

Oregon Cannabis Commission Meeting Minutes

Date: January 30th 2018

Time: 12:00 pm – 3:00 pm

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

Attendees:

OCC Attendees: Katrina Hedberg, Jesse Sweet, Andre Ourso, Esther Choo, Rachel Knox, Anthony Taylor

Absent: Patrick Luedtke

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

DOJ Staff: Shannon O’Fallon

Members of the Public as listed on the Sign in sheet: Kevin, Jason Beart, Sunnie Sanchez, Don Esch, Mike Rochlin, Dan Koozer, Sean Lee, Leland Burger, Kristine and Peater Kramyer

Summary of Meeting Action Items:

Action Item – Creation of Subgroups	Responsible Party
Product Integrity	Andre Ourso and Jesse Sweet (leads)
Research	Esther Choo and Katrina Hedberg (leads)

Oregon Cannabis Commission Meeting Minutes

Training subgroup	Rachel Knox (lead)
Access to patient care	Anthony Taylor (lead)

Summary of Meeting Motions:

Proposed Motion	Proposed by	Outcome
Approval of Minutes from Dec. 8, 2017	Esther Choo motioned; Anthony Taylor seconded	All approved
Bylaws approved	Esther Choo Motioned	All approved

Oregon Cannabis Commission Meeting Minutes

	<ul style="list-style-type: none"> • Current science and research and reports pertaining to cannabis. <p>Maybe add OR law references to statute numbers.</p> <p>Commission Report to the Legislature:</p> <p>The report is a bill in the 2018 legislative session that requests modification of the due date for the Commission’s Report.</p>	
<p>Identify key issues for OCC to address</p> <ul style="list-style-type: none"> • Committee Members 	<p><u>Process:</u> Each commission member will list out their key issue and priorities after the members are done then the public will be asked for their ideas.</p> <p>OCC Issues of Focus – (Commission Brainstorm List)</p> <p>Public Brainstorm List of priorities (see Excel Spreadsheet)</p> <p>Next Step-</p> <ol style="list-style-type: none"> 1. Commissioners were each given green/yellow/red dots to prioritize 2. Then those green dots were listed 	<p>Esther Choo</p>

	<p>3. Prioritized into large prioritizing group to accomplish the prioritized list</p> <p>4. 4 priority subgroups</p> <ul style="list-style-type: none">a. Product Integrityb. Researchc. Trainingd. Access to patient care <p>Decided we would have 4 subgroups to work on the priority areas. Need to determine how often and what output will come from each subgroup.</p> <p>Questions to address:</p> <ul style="list-style-type: none">• What is our budget and will it meet our needs? How much revenue is available now that funding of other OHA programs from OMMP fees is now coming out of the General Fund? How does that affect our future?• Have we lost any staff since last session?• How can we generate more revenue without adding to patient costs? (expanding the program, reducing overall costs to patients, outside revenue for funding research)	
--	--	--

Oregon Cannabis Commission Meeting Minutes

- What does the Governor expect from the Commission beyond what is outlined in statute? What does the Commission expect from OHA? OLCC?
- How and which other agencies and organizations can the commission look to in order to accomplish our goals? OPMC, OMA, ONA, Naturopaths? Residential care facilities, Hospice and Palliative Care Organizations?
- Who should the commission look to for providing the certified educational training courses for nurses, physicians and other health care professionals? RFPs?
- What does the data tell us about the program in light of everything else that has happened?
- What can we do to make the data we currently collect more patient-centric rather than just the raw data OHA currently provides on its website? What helps patients etc.?
- How does medical intersect with recreational? Where are the lines and how can the commission help?
- How do we deal with meeting the needs of patients who need higher and stronger doses than authorized by the rules?
- How do we deal with dosing and frequency?

