BEFORE THE
OREGON HEALTH AUTHORITY
STATE OF OREGON

IN THE MATTER OF	)	**FINAL ORDER**
	)	
	)	
REBECCA ANDERSSON, Petitioner	)	OAH Reference No. 2025-OHA-17970
	)	Authority Case No. MMP2024-1

HISTORY OF THE CASE

On December 6, 2024, the Oregon Health Authority's Public Health Division-Oregon Medical Marijuana Program (Authority) issued to Rebecca Andersson (Petitioner) a Notice of Intent to Deny Petition to Add a New Qualifying Condition for the Medical Use of Marijuana[1] in Oregon (Notice). On December 18, 2024, Petitioner requested a hearing to contest the Notice. On January 6, 2025, the Authority referred Petitioner's hearing request to the Office of Administrative Hearings (OAH) for a contested case hearing.

On January 30, 2025, Administrative Law Judge (ALJ) Christopher Dorr of the OAH held a prehearing conference and set the matter for hearing on April 3, 2025. On March 3, 2025, ALJ Dorr granted Petitioner's unopposed request to postpone, and the matter was reset for hearing on June 17, 2025. On June 2, 2025, ALJ Dorr granted Petitioner's second unopposed request to postpone, and the matter was reset for hearing on August 12, 2025. On August 5, 2025, the parties made a joint request to postpone the hearing. On August 12, 2025, ALJ Dorr held a status conference at which the parties agreed to reset the matter for hearing on October 28, 2025.

[1] In this Proposed Order the terms "marijuana" and "cannabis" are used interchangeably.

On October 28, 2025, ALJ Dorr convened an administrative hearing by video conference. Petitioner's attorney Alex Tinker, Petitioner, Assistant Attorney General (AAG), Stephanie Case and Authority representative Megan Lockwood appeared. Petitioner requested postponement following the ALJ's ruling limiting the scope of the evidentiary record on appeal. The Authority objected. ALJ Dorr granted Petitioner's request and the matter was reset for hearing on February 3, 2026.

On February 3, 2026, ALJ Dorr convened an administrative hearing by video conference. Attorney Tinker, Petitioner, AAG Case and Authority representative Megan Lockwood appeared. The following individuals testified: Petitioner, Suzanne Mulvehill, PhD, Ashley Manta, Michael Schwartz, MD, Gabriella Bova, Nan Wise, PhD, Authority representative Megan Lockwood, Deputy State Public Health Officer (DSPHO) Tom Jeanne, MD, MPH, and Maureen Whelihan, MD. Kelsey Engvik and State Public Health Officer (SPHO) Dean Sidelinger, MD, MSEd, observed the hearing. The hearing was continued at the end of the day.

On February 4, 2026, ALJ Dorr convened a continued administrative hearing by video conference. Attorney Tinker, Petitioner, AAG Case, and Authority Representative Lockwood appeared. The following individuals testified: Diana Urman, PhD, Jordan Tishler, MD, Amanda Moser, Jim Pfaus, PhD, Genester Wilson-King, MD, and SPHO Sidelinger. The following individuals observed: DSPHO Jeanne, S. Mulvehill, M. Schwartz, M. Whelihan, and K. Engvik. The record was held open at the conclusion of the continued hearing and closed on February 27, 2026.

ALJ Dorr issued a Proposed Order on June 16, 2026. Petitioner did not file any exceptions to the Proposed Order within the 10-day time period. The Authority adopts the ALJ's Proposed Order and enters this Final Order, as explained below.

ISSUE

Whether the Authority may deny Petitioner's petition to designate Female Orgasmic Disorder (FOD) as a debilitating medical condition in the Oregon Medical Marijuana Program (OMMP). Oregon Revised Statute (ORS) 475C.913 and Oregon Administrative Rules (OAR) 333-008-0090.

EVIDENTIARY RULINGS

On October 28, 2025, after hearing oral argument, ALJ Dorr granted the Authority's motion to limit the evidentiary record on appeal to that before the Authority on or before December 6, 2024, including testimony provided at the public hearing before SPHO Sidelinger on October 3, 2024.

