

Oregon Cannabis Commission

Date: April 13, 2022

Time: 9:00 am – 12:00 pm

Location: Conference Call

Commission Members Present: Anthony Taylor, Amanda Borup, Cedar Grey, Thomas Jeanne, Andre Ourso, Adie Rae, Pat Luedtke

Commission Members Absent: George Burke

OHA staff: Margaret Flerchinger, Maureen Russell, Megan Lockwood, and Shirley Patton

Welcome and Call to order (Anthony Taylor)

- Chair, Anthony Taylor started introductions. All Oregon Cannabis Commission (OCC) Members stated their names and affiliated organizations.

Approval of January 25, 2022 Meeting Minutes (Commissioners) (2:00 on audio)

Summary: Anthony Taylor asked for corrections or additions for the January 25, 2022 meeting minutes. There were none.

Outcome: Anthony Taylor made a motion to approve the January 25, 2022 meeting minutes. Andre Ourso seconded that motion. Anthony Taylor stated it has been made and seconded that the commission accept the minutes from the January 25, 2022 meeting. He asked if there was any opposition to the motion, hearing none, the motion is approved.

Opening Remarks (Anthony Taylor) (7:45 on audio):

Summary: Anthony Taylor stated if they are not a commission member or a subcommittee chair giving a report, please hold comments until the public comment period.

Adie Rae stated the exception to that would be Chelsea Ayers, who has been invited because of her nomination to serve on the Research and Leadership subcommittee.

Anthony Taylor stated they will do the committee reports, the confirmation of Ms. Ayers, and unfinished business. The first three items under unfinished business, Letter to Legislative Leadership, Report to the Governor, and Letter Requesting Membership in CANNRA are votes to direct staff to begin drafting or submit an application. The Research Leadership Subcommittee reference lab recommendations and research consortium document items are to decide what the commission's next steps will be. The Patient Equity and Governance Frame Working recommendations will be a discussion on recommendations one and two. The top two priorities for 2022–2023 are recommendations from the subcommittees for future agenda items. The new business letter to OHA and OLCC requesting direction is to draft the letter for insight into what the two agencies expect from them. The approval of OCC communications with legislators, has been an ongoing action item. They have met with the legislators over the last several years, usually accompanied by an OHA representative. The amendment to the OCC bylaws and the mission statement and then public comment.

Administrative Updates (Megan Lockwood) (11:50 on audio):

Summary: Anthony Taylor stated that Cedar Gray is resigning at the end of his term. They are looking for a replacement for the grower position and he has a recommendation who are willing to submit their application.

Megan Lockwood stated the testing rules have been filed and are complete. After reviewing public comment, they pushed back some of the timelines to give the labs more time to plan for the changes. The testing page on their website includes the timeline of the changes. They have a one-page document that outlines when the new testing rules go into effect and guides to help clarify. The program is holding check-ins with the labs to help them adjust and answer any questions. In the last Cannabis Commission meeting they reported that the statutes were renumbered, the 475B is now 475C and the rules have been updated to reflect the new statute numbers. The Medical Marijuana Statistical snapshot includes counts of how many of the new providers that were added per the passing of HB 3369 and how many are recommending medical marijuana. As of April, they have seen eleven recommendations from naturopathic physicians, seventeen from physician's assistants, and twenty from nurse practitioners. She is going to turn it over to Tom Jeanne to provide an update as to where they are in revising the health statements and the research formerly done by the Retail Marijuana Scientific Advisory committee (RMSAC). Megan Lockwood stated there weren't any bills passed in the 2022 session that directly impacted the program.

(16.30) Tom Jeanne stated for background the RMSAC was convened by OHA in 2015 with the legalization of recreational cannabis. The goal was to meet experts and put out public health statements on the health effects of cannabis. The statements were updated in 2017 and are on the OHA website. The landscape has changed since 2017 and there is more information available on cannabis. They are trying to find a way to update these statements. If that would involve convening a new committee versus relying on partners and other jurisdictions that have comprehensive more updated statements such as Colorado and Canada. There are two parallel processes going on, one is the Cannabis Commission Research subcommittee is working on making a formal recommendation to the Cannabis Commission and OHA to outline what the needs are. OHA is

trying to figure out the most expedient and efficient way to update these statements. It will be a topic at the next Research subcommittee.

Anthony Taylor asked what kind of timeline they are looking at to start a committee.

Tom Jeanne replied if they did decide to do the formal process to reconvene it could take months to identify people and do the formal process. It could potentially be finished later in 2022. One of the reasons they are leaning toward not doing that is it would be more efficient to update the statements if they were able to lean on some of their colleagues in public health and other jurisdictions. For example, Colorado has statements. They could be a starting point rather than them trying to look at the literature and do an exhaustive review that OHA doesn't have the time to do. It is not only a question of updating the statements, but also keeping them up to date. If they own those statements and are doing their own high-level summary of the evidence, then there is that burden to maintain and keep them up to date. Which is formidable and the potential to have out of date statements in the future if it is beyond their capacity.

Pat Luedtke stated in his conversations with other local public health officers in their state, their communities are asking for information on cannabis. The local public health is not resourced appropriately to own that information and keep it updated. One of the broader questions for the OHA level is, how do they create the resources to meet the local information needs. He has principals and superintendents calling the health department for information regarding cannabis including communication with their staff and students.

OLCC Administrative Updates (Amanda Borup) (22:31 on audio)

Summary: Amanda Borup stated they have a three-part series on their You Tube page and science bulletins to go along with the 2021 rule. Two sessions are directly related to their licensees, the third speaks about the new laws around hemp and general commerce around synthetics and concentration limits that will be put into place.