Oregon Cannabis Commission Meeting Minutes

The highest priority goals of this committee	<p>*Please see attached excel document*</p>	
Subgroups	<p>Forming sub committees for the Training, Product, Access to patients and Research</p> <p>*Please see attached Excel Document*</p>	
Public Input	<p>Public Comments</p> <p>January 6, 2018</p> <p>OHA Oregon Cannabis Commission</p> <p>To Whom It May Concern:</p> <p>I am uncertain which governing body is responsible for changing the OMMP rules in reference to obtaining a card. I will address these issues here and hope they make it to the proper authority.</p> <p>Since the inception of recreational cannabis, it is unnecessary for most citizens to obtain a medical card, unless they are interested in growing their own medicine, a tax incentive, or if they are a child. In all cases, but most clearly in the case of a child, it seems unfair to continue to charge a \$200 fee. My daughter's (and most children's) medications purchased in</p>	

a dispensary are only around \$200-\$300 annually. In addition to paying the fee, plus a clinic's fee (see next point), we spend over 100% of the medication cost to obtain the card. I would like to see the fee reduced significantly, or possible waived, for children at the least, but all true medical patients.

In addition, the requirement for an M.D. to sign the medical card request does not make sense. Most clinics around Portland charge \$150-\$200 for this pathetic and insignificant signature. The doctor is not only unfamiliar with the patient's full history, but is also unable, or uneducated, to advise on the purchasing, growing, or dispensing of cannabis products for varying illnesses. I would like to see Doctors of Naturopathic, Osteopathic, and Chiropractic Medicine be able to recommend the use of cannabis. Cannabis is an herbal remedy. Doctors in these fields of practice are familiar with (and most likely trained in) the use of plant medicine and how it interacts with the body. It is rare to find a Medical Doctor knowledgeable in these areas.

Finally, it would greatly benefit the community to expand the illnesses and diagnoses required to obtain a Medical Card. Many people, children in particular, with Autism, ADHD, SPD, OCD, and many other acronym-based behavioral diagnoses, are seeking an alternative to the pharmaceutical medications currently being prescribed. As both research, and anecdotal, evidence show, the ability of cannabis

(specifically CBD) to heal and assist in repair of the nervous system (neuroplasticity) is clear. It is a disservice to these children to not have proper access to such a powerful medicine.
I would like to pursue the legal avenues to change the current rules regarding these issues. If this commission does not have the authority to help amend this legislation, please advise at your convenience.
Sincerely,
OMMP card holder for intractable epilepsy

Greetings esteemed members of the Oregon Cannabis Commission,

I will keep it short. I would like the OCC to address some deficiencies created by recent legislation.

1) Change statutes to clearly state ALL grow sites with 12 or fewer mature plants are exempt from OLCC and OHA tracking. Currently, the OHA is interpreting statute to say that if you are a non-patient growing for someone else, then you must use the OLCC tracking, even if you are growing 12 or fewer plants. The immature plant counts should also have no bearing, and should not be a factor in determining if someone should be in the OLCC tracking system. Since the 6- and 12- plant OMMP growers

are now completely shut-out of the OLCC marketplace, we should not be required to pay for the system that supports it, nor jump through the complexity of using that system. Furthermore, since medical dispensaries are all but extinct, even if we are in the OLCC or OHA tracking system there is barely a medical dispensary marketplace left to sell to, certainly not enough of a market to make the required costs acceptable.

2) Change statutes to allow direct any-grower-to-any-patient transfers. Legal growers need a legal marketplace. Legal G2P transfers might provide a short term solution.

3) Work towards changing statute to get all OMMP growers back into all dispensaries, by allowing Recreational dispensaries to buy their medical-grade products directly from OMMP farmers. Measure 91 was supposed to allow for OMMP growers to OPT-IN to the new marketplace, and not be frozen out by LUCs and OLCC rules. I would like to see this OPT-IN program reinstated, and without the restrictions such as you can only sell 20% of your crop, or you have to sell through a 3rd party wholesaler. Let the market work as a market should, not by putting in rules that are meant to keep the little growers out. This can be done without disrupting

the current allocation-and-excess agreements that growers and patients have utilized for the past decade.

4) Change statute to allow patient and grower registrations to be good for 2 years instead of only 1 year. This might be a way to provide some financial relief to us participants who are without a marketplace now.

Thank you,
Bob Toole

WRITTEN TESTIMONY OF PEATER KRAMYER ('PeKe')

To: Oregon Health Authority Public Health Division – Rules Coordinator

Email: publichealth.rules@state.or.us

Cc: Governor Kate Brown, Secretary of State Jeanne Atkins

Date: May 3, 2016

From: Green Business Law, Bradley M. Steinman, Attorney, on behalf of Peater Kraymer

Re: Written Testimony of P.K. on OAR 333-008: Proposed Rules for Medical Marijuana

My name is PeKe and I am the Executive Producer of Mercy T.V.