On February 3, 2026, Authority Exhibits A1 through A24 and A27 through A32, and Petitioner Exhibits C2, C4 and C7 through C25 were admitted into evidence without objection. The Authority withdrew exhibits A25 and A26. Petitioner Exhibits C1, C3 and C5 were excluded as duplicative. Exhibit C6 was not offered into evidence.

FINDINGS OF FACT

(1) On June 3, 2024, Petitioner submitted a petition to the Authority's OMMP seeking to have FOD designated a debilitating medical condition. (Ex. A1.)

(2) On July 22, 2024, the OMMP notified the Oregon Cannabis Commission that it had received and accepted Petitioner's petition, and the petition was under consideration. The notice solicited recommendations from the OCC for any relevant experts on the use of cannabis for FOD, literature or peer-reviewed scientific studies relevant to the petition. (Ex. A6.)

(3) On July 23, 2024, the OMMP published a notice on the Authority's website that included a copy of Petitioner's petition and supporting materials. (Ex. A3.)

(4) On September 19, 2024, the OMMP published a Notice of Public Hearing to all interested parties for a public hearing on October 3, 2024, via Zoom videoconference. The Notice contained the information necessary to participate in the public hearing and advised that the OMMP would also accept written public comment submitted before 5:00 p.m. on October 11, 2024. (Ex. A5.)

(5) On September 24, 2024, the OMMP sent email solicitations to the American College of Obstetrics and Gynecology (ACOG) and the Center for Women's Health seeking experts with knowledge of FOD, to provide testimony, literature or peer-reviewed scientific studies related to the use of cannabis to treat FOD at the public hearing or during the comment period. (Ex. A4.)

(6) The office of the SPHO conducted its own search of the relevant scientific literature using the "gold standard" online archive PubMed. The SPHO found no studies of subjects who have been diagnosed with FOD and no studies weighing the risks vs. benefits of cannabis to treat or alleviate the symptoms of FOD. (Test. of Jeanne.)

(7) The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) sets forth the diagnostic criteria for FOD (ICD-10[2] F52.31):

> A. Presence of either of the following symptoms and experienced on almost all or all (approximately 75%-100%) occasions of sexual activity (in identified situational contexts or, if generalized, in all contexts):
>
> 1. Marked delay in, marked infrequency of, or absence of orgasm.
> 2. Markedly reduced intensity of orgasmic sensations.
>
> B. The symptoms in Criterion A have persisted for a minimum duration of approximately 6 months
>
> C. The symptoms in Criterion A cause clinically significant distress in the individual.
>
> D. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress (e.g., partner violence) or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.
>
> *Specify* whether:
>
> **Lifelong:** The disturbance has been present since the individual became sexually active.
>
> **Acquired:** The disturbance began after a period of relatively normal sexual function.
>
> *Specify* whether:
>
> **Generalized:** Not limited to certain types of stimulation, situations, or partners.

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[2] *International Classification of Diseases-10th Revision*

Situational: Only occurs with certain types of stimulation, situations or partners.

Specify if:
Never experienced an orgasm under any situation.

Specify current severity:
Mild: Evidence of mild distress over the symptoms in Criterion A
Moderate: Evidence of moderate distress over the symptoms in Criterion A
Severe: Evidence of severe or extreme distress over the symptoms in Criterion A

(Ex. A32 at 1.)

(8) On December 6, 2024, the SPHO issued a Notice proposing to deny Petitioner's petition:

> The [SPHO] finds that the evidence presented and considered for this petition does not show that marijuana is efficacious for FOD or may mitigate the symptoms or effects of FOD, and that any risk of physical or mental harm from using marijuana for FOD is not outweighed by the physical or mental benefit of using marijuana for FOD. Because the available evidence is not sufficient to add FOD as a qualifying condition for the medical use of marijuana at this time, OHA proposes to deny the petition.

