DEPARTMENT OF HEALTH

IN RE:

OFFICE OF MEDICAL MARIJUANA USE

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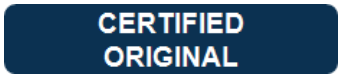
RULES WORKSHOP



DATE TAKEN: October 29, 2025

TIME: 9:00 AM – 10:37 AM

LOCATION: Holiday Inn
2003 Appalachia Parkway
Tallahassee, Florida 32301

AGENDA ITEMS and ADDITIONAL PANNEL MEMEBERS

64-4.205 Standards for Production of Edibles – Ben LaBelle and Melissa Passett

64.4.209 MMTC Solvent-Based Extraction - Ben LaBelle and Melissa Passett

64.4221 MMTC Seet-to Sale Tracking System Integration – Josh Strums

64.4-222 MMTC STS Tracking System Procedures – Josh Strums

64.4-223 Caregiver Background Screening and Request for Close Relative Status – Todd Schimpf

64-4.224 Dosing and Supply Limits for Medical Marijuana – Todd Schimpf

APPEARNCES

OMMU:

MEREDITH HAYES, RULES COORDINATOR
ALICIA FRINGER, DEPUTY DIRECTOR
JAMIE NOBLES, ASSISTANT DIRECTOR
BREANNE RAMM, LEGISLATIVE POLICY ANALYST
ALYSSON BRADLEY, INTERNAL GENERAL COUNSEL
MELISSA PASSETT, VARIANCE MANAGER
MEGAN WILLIAMS, MANAGER
TODD SCHIMPF, COMMUNICATIONS MANAGER
AUSTIN BRENCH, SEED-TO-SALE
CASSIE HURLEY, DATA SYSTEMS MANAGER
JOSHUA STURMS, PROJECT MANAGER
BENJAMIN LABELLE, FIELD OPERATIONS MANAGER
DR. JOHN KABA, ENVIRONMENTAL MANAGER

IN ATTENDANCE:

ASHLEY UBALDINI, COMPLIANCE MANAGER, INSD
CHARLES BAILEY, SUP OPERATIONS, SUNBURN
DEVIN BAXTER, ATTORNEY, BAXTER LAW
TIM GUNTHER, COMPLIANCE DIRECTOR, THE FLOWERY
JESS ENGLE, SUP COMPLIANCE, GOLDFLOWER
TABITHA KROL, REGULATOR AND SENIOR MANAGER, PARALLEL
SAVANNAH BAILEY, COMPLIANCE MANAGER, TRULIEVE

IN ATTENDANCE:

AMANDA MUSGRAVE, COMPLIANCE DIRECTOR, SUNBURN

BRADLEY BUTLER, SR., ATTORNEY, PANZA MAURER

MICHELLE FINCH, OPERATIONS AND COMPLIANCE, SURTERRA

MICHAEL CMUTS, COO, THE FLOWERY

GENE MCGEE, PARTNER, SUNRISE CONSULTANTS GROUP

DOUG BELL, ATTORNEY, CURALEAF

AUTUM SANGREY, COMPLIANCE, AYR WELLNESS, INC.

RYAN FINGERHUT, PROJECT MANAGER, GREENE STREET

TJ MORTON, ATTORNEY, LOCKWOOD LAW FIRM

CRAIG SIMPSON, ATTORNEY, LOCKWOOD LAW FIRM

JENNIFER TSCHETTER, ATTORNEY, CARLTON FIELDS

RON WATSON, LOBBYIST, WATSON STRATAGIES

CHRISTINE SENNE, ATTORNEY, FLORIDA MEDICAL MARAJUANA TRADE ASSOICATION

JODI JAMES, PRESIDENT, FLORIDA CANABIS ACTION NETWORK

JENNIFER MAKRIS, FLORIDA CANNABIS ACTION NETWORK

CARLA ASHBURN, MMCARE FLCAN

ALEX JOHNSON, OFFICINALIS, FLCAN

ERICK VELEZ, DIRECTOR OF OPERATIONS, AYR WELLNESS, INC.

