

Oregon Cannabis Commission Meeting Minutes

Date: December 08, 2017

Time: 1:00 pm – 3:00 pm

Location: Portland State Office Building, 800 NE Oregon St., Portland, Oregon

Attendees:

OCC Attendees: Katrina Hedberg, Jesse Sweet, Andre Ourso, Rachel Knox, Anthony Taylor, Patrick Luedtke (Phone), Esther Choo (Phone)

OMMP/OHA Staff: Carole Yann, Margaret Flerchinger, and Shannon McFadden

DOJ Staff: Shannon O’Fallon

Governor’s Office: Jeffrey Rhoades

Members of the Public as listed on the Sign in sheet: Mike Rochlin, Matthew Mendoza, Kris McAlister, Sunnie Sanchez, Jason Beaver, Miriam Knight, Anthony Johnson, Leland Burger and Paige Cannon

Summary of Meeting Action Items:

Action Item	Responsible Party
Update the Bylaws with given feedback	Carole Yann

Oregon Cannabis Commission Meeting Minutes

Review the updated Bylaws and vote on passing updated changes at next meeting January 30 th 2018	Oregon Cannabis Commission
Email a tentative report out to the group for review	Carole Yann
Setting Quarterly Meetings; Meetings to starting in January 2018	Shannon McFadden

Summary of Meeting Motions:

Proposed Motion	Proposed by	Outcome
Ester Choo nominated as Chair	Jesse Sweet	Unanimously voted in favor
Rachel Knox nominated as Vice Chair	Andre Ourso	Unanimously voted in favor
IV section 1) of the Bylaws: Keep it 1 year term and remove term limit - amend and remove this sentence "Officers will be eligible for no more than two terms in the same office."	Jesse Sweet	Unanimously voted in favor

Welcome and Introductions by the Oregon Cannabis Commission

Topic	Key Discussion	Responsible
Public Meetings-Legal	Shannon O'Fallon, Senior Assistant Attorney General with the Oregon Department of Justice. All Commission members will be required to complete	Oregon Cannabis Commission

Requirements and Effective Practices

the class Boards, Commissions, and Small Entities. It is important to start the new commission with an overview of rules and regulations.

Governing Body of a Public Body

- In order to be subject to the Public Meeting Law there has to be a “governing body” which is any public body with two or more members and “authority to make decisions for or recommendations to a public body on policy or administration”.
- A “Public Body” includes the state, counties, cities, districts, municipal and public corporations, and any board, department, commission, agency, and committee, subcommittee or advisory group.

Types of Meetings that must comply with Public Meeting Laws

- The convening of a governing body for which a quorum (5) is required in order to make a decision or deliberate towards a decision on any matter. A meeting includes: In-person or phone meetings, group email communications, “serial” email communications, lunch meetings and phone calls. *Clarification question asked by Jesse Sweet.* “As the members of the commission have many other roles and work together in those roles, how do we handle this to ensure we are not creating a public meeting?” When working together for other topics, do not talk about commission work.

Requirements for conducting a public meeting

- Notice of the meeting, provide public access, access by persons with disabilities, record or take minutes.
- The notice requirement needs to include: Date, time, location and list of principal subjects.
- All official actions taken by a governing body must be taken by public vote.

Executive Sessions

- Executive Sessions are meetings of the governing body that are closed to the public – Notice must cite specific legal provision authorizing the executive session such as need to consider information or records exempt from public disclosure and consultation with legal counsel.
- Executive Sessions announce the statutory authority for executive session before going into executive session, keep the discussion on topic and no final action or making final decision can be made in executive session.
- Unlike general public, news media are allowed in executive sessions (with a few narrow exceptions), the board can require media not to report executive session content but must announce restriction before starting

Oregon Cannabis Commission Meeting Minutes

executive sessions. Media has no right to copies of exempt documents being reviewed nor right to record executive sessions.

Enforcement

- Any person affected by a decision of a governing body may bring an action in circuit court to enforce the law. ORS 192.680; governing body’s decision is voidable. The Government Ethics Commission may investigate complaints regarding violations of executive session requirements. A civil penalty up to \$1000 is possible and “advice of counsel” defense is available.
- Election of Chairperson and Vice Chairperson; Ester Choo was nominated by Jesse Sweet for Chairperson and second by André Ourso. Unanimously voted in favor.
- Rachel Knox was nominated by André Ourso for Vice Chairperson and second by Jesse Sweet. Unanimously voted in favor.