	<p>I want to start off by quoting Henry Rollins and say to you today, “Grow up. It’s just a plant.”</p> <p>I am a registry identification cardholder in the Oregon Medical Marijuana Program. I have been a patient for fifteen years.</p> <p>I have seen a lot of changes to the program over the years.</p> <p>I have also witnessed the difficulty that advocates face when trying to get a new qualifying condition approved.</p> <p>My main concern with these rules are (1) with the ridiculous fees and (2) taxation without representation.</p> <p>OAR 333-008-0021 – Fees</p> <p>The OMMP program fee of \$200.00 should be reduced to \$20.00 for all applicants and renewal applicants, or be eliminated entirely.</p> <p>Section 20 of the Oregon Constitution Guarantees equality of privileges and immunities to the Citizens of Oregon. It Provides:</p> <p>“Equality of privileges and immunities of citizens. No law shall be passed granting to any citizen or class of citizens privileges, or immunities, which, upon the same terms, shall not equally belong to all citizens.”</p>	
--	--	--

	<p>SSI benefit patients pay a reduced fee of \$20. OHP enrolled applicants pay reduced fee of \$50.00.</p> <p>An OMMP patient applicant receiving food stamp benefits through Oregon SNAP pays a reduced fee of \$60.00. And an OMMP applicant who has served in the Armed Forces of the United States now qualifies for a reduced fee of \$20.00.</p> <p>Every Patient applying for status as a registry identification cardholder with the OMMP should pay \$20.00. The truth is that patients should not have to pay any fee at all. At most, an OMMP patient applicant should only have to pay \$20.00, the same fee that veterans and SSI benefits applicant patients pay.</p> <p>To have a discriminatory pricing structure for annual and renewal fees for each class of OMMP patient is a violation of the equality of privileges and immunities of citizens.</p> <p>The State of Oregon might as well separate us by debilitating medical conditions and have us pay on a scale based on how long we are expected to live.</p> <p>If patients were to pay any fee it should just be the required postage to process the application. That's it.</p>	
--	--	--

If reasonable adult users are not paying at least a \$200.00 fee per year to the State of Oregon to exercise their right to purchase cannabis from a medical marijuana dispensary, including out of state visitors to medical dispensaries, why should patients have to pay a fee to the state, just to buy marijuana tax free?

Also, the grower card has been increased to \$200.00. This is crazy. Patients of Growers do not have the \$200.00 to pay for their grow site, and with the amount of growers dropping patients due to changes in the program, or going the OLCC route, who is going to grow for patients and supply their medicine?

Patients who live in a residential care facility or adult foster home, or who received home health care services, or are being provided hospice or palliative care, and who have been designated as an additional caregiver of a patient pursuant to the additional 'caregiver' designation afforded by Section 6 of Senate Bill 844 (2015), lack the ability to grow for themselves, and are unable to afford a \$200.00 fee for themselves and an OMMP grower.

This kind of patient is basically guaranteed to be losing their grower under this proposal. Who will take care of them? I can grow four plants at

a residence and not have to pay any fee. Why should dying or critically ill OMMP patients bear a ridiculous fee to improve their quality of life prior to death, and why should they be responsible for this ridiculous fee for growing? Please reduce this fee or eliminate it.

Persons like me who participate in the OMMP are, by definition, suffering from the symptoms of a debilitating medical condition.

The reason we had ‘Caregivers’ in the OMMA in the first place in Measure 67 in 1998, and why we added ‘Growers’ in 2015, was because without them OMMP patients would not be able to have access to cannabis medicine. We suffer from a condition that debilitates us.

Now, with legalization, and the State collecting license fees from commercial businesses in the state-legal marijuana industry, is it still fair and right to be charging patients ridiculous amounts of money annually that home growers and adult marijuana users from out of state don’t have to pay?

As is required by state law under ORS 475B.520, I question whether the Advisory Committee on Medical Marijuana (ACMM)’s advise on the fees being proposed for adoption for the OMMA were taken into consideration prior to releasing this draft of the rules.