MATT LABRAYERE, VP MANUFACTURING, AYR WELLNESS, INC.

(Thereupon, the workshop commenced at 9:00 AM.)

COORDINATOR HAYES: Good morning. This is a workshop on Rules 64-4.205, Standards for Production of Edibles; 64-4.209, MMTC Solvent Based Extraction; 64-4.221, MMTC Seed-To-Sale Tracking System Integration; 64-4.222, MMTC STS Tracking System Procedures; 64-4.223 Caregiver Background Screening and Request for Close Relative Status; and 64-4.224, Dosing and Supply Limits for Medical Marijuana.

This workshop is being conducted on October 29th, 2025, at Holiday Inn Tallahassee East Capitol University, 2003 Apalachee Parkway, Tallahassee, Florida 32301.

I am conducting the workshop for the Department. My name is Meredith Hayes, and I am the Administrative Rules Coordinator for the Office of Medical Marijuana Use. Our address is Florida Department of Health, 4052 Bald Cypress Way, Bin M-01, Tallahassee, Florida 32399.

I am joined by Allyson Bradley, Interim General Counsel, and Breanne Ramm OMMU Legislative Policy Analyst.

As we move through each Rule, we will introduce program staff who specialize in each Rule

subject matter to the panel. These panel members may rotate throughout the workshop based on rule being discussed. This workshop is being conducted in accordance with section 120. 54 Florida Statutes. The notice for this workshop was published in volume 51, number 197 of the Florida Administrative Register on October 9th, 2025.

The purpose of this workshop is to allow the public an opportunity to participate in the rule making process. Before we begin, we ask that all comments that include suggested rule language be submitted in writing to the OMMU rules inbox at OMMUrules@FLhealth.gov before the end of the comment period, which will be announced at the end of the workshop.

Please be advised that this workshop is being transcribed by a court reporter.

This rulemaking initiates nonemergency rulemaking to replace the emergency rules adopted by the Department to implement section 381.986 Florida Statutes pursuant to chapter 2025-199, section 14 Laws of Florida. These rules set forth the requirements for medical marijuana treatment centers, qualified patients, and caregivers.

For the purpose of this workshop, we will

begin referencing the existing emergency rules as the development draft.

If you've indicated on the sign-in sheet that you wish to comment on a Rule, you will be called in the order in which you signed in to speak on the subject rule indicated. When your name or affiliation is called, please approach the microphone at the front of the room. We ask that you state your name and the organization you represent.

In the interest of time, we ask that you do not repeat the position of the previous speakers. You may, however, for the record, state that you agree with one or more of the previous speakers. We ask that you limit your comments to no more than about three minutes.

At this time, we would like to open the floor for comment on Rule 64-4.205 Standards for Production of Edibles, and we will only be accepting comments on this Rule at this time.

Joining me is Benjamin LaBelle, Field Operations Manager, and Melissa Passett, Variance Manager.

Devin Baxter.

MS. BAXTER: Good morning. Devin Baxter on

behalf of several MMTCs and CMTLs. I have a couple comments on this Rule.

First, well, we understand that the statute prohibits color additives. We'd like a little bit more flexibility to utilize natural ingredients that are not added for color, such as natural fruit juices. The language in the Rule that requires the edibles to be semi-translucent makes it hard to utilize things like fruit juices, and we think that's overly restrictive compared to the statutory language.

And then when it comes to variance approvals, we've seen a lot of discrepancies between what is considered semi-translucent and what's not. It makes it tough for MMTCs. We're having to adjust our formulas and resubmit. So, we'd like a little bit more flexibility there.

And then, in paragraph 13, which deals with recalls of edibles, we'd ask that the Department distinguish between class one, two, and three health hazards with different notification levels for those recalls, similar to the process that the FDA does for recalls.

Thank you.

COORDINATOR HAYES: Thank you.

Ashley from INSD.

MS. UBALDINI: Good morning. I'm Ashley on behalf of INSA.