Amanda Borup stated the You Tube channel link is on the OLCC website under compliance bulletins. They are opening rule making later this month on the 2022 session and it will include HB 4016 which is the license moratorium. They are not allowed to issue any licenses except for laboratory licenses, research certificates, and worker permits, for two years. They have what is called the expired license consignment program, that concept is if somebody currently has a license that expires, that would be an open license that would be able to be issued. They will open rulemaking to put parameters around how that will work. HB 4074 requires OLCC licensees and employees to report human trafficking to the agency, SB 1564 expanded the HB 3000 task force in terms of the enforcement around water, labor trafficking, and enforcement. The task force could start meeting in May and most of the HB 3000 numbers have been appointed. SB 1564 membership should be appointed soon. HB 4061 doesn't touch on them, but it does require them to work with ODA and Oregon Water Resources Department to communicate new water laws in Oregon to their licensees. Their new upcoming budget can be expected that will have a policy option package to be able to transfer money to ODA for a state reference lab, equipment, and staffing to add to their current lab capacities to start doing reference work around marijuana and hemp.

Subcommittee Updates: (Commissioners)

Research and Leadership Subcommittee (Adie Rae) (27:28 on audio)

Summary: Adie Rae stated they have had attrition over the last year and have been looking for highly qualified individuals to fill their ranks. They have had conversations with Chelsea Ayers who is staff at OHSU. She invited her to share her background before they talk about confirming her application.

Chelsea Ayers stated she earned her Master of Public Health at the OHSU/PSU School of Public Health in 2019. She has been working at the VA in Portland and collaborating with OHSU to build an evidence resource for clinicians and researchers on the health effects of cannabis.

Adie Rae stated that effort is called STEM and they are going to invite the STEM team to their next Research and Leadership Subcommittee meeting to give a presentation. They will have time to process the information and think about how that fits in before they bring the STEM project to the larger committee. That will be linked to their public health statements. Chelsea Ayers is experienced with evidence emphasis around cannabis.

Outcome: Adie Rae moved that they adopt Chelsea Ayers as a member of the Research and Leadership subcommittee. Anthony Taylor seconded that motion.

Adie Rae asked if anyone is opposed to this motion. Hearing none, they have a unanimous confirmation.

Anthony Taylor stated it has been moved, seconded, and approved that Chelsea Ayers becomes a member of the Research and Leadership subcommittee.

Adie Rae stated she will go over the components of the formal recommendation. The subcommittee will have some preparation when they see the document and are going to approve this document at their next Research and Leadership subcommittee meeting. Tom Jeanne highlighted one of the key problems, do they reconvene the RMSAC, do they convene a new committee, or do they adopt some new process for finding and publishing public health recommendations. They have been talking about forming a new committee, not reconvening the old members of the committee. That process takes time, identifying those in the public health space who have the ability to serve on that committee and they could use some other kind of committee process. They are agnostic to how that gets done, what they will see on their formal recommendations is to convene a retail cannabis scientific advisory committee. That committee would be responsible for all the following

recommendations. 1) Expand the OHA approved public health statements to include both the potential benefits and the risks. Currently, the public health statements that are on the OHA website only talk about the risks of cannabis and the evidence has changed since then. 2) Rather than the committee doing its own in-depth literature search, reviewing the analysis and evidence themselves, they would outsource that process to someone more qualified. What they are proposing is to identify major reputable sources from which to collate and adopt new public health statements which are already in use by other regulated markets. An example of a reputable major source would be Health Canada, potentially the Mayo clinic, and the Colorado Public Department of Health. The process that Health Canada went through to publish their public health statements is exhaustive. They rely on the top experts in the field on cannabis and cannabinoid medicine. They would expand public health statements to include risks and benefits, identify major reputable sources to collate public health statements from, and publish those public health statements in multiple formats to ensure uniform adoption across Oregon. In addition to updating the public health statements on the website, they are proposing that they would have pamphlet style PDF summaries that are downloadable and printable and could be displayed in any number of places, including schools, retail, and medical clinics in multiple languages. This is where the OHA needs resources to be able to produce these materials and provide them to interested parties. They would set a timeline for reconvening the committee to ensure the public health statements are up to date and are proposing every three years. The last recommendation is all public health statements will be using the word cannabis not marijuana.

Andre Ourso asked when she is talking about outsourcing, is she talking about someone else doing the review or would the subcommittee still do the review of what has already been published.

Adie Rae stated there will be a committee whether that is the Retail Cannabis Scientific Advisory Committee or potentially the Research Subcommittee or a committee within OHA. That committee would be responsible for looking at the other materials and collating them. The way they have drafted the recommendation is officially convening a new Retail Cannabis Scientific Advisory Committee, RCSAC instead of RMSAC. They would be responsible for that update and the problem with convening

that committee of experts is it seems overkill. This seems like a task that OHA staff could be qualified to do. They would create a subcommittee within OHA and task that OHA committee to do this work. It is going to be easier to do the updates if they gather that team within OHA to do those internal updates and validate the statements are up to date. Rather than in three years faced with the same problem of reconvening this RCSAC committee. What they are proposing is the team of people go to the Health Canada website, look at everything, compare that to potentially the Health Department at Colorado, put those two things together, and decide what they want to publish and adopt. That seems like something a qualified health administrator at OHA could tackle.

Tom Jeanne wanted to state for the record that a state public health department is generally not a clearinghouse for the latest information or research on a given topic. For example, OHA does not do an annual review of heart disease and the research on heart disease. They follow the expert consensus in national statements on that. Cannabis was an emergent issue; Oregon was a leader and is still a leader for cannabis in terms of policy. That is why they used their own health statements. There are other places where cannabis is now legal, and more research is being done on it. The reality is cannabis is now legal and being studied in more places. It is acknowledging that they are not going to be the end all for health statements on cannabis. They will look to what is out there, what the consensus is, and are going to review those sources before they put anything on their website or before the public or health care providers to a given resource. They are not going to be doing a primary exhaustive literature review themselves with their own expert panel.