Election of Chairperson and Vice Chairperson	<ul style="list-style-type: none"> • Election of Chairperson and Vice Chairperson; Ester Choo was nominated by Jesse Sweet for Chairperson and second by André Ourso. Unanimously voted in favor. • Rachel Knox was nominated by André Ourso for Vice Chairperson and second by Jesse Sweet. Unanimously voted in favor. 	Oregon Cannabis Commission
Bylaws	Katrina commented that we compare what is different from the bylaws vs the statute prior to voting. Bylaws: Article III—Members (2) Terms of Office	Carole Yann And Oregon Cannabis Commission

Oregon Cannabis Commission Meeting Minutes

The term of office of each member appointed by the Governor is four years; except for the initial appointment when there will be staggered terms to promote continuity. Before the expiration of the term of a member, the Governor will appoint a successor whose term begins on January 1 of the following year. A member is eligible for reappointment.

“Full term” means a period of four years. Terms of office fewer than four years shall not be considered “full terms.”

If there is a vacancy for any cause other than expiration of the term of office, the Governor will make an appointment to become effective immediately for the unexpired term.

The appointment of each member of the commission is subject to confirmation by the Senate in the manner prescribed on ORS 171.562 and 171.565.

Notwithstanding the term of office specified above, of the members first appointed to the OCC:

- Two shall serve for terms ending January 1, 2019;
- Three shall serve for terms ending January 1, 2020; and
- Three shall serve for terms ending January 1, 2021.

Article III section 2) (above) Jeff Rhoades will be a resource while deciding the length of each person’s term with the commission. This will be tabled and added to the bylaws at a later date (Currently everyone’s letter from Governor Kate Brown states 4 years on the commission)

Article IV—Officers and their duties

The officers of the OCC will be a chairperson and a vice chairperson.

(1) Selection of Officers

Each officer will be elected by a majority vote of the OCC for a one year term or until a successor is elected. A term of office begins at the close of the meeting at which elected. Officers will be eligible for no more than two terms in the same office. A vacancy, which occurs before the expiration of a term of office, can be filled by a majority vote at any regular meeting of the OCC.

IV section 1) (above) Keep it 1 year term and remove term limit - amend and remove this sentence “Officers will be eligible for no more than two terms in the same office.” Motion moved by Jesse sweet and passed unanimously

Article IV—Officers and their duties

The officers of the OCC will be a chairperson and a vice chairperson.

(2) Duties and responsibilities of the chairperson:

	<p>b) The Chair will work closely with the Administrator of OHA’s Center for Health Protection, and the OMMP manager on administrative matters of the OCC.</p> <p>IV section 2) B. (above) Remove the administrators role with working with the chair and leave it to the OMMP manager and other OHA staff</p> <p>Article VI—Meetings and Public Records (5) Committee Action</p> <p>At least five (5) votes by OCC members are required for the OCC to approve an action.</p> <p>VI Section 5) (above) Remove entire section of committee action</p> <p>Article VI—Meetings and Public Records (7) Special meetings</p> <p>Special meetings may be scheduled as decided by a majority vote of the OCC during a public meeting. All OCC members shall be notified in writing not less than forty-eight hours in advance of the special meeting. Such notification shall</p>	
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	<p>include time, place and purpose of the special meeting. All public meeting laws will apply to special meetings.</p> <p>VI section 7) (above) Special meetings can be discussed between the chair and the vice chair to decide if need another meeting between regular 4 quarterly meetings. They would let the remaining commission know.</p> <p>Article VII—Committees (2) Selection of Committees</p> <p>C) Unless otherwise specified appointments to subcommittees and advisory will be for one year.</p> <p>VII section 2 C. (above) Strike 2 C</p> <p>Article VIII—Parliamentary Authority</p> <p>The current edition of the Standard Code of Parliamentary Procedure will govern the meetings of Commission unless inconsistent with these bylaws or Oregon law.</p> <p>VIII remove entire section</p>	
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Oregon Cannabis Commission Meeting Minutes

<p>Report due to Legislature</p>	<ul style="list-style-type: none"> Legislative Report is due December 2017. Since it is such a short turn around just submit a status report stating we have had our first meeting and in the new year really get into the substance of our recommendations legislatively. 	<p>Carole Yann</p>
<p>Public comments:</p>	<ul style="list-style-type: none"> Kris McAlister – Madam Chair, Esteemed Commissioners, and members of the Public, For the record, my name is Kris McAlister. I am a medical cannabis patient, grower and producer. I am also the patient advocate for Springfield, the 9th largest city in our state. I am here before you, on your first meeting, to share some convers and ideas that have been needed for over the four years, but the process of legalization and the dismissal of one advisory group, for this rulemaking one, has made it near impossible to consider, much less implement. I understand that some items are out of your purview, while other bodies may request that you flesh out concepts, before they consider them, such as the legislature. With this in mind, I request the following, as a decade plus registered patient, and caregiver for persons who are suffering in the current program, with the current gaps in due process, unable to bring resolution, or comfort in a program they are charged for. I sincerely hope that you consider adjusting the fees to allow access to sick people who are indigent, to participate in a health based program. 	