I ask, are all of these rules necessary to protect the public health safety? Look at the definition for “Debilitating medical condition” under OAR 333-008-16(a) to (d). It does not take into account the fact that definition was changed to read “persistent degenerative neurological condition” per the ‘additional caregiver’ component of 2015 Senate Bill 844. The rules do not reflect these important statutory changes with respect to OMMP patients’ rights.

There is no way to petition the OHA to add a qualifying condition, because there is no OAR 333-008-0090 to file a petition under in these rules. ORS 475B.517 requires there to be a petition process, and these rules need to have one. I only see grandfathering petitions for folks that want to grow more plants than they are allowed, but I do not see anything about petitioning for the rights of patients suffering from debilitating medical conditions in these rules.

Finally, I would like to say, here is my card.

Call in to the Mercy TV show. The show airs Friday at CCTV in Salem.

Call or show up and we’ll talk to you about the benefits of medical cannabis

Have a nice day, and go fly a kite.

	<p>Thank you, PeKe Bradley M. Steinman Green Business Law Attorney for Peater Kraymer (P.K.), OMMP patients and Executive Producer – Mercy T.V.</p> <p>Michael Rochlin – Cannabis Nurse Licensing protection for health care professionals and expanding to other several other types of health care professionals to have the ability to prescribe; belongs to the American Cannabis Nurses Association and there are already protocols for Nurse Practitioners. Funding- Senate Bill being sponsored currently is wanting to make some fixes to the tax on adult recreational use going towards distribution. Suggests we consolidate and recommend something to tag along with this in terms of some of the funding issues so that things in terms of research, education and public outreach from the adult recreational tax can be fixed. Cardholders have gone down, growers have gone down.</p>	
--	---	--

	<p>Where have they all gone? They are still there. This brings the question in terms of need, all cannabis use is being used in a therapeutic way.</p> <p>Research and tools – American Cannabis Nurses Association can be used through developing and education. I offer research and tools as a member of the ACNS and not representing them. There may be enough people interesting in participating in a subcommittee around this and bring it back to the Commission.</p> <p>Insurance- Reimbursement for services is a priority and ultimate goal to get to.</p> <p>Sunnie Sanchez-Resident of Benton Co and OMMP patient/grower</p> <p>Minimize the margin of diversion – after a conversation with someone in the industry its clear there is some tightening up at the processing level. The yield of extracts vary greatly and this is one of the huge concerns as possible leakage to the illicit market.</p> <p>Any commentary on the AOC opposed taxation of the southern Oregon Counties.</p>	
--	--	--

	<p>And would also like to ask the Commission to provide materials to the public prior to the meeting when we come in. Or make it available online prior.</p> <p>A concern is double dipping for OMMP as well as recreational providers. How are you going to preventing people getting more product than they really need?</p> <p>Don Esch – Veteran and medical card holder</p> <p>Wanting to have medical card be valid for more than 1 year possibly 5 years. Wanting to see the figures and amounts of money the state has made off of cannabis and it always goes to anti-drug groups like nurses against cannabis. Like to see more done for the patients. The voters of Oregon legalized it but it doesn't seem like it's legal. We are like second class citizens. It's like it wasn't legalized which can be disheartening at times. Doing more for the patient would be a great thing to see.</p> <p>Sean Lee- OMMP grower and Caregiver/Microbiologist</p> <p>The medical research and how to establish programmatic real standards and data involving this organic compound that comes from a plant and</p>	
--	---	--

has over a hundred different cannabinoids at this point. The plant may keep evolving and producing even more cannabinoids. What are the priorities that you are entertaining in your minds for establishing that real data? And what are the risks associated with establishing that real data when it comes to producing this product? Smells is one of the ways plants communicate to us and they attract many different things besides humans, we are talking about a flower that is very pungent smelling and attracts a lot of different things, some good and some bad like pests which cause people to use toxic pesticides. What are you going to do surrounding people who use toxic pesticides that sometimes ends up in the product or in our water systems and how it effects all of the organisms that we share this planet with?

Leland Burger – Lawyer and Activist

I just want to mention Dennis Prone passed away last week and he was the energy behind proposition 215 and the medical marijuana law in California. He coined the phrase “All use is medical”.