Adie Rae can see how the State of Oregon's website could say they follow the American Heart Association guidelines for XYZ and the OHA website could say they follow Health Canada's guidelines for XYZ.

Pat Luedtke stated they use the United States Preventive Services Taskforce recommendations for a variety of things, such as screening for depression and cholesterol. They give grades and do a significant review, is it helpful, is it harmful or is there not enough data. He went to the USPSTF website recently, they don't have anything about cannabis. The request of us finding a vendor or some expert group to create the equivalent of the United States Preventive Service Taskforce for cannabis is too

much to ask. As they gather more data that shows cannabis can be helpful in some places for weight gain, people on chemotherapy, the data is good and there should be recommended uses for that. There are other areas where it is less clear, and this group could do something like a USPSTF rating.

Adie Rae stated the downside of that suggestion is timing. Using that as a vendor is not going to happen until Schedule 1 is no longer a barrier. The public health statements currently on the OHA website have been there since 2017 and need to be updated by the end of 2022, the subcommittees recommended timeline. The subcommittee is working on the Oregon Cannabis Research Consortium (OCRC). They would set aside staff time to manage a directory and are working on formal recommendations as to how that would work. The update since the last meeting is removing OHA's role in validating membership and attesting that anyone who applies for membership meet certain criteria. It will be an honor system, provide resources, and ask members to commit to the ethical guidelines. This subcommittee will have formal recommendations at the next meeting on how to establish this research consortium and how it might be managed by OHA.

Patient Equity and Governance Frame Working Subcommittee (Anthony Taylor) (46:50 on audio)

Summary: Anthony Taylor stated they are bringing together information from other states to make recommendations that could benefit the program and would encourage this state to adopt. At their last meeting they did not have a quorum. They are taking each section of the OMMP statutes and revising them to make things work better. That is ongoing and is going to move along quickly. By the July commission meeting they plan to report back.

Health Equity Subcommittee (Anthony Taylor) (48:20 on audio)

Summary: Anthony Taylor stated the subcommittee has been working on what equity looks like in the cannabis program. They talked about tenancy, they are moving forward on those issues to begin to draft what the subcommittee thinks equity looks like in the program and how they can rewrite language to meet those goals. They continue to work on modeling and following Oregon's definition of health equity.

Unfinished Business (Anthony Taylor) (51.07 on audio)

Letter to Legislative Leadership (51.22 on audio)

Summary: Anthony Taylor stated this would be to appoint a committee on cannabis in health care for the purpose of creating a forum to address issues of cannabis as part of Oregon's healthcare picture beyond the scope of what their cannabis commission can address and resolve. The other issue would be the protection of OMMP growers who have been designated by three or more patients, established a grow site administrator, and a CTS account from further efforts to merge these growers into the licensed regulatory structure under the authority of the OLCC.

Andre Ourso asked if there was a copy of the letter in their materials.

Anthony Taylor stated he did draft a letter and it would be more appropriate to have the staff and the chairs work on a draft for review at the next commission meeting.

Andre Ourso asked if that was the only two topics in the letter thus far or does he want to entertain other topics.

Anthony Taylor stated they could entertain other things that members of the commission think should be added to the letter.

Andre Ourso asked if this would be a legislative committee for cannabis and health care.

Anthony Taylor stated he had conversations before and after this 2022 session with the chairs of the health care committee. There is no room in the senate, getting a committee within the senate might be hard. The house has more members, or the legislature could decide to make it a subcommittee of ways and means. They have an informational hearing where OHA

presents what the cannabis commission is about, OLCC presents their position and how they interact with the OMMP Program, the chair of the OCC gives a presentation. Unless they have specific legislation introduced, they don't have conversations about the issues facing patients, restoring their civil rights, ensuring they are treated with parity when they go to seek healthcare outside of what they are using cannabis for, and ability to have open conversations with their healthcare providers. Protection of the medical growers with multiple patients is upmost on patient's minds because it threatens their ability to get no cost cannabis. The proposals he has seen for this merging separates the patients from their growers.

Andre Ourso stated he is not opposed to the idea. He has doubts whether it would be accepted or not. In the world of legislation, it seems like a narrow focus. In the world of cannabis, it is not. As a practical manner consider suggesting they combine it with psilocybin or a schedule one type of committee. That way they have a broader focus and more traction.

Adie Rae asked Andre Ourso if he thinks there is any sort of legislative committees who have an opioid or public health focus where this might fit as well.

Andre Ourso stated the Measure 110 is the most recent one. He wouldn't want what they want to discuss with cannabis and psilocybin looped into the Measure 110 committee.

Adie Rae noted the number one reason people are using cannabis in the world is for pain and as an opioid alternative.

Andre Ourso stated there are the behavioral health issues associated with therapeutic use of substances and abuse of substances.

Anthony Taylor in their meeting with Jeff Rhodes, he indicated there is some thought about putting together another joint committee on cannabis. It is nebulous right now but there are concerns that cannabis is such a big issue that they need to reconvene the joint committee. If this hit them in October or November, it is something that might carry some weight in their decision on that. The health care bills that came through the 2021 session were sent into a committee on general government instead of the healthcare committee where they should have been.

Anthony Taylor stated they can't seem to get any bandwidth for health care and cannabis in Oregon as more and more Oregonians are using cannabis on a regular basis. The state needs to figure out what they are going to do with them especially in the health care sector. This is a good way to start doing it. He likes Adie Rae's thought about if there are other places and Andre Ourso suggestion about psilocybin being a part of this. They are dealing in Oregon with two controlled substances that are on the Schedule 1 controlled substance list and are trying to break through some of these barriers where that is the main issue. The cannabis commission could invite health care professionals in. They are not going to get to the bottom of things as quickly as a committee on cannabis and healthcare in Oregon.