Devin covered some of what I was going to speak on, specifically with regards to adding the natural flavor additives.

Some of the other things that we wanted to speak on is we would urge the Department to allow for additional shapes. We believe we're far enough along in the program to remove some of the needlessly restrictive regulations, like they must be one of seven shapes.

Additionally, we would like to recommend that we remove restrictions not being a primary color. So, 7(e) reads, “MMTC shall not produce or dispense edibles that are a bright color,” removing that section for a primary color.

Further, under number 12, we recommend revising the current restriction that prohibits providing any food aside from complimentary water. A complete prohibition on food may be unnecessarily broad, particularly in instances like holidays like Halloween. We're offering complimentary small commercially packaged items might be appropriate and well received from our patients. If the intent

for this restriction is to prevent the distribution of infused products or mitigate risk associated with sampling uninfused items, we suggest clarifying that language specifically address those concerns rather than maintaining a blanket restriction.

And that's all from us. Thank you.

COORDINATOR HAYES: Thank you.

Tim Gunther.

MR. GUNTHER: Good morning. Tim Gunther from The Flowery.

I agree with Ms. Baxter, Ms. Ashley, in their comments, just so you know.

Two things; one is, add another category of permissible edibles to subsection five, the Rule Beverages. MMTC that produce edibles hold the necessary permit today to produce that with the FDACS food establishment permit. Beverages and liquids are a common form of medication disbursement in pharmacies today.

So, you see things being offered where people don't either want to take pills or edibles, and they'd rather consume through a beverage. And there are currently TC beverages in Florida today offered through other partners on the hemp side.

And they're all over the place. And so, we would like to be able to offer that in a regulated market within that. So customers don't get confused why they can buy products at a convenience store that contain THC but come into an MMTC where they get tested and all that.

The other, Ashley pointed on it, but either strike through or modify subsection 12, prohibition of offering of food and beverages. Again, it would be nice to offer a complimentary coffee or other things. And just tying on to what Ashley said regarding the availability to provide other food items such during Halloween or other festivities.

Thank you.

COORDINATOR HAYES: Thank you.

Jodi James.

MS. JAMES: Jodi James with Florida Cannabis Action Network.

Wow. I hadn't even thought about the food being here. Our organization is primarily an education organization, and we would love to be able to use the MMTC, some of which have large spaces to do events. But nobody's coming in Florida if I can't have a catered food. So, we end up going other places, libraries and things like

that when the people we really want to be educating are already in the dispensaries. So yes, on that one.

I wanted to talk about CBD as an additive and figure out how we get there. One of the things I'm going to talk about a little bit later is the idea that we're dispensing less and less low THC and CBD does qualify as a product. There's a lot of products out there. If these could be sourced products because they are a food approved food products through FDACS.

If they can be sourced and then we can get it right in the seed-to-sale tracking, then patients are going to be able to get affordable CBD and that's going to have them in the market, here in the medical market, as opposed to patients having to get part of their medicine in one market and then go someplace else for supplements. So that was my thought is let's get CBD as an approved additive here.

Thanks.

COORDINATOR HAYES: Were there any further comments on that Rule?

Okay. Next, we will be moving to Rule 64-4.209, MMTC Solvent-Based Extraction. And we will

only be accepting comment on this Rule at this time.

Joining the panel is Dr. John Kaba, Environmental Manager.

Devin Baxter.

MS. BAXTER: I have a few comments on this Rule of Solvent-Based Extraction. Paragraph 11(a) requires that all employees performing solvent-based extraction have to have certain training before they do so, and that that training is obtained from the manufacturer of the closed loop system.

We request that the Department align the training requirements from this Rule with the regulatory frameworks used by OSHA and NFPA and FDA GMP standards, which emphasize documented competency rather than certain manufacturer provided training.

So, this Rule presents a bit of a challenge where the equipment manufacturer either doesn't offer formal or ongoing training programs, or maybe they've gone out of business, or there's a significant delay in getting the manufacturer to provide the training. So, we'd like to be able to do equivalent training from someone other than the

manufacturer.

