

## Methodology for Distribution & Tracking of Medical Marijuana

Law Enforcement officials expressed a desire for a methodology to be in place to determine if a caregiver is operating within the law. Currently, there is no uniform standard in place for the tracking of plant count, plant material, and/or medicine or medicinal by-products.

Legal representatives on the Work Group came to a unanimous consensus that if appropriate and complete tracking were instituted and subsequently monitored, they would be more easily able to inspect and determine if all involved were compliant under the Initiative in whatever form it may take.

Many caregivers already utilize some form of tracking system which includes plant count, licensed patients' buying patterns, available inventory and forthcoming anticipated harvests. There is currently a review in process of a number of different "best practices" to help determine the most practical and efficient way to track in a 100% transparent manner.

The following items should be included in all transparent record keeping. This is a representative sample and not intended to be a complete listing.

### 1. Production facility tracking:

- Track date and strain seeded or cloned
- Track all stages of production - clone, vegetative, bloom, harvest, curing, ready for sale
- When the plant is harvested it is weighed, and weighed again after drying and then again after curing and ready for sale.

Any medicine ready for sale is weighed in and the information on weight, strain, genetics (Indica/Sativa percentage) and so forth are entered in the POS. Consistencies have been shown in the shrink metrics that occur naturally due to many factors including drying out.

### 2. Sales Tracking

All marijuana is received into the tracking system by weight, strain, method of delivery, and/or source. This will accommodate Caregiver-to-Caregiver transactions that are necessary to maintain appropriate patient Standard of Care.

Law Enforcement would be able to review all sales by a Caregiver, track where the product originated and where it was ultimately sold. Under this system, sales are linked to a specific MMP card number which provides metrics on what patients are purchasing (strain, amount, frequency, etc.) As each purchase is made, the inventory decreases in the POS and when all medicine is gone there should be none in the inventory. It is estimated that between 5 and 10% of weighed medicine may be lost due to spillage or product degradation. Discrepancies caused by this should be listed in a separate waste/loss category. This lower grade material may then be sold at a significantly reduced price or turned into other medicinal by-products.

### 3. Required documents for inspection

Each Caregiver will have available for inspection the following:

- Current Caregiver License available through the MMCLB displaying the number of patients assigned to that caregiver.
- For Cooperative grow facilities, all participating caregivers will have their license information available.
- Documentation of the location of current grow facilities and assigned plant counts for each.
- Sales Records by patient MMP number
- Sales Records for receipt or sale to other caregivers

When the review is complete and several operating systems have been determined to more than adequately meet the standards required by Law Enforcement and the Legislature, the recommendations will be passed along to the Interim and Subcommittees for their comment and support.