	<p>The rate of \$200 plus grow fees, seems strongly out of line with the governor’s statements on access to meaningful health care, and improving access to indigent folks.</p> <p>I ask that you re-implement the Advisory Committee for Medical Marijuana, so that patients can have regional and condition based representation that could give the majority of this commission who are not affiliated with our population, as this committee serves beyond that capacity in its current interception. This can be done, in my opinion, through Article 7, Section 1 or 2. In addition to the above, I ask that the minutes from ACMM be restored to public access, as the old bylaws have been moved from both searchable and links, on the web and OHA site. This would help those who are present for the recreational process, to have access to why some decisions were made in the past, as well as how represented patients were, by OHA, based on the timelines from testimony and addressing program needs from ACMM.</p> <p>Through Article 2, I ask that you open a pathway for those who are actively serving patients, without intent to sell for vice use, to create pilot programs, or a vehicle to submit for consideration, conditions based or dosing methodology based concepts to better serve our patients.</p> <p>I also ask that the green cross symbol, and the identifying title of dispensary, be reserved for medical only based cannabis distribution and</p>	
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	<p>marketing, based on the misinformation, upselling, and abuse of medical systems and patients, in the shared spaces within recreational markets. 10 people have died, while I waited for some of these issues to be resolved, or at least acknowledged, by our state oversight. 7 letters and calls to constituency services regarding protected class abuses, non-delivery of paid for services, and public safety issues that were allowed to continue due to promises of consideration, after the rec model was finished being created.</p> <p>My mother was the last patient I took on, since the fees, and vice policies have made the program near unsustainable for non – “profiteers seeking rec access”. She passed away, with the state of Oregon not being able to see her food stamps turned on, her cannabis card approved and her health care was delayed for a month. Oregon made right on her food, 5 days after her passing, and I have been told that OMMP has more leeway to recognize residency for those in hospice as an acceptable residence since things got turned upside down due to legalization.</p> <p>What used to serve 16 patients with \$500 total fees from caregiving party with medicine delivered, has become over \$12,000 a year, without having medicine in the hands of the patients. I did not ask for my condition, or the burden to provide. I did so, because of the need for compassionate care.</p>	
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	<p>My patients haven't been represented in a manner that helps them, by the system, or by those who created the system we have now. Assisted suicide is now on the plate of at least one patient I used to care for, if facing another two years of what they have weathered, waiting for hope. This is expected before they can regain the level of care previously offered; free of charge by people like me. I was told in 2014, 2015, 2016, and now in 2017, that patient reform would have to wait a year or two. My hospice patients can't wait that long. Our severely disabled patients cannot wait that long, and the volunteer peers, who risk jeopardizing their futures for helping the sick abandoned for tax dollars and service fees, can't continue to put their families and lives on the line, without some form of reprieve, in a vice ran world.</p> <p>I appreciate the opportunity to hear you, and to see you start what could be one of the best things to happen to Oregon's most vulnerable populations, for this sector cannot take the status quo, any longer.</p> <ul style="list-style-type: none"> • Mike Rochlin – A cannabis nurse, it's very important to focus on Patients' rights. Medical use has been essentially undermined since the legalization. It's very important to focus on the appropriate uses of Medical and to make that a primary focus. This is an alternative to help with substance abuse and opioid epidemic. • Leland Burger – A lawyer who helped write the medical marijuana act and served on OHAs first committee to create rules and helped organize 	
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	<p>political protests to create the advisory committee. Helped draft measure 91 and has been going to legislature for the last 20 years so deeply infused in cannabis law. To get patients safe access in light of the legislative restrictions. Compassionate use is being offered in some dispensaries which involves having growers contribute for free to retail stores so that the retail store can distribute to patients for free. Wanting the people at OLCC, the community at large and the industry to know this fact. If left up to government then more restrictions will take place so it will have to come from industry and encouraging this committee to reach out to industry to allow safe access to patients. Wanting to offer any assistance in any legal stand point since the attorney general provides the health authority a broad interpretation and patients a narrow interpretation.</p> <ul style="list-style-type: none">• Anthony Johnson - director of the 91 measure legalization campaign and a part of OHA medical marijuana rules advisory committee for dispensaries and the legalization rules advisory committee. Cost and safe access to low income patients has gotten too expensive so whatever can be done to help patients is needed from this committee. Wanting to capture the data of the benefits and consequences of medical marijuana from our patients. This type of research is greatly needed especially with the opioid epidemic providing any evidence that this reduces opioid use and opioid addiction.	
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Oregon Cannabis Commission Meeting Minutes

	<ul style="list-style-type: none"> Marlene - has been diagnosed with a terminal illness; even though I haven't used much cannabis, when my illness gets worse I truly believe it will make a difference for my suffering and I want to make a difference for others too by people knowing the facts surrounding Medical Marijuana. 	
Webpage	www.healthoregon.org/cannabiscommission	
Next Meeting	<ul style="list-style-type: none"> January 30 2018 12pm-3pm 	Shannon McFadden