Pat Luedtke stated if one of the goals is clinical provider knowledge level and understanding of recommendations. Oregon has a history of leveraging the Oregon Medical Board, the licensing authority who provides people their license to practice. The general infrastructure in the clinical world is they must have continuing education units every year to keep their license, there are several entities that monitor them and make sure they stay up to speed. The general way that works is through grand rounds or trainings. Is there a way they could work with groups that could produce these grand round types of trainings?

Anthony Taylor agrees with him, stating that raising this to clinical provider level is something they need the legislatures help. If it becomes a focus of a committee, it will get more productivity out of it in a shorter time. There are several organizations that already have the training available. That was part of the goal of HB 3369, expanding the list of who can sign an attending provider statement and the protections within the statute to prevent them from being disciplined, or civil action taken against them for making these recommendations. That is an issue they should stay on top of since they have expanded, and some are already making recommendations. This is something as a commission they don't have the bandwidth to do.

Adie Rae stated the OCC doesn't have any teeth to be able to effect any change in that kind of patient rights. The legislative approach would be more effective in protecting patient's rights.

Outcome: Anthony Taylor moved that they direct staff with the help of the chairs to begin drafting a letter of request to legislative leadership for review by the full commission at its next scheduled meeting concerning the need to address the following two issues. Cannabis and health care for the purpose of creating a forum to address issues of cannabis as part of Oregon's health care picture beyond the scope of what the Cannabis Commission can achieve. The protection of those OMMP growers designated by three or more patients from any further effort to merge them into the licensed regulatory structure and the authority of the OLCC.

Pat Luedtke seconded the motion.

Anthony Taylor stated it has been moved and seconded, requested a roll call vote.

Maureen Russell did a roll call vote, and the motion passes unanimously. George Burke is excused.

Report to Governor (1:09 on audio)

Summary: Anthony Taylor states this is a motion to direct staff to work with chairs to draft a report on their first four years and what they expect to do in the next four years. This report is prepared for the incoming administration, not for the current governor and administration.

Pat Luedtke stated he would be interested to know from their state colleagues, Andre Ourso and Tom Jeanne, what that looks like on the ground. How are these types of letters viewed, are they read? He is asking about the process or is it dependent on whatever the incoming governor decides to do.

Andre Ourso stated they would probably present it to whomever is the policy advisor to the governor, they can make decisions on how they want to advise the governor and governor's office on whatever the commission wants. That is usually the process and currently, it is Jeff Rhodes. They may want to wait on the letter and give it to the new cannabis advisor.

Anthony Taylor stated it doesn't have to be in-depth, what they have done, how have they interfaced with the legislature, the recommendations from the subcommittees, and what they hope to accomplish in the next four years.

Amanda Borup agrees, they want to be careful about OHA staff time, they don't want them to spend time on things that aren't going to happen. It would make more sense to wait to see what they are dealing with in the future.

Outcome: Anthony Taylor moves that they begin to draft this report, have it prepared and ready for the incoming administration, for the appropriate policy advisor of the new administration.

Adie Rae seconded the motion.

Anthony Taylor stated it has been moved and seconded that they begin preparing a summary report for the new administration, have it ready for the incoming administration and policy advisor.

Maureen Russell did a roll call vote, and the motion passes unanimously. George Burke is excused.

Letter Requesting Membership in CANNRA (1:14 on audio)

Summary: Anthony Taylor stated they discussed this last year and it centered around whether the cannabis commission was a regulator or not. CANNRA is the National Cannabis Regulators Association. The argument whether they were regulators or a representative from the cannabis commission could apply as a relevant government office as they are not part of the industry or an advocacy organization. A membership in this organization would allow them to meet their advisory role for OHA and OLCC, their legislative directive to monitor and study federal regulations as they pertain to cannabis. It is an opportunity for the commission to stay on top of what is going on at the federal level. This organization is going to be a major contributor to federal regulatory structure.

Amanda Borup stated she would be a no vote on this because of staff time. The OHA, OLCC, and ODA are all part of CANNRA and are the regulatory bodies over cannabis in Oregon. They could give reports to this group about what CANNRA is talking about. Unfortunately, the cannabis commission is not a regulatory body, and their application would be denied.

Adie Rae wanted to confirm that OLCC, ODA, and OHA are already members of CANNRA and have representatives there. Amanda Borup stated correct.

Anthony Taylor stated as a commission, they have not received a significant report back on what they have been doing. He is concerned that OLCC representation of their role in the regulatory structure when it comes to where they cross into the medical aspects such as how much people can purchase, how much can be in a package. The OHA does not have the ability to represent patients and their issues in the way a representative from the cannabis commission could. This is essential in moving any kind of national regulatory issues forward.

Amanda Borup stated if he wants a report back, they need a line on the agenda.

Anthony Taylor it should not need to be on the agenda. When it says OLCC and OHA updates, it should cover all of that.

Amanda Borup stated she will add that to the OLCC updates in the future.

Adie Rae theoretically the solution would be that the representative from the OHA would be an OMMP staff member. If OHA is already sending a delegate to CANNRA, it would make the most sense if the OHA delegate was in OMMP.

Megan Lockwood put a link to their website in the chat to help everybody understand what they do. What their experience has been is regulators from all the different states come together to share best practices and information as to how other states may be doing certain aspects of regulatory work. They are still relatively new and finding their footing in this. They have a representative from OHA on their staff that is a member, OLCC has members, and ODA has members.

Amanda Borup stated it started out as Regulators Roundtable with Colorado, Washington, Oregon, and Alaska. As more states have started medical programs or adult use programs, the numbers have gotten larger. A year ago, they formally made themselves an organization. It is for regulations around what each state is doing, where regulations can be streamlined, and

where new states can learn from old states about what worked or didn't work. At this point and time, it is relatively new. The idea is in the future is to expand membership so more organizations would be able to join. At this point and time, it is strictly for regulatory bodies.

