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Report/ Recommendation to the Oregon Cannabis Commission

Joint Patient Equity and Governance Frame Working Subcommittee

Introduction

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Authors: Joint Patient Equity and Governance Frame Working Subcommittee

Subcommittee members:

Mariana Solis-Wunderlich (Chair)

Governance Frame Working
Mariana Solis-Wunderlich
Anthony Taylor
Dasheeda Dawson
Matthew Mendoza
Matt Ryan
Andy Yashar
Amanda Borup

Patient Equity
Amanda Meredith
Benjamin Richardson
Carla Kay
Dale Petersdorf
Dr. Paula Noel Macfie
Erich Berkovitz
Evan DeZeeuw
Elizabeth Porter
Matthew Mendoza
Ted Grissom
Dr. Rachel Knox

Summary

The Oregon Medical Marijuana Program (OMMP) was established in 1998, after passage of citizen's ballot initiative 67. The purpose of OMMP is to:

- Implement and administer provisions of the Oregon Medical Marijuana Act (1)
- Ensure that Oregonians suffering from debilitating medical conditions have safe and well-regulated access to:
    - Medical cannabis, and
    - Cannabis products as a therapeutic treatment for those conditions.

In its 20-year history OMMP has served approximately 300,000 individuals as patients, caregivers or growers. The program provides a vital service to many who have exhausted all other sources for relief from chronic pain, cancer and other debilitating conditions or who have found its benefits superior to pharmaceutical drugs. OMMP experienced steady growth from inception until 2015. Oregon, like other states, experienced a decline in medical cannabis program participation with the passage of Ballot Measure 91 legalizing recreational marijuana effective in July 2015. Legalization of recreational cannabis possession and increased grow site regulation changed the landscape of how cannabis and cannabis products are perceived and has changed the focus and duties of OMMP from being a patient registry program to include regulation of medical growers, grow sites, processing sites and dispensaries.

House Bill (HB) 2198 (2), passed during the 2017 legislative session, established the Oregon Cannabis Commission (the commission) within the Oregon Health Authority (OHA). Commission seats were created in a manner to ensure representation from the various stakeholders involved in cannabis.

The commission subsequently created subcommittees compiled of subject matter experts to provide research, feedback, priorities and recommendations for the commission to consider.

These recommendations come out of the joint Patient Equity and Governance Frame Working Subcommittees and are to provide an outline for creating this program with the goal of patient care and accommodation. The following recommendations were part of a larger list of recommendations provided to the commission at the 04/21/21 and 07/28/21 commission meetings. The recommendations are to serve as a guide for the discussion between OLCC and their licensees and are based in part on survey information, in-store observations and patient contact, and review of online retail market menus relating to pricing.

Recommendations

The following is a summary of the (X) barriers and recommendations subcommittee would like to bring forward for consideration to the commission.

Barrier 1: Oregon lacks standardized, decolonized, common language definitions regarding cannabis as a plant and as medicine.

Oregon lacks standardized, decolonized common language definitions regarding cannabis as a plant and as medicine. Terminology such as "marijuana" is a cultural term that has morphed into a pejorative term used to disproportionately disenfranchise populations such as Black, Indigenous and Latinx communities during the "War on Drugs". These outcomes continue to be seen today when, for example, an individual

decides not to disclose or discuss medical use of cannabis with their attending provider for fear of misunderstanding of misuse, discrimination in care and negative connotations on health records.

How we use and understand language and definitions is important. Certain terms may have different meanings to individuals based on their own personal story, experiences, and bias. Clearly defining important terms used in statue will help to bridge communities and create a common language needed for the many communities involved in cannabis cultivation (industry), regulation (state/agency), recommendation (healthcare), and use (personal/recreational and medical).