(Pl. P1 at 2.)

(9) None of the scientific literature before the SPHO studied cannabis use in a population of women diagnosed with FOD. Some studies used the Female Sexual Function Index (FSFI) to screen study participants. The FSFI is a self-report questionnaire used to assess female sexual functioning in six domains: desire, arousal, lubrication, orgasm, satisfaction and pain. The FSFI is validated as a screening tool to assess female sexual dysfunction. It is not a scientifically validated diagnostic assessment for FOD. The FSFI does not differentiate causes of sexual dysfunction, does not assess the level of distress caused by sexual dysfunction and relies solely on an individual's subjective perspective and memory. (Test. of Mulvehill; Sidelinger, Jeanne.)

(10) Women who report experiencing orgasm difficulty, including women whose FSFI scores indicate sexual dysfunction, have reported statistically significant symptom improvement with cannabis use in connection with sexual activity. (Test. of Mulvehill, Petitioner, Manta, Schwartz, Whelihan, Urman, Tishler, Moser, Pfaus, Wilson-King.)

(11) Even though some scientific studies in evidence suggested a positive effect of cannabis on female orgasmic functioning, the SPHO found the studies lacking due to small sample sizes, use of non-validated questionnaires, use of cross-sectional rather than longitudinal design, and non-randomized participant selection (e.g. online surveys recruiting participants from cannabis social media, cannabis dispensaries, universities) which left the studies susceptible to selection and recall biases. Some of the studies did not assess orgasmic function; others produced negative results suggesting cannabis use had no effect or had an inhibitory effect on orgasmic function. The SPHO determined that prospective, randomized controlled studies where participants are randomly assigned to treatment vs. control groups are the most rigorous, reliable, bias-free method to determine whether cannabis is efficacious for FOD or may mitigate the symptoms or effects of FOD. (Test. of Sidelinger, Jeanne.)

(12) No studies in evidence before the SPHO assessed the risks vs. benefits of cannabis use for FOD because none of the studies evaluated women specifically diagnosed with FOD. (Test. of Sidelinger, Jeanne.) Generally known and scientifically established risks of cannabis use include adverse effects on memory, concentration, learning, coordination, reaction time and judgment. Mental health risks of cannabis use include depression, anxiety and schizophrenia. Cardiovascular risks of cannabis include chronic obstructive pulmonary disease (COPD) and stroke. When smoked, cannabis can also cause bronchitis. Cannabis use during pregnancy is associated with lower birth weight and developmental delay. (Test. of Jeanne.) Some risks associated with cannabis use may be dose dependent. (Test. of Pfaus.)

(13) On or about April 27, 2024, the state of Ohio denied a petition to approve medical marijuana for FOD based upon its reviewing expert's conclusion that "[t]he evidence supporting the use of medical marijuana is of poor quality" and "[d]ue to lack of high quality evidence, medical marijuana cannot be recommended as effective treatment for [FOD] at this time" even if some expert opinion and anecdotal evidence might suggest that it is. (Ex. A27 at 2-3.)

(14) On June 10, 2024, the state of Connecticut approved a petition to add FOD to its list of qualifying medical conditions for medical marijuana based upon the petitioner's "well-researched presentations to the [Medical Marijuana Program] Board," and the petitioners' "personal stories." (Ex. A28 at 2.)

(15) On October 31, 2024, the state of Maryland denied a petition to include FOD as a new qualifying condition for medical cannabis because the petitioner's submission was "facially insubstantial at this time, as the petition and supporting documentation did not provide research to prove that **the pain, suffering, and disability of the medical condition can reasonably be expected to be relieved by medical cannabis**." (Ex. A29 at 1. **Bold** in original.)

(16) On November 15, 2024, the state of Illinois approved a petition to add FOD as a debilitating medical condition based upon "[l]iterature review and survey data" that it found supported the conclusion that "cannabis can offer benefits to individuals who have 'female orgasm difficulties or dysfunction'." (Ex. A30 at 1.) Illinois found that FOD was a "condition where a * * * female has difficulty reaching orgasm [and t]here are multiple types and a wide variety of causes." (*Id*.)

