

DRAFT

July 28, 2021

To: Pat Allen, Director of the Oregon Health Authority
Andre Ourso, Megan Lockwood

From: Oregon Cannabis Commission

Re: Oregon Cannabis Commission Recommendations

The Oregon Cannabis Commission (OCC), established in 2017, is coming to the end of its first four-year term. During this period of reviewing and assessing the Oregon Medical Marijuana Program (OMMP), we have come to a crossroads that requires the Commission to seek further guidance.

Over the past four years the OCC has established subcommittees and submitting recommendations such as the [OCC 2019 Legislative Report](#) and [Recommendations](#) to the OHA and the Oregon Liquor Control Commission (OLCC). There has been some success with the provided recommendations, notably passage of [HB 3369](#) in the 2021 session which expands the list of medical providers who may sign Attending Provider Statement forms, which was recommended in both of the OCC recommendations linked above.

To this end, the development of any new proposed governing framework—even the simplest, such as our legislative requirement that we plan for long-term access to affordable cannabis, advising the OLCC and OHA, or monitoring and studying federal laws, regulations and policy—required a much deeper examination of cannabis as a whole than many were expecting. In light of new research, data, and public opinion and the rapid advancement of cannabis policy at the state and federal level, drafting a proposal that addresses these deeper, systemic issues will require some direction and guidance from our agency.

The OCC subcommittees work of the last two years toward reconceptualizing Oregon's approach to a robust therapeutic cannabis public health care program, identified equity, social justice, restorative of civil rights and health parity, as well as the advancement and integration of cannabinoid science and therapeutics into the greater healthcare milieu as key objectives of a future, improved medical cannabis program.

The next generation therapeutic cannabis program should be focused on public health and should keep pace with a rapidly changing therapeutic cannabis sector rather than reconciling drug law enforcement which is in a state of flux as the nation reconciles the origin of these laws based on racist and invalid precepts. These questions are designed to help the OCC determine the situational environment of OHA regarding medical cannabis. The responses will help OCC better understand agency context and goals when providing its recommendations for the next generation medical cannabis program.

We are extending an invitation for the OHA to join the OCC's October 27, 2021, meeting to provide some guidance for our members with respect to the work we are doing. We have included a list of questions we are seeking guidance on as they relate to the work we are doing, how that will develop over the next year, and guidance from our agency in accomplishing these goals.

Below is a list of questions exploring policy and planning.

A. OHA Policy and Program Changes

1. Does OHA support maintaining authority and oversight of the OMMP?
2. Will OHA support the work of the OCC in developing a program that is patient centric?
 - a. How?
3. Would OHA advocate for potentially significant restructuring of the current program to enable the cannabis program to be better integrated into the healthcare system?
4. How does OHA see its role in a medical cannabis program as the program evolves?
 - a. Where do they see the program and its participants in 2, 3, 5 years?
5. Does OHA have health indicators that the medical cannabis program is working?
 - a. What indicators is the agency using to make decisions relating to the program?
6. When OHA conducts rulemaking or establishes guidance, how is the interpretation and development of these policies done in OHA?

B. OHA and Cannabinoid Science and Healthcare

1. What is OHA's vision for integrating cannabinoid therapy into Oregon healthcare?
2. How does OHA intend to keep pace with advances in medical cannabis?
3. Will OHA support revisions to their public web sites, policies, reports and rules to provide a balanced benefit-risk approach rather than the current harm-centric model?
4. Will OHA support an impact analysis that would address holistic healthcare utilization and cannabis as a therapeutic, not solely a substance of abuse?
5. What guidance or rationale did OHA use to interpret the 2019 guidance letter from [SAMHSA](#) to add new prohibitions concerning discussion or use of medical cannabis for providers and patients in state funded mental health programs?
6. Was compliance with the [Paul Wellstone Mental Health Parity Act](#) considered?
7. Were other agencies or stakeholders considered?
8. Why does OHA promulgate the use of pre-employment (no cause) drug testing for THC? Why require Oregon healthcare students to be screened for THC upon their first clinical assignment), when there is no evidence to support the public health rationale or (contrary to misinformation spread by HR officials) federal mandate for this vestigial Drug War practice?
9. Why does OHA endorse CCA and OHP contractors to drug test providers for cannabis when it is not federally mandated, it is not based on sound science, and it biases the workforce to identify cannabis solely as a drug of abuse?

C. OHA regarding Cannabis and Civil Rights and Health Equity

1. Has OHA proposed including health equity issues in cannabis patients and cannabis use in Oregon in the greater public health program?
 - a. If not, why? If so, how?
 - b. “Health equity: Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class or the intersections among these communities or identities or ***other socially determined circumstances.***”
(Emphasis added. See P33 [2020-2024 Oregon Health Plan](#))
2. How does OHA reconcile the goals of the state public health plan and the removal of healthcare, employment, and housing rights for Oregonians who use cannabis?
3. Will OHA ensure that the OMMP functions as a recognized public health program and works to accommodate and protect its patient population and their support systems?
4. Are there OHA plans to ensure cannabis patients are treated like any other person using any other medication?
5. Will the OHA support OCC work ensuring healthcare licensing boards, licensed health care facilities, and other areas to ensure patients and providers can use cannabis therapeutically without discrimination?