On subsection, subparagraph 1(f), where it defines organic solvents, the requirement is that it's identified as a class three solvent. And the Rule further requires a minimum purity of 99. 5% with a CoA from the manufacturer. We think this language, when applied strictly, might prohibit the use of denatured ethanol and require pure ethanol.

So denatured ethanol is a combination of ethanol and heptane. That is class three. They're pure but it's combined together and requiring the use of undenatured or pure ethanol imposes a significant and unnecessary burden on MMTC because pure ethanol is subject to a federal excise tax that's pretty high.

So, it's taxed much more heavily than the denatured ethanol is. So, we just like clarification in this Rule to allow MMTCs to use that denatured ethanol. And we believe hemp manufacturers are allowed to use denatured ethanol. So, it would be equivalent.

Thanks.

COORDINATOR HAYES: Thank you.

Were there any further comments on that Rule?

(None heard.)

Next, we will be moving to Rule 64-4.221, MMTC Seed-to-Sale Tracking System Integration. And we will only be accepting comment on this Rule at this time.

Joining the panel now is Joshua Sturms, OMMU Project Manager.

Devin Baxter.

MS. BAXTER: Most of my comments on this Rule go towards new MMTC's that might be coming online in, you know, the next year or so. I think we need to give them a reasonable timeline to integrate, rather than requiring them to be fully integrated at their first cultivation authorization. We talked a little bit yesterday about what a tight turnaround that can be.

And a lot of times if we're going to have to integrate, they're going to put in a very simple system just to get the job done, and then they're going to have to go back and redo it a little bit later. So, we'd like just a longer timeline during their first licensure period for them to integrate.

On the incorporated form, which is the inventory list form, I suggest allowing MMTCs to tie their approved products to more than one route of administration where that's possible. We don't

want to have to have multiple unique IDs for the same product in order to dispense it via multiple approved routes because that causes inventory management issues.

And one other point I wanted to raise with seed-to-sale integration is that we've noticed that since integration has gone into effect, the weekly report that the OMMU publishes, and everyone looks at very anxiously, has accounted for low THC dispensations differently.

I think a lot of people, and I heard a comment earlier about how MMTCs are dispensing less low THC. Part of that is attributable to how it's showing up in the weekly report. I know I have clients that are dispensing way more low THC products, but it's not accurately reflected in that report post integration. So, to the extent that that report could be updated, I think that would be helpful to everyone.

Thanks.

COORDINATOR HAYES: Thank you.

Christine Senne.

MS. SENNE: Good morning. Christine Senne from the Florida Medical Marijuana Trade Association.

The first thing I wanted to ask for is not really something that can be adopted in Rule, but it's actually a pretty serious issue for our membership, so we wanted to raise it. Simplest way I can put it is, can we get an undo button? Because it's funny, but it's true. There are certain phases in the current integrated system where if you, you know, we have humans operating these systems and sometimes a mistake is made.

But there are certain points such as at the harvest where if you make a mistake that's a very expensive and time-consuming mistake. You have to actually go engage the operator of the system and go through a lot of coding and back-end work in order to reverse the error. And you can't really move your inventory until that's done. We're talking about days or weeks sometimes to fix just a common human error. So, if you could work on that, we'd be really grateful.

Back to the rules. We'd also like to reiterate Devin Baxter's comments about allowing more than one route of administration for tracking in the STS system. There are issues with patients. The statutes, when they talk about routes of administration, only discuss that in the context of

physician recommendations to patients under subsection four. And while the system is required to be in place, different patients have different needs.

And some products can be recommended for more than one route of administration. We definitely want to maximize that flexibility for patients, but it is incredibly difficult to keep track of one product, assigning multiple potential IDs to it in order to allow for that flexibility for patients. So, if we could have a little bit more flexibility with our inventory tracking designations, we'd appreciate that.

Thank you.

COORDINATOR HAYES: Thank you.

Were there any further comments on that Rule?