Megan Lockwood stated once they open the membership up, she will bring that to the attention of the cannabis commission. Anthony Taylor asked if the membership is currently limited to regulators and representatives from relevant government offices and not available to cannabis industry participants or advocacy organizations. When they open-up membership, where would the OCC fit? If they don't fit in the last two categories and fit in the relevant government office, then their application should be submitted and considered. He agrees with Adie Rae's comment that a representative from OHA on this board should be a member of the OMMP leadership.

Amanda Borup when they say membership it is multiple people from agencies. They have multiple OMMP staff members that are involved in the CANNRA organization, multiple people from OLCC involved and multiple people from ODA involved. Membership is limited, when they had their national in person meetings in the past because of capacity for where they met. Officially the CANNRA association has not met in person because the virtual environment they are currently in has allowed for more participation. She would say when membership is opened-up, something like the cannabis commission would be an appropriate member of the group. Her concern is wasting staff time writing a letter that is going to be denied because they are not a regulatory body.

Outcome: Anthony Taylor moves that the Oregon Cannabis Commission submit an application for membership in the National Cannabis Regulatory Association. He asked for a second, hearing no second the motion fails.

Research Leadership Subcommittee Reference Lab Recommendations and Research Consortium (1:27 on audio)

Summary: Adie Rae stated they should consider next steps with the subcommittee recommendations and the cannabis research consortium. There are two fundamental components to making the reference lab work. One is earmarking funding that Amanda Borup has been working on with OLCC. The other component is amending statute to include certificates of analysis (COAs) as public record. She does not know the process on how they would make those legislative changes.

Anthony Taylor asked the commissioners what they are going to do here, where do they send this, or do they make it an official report out of the commission? We need a reference lab, what does that look like, what are they going to do with the staff, and the equipment they are going to give them.

Amanda Borup stated when they think about funding, a letter to the ODA, OHA, and OLCC might be appropriate. They have had internal conversations about what ODA's needs are in the first year and the second year. Things like changing public record laws to allow the COAs to be public, they haven't had those discussions. This could prompt those discussions.

Anthony Taylor stated the OLCC, OHA, and ODA, asked if there is anyone else they want to get into that loop.

Andre Ourso stated that he thinks the three agencies are the most appropriate.

Adie Rae states from a process standpoint do they work with the letter that has already been produced by the Research and Leadership subcommittee as their working draft and make edits to that document.

Anthony Taylor states if they have already done the work, take it on for draft and review by the full commission. He asked if the committee was okay with that.

Andre Ourso stated redraft it, so it is coming from the commission to the agencies and is a good starting point.

Adie Rae states there are specifics they could add. When they are talking about increased funding, specify where that funding would go to the ODA to their current staff and to beef up their current staff resources.

Tom Jeanne states he has some edits and recommendations that he could add as a starting point.

Outcome: Adie Rae made a motion that they draft a formal letter to the OHA, OLCC, and ODA to establish a state reference laboratory for Oregon's cannabis eco-system and this commission will start working on that draft as a soon possible beginning with Tom Jeanne's comments.

Anthony Taylor seconded the motion that they will draft a letter from the Oregon Cannabis Commission to the OLCC, OHA, and ODA with our recommendations of what the state reference lab should be focusing on as their priorities.

Maureen Russell did a roll call vote and the motion passed. George Burke is excused.

Research Leadership Subcommittee Cannabis Research Consortium (1:35 on audio)

Summary: Adie Rae stated this is not ready for any motions or votes. This subcommittee still needs to do some work on it. It will be unfinished business for the next meeting agenda.

Patient Equity/Governance Frame Working Recommendations (Discussion on Recommendation 1 and 2) (Anthony Taylor) (1:38 on audio)

Summary: Anthony Taylor read the introduction of the report titled Patient Equity and Governance Frame Working Recommendations. Anthony Taylor read Issue 1 regarding prohibitive cost of testing, processing, and limited access to processing, concentrates, extracts, and full extraction cannabis oils (FECO) by OLCC licensed processors for personal use by OMMP patients and Recommendation 1.

Adie Rae asked for more information about the recommendation to increase. Recommendation 1 has separate recommendations, increase the plant material and finished product that may be transferred, and increase the number of transfers that can be made. They need specifics here, like how much material and finished product, how many transfers.

Anthony Taylor stated currently the statute that allows for an OMMP patient or their caregiver to transfer plant material to an OLCC processor. They can transfer up to twenty-four ounces at a time but no more than two transfers per year of a limited amount, three pounds. When the finished product is transferred back to them they are allowed to transfer one ounce at a time with a two-ounce annual limit. Typically, they get a ten to fifteen percent return on the finished product from the plant materials. If they turn in forty-eight ounces to be processed, they may be able to get five ounces of oil returned to them as a patient but are only allowed by current administrative rule to get two of those ounces back in a year.

Adie Rae stated what she is hearing is they need a ceiling on raw plant material. From that ceiling they can derive roughly how many transfers can be made.

Anthony Taylor stated the ceiling on plant material is a good point, under OMMP a grower could take as much plant material they wanted to a processor, the processor would process it, and create a finish product from which they would take a portion for their efforts and services. The grower would take it back and dispense it to their patients and the caregivers, now that is very limited. They could do some research for when they come back to it. The issue of the transfer back to patients of the finished product, what these two limits relate to is possession limits under the statute. They are only allowed to have so much of a processed product at one time. The transfers of oil back would probably increase it to the full possession limit.

Adie Rae stated they are not trying to regulate the number of transfers; they are trying to regulate possession limits. If they have a small transfer in January and a possession limit transfer in July, they are done for the year. The number of transfers seems irrelevant and what is relevant is how much can be transferred at one time. The same thing with possession limits on a dispensary purchase or shelf purchase. They are not saying they can't come in tomorrow and buy the purchase limit again. The number of transfers is irrelevant, but they can talk about the possession limits there to figure out if a ceiling is necessary.