A question that should be entirely deferred to a physician is regarding how much to prescribe to a patient but some folks at OLCC and some

folks in legislator believe that physicians involved in this work that it's just a sham. That is a thing for the board of Medical Examiners to pick up. This group should focus on if you are going to make a recommendation regarding how much the indigent patient needs and how to assess that it should include in the form the doctor providing the information.

We have an insufficient market problem and the solution is to expand the market. This commission can do is recommend to the legislator to bring back a bill that would have empowered the governor to have compacts with adjacent states like Washington and California the same way we have compacts with Indian lands and tribes for free trade.

Work on ending "canna-bigotry" - last session there were bills introduced that would have ended employment discrimination and working on social consumption. Taking a different position would be helpful instead of lumping cannabis with the clean air act. In Massachusetts it can't be used as evidence in a Family Law case the fact that a parent would be a cannabis user.

The main issue is how legislator limited the number of medical growers and it is remarkable that OHA hasn't moved forward with cannabis as a substitution for opioid/heroin addiction. Using cannabis to taper off of

opioids/heroin. A proposal I've heard from a retail person is coordinating with the DEA on their drug turn in day which here it's April 28th and having opioids being turned in at recreational and medical dispensaries and free cannabis being given in exchange which would help with the overproduction problem.

Kristine Phillips Evertz– Speaking on behalf of Oregon's Sun growers Guild

Oregon's Sun growers Guild is the state's largest cannabis nonprofit organization advocating on behalf of Sun Growers and OMMP patients. Our Mission is to advocate for and promote sustainable sun grown cannabis, family farms and conscientious consumers. We've been involved in all aspects of measure 91 implementation through our lobbying efforts by serving on every state RAC and committee and by working with all state agencies involved in cannabis policies and very active in House Bill 2198 and happy to see you all here and we appreciate you hearing our comments and concerns today and congratulations on your appointments. The Oregon Sun Growers Guild and our members are extremely encouraged by the formation of the Cannabis Commission. We

whole heartedly support you and your mission and look forward to being a resource for your myriad considerations now and in the future. When measure 91 was presented to the Oregon voters, it was explicitly stated that this adult use proposal would not affect the Oregon Medical Marijuana Program. Now just a few years into implementation of this initiative we are seeing the demise of the OMMP. The OMMP has lost patients at a 25% reduction in 2 years there are less than 16 medical dispensaries down from over 400 prior to the passage of measure 91. And less than 13 Medical Processors remaining. These statistics are staggering in and of themselves. But yet the reals stories are what is happening in people’s day to day lives. Patients can no longer access medical dispensaries with products in staff support specific to their needs which are different than adult use consumer needs. Medical growers have a very limited access to the retail market for our products. The specific medical strains we have cultivated for decades are so valuable medically that they are at risk of being lost and being replaced by high THC strains the adult use markets request. Oregon medical cannabis growers are the experts in this field because in many cases we have been cultivating for over a decade not just a year or two. We value the relationships we have

with our patients cultivating what proves to be at most use to them. Those needs can change and we can grow strains according to your patient's feedback. This is a companionate program at its heart and the grower patient relationship is now at risk to being pushed out of existence. The real numbers are yet to be determined as to how many patients will be without a grower this year. Driving to a recreational dispensary and paying retail prices and hoping that preferred medicine and mode of delivery are even being offered is not possible for the majority of OMMP patients. Our concerns are with these thousands of Oregonians, mostly vulnerable citizens in many cases elders, veterans and people on disability. The Oregon Sun Growers Guild whole heartedly supports the mission of the Oregon Cannabis Commission to serve as stewards of the OMMP to advise the agencies to ensure the viability of the OMMP through wise and compassionate policies and research to the best medical practices for medical and horticultural purposes. We look forward to being a resources of the commission as you work to ensure a viable stable and strong medical marijuana program in Oregon.

Oregon Cannabis Commission Meeting Minutes

<p>Timeline and Structure of meetings/subgroup meetings</p>	<p>Identify deadlines date to work backwards regarding scheduling meetings and subgroup meetings. Next quarterly meeting to be set after Legislation between March 10th and end of March.</p> <p>Subgroups could meet intermittently between quarterly meetings</p> <p>Wanting listening tour; need to start with getting a calendar with locations in coming meeting.</p>	
---	---	--