Next we will be moving to Rule 64-4.222 MMTC STS Tracking System Procedures, and we will only be accepting comment on this Rule at this time.

Devin Baxter.

MS. BAXTER: I've got quite a few on this one. I'll try to go quickly.

I think one of the challenges of integration has been that it impacts every MMTC differently depending on the system that they use. So, they

all have unique problems.

And just to piggyback off of what Christine was talking about, about needing an undo button. If we have to go to Bio Track to ask for their help to correct something, which we do often. Bio Track charges for those, for help at different rates to different MMTCs. So, it's a significant cost anytime we have to bring Bio Track in to fix something.

This year we've had a few extended MMUR outages. One, we just want clarification. My understanding of the Rule is that MMTCs during an outage are allowed to continue to dispense in accordance with their integration plan as long as they back up the data and upload it at the end of that period. We'd like that to be made clear in the Rule.

And then we'd also suggest that the threshold, you know, the time period that requires us to notify the OMMU of an outage, is extended to six to eight hours rather than the current two hours, just to help us differentiate between planned maintenance, unexpected outages.

Paragraph 13, which requires written justification changes for changes in weight or

inventory accounts. We'd like that to be changed to include a certain threshold that's deemed meaningful, especially for larger MMTCs. They do quite a few of these adjustments and it can become pretty burdensome.

We'd also like the time window for that to be extended to 48 hours, to make sure that we have enough time to do an internal investigation and identify the root cause before we decide whether we need to make an adjustment and notify.

We'd like a little bit more clarity around the open window process for new strains. I think MMTCs are all doing it differently. So just a little bit more clarity about when an open window needs to be requested.

Sublotting the requirement that MMTCs sublot batches has created a lot of issues and it prevents MMTCs from transferring products directly between stores. They're having to ship back to their manufacturer and ship out. So, I don't think -- sublotting is a is a feature of Bio Track, but it's not required to actually track and trace our products. MMTCs have the capability to fully trace products through without sublotting.

We'd like to add an MMTC facing user interface

for the state traceability system. I think this is kind of the undo button that that Christine was talking about. We have a lot of issues with having to interface with Bio Track to get help whenever there's an issue. We'd like to be able to control things more directly through a user interface, making data corrections, compliance management, things like that.

We'd like patient transaction management directly in the MMUR to be restored. So, if there is a circumstance where a transaction is returned and the patient is expecting that their allotment is returned to them, there are scenarios where the seed-to-sale vendor and Bio Track have to work together on returning that product. It leaves the patient, with a period of time where their allotment is not returned to them. It's not accurately reflected on their profile and the MMUR.

In the same vein, product returns. Previously, stores were able to process returns across any store. So, you can go to an MMTC store in Fort Lauderdale and purchase a product and then maybe return it in Hollywood. But since integration and implementation with Bio Track, that functionality has been removed, which is very

frustrating for patients.

So they have to go back to the exact dispensary that they purchased from, or the MMTC has to create a workaround which is not ideal. CMTLs are required to sample final products, but for some MMTCs they're not able to create final products in their system until after the lab samples are created. So that's something we'd like to see corrected. And then for some MMTCs, manifests dispensable devices, not dispensable devices, and dosed products are all required to be placed on separate manifests, which is inefficient, and it creates delays.

Thank you.

COORDINATOR HAYES: Thank you.

Christine Senne.

MS. SENNE: Hello. I'd like to go back to the open window, which is a term that comes from Bio Track. It's not defined anywhere in the Rule. And yet there's a lot of expectations for compliance with the open window process. So, if we could have a definition in the rules for what is an open window and also clarification for when, variances are required to accompany open windows for some of the MMTCs who use seeds.

They're being required to submit a new variance request every time they want to add seeds to their system, even if it's for a strain that was previously approved. I think this goes beyond the scope of what a variance is supposed to cover, because you're talking about something that's already been approved by the Department. We're just asking to add things to our inventory tracking.