Anthony Taylor stated the possession limits for extract oils are concentrates is one ounce.

Amanda Borup it is different for concentrates and extracts. The first part of that recommendation in allowing the growers to transfer to the processor, that would be a change to statute not rule. The second part would be a change to rule. The reason

they put that limit in was for possession limits because the amount of flower material they are allowed to have, they wouldn't want someone transferring more flower than they are allowed to have.

Anthony Taylor stated Adie Rae commented that part of the first one is statute and the second part of the first one is rule. Amanda Borup stated currently only patients or caregivers are allowed to transfer to a processor, that is in statute. If they want a grower to go to processors that would be a statute change. The second part about putting guardrails on it that is in administrative rule.

Anthony Taylor asked her if it was the transfers back. Amanda Borup stated yes, the amount transferred back.

Anthony Taylor stated his suggestion would be that the processors be allowed to transfer up to one ounce per month to a patient. That is based on a patient needing to use a gram per day for their treatment. Twenty-eight grams in an ounce would get them through most months.

Adie Rae stated she is hesitant to put actual numbers to this. What if they change the possession limits based on patients saying they need higher possession limits? Then they must go back and change this because it is arbitrarily determined to be one ounce per month rather than tethered to possession limits. They are putting numbers here, both in amounts and in frequency. She feels there is a way for the subcommittee to do more work around figuring out how to address the problem of possession limits without arbitrarily inserting hard numbers.

Anthony Taylor stated the possession limit is a hard number. He asked do they word it such as the transfer is not to exceed the possession limit and transfers are not to exceed more than one a month.

Adie Rae stated she is not on this subcommittee, she is not a patient herself, and she can't speak to the needs of the patients as well as the subcommittee can. More than two a year seems prudent, if they are talking about a ninety-day supply versus a thirty-day supply, then that is the difference between four transfers and one transfer rather twelve transfers or four transfers per year. This isn't her role, but she is pointing out the subcommittee could figure this out.

Cedar Gray stated he is meeting with someone who consumes three grams of FECO a day. That is the most oil of anyone he has worked with. That is over a liter a year for about thirty-six ounces a year, three ounces a month.

Adie Rae stated that is why she was asking about the ceiling, what is the maximum that they think will be required by a patient and they can make fit into the possession limits.

Anthony Taylor stated the possession limits are an ounce.

Adie Rae stated this is something they need to say here, and they can send this back to the subcommittee to be more specific. If they are going to amend rule and amend statute, what are the amendments that need to be made.

Andre Ourso stated the difficulty with this is it seems arbitrary and antidotal. The public health professional in him would want information and data on what the actual needs are from patients.

Anthony Taylor stated those needs vary widely. Some people get by with a small drop or two of oil in the evening, some people use a small drop or two three times a day, some people use a full dropper two or three times a day. The real limiting aspect is the possession limits and that goes to the third point in this recommendation, that possession limits for patients are not any different than possession limits for the adult use population. That needs to change and would make this problem easier to solve. If they could have possession of three ounces that would make it easier. He agrees it is tough to throw a number here without deeper conversation and he is loath to take anything back to the subcommittee considering all the work they have done. He will take this item back to them, ask them for their input, and have this back for everybody.

Adie Rae asked if there was a mechanism in which a patient can submit an exception to possession limits.

Andre Ourso stated no, the possession limits for patients are in statute and things have been renumbered. He asked if they are in the medical marijuana act is where the possession limits are for patients.

Anthony Taylor stated they are in the OLCC statutes.

Amanda Borup stated both recreational and medical are in 475B.

Anthony Taylor stated the only possession limit that is different for patients and adult use population are the flower limits.

Andre Ourso stated if they are going to allow patients to have more flower than the public, but not allow for any other products, that seems like an inconsistency in the law. He would say he supports the change to be more accommodating to patients, but he doesn't know where that actual level would be.

Amanda Borup stated base it off the amount of flower, that might be a good place to start.

Anthony Taylor asked the ratio.

Amanda Borup stated they could do the ratio from the amount of flower a 21 and older could possess, how much they would be able to possess in concentrates, extracts, and things like that to an actual amount an OMMP patient could have. Then maybe the equivalent amount of oil.

Anthony Taylor stated they could get three times as much flower as an adult use population and three times as much of everything else, possession limits.

Amanda Borup stated the one thing that may be tricky is twenty-one and over can have two ounces of flower in public but have eight ounces of flower in their home. She believes with OMMP there is no difference on what they can have in home and in public.

Anthony Taylor stated they can have twenty-four ounces in their possession at any time, it can't be public view.

Andre Ourso stated they can have twenty-four ounces in their pocket, and they are okay.

Anthony Taylor given these concerns, he will take it back and have the subcommittee refine it and see if they can get a handle on it without putting numbers to it.

Anthony Taylor read Issue 2 from the recommendations, lack of dependable availability and consistency of quality and products within the retail market, especially non-flower products. The central plank of the legislative directive is to develop long term strategic plans that ensures cannabis remains available long term for those that benefit from it use and remains affordable. This is reflected in the cost analysis at the end of this report, prices have come down. The real issue is availability

and consistency of availability. As they say in the report, all products are tested, other factors may determine whether a low-price product will meet a patient's need. OMMP patients who depend on a particular strain or profile cannot switch to another product as easily as a consumer is able to do. The change may not be as beneficial, may be more expensive, or be a one-off product. They provided an addendum to recommendations in good practices, manufacturing, and reliability of identity strength and purity of cannabinoid products. With cannabinoid products, while some dispensaries carry a full line of products, many dispensaries don't carry a patch or don't carry the patient limit packages of FECO. The OLCC raised the amount of THC that can be in an adult use product but paid no attention to raising the medical side. All these play into this equation and brings them to the recommendation that the issue of medical grade quality will require work from a wide range of experts. They recommend that the OLCC begin by working in collaboration with the OCC, OHA, and the cannabis research community to develop minimum guidelines for product, quality, and availability. A lot of these are encapsulated in the second addendum. They recommend expanding package serving sizes, all non-flower possession limits, cannabinoid items for OMMP patients and consumers alike and should be realigned to protect patients who may need to possess larger amounts of flower products.