Following the lead of the Association for Cannabis Health Equity and Medicine, the subcommittee is committed to creating language that promotes medical and patient centered policy. When policy and regulations center medical care and patients, laws and rules are crafted based on a sound understanding and balance of historical natural practices, traditional indigenous knowledge (language and understanding), public health data, the pharmacology of medicinal substances, the physiological effects of medicinal practices, and preclinical and clinical research. Furthermore, medical and patient centered policy and regulations are ones that account for the experiences, interests, wants, and wellbeing of patients, their caregivers and healthcare providers, and that of any other stakeholders in service to patients in order to meet patient needs and improve patient outcomes.[i]

The difference between medical use of plants and medicinal plants should be clearly defined. Medical use is the lawful, legal, and regulated use of cannabis for medical purposes; the use of cannabis to address or treat medical conditions. Medicinal plants, including cannabis, are plants that have therapeutic potential which may be homeopathic.

Medical use of cannabis should also contemplate traditional medicine, traditional knowledge, as well as western medicine with an understanding of the history of using language to alter meanings.

Recommendation 1: Revise Oregon Revised Statues to add/update the following definitions:

Detailed discussion on recommendation 1

Barrier 2: Oregon lacks funding for research, innovation, subsidization and support of OMMP patients

Unlike other states (cite), Oregon does not utilize retail licensee fees or taxes to subsidize research, innovative programs, cannabis product testing, or to protect and enhance the benefits of cannabis for people who use cannabis as medicine (“patients”) or the programs that support patients such as the OMMP.

Since cannabis decriminalization and legalization in 2015, OMMP participation dropped XX% (cite) as individuals dropped out of the highly regulated system to purchase product in the retail market. While overall participation dropped, the number of remaining patients who qualify for a reduced fee experienced a sharp uptick from XX% to XX%. This shows that the remaining OMMP patients are comprised of some of the most vulnerable populations in Oregon. They are able to remain in the OMMP because the annual card fee is $20, $50, or $60, and have the added savings of purchasing tax free product. Other individuals who may continue to medically use cannabis but are unable to afford the standard annual card fee of $200,

one of the highest medical cannabis card fees in the nation (cite), have left the OMMP due to the costs involved.

Oregon does not reinvest cannabis monies into innovations, research or subsidization which outcomes could benefit all cannabis users from occasional recreational users to daily patient users struggling with serious health concerns. (Sentence/cite about other state's research/subsidization programs)

Recommendations 2:

- *Detail*
- *Detail*

Detailed discussion on recommendation 2

Barrier 3: OMMP growers, caregivers and patients are unable to have their product tested due to the high costs of testing and small quantities of products produced for personal use.

Small quantity processing and the high cost of required testing puts both testing and processing out of reach for most personal growers, but both must be available for personal growers as patients and caregivers create self-care products.

Patients are vulnerable with often serious and chronic conditions which make testing products to understand ingredients, pesticides, is extremely important.

Recommend creating a structure for participating licensees to offer a sliding scale for services when participating in a cooperative effort that disperses the expense. Labs and processors could offer at cost testing every second Tuesday for instance, or for every ten tests a licensee pays for at a participating licensee, a caregiver receives a no-cost test of their edibles.

Recommendation 3: Create a structure to subsidize, require, or incentivize labs and processors to test patient personal use products for patients at an affordable rate.

Testing is unaffordable for most patients in the current market system.

This recommendation may include one or more of the following solutions, and should be further explored with OLCC and ORELAP and OLCC/ORELAP licensees:

- Subsidize patient testing costs with retail cannabis tax funds;
- Subsidize patient testing costs with OLCC/ORELAP licensee fee funds;
- Require ore incentivize OLCC/ORELAP licensees to create an innovative program to make low or no cost testing available to patients. Such programs may look like:
    - Low or no cost testing every second Tuesday;
    - For every 10 tests a licensee pays for a no-cost test is made available to patients; and/or
    - Low or no cost testing for all patients who qualify for an OMMP reduced application fee.

Add discussion about current ability for patients to access testing and potential licensee push back due to increased costs.

Barrier 4: OMMP growers are limited in the ability to transfer their product.

Discussion on importance of small growers, genetics, and transfer restrictions. Discussion on how this affects patients.