So, if there could be some clarification and some reduction in the number of variance requests around the open window process, I think that would make OMMUs lives a lot easier because it would reduce your workload volume, and it would also make it easier for the MMTCs to keep their business operations going around adding new inventory. And then in addition, we had -- nope. Those are the two. So, thank you.

COORDINATOR HAYES: Thank you.

Jodi James.

MS. JAMES: Jodi James, the Florida Cannabis Action Network.

I actually was planning on speaking more about how the products are being tracked within the system, which is why I put it here. I think

several of the other speakers have spoken quite eloquently about the need to be able to divide some of these products. Some of the MMTCs have ratio products, and so if there is no way for that ratio product to be put into both categories, then the patient is losing some of their higher dose THC allotment because the entirety of the ratio product is being put under the singular allotment of the regular THC. So that's really become an issue. We have several doctors' offices here that are having people come back to them. And then of course last week the lawmakers were very concerned that they're not seeing the allotment of that THC.

So, I think that's really the fix. I just wanted to congratulate everybody on getting there.

Thank you very much.

COORDINATOR HAYES: Thank you.

Ryan from Healing Greene.

MR. FINGERHUT: Hi. Thank you. I would just like to emphasize the comments made earlier, several of them, including, having some time for emergency situations, especially given some of the storms that have been hitting us, and the area recently. That's probably going to be needed.

I'd also like to speak to paragraph five,

which seems to limit the people who can integrate with the tracking system to the vendors of the MMTC, the OMMU and then the MMTC themselves. That would seem to preclude a business associate entities, which are entities which work in traditional medicine, people who bring in AI analysis, things of that that would look at the metadata, of the traceability system and the POS and, you know, bring novel items to patients.

This is something that's done, in HIPAA compliant organizations all the time. There are several alternatives that the OMMU could use, including requiring approval of business associate agreements, requiring certain data security measures be taken so that patient data is protected, while also allowing MMTCs to utilize cutting edge medical technologies for their patients.

Thank you.

COORDINATOR HAYES: Thank you.

Are there any further comments on that Rule?

MS. UBALDINI: Hello. Ashley Ubaldini here with INSA. I have a couple comments.

First, I want to echo a lot of what Devin said. Much of those things we have run into such

as needless delays because we don't have active interface with Bio Track. Things like, needing longer for communications when things happen.

Also, echoing what was discussed yesterday, we'd like to see some clarity on the definition of plant additives. I know that other licensees have probably experienced this, but the feature for entering plant additives for us was not even developed until well after we had fully integrated.

So to kind of get around that with our seed-to-sale systems, we would recommend removing the requirement for entering additives into the seed-to-sale tracking system and allow for a written log of plant additives as an alternative that can be reviewed during inspections or provided to the Department whenever requested.

And echoing what both Christine and Devin said about adjustments. Adjustment data, it's transmitted to the Department through Bio Track. We'd recommend removing the requirement altogether for emailing the Department. Because this seems like a needless redundancy. That said, if the data is being utilized for another reason and we need to continue collecting it, we would recommend to extend that deadline, to 48 hours. And that's all.

Thank you.

COORDINATOR HAYES: Thank you.

Next we will be moving to Rule 64-4.20 – Oh, sorry.

MR. GUNTHER: Sorry about that. Tim Gunther, The Flowery.

Two things to reiterate. The state mandates the seed-to-sale tracking system Bio Track and the point that was made about calling for support. We spent thousands of dollars charged by Bio Track to try to fix integration issues, which is not fair to -- most contracts in other states include support for their licensees to be able to call the seed-to-sale to get things fixed.

The other thing is, is when we do get a dispensary or a location approved is if Bio Track can be notified to set up the number for that site. Because we have a unique number, we have to then email Bio Track, wait a day or two to get that to be able to deliver stuff to that location.

So, it'd be great if the state, when the approval went through it went to Bio Track so they can automatically make the unique identifier for that location, instead of having to request it separately. Just saving time on getting things

done.

Thank you.

COORDINATOR HAYES: Thank you.

Any additional comments?

(None heard.)