Amanda Borup stated she understands where this recommendation is coming from and where the need is. The issue is their licensees are part of the open market as far as being allowed to decide what kind of products they want to carry in retail and make for processing. There is nothing in statute that requires them to carry any certain items in their retail store or make certain items if they are a processor. It would have to be a good faith collaboration and their licensees would have to want to do this.

Anthony Taylor stated the other factor is they must have the medical grade endorsement to sell the medical grade products.

Amanda Borup stated not per statute and it is free.

Adie Rae asked if the term medical grade is in statute, Amanda Borup stated it is.

Anthony Taylor stated that is part of Addendum 2, expanding the medical grade issue. There are recommendations dealing with quality, consistency, standards in practices in that addendum.

Adie Rae stated the issue here is there is no difference between adult use and medical grade. It should all have the same quality; the only difference is the use of that product. A lot of that use is how much do they use and is it recommended for medical use since it will interact with certain medications. If they are going to focus on the medical grade component of it, the quality is less important because all cannabis should be medical grade quality. What they are talking about is availability, dependability, and consistent availability of those products. If they want to make sure they have medical grade or products for medical use available to their patients, they need to have a stockpile of them. The questions are, what products go in the stockpile, they won't know that until the patients tell them what products they are running out of and if there is any consensus around that. They can collect personal anecdotes but that would be one of many. How many people does it affect because they can't regulate for every single individual need but they can regulate, say only half of the dispensaries in Oregon carry one tincture, maybe that is a problem that they could work through with good faith collaboration or ORS mandated reserves. They can make sure that there is consistent product availability. She is in favor of increasing the possession limits, they talked about that in Recommendation 1. It should be amended so that the ratio is the same across flower and non-flower products. In terms of patient limited packaging and patients having a difficult time finding retailers that stock the patient limit packages. This seems like another opportunity for good faith collaboration with the software platforms, the menu hosting platforms, the point-of-sale systems, and the digital platforms to advocate with those software platforms. Our medical patients are having a hard time finding these products, can you add this feature so we can communicate to patients that they should be able to find these using readily available free tools.

Anthony Taylor stated raising the limits is probably one of their first steps. The idea of determining which cannabinoid products the patients use the most that run out of first is important. It is hard for the dispensaries to carry some of these products because they are slow movers, and they find that the four thousand milligram tincture bottle is the only thing that

moves with any consistency. The one thing that has come up has been the central repository, the legislative directive to set a certain amount of reserve of certain products, if not all products. That could be held in a repository, if a patient is about to run out of their thirty-day supply, they call the repository, and the repository delivers their product. That takes cannabinoid products supply out of the hand of the dispensary and puts it in a central repository that delivers to the patients. That is the best solution to product availability for patients. It takes the burden off the dispensaries, they always have it in stock, there is a legislative minimum requirement for the reserve that establishes that baseline and they can already deliver. Whether the state manages that repository or create a pilot program that is a consortium of processors, retailers, and producers that make it work. How they go about that would have to be discussed in detail.

Adie Rae stated theoretically they already have a repository information in METRC™. They don't have any visibility into METRC™ and METRC™ already knows where every single product is at one point of time. There is no visibility to where those products are.

Anthony Taylor stated she is right it is all in METRC™. That is a good way to move forward on this, is to figure out how to get this information available to the public.

Amanda Borup stated the recommendation publicizes where medical grade packaging is in METRC™. It is not going to help with the quality issue or the quantity issue. Even if they were to say this is where all the medical grade products are in the state right now. If the retailer sells out of it and they decide they don't want to carry it anymore, that is their decision. That information would still be available, but it wouldn't help with the consistency with the retailers having medical products available for patients. It comes down to having retailers wanting to serve patients and having that be important in their business model. There are some licensees that do care for OMMP patients.

Adie Rae stated maybe this is where the idea of a pilot program ties back into their main state sanctioned or state delivery service, one in southern Oregon, Portland Metro, etc. Where they have this pilot program is where those medical grade reserves are stockpiled and can be deployed.

Anthony Taylor stated they discussed the pilot program in their fifth recommendation. He will make a note to carry this over to that part of the discussion.

Adie Rae stated the first step in assessing that is what is going to go into the stockpile. They are never going to know that unless they ask patients, systematically having a reporting mechanism, because they couldn't find the product they need. Anthony Taylor stated they discussed the first two recommendations. He will make notes, go back to the subcommittee with them, and come back to the next meeting with some of this worked out.

Top Priorities for 2023 (Anthony Taylor) (2:18 on audio)

Patient Equity and Governance Framework Subcommittee

Anthony Taylor stated the name change from OMMP to OMCP and to remove the word "marijuana" from statute. A public awareness campaign that presents a comprehensive view of cannabis that offers benefits as well as the risks. This is a common thread that has gone through all the subcommittees. Civil rights and health parity for patients. This is a constant subject and topic of conversation. Employment, housing, and healthcare parity still fall short for those using cannabis on a regular basis. Persistent zero-tolerance policy of agencies regarding cannabis in these areas hamper progress in these areas.

Research Leadership Subcommittee

Anthony Taylor stated work with OHA to revise the public health statements regarding cannabis. Monitor and encourage further development of independent state research lab for cannabis testing and analysis. Work with OHA to establish online directory for a state-wide research consortium.