(17) On November 19, 2024, the state of Arkansas denied a petition to add FOD as a Medical Marijuana Qualifying Condition because "the current scientific evidence * * * is insufficient to support the use of medical marijuana for treatment of [FOD]. Randomized, placebo-controlled trials with assessment of therapeutic dose are still needed to assess the risk and benefits." (Ex. A31at 2.) This conclusion was based, in part, on the recommendation of the Arkansas Department of Health Women's Health Medical Director not to add FOD as a qualifying medical condition because the scientific literature consisted primarily of self-reported survey data, current data showed both positive and negative effects of marijuana on sexual function "depending on dosage" and "[m]ore comprehensive studies are needed to provide a comprehensive understanding of the effects of marijuana on female sexual function." (*Id*. at 3.)

CONCLUSION OF LAW

The Authority may deny Petitioner's petition to add FOD as a disabling medical condition in the OMMP.

OPINION

The Oregon Medical Marijuana Program (OMMP) allows individuals with debilitating medical conditions access to medical marijuana and provides certain criminal and civil legal protections to such individuals and their health care providers. The OMMP currently recognizes the following as debilitating medical conditions set forth in OAR 333-008-0010(20):

> (a) Cancer, glaucoma, a degenerative or pervasive neurological condition, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, or a side effect related to the treatment of those medical conditions;
>
> (b) A medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following: (A) Cachexia; (B) Severe pain; (C) Severe nausea; (D) Seizures, including but not limited to seizures caused by epilepsy; or (E) Persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis;
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> (c) Post-traumatic stress disorder; or
>
> (d) Any other medical condition or side effect related to the treatment of a medical condition adopted by the Authority by rule or approved by the Authority pursuant to a petition filed under OAR 333-008-0090.

See also, ORS 475C.777(6).

ORS 475C.913 provides:

> Any person may petition the Oregon Health Authority to request that a disease or condition be included among the diseases and conditions that qualify as debilitating medical conditions under ORS 475C.770 to 475C.919. The authority shall adopt rules establishing the procedure for filing a petition under this section and the manner by which the authority evaluates a request made under this section. Rules adopted under this section must require the authority to approve or deny a

petition within 180 days of receiving the petition. Denial of a petition is a final agency action subject to judicial review.

ORS 475C.919 provides:

(1) The Oregon Health Authority shall adopt rules necessary for the implementation, administration and enforcement of ORS 475C.770 to 475C.919.

(2) The [A]uthority may adopt rules as the [A]uthority considers necessary to protect the public health and safety.
OAR 333-008-0090 provides, in part:

* * * * *

(2) The Authority shall accept a written petition from any person requesting that a particular disease or condition be included among the diseases and conditions that qualify as a debilitating medical condition under ORS 475C.777.

(a) A petition may only request a single disease or condition be added as a debilitating medical condition. A separate petition must be submitted for each disease or condition proposed to be added as a debilitating medical condition.

(b) A petition must * * * must include * * * the following * * *:

(A) A specific description of the disease or condition proposed to be added and its characteristics, including the applicable ICD code or the specific diagnosis as described in the DSM

* * * * *

(3) If the petitioner has submitted a petition with all the information required in section (2) of this rule, the SPHO must:

* * * * *

(e) Conduct an investigation that may, as the SPHO determines necessary, include:

(A) Consulting with one or more experts in cannabis therapeutics and one or more experts on the disease or condition that is the subject of the petition;

(B) Requesting a literature review and a summary of peer-reviewed published scientific studies related to the use of marijuana for the disease or condition that is the subject of the petition, from neutral persons knowledgeable about conducting such reviews; and

(C) Gathering any other information the SPHO believes relevant to making a decision on the petition.

(f) Hold a public hearing at a time and place determined by the SPHO. At the public hearing the petitioner shall have the opportunity to address the SPHO in person or by telephone. Written comments shall be accepted by the SPHO for one week following the close of the public hearing.