Okay, next we will be moving to Rule 64-4.223 Caregiver Background Screening and Request for Close Relative Status. And we will only be accepting comment on this Rule at this time.

Joining the panel now is Todd Schimph, Communications Manager.

Carla Ashburn.

MS. ASHBURN: Good morning. Carla Ashburn. I am from Central Florida. I run a clinic, and I also am a member, secretary, of the Board of FLCAN. So, the caregiver background, understanding that it is for non-relatives and why we want it. It is very cumbersome. While I understand, there's got to be a way to streamline it. It takes a very long time.

A lot of times it can be an actual caregiver that is there for a terminal patient, that cannot go get their medicine, and the documents that have to be provided and then approved. It just takes a very long time for that to happen.

There is a question as to why we're doing a second, a level two background. You know, what if somebody did something 20 years ago, you know. Is there a timeline that, you know, I'm sure it correlates with the law that we've enforced now about if they, you know, anybody is intent to sell trafficking.

You know, we put that in place now that they will lose their license. I understand that. But where is the cut off, you know, where's the cut off? There's got to be a cut off. And somehow we need to streamline that process for our patients.

Thank you.

COORDINATOR HAYES: Thank you.

Alex Johnson.

MS. JOHNSON: Good morning. I'm Alex Johnson. I run a clinic, and I am a member of FLCAN. And I want to second everything that Carla said.

And also, would like to be able to re-evaluate the cost of the caregiver card. Typically when these patients are in need of a caregiver, they are terminal, you know, and may not be much longer. And it's an additional $75. Finances are tight. That's a product that they could be having as medication. And they're spending it just to be

able to get help to receive their medicine. So, I'd like to be able to reevaluate the cost of the card.

COORDINATOR HAYES: Thank you.

Were there any further comments on that Rule?

MS. JAMES: I'm going to, if I may?

Jodi James, Florida Cannabis Action Network.

The other thing that I would like you to consider is pediatric caregivers. What we find is that we often have one mom and one dad with several children that might be using cannabis, and they're going to have to get a caregiver card for each of those children. So, if they've been approved as a caregiver for children in their custody, one card covering all the children, please. Okay. Thank you very much.

COORDINATOR HAYES: Thank you. Were there any additional comments on that Rule?

(None heard.)

Lastly, we will be moving to Rule 64-4.224, Dosing and Supply Limits for Medical Marijuana. And we will only be accepting comments on this Rule at this time.

Jodi James.

MS. JAMES: For the record, Jodi James Florida

Cannabis Action Network.

We need to start over with this one. We need to go right back to rulemaking and entirely start over. If you look at the process, and I sat in a room like this, there was no public comment. Some of the people that were on the panel making these decisions had limited cannabis experience.

My team has brought a white paper that we'll leave for all of you, dealing with some of the science and the things that patients are being asked to sign in terms of that consent form. That consent form puts us into a program. It has us saying that we agree to things. Many times, we're not agreeing, we're signing under duress, and then we are placed into this system with rolling limits that were created by people who at the time really did not understand how people were going to be using cannabis. The program was novice. I am a consumer of flower. I like to shop on a deal. I was told last night that one of the MMTCs has a deal.

And when I went, I was told, oh, you can't buy any more flower for five more days. So, I have not gone and gotten an exemption to increase my amount of flower. I spend five or six months a year out

of the state, and during those five or six months of the year I do not exceed my flower limit. But when I am in state, I am constantly bumping up on the rolling limits.

People would say, well, you know, if you went and bought your two and a half ounces, that should last you for 35 days. Not all flower is created equal. Not all amounts of flower are going to have the same effects. I may be using terpenes from one plant for one effect and terpenes from another. And these were things that were not even contemplated eight years ago.

So, Florida Cannabis Action Network is 27 years old. We sat in the room. No one from our organization was invited to talk about this at the time, and I would hazard to say that I had more continuing medical education credits then as a non-medical person because of having attended medical conferences for two decades, than the people who made decisions.