Health Equity Subcommittee

Anthony Taylor stated create a workgroup to include the Directors and members of the Office of Equity and Inclusion, OMMP, volunteers from OCC/Health Equity subcommittee, and other experts as deemed necessary to align the OMMP with OHA's health equity goals and strategize a short and long-term plan to address racial justice, cultural equity, and health equity in the medical use program, and incorporate cannabis solutions into the broader Healthier Together Oregon plan. Work with licensing boards to direct providers to immediately require cannabis continuing education as a condition for license renewal to address a critical competency gap in our state as a major harm reduction tool. The licensing boards shall also work to ensure evaluations and authorizations for cannabis recommendations fall within the scope of care for licensed providers and to establish clearly articulated, standard of care guidelines for attending providers that reflect existing standards for care, evaluations, and referrals for non-cannabis practices. Establish the collection of data on ethnic, racial, cultural, disability, and language demographics and in a culturally competent manner, including outreach by members of marginalized communities.

Anthony Taylor stated those are the recommendations the commission should consider for priority goals to accomplish over the next eighteen to twenty-four months. They would be best be served by giving everyone a chance to review this and think about if there is anything else other members think should be a priority. He would like to see these goals laid out so if somebody looks at the webpage, they see what they have done and what they are working on. He asked if there were any comments or if they thought that was a good way to proceed.

Pat Luedtke stated he supports the training side the psychology, pharmacology requirements for licensed providers. To get their license they do it once, it would be best if they do it regularly because things change. The other two areas are history and criminalization. Some of that is objective, he would want to make sure it is correct and of interest to the provider person in this space.

Adie Rae stated cannabis botany is less important than cannabis processing and manufactured goods. The pharmacology related to those different routes of administration. What is more relevant to either initial or continuing education is less about different fields of science, but more about the practical application of their patients.

Anthony Taylor stated they want things to work on the ground.

New Business (Anthony Taylor) (2:26 on Audio)

Letter to OHA/OLCC Requesting Direction

Summary: Anthony Taylor stated that he and Adie Rae have had conversations on this, he asked her to provide comment on this letter.

Adie Rae stated the rationale behind the letter, a lot of recommendations are made, it is unclear to her how many of those recommendations are followed up on, gain traction, are successful or unsuccessful. Are they as the committee providing valuable services? If they are not successful, how can they shift what they are doing to have measure of success.

Anthony Taylor stated this has been an issue and has been mentioned by subcommittee members. They meet, have discussions, make recommendations, and it is like an echo chamber. They talk about things that would help make things better, make recommendations, and not much comes from it. With that direction and guidance from the members of the commission, as a priority for the next two years, it would give them help in directing the work the subcommittees do. What the commission is going to be looking to is reports and recommendations to the legislators and the Governor's Office. He asked for comments moving in this direction, more guidance from OLCC and OHA.

Amanda Borup stated based on the documents they have reviewed the scope is already large. She doesn't know if he would want to send documents about the scope to OLCC and OHA to get feedback on rather than broad feedback.

Adie Rae stated it feels underdeveloped, it seems nebulous at this moment, requesting direction is broad. They might have some more work to do, think about, we are going to submit a letter, what is the content of the letter. Having sub bullet points or a draft would help the committee wrap their heads around if this is something they want to proceed with.

Anthony Taylor stated they would table it for now.

Approval of OCC Chair Communications with Legislators (Anthony Taylor) (2:31 on audio)

Summary: Anthony Taylor stated they have had this discussion and have met with legislators in 2019. As they begin to work through this, they need to be able to communicate with the legislators especially considering that only one of the recommendations from their 2019 report has been adopted. The reference lab seems to be moving forward. The other recommendations have fallen through the cracks, they need to keep their work, their efforts, and their ongoing proposals on the radar in the legislature. Andre Ourso has joined them in meetings with the legislators and hopefully he will continue in that role. Once the primaries are over, they will have a better idea as to who is coming back. Then they can schedule meetings to begin getting the issues they have been working on for a couple of years on everybody's radar. To see what they can do as far as getting more of the 2019 recommendations adopted, the current and ongoing issues.

Andre Ourso stated they will want to continue that process. They meet with legislators, representatives of the commission, and OHA meet jointly as they can. They have a tightly controlled system in which the agency engages with legislators, they go through government relations. He is not saying OCC would have to follow that same process because they are a semi automatus advisory committee. The best way to do that is this commission needs to figure out what the legislative priorities and asks are. Put those down on paper and address them both to the OLCC and OHA, say here is the commission's legislative recommendations for 2023. Then after that, Megan Lockwood or he would notify their government relations that the OLCC

wants to start talking to legislators. They would say okay, and they would tell them it is about these topics. The first step is to articulate and get some concrete legislative goals the commission wants.

Adie Rae stated earlier in the agenda, the first bullet point under unfinished business was a letter to legislative leadership. Their communication with the legislators starts with this formal recommendation of what they want to see in terms of legislative priorities and changes to statute. That letter gets them across the threshold to follow-up meetings and discussions. Anthony Taylor stated knows that the original legislative mandate ended in 2020 had them working with the interim chairs of the health care and the judiciary interim committee. If they have those recommendations to bring forward and they are willing to sit down to have those conversations, it ties into pre-session work, whether or not they get it filed for pre-session and developed in time to do that. At the same time as having these top priorities for the commission worked out and stated in the next two meetings will benefit them.

Anthony Taylor asked if they could have their July meeting in person. Andre Ourso stated he doesn't know. The building is opening to the public May 1, it has been postponed multiple times. If the building is open to the public and the members are okay. There needs to be an option for someone to call in, have a hybrid screen based on distance.

Megan Lockwood stated it may be too soon at that point. The one thing they don't have is a system to do the in-person while accommodating those that work remote. Operations is working that out. Once they have something in place like that and is accessible to all the programs, it shouldn't be a problem.

Public Comment: There was no public comment for this meeting.

Next Oregon Cannabis Commission: July 12, 2022, 1pm – 4pm Zoom Meeting