by gathering input from the industry on amendments that would benefit both agency and industry, as well as limiting the number and scope of amendments to the requirements outlined in the new legislation. The Agency will utilize information received during the public comment period, including specific dollar amounts for costs and anticipated impacts, to revise this rule impact statement. The Agency's goal is to minimize any costs or impacts of these rules to the greatest extent possible.

11. EFFECT ON PUBLIC HEALTH, SAFETY, AND ENVIRONMENT, AND IF THE PROPOSED RULE(S) IS/ARE DESIGNED TO REDUCE SIGNIFICANT RISKS TO THE PUBLIC HEALTH, SAFETY AND ENVIRONMENT, AN EXPLANATION OF THE NATURE OF THE RISK AND TO WHAT EXTENT THE PROPOSED RULE WILL REDUCE THE RISK:

These proposed permanent rules will enhance the Agency's ability to protect the health and safety of all licensees, including licensed medical marijuana patients, by ensuring all medical marijuana is sold to patients in pre-packaged quantities. The proposed permanent rules also require packaging to include a warning statement that it is illegal to drive a motor vehicle while under the influence of marijuana and ensures all employees and licensees have successfully passed national background checks, increasing public safety for all Oklahomans. Clarification to testing rules will ensure the Authority continues to protect the health and safety of all licensees and licensed patients in the state through accurate testing and safe products while reducing confusion for licensed testing laboratories.

12. DETRIMENTAL EFFECTS ON PUBLIC HEALTH, SAFETY, AND ENVIRONMENT WITHOUT ADOPTION:

There are no known or anticipated detrimental effects on public health and safety if these rules are not adopted.

13. ANALYSIS OF ALTERNATIVES TO ADOPTING THE RULE:

The Authority is required to promulgate rules to implement the provisions of the Oklahoma Medical Marijuana and Patient Protection Act, including the requirements of the new legislation.

14. ESTIMATES OF THE AMOUNT OF TIME THAT WOULD BE SPENT BY STATE EMPLOYEES TO DEVELOP THE RULE AND OF THE AMOUNT OF OTHER RESOURCES THAT WOULD BE UTILIZED TO DEVELOP THE RULE:

OMMA employees have spent a combined 40 hours of staff time to develop these proposed permanent rules,

craft rule submission documents, and ensure an accurate Rule Impact Statement. The Authority anticipates spending an additional 60 to 80 hours of staff time to review and respond individually to every public comment received during the public comment period. The number of staff hours may increase due to the volume of public comments received, or to ensure the agency has accurately calculated the compliance and implementation costs of these rules based on information submitted by businesses and the public.

15. A SUMMARY AND PRELIMINARY COMPARISON OF ANY EXISTING OR PROPOSED FEDERAL REGULATIONS THAT ARE INTENDED TO ADDRESS THE ACTIVITIES TO BE REGULATED BY THE PROPOSED RULE:

There are no existing or proposed federal regulations that are intended to address the activities regulated by these proposed rules.

16. PREPARATION AND MODIFICATION DATES:

This rule impact statement was initially prepared on October 28, 2025.