Recommendation 4: Remove barriers to grower transfers by:

- ***Removing grow site segregation of plants within the Cannabis Tracking System (CTS) to allow direct transfers from grow site inventory; and***
- ***Allowing transfers from OMMP cardholders to OLCC processors, including OMMP grower transfers to processors and processor transfers back to OMMP growers.***
- ***Allowing OMMP growers who report in CTS transfer more than 20lb/year into OLCC dispensaries.***

Discussion on recommendations, oppositions, effects.

Barrier 5: OMMP patients lack comprehensive and current information regarding medical use of cannabis.

Barrier discussion points.

Recommendation 5: Develop, or subsidize development of, resource material for OMMP patients.

New and unexperienced patients may not have an understanding of the OMMP program benefits, how to discuss medical cannabis use with their providers, how to obtain their provider's signature for medical cannabis recommendation, and how to use or self-administer medical cannabis.

Resource material may be developed in coordination with the OCC, OHA, OLCC and ODA to provide, for example, pamphlets on topics such as:

- How to speak with your attending provider about medical cannabis use;
- Promotion of patient self-care and independence;
- How to use/self-administer medical cannabis;
- How to become an OMMP patient;
- Other topics and current information such as the difference between CBD and THC, Delta 8, etc.

These pamphlets may be distributed at retail and medical dispensaries.

Other possible resource development may include:

- Web page resource containing a list of participating attending providers and clinics knowledgeable in cannabis as medicine;
- Cannabis dosing template/guideline (intake methods, duration expectations) that take into account bodies, lifestyles, top complaints in addition to debilitating condition, personal story, and contraindications to cannabis specific to genetic mutations

It is understood that development and maintenance of an attending provider list will take resources, and that the OHA may not support dosing guidelines with current available research. Such resources development may be funded if taxation or OLCC licensee fees are utilized to further research and patient interests as described in Recommendation 2.

Ongoing discussion and action plan

Other Subcommittee Recommendations under Consideration

Other subcommittee discussions and recommendations from the 04/21/21 report not included in this report/recommendation included:

- Adding SSDI as a reduced fee option for OMMP patients.
- Require product menu pricing model to clearly reflect product price for OMMP patients versus retail consumers.
- Replace definition of 'medical grade' with 'patient packaging' and remove requirement for a medical grade endorsements by OLCC licensees.
- Collaborate with the Oregon Cannabis Commission to develop minimum guidelines for product availability and requirements for quality of products.
- Develop annual training for OLCC licensee counter personnel in coordination with the OCC which includes:
    - Regular evaluation to ensure counter personnel are up to date on current rules for example see the City of Portland CPOT team.
    - Clear directive that counter personnel cannot provide medical advice; and
    - Training on how to provide onsite medical resources to guide patient purchases. This could include kiosk style medical resource guide.
- Expand patient services in a retail setting to include, but not limited to:
    - Clearly defined patient sections;
    - Provide community-based education on how to safely make self-care products such as topicals, tinctures, edibles, suppositories, and FECO products.
- Expand package limits for patients, re-establish purchase limits for OMMP cardholders to 24oz/day, adjust cannabinoid product purchases and reevaluate statutory non-flower possession limits as they relate to patients.
- Align requirement for showing government ID beyond a certain age with alcohol purchase rules such as in grocery stores.
- Involve OCC in source selection of next CTS vendor.
- Revisit increasing the 20lb transfer limits by OMMP GSA grow sites.
- Upgrade CTS to work for GSA growers and patients.
    - Eliminate tracking of patient and caregiver purchases.
    - Cybersecurity and vetting of vendors and CTS employees.
    - Harvest amalgamation.
    - Eliminate tagging plants.
    - Correct ongoing reporting for a lapsed card.
    - Personal agreement recognized by CTS.
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Subcommittee next steps

Over the next year the commission has the following goals:

- Define

Resources
Future research; use of language and innovation:

https://rollingout.com/2017/11/15/heres-morehouse-school-medicine-genius/
https://prometra.org/
https://www.morehouse.edu/

[i] ANCH website reference