(4) Following the investigation identified in subsection (3)(e) of this rule and the close of the public comment period specified in subsection (3)(f) of this rule, the SPHO must issue a Notice of Intent to either approve or deny the petition.

(a) The SPHO must issue a Notice of Intent to Approve the petition if, based on the evidence presented to and considered by the SPHO, the SPHO finds that:

(A) Marijuana is efficacious for the disease or condition that is the subject of the petition or marijuana may mitigate the symptoms or effects of the disease or condition that is the subject of the petition; and

(B) Any risk of physical or mental harm from using marijuana for the disease or condition that is the subject of the petition is outweighed

by the physical or mental benefit of using marijuana for that disease or condition.

(b) The SPHO must issue a Notice of Intent to Deny the petition if the SPHO determines that the evidence presented to and considered by the SPHO does not meet the standards established in subsection (4)(a) of this rule.

(5) At a contested case hearing, the petitioner has the burden of proving the decision of the SPHO was without a reasonable basis in fact.

Petitioner contends the SPHO's decision to deny her Petition was without a reasonable basis in fact because (1) the evidentiary record contained voluminous and valid scientific evidence that cannabis mitigates impaired orgasmic function in women, the "primary symptom" of FOD; (2) there is no evidence to refute that cannabis mitigates impaired orgasmic function in women; (3) there is substantial evidence that the benefits of treating FOD with marijuana outweigh the risks; and (4) there is no evidence for the opposite conclusion (that the risks outweigh the benefits). *Petitioner's Closing Brief at 3-5*. Accordingly, Petitioner contends the SPHO had no reasonable basis in fact to conclude the evidentiary record failed to meet the standards set forth in OAR 333-008-0090(4)(a).

Petitioner's argument regarding the efficacy of cannabis to mitigate the "primary symptom" of FOD fails to recognize there were no scientific studies in evidence that investigated the effect of cannabis on impaired orgasmic function *specifically attributable* to FOD, as opposed to impaired orgasmic function "that is not better explained by a nonsexual mental disorder," not attributable to "severe relationship distress (e.g., partner violence) or other significant stressors" and that is not attributable to "the effects of a substance/medication or another medical condition." Petitioner argues that because the evidence in the record demonstrated cannabis mitigates impaired orgasmic function irrespective of etiology it necessarily demonstrates cannabis also mitigates this symptom in FOD, the disease or condition that is the subject of the petition.

The Oregon Legislature has authorized medical cannabis for a limited number of specifically identified signs or symptoms that may arise in connection with (or may even be among the diagnostic criteria for) any number of diseases or

conditions. Those signs or symptoms include cachexia, severe pain, severe nausea, seizures (including those caused by epilepsy) and persistent muscle spasms (including those caused by multiple sclerosis). ORS 475C.777(6)(b). The legislature did not include impaired female orgasmic function among them. Nor did the legislature provide a statutory mechanism to petition to add to that exclusive list. Likewise, the rule adopted by the Authority (OAR 333-008-0090) does not authorize a petition to add a sign or symptom of a disease or condition, like impaired orgasmic function, untethered from the disease or condition that is the subject of the petition.

Petitioner also argued the SPHO imposed a qualitatively more rigorous evidentiary standard than is required by a plain text reading of OAR 333-008-0090(4)(a) to approve a petition. Petitioner contends the scientific evidentiary standard required by the SPHO (prospective, randomized controlled studies) exceeds "accepted scientific practice and creates a barrier to evidence evaluation that is unique to" FOD, the condition that is the subject of this petition. Petitioner argued that because there is no "diagnostic test" for FOD, clinically validated FSFI functional outcome measures demonstrating a positive association between cannabis use and female orgasmic function should be sufficient to meet the standard. Petitioner argued the rule merely requires showing there is "a possibility that marijuana mitigates the symptoms of FOD," and the evidentiary record presented to and considered by the SPHO accomplished that. *Petitioner's Closing Brief at 8*. Accordingly, Petitioner argues, the SPHO's interpretation of OAR 333-008-0090(4)(a), and the more rigorous evidentiary standard the SPHO imposed, is unreasonable.