And I will tell you right now, one of the people who sat on that panel was a recommending physician who did not believe in THC as a medicine. And these are the people who made decisions for the 900,000 people who are trying to use this and work

within the system. The reason you're getting so many requests for exemptions has as much to do with rolling limits that were arbitrarily determined. So back to the basics on this one. I think this is probably something our team led the scrap the caps and, you know, all of these kinds of conversations with us moving forward. I'd like to see this one go back to the drawing board one way or another.

Thank you very much.

COORDINATOR HAYES: Thank you. Carla Ashburn.

MS. ASHBURN: Carla Ashburn again.

So, what I'd like to add, and I concur with what Ms. James already said, but as a clinic owner we see this daily. And not all of it is -- it's definitely not always flower, right.

And two, as Ms. James point, people also cook with it. You know, they've learned to make their own tinctures. They've learned to, you know, they're butter machines. There are edibles that work for them. So that's what a lot of them use their flower for. But then you have inhalation.

You have all the routes that we have people that find. I have people that cannot digest edibles. So, then they use other things. There are reasons. And what I feel is it's taking away

from the doctor-patient relationship. If your doctor -- my doctor is sitting down talking and we document what they use, have they increased, how is it, you know, how are the effects, and they agree that they need more in a certain route, whether it's flower, whether it's inhalation, then they're being regulated by the OMMU as to whether they say yes or no.

And then to that process it is cumbersome. While I understand we need to know why the patient needs it, why the doctor concurs, we have to -- until we can maybe take it back to rulemaking, every seven months, we have to submit the same exact information every time they come back 210 days. It's the same information.

We have to wait to get an exemption again. So not every patient needs an exemption. But I think that we need to take a better look at those ones that do need it. And think about the doctor and the patient have discussed it. And this is what the doctor feels like that they need. So, thank you.

COORDINATOR HAYES: Thank you.

Michael from The Flowery.

MR. SMUTS: Hey. Good morning. Mike Smuts

with the Flowery.

I think with many of the topics that got brought up today, this is one that spans, not just the production of edibles, and other products, but also ties in to seed-to-sale tracking as well, some of the complexities around that. But there are many products that we offer patients here in Florida that can span and be dispensed against multiple routes of administration, specifically edibles, inhalation, oral, sublingual and marijuana in the form of smoking.

And there's very inconsistent daily dose or monthly 35- and 70-day allotments across all these categories. And it further ties into what some of the comments were mentioned as far as the rolling recommendation goes. And it becomes not only complex on our end for seed-to-sale integration and trying to run the business, but certainly complex for patients understanding how to maximize their allotment and what's recommended to them. I think it also speaks to the ratioed products that some folks have brought up. More uniformity would benefit that. And the low THC versus full THC dispensation rules.

Second to all this, I think, any consideration

that could be done for products that could be combined together that are already previously approved products in a multi-format approved product. Certainly, across inhalation and smoking infused hand rolls and pre-rolls, both products are applied -- or excuse me. Are approved.

We've worked with many CMTLs that have shown us how they could very easily report what they need to report for both different approved product types and create a COA that would reflect something that lets people know exactly how to dose and what's in it and all that kind of stuff. Thank you.

COORDINATOR HAYES: Thank you. Were there any additional comments on that Rule?

(None heard.)

COORDINATOR HAYES: If there are no further comments I would like to thank all of you for your participation in today's workshop. We will be accepting written comments and material until 5:00 PM, November 12th, 2025. Please submit your written comments to OMMUrules@FLhealth.gov.

There being no further comments, I would like to inform you that this workshop is closed.

(Thereupon, the meeting concluded at 9:45 AM.)

REPORTER'S CERTIFICATE

THE STATE OF FLORIDA

COUNTY OF MIAMI-DADE:

I, MARTHA SUTHERLAND-VIDAL, Court Reporter and Notary Public, certify that this transcript is a true and complete record of my notes.

I further certify that I am not a relative, employee, attorney, or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorney or counsel with the action, nor am I financially interested in the action.

DATED on this 29th day of October 2025.

MARTHA SUTHERLAND-VIDAL, Court Reporter