Petitioner's argument fails to recognize the broad grant of authority from the legislature to "adopt rules necessary to protect the public health and safety" in the Oregon Medical Marijuana Program. ORS 475C.919(2). The argument also fails to recognize the broad discretion vested in the SPHO by OAR 333-008-0090(4)(b) to determine whether "the evidence presented to and considered by the SPHO" meets the standards in OAR 333-008-0090(4)(a).

An agency's interpretation of its own rules is entitled to significant deference if the interpretation is plausible. *Growing Green Panda v. Dept. of Human Services*, 302 Or App 325, 333 (2020). An agency's interpretation of its own rule is plausible "if it is not inconsistent with the wording of the rule itself or with the rule's context, or with any other source of law." *Id*. (citing *Boatwright v. Dept. of*

Human Services, 293 Or App 301, 304-05 (2018), and applying the Oregon Supreme Court's analytical framework articulated in *Don't Waste Oregon Com. v. Energy Facility Siting*, 320 Or 132, 142 (1994)). Petitioner identified no textual or contextual inconsistencies in the SPHO's interpretation of the evidentiary standard required for approval of a petition under OAR 333-008-0090(4)(a) and identified no inconsistency with any other source of law.

Given that the SPHO's interpretation of the quality of the evidence required to meet the standard is entitled to significant deference and given the absence of such quality evidence (prospective, randomized controlled studies) in this hearing record, Petitioner has not shown the SPHO had no reasonable basis in fact to deny the petition under OAR 333-008-0090(4)(b) because the evidence failed to meet the standard set forth in OAR 333-008-0090(4)(a)(A).

In assessing the reasonableness of the SPHO's decision in this case, it is notable that three of the five other jurisdictions that have considered petitions to add FOD as a qualifying debilitating disease or condition also rejected those petitions on the same or similar grounds as the SPHO in this case. Maryland, Arkansas and Ohio all rejected petitions to add FOD due to the poor quality of scientific evidence. The two jurisdictions that have approved FOD, Connecticut and Illinois, appear to have done so based upon lower scientific evidentiary standards. Connecticut did so based upon "well-researched presentations to the [Medical Marijuana Program] Board," i.e., expert opinion, and the petitioners' "personal stories." Illinois appears to have approved FOD as a qualifying condition based upon the theory Petitioner advocates in this case: that impaired orgasmic function is a fungible sign or symptom that can be mitigated by medical marijuana irrespective of etiology, essentially ignoring the DSM criteria which require ruling out "a wide variety of causes" before this symptom can be attributed to the diagnosis of FOD.

Petitioner's argument that the SPHO had no reasonable basis in fact to conclude the scientific evidence was insufficient to demonstrate that the benefits of medical cannabis for FOD outweighed its risks, fails for the same reason. None of the scientific studies in evidence investigated the benefits or risks of medical cannabis to mitigate FOD-specific impaired orgasmic function, let alone found the benefits of medical cannabis outweighed its known risks.

Petitioner has not shown the SPHO had no reasonable basis in fact to conclude the evidence presented and considered failed to meet the standards set forth in OAR 333-008-0090(4)(a). Accordingly, the Notice of Intent to Deny must be affirmed.

ORDER

For the foregoing reasons, the Authority enters the following order:

Petitioner's petition to add Female Orgasmic Disorder as a new qualifying condition for the medical use of marijuana in Oregon is denied.

It is so Ordered this 7th day of July, 2026.

Dean E. Sidelinger, MD MSEd
Health Officer and State
Epidemiologist

Appeal Rights: You are entitled to judicial review of this order in accordance with ORS 183.482. You may request judicial review by filing a petition with the Court of Appeals in Salem, Oregon, within 60 days of the date this order was mailed.