

Oregon Cannabis Commission Sub-Committees

André Ourso / Jesse Sweet / Jeff Kuhns	Anthony Taylor	Esther Choo / Katrina Hedberg	Rachel Knox
Product Integrity	Access for Patients	Research	Training
Minimize Diversion	Establish/Maintain access for low income patients	Development and integrate research "toolkit"	Developing recommendations for clinicians
Ensure Product Integrity	Improve/Streamline/Expand program	Funding stream re: med cannabis Small Directed Projects	Integrating into Pain Management

Highest Priorities

- Minimize Diversion
- Establish and maintain low-income patient access
- Improve/streamline/expand program
- Develop recommendations for better managing patient care from start to finish (How providers and insurers participate in that care)
- Public Hearing Tours
- Protocols: dosing and treatment
- Ensure integrity of product (random testing)
- Explore/define best tax practices
- Develop new research toolkit for healthcare
- Address MMJ – use for pain mgmt.
- Survey OMMP/Rec users
- Replace “marijuana” in rules, etc.
- Include professional/medical assistance in developing recommendations

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Brain storming with the Commission	Green Votes	Yellow Votes	Red Votes	Blue Votes
Public Hearing Tour	3	3		
Oversight/Regulation of OMMP				
Assuring patient access (affordability)		1		1
Direct/Fund – Further Research (small, directed, projects)	3	1		
Find/generate additional funding				
Protocols for closing and treatment options	5			
Integrity of product	4			
o Including random testing				
Explore/define best tax-practices among other legalized regimes	1	1		
Define guidance for Physicians	1			
Research tool-kit for Healthcare-providers	1	3		
Recommendations for additions to Med-school curricula				
Identify population of doctors familiar w/MMJ				
Pain-mgmt./Opioid Training	4			
Survey OMMP/Rec-users (Open and closed-ended questions)	2	1		
Address concerns of Insurers/Providers/etc. re: MMJ				
Build Public – awareness of MMJ				
Replace “Marijuana” with “Cannabis” in rule/statute/etc.	1		1	
Including professional/medical associations in discussing/developing new recommendations.	1	2		

Public Input	Green Votes	Yellow Votes	Red Votes	Blue Votes
Please consider SSDI as a reduced fee (2x's by email)				
Consider fee for child needing medical cannabis				
o Costs @ \$200 for card				
o Doctor/clinic visit \$150-200				
o Medicines purchased at dispensary \$200-300 annually so pay 100% of medicine cost to get a card.				
Expand the illnesses and diagnoses required to obtain a medical marijuana card. Examples provided: Autism, ADHD, SPD and OCD			3	
Legislative Changes:				
o Grow sites with more than 12 mature plants exempt from <u>ALL</u> tracking				
o Allow any grower to transfer to any patient				
o Allow Medical growers to transfer to any dispensary OLCC or OHA. No limit			3	
o Allow Patient/Grower Registrations to be 2 years instead of 1 year		1		
Provide Pesticide Education		1		
Re-implement Advisory Committee for MM				
o Make minutes public access			4	
Pathway to create pilot programs to better serve patients		2		
Reserve green cross symbol for medical only cannabis				
Licensing – Protections for Providers				
Funding change's via legislation				
Insurance/Re-imburement				
Minimize diversion	4			
AOC's Taxation				

Materials to public (pre-meeting)				
Controls on amount's purchased				
Increased length of MMJ card registration			1	
Focus on Patients (Funding, Communication, etc.)				
Standardization of data on MMJ				
Address Pesticides in product and environment (water, soil, etc.)				
Access for indigent patients				
Expand MJ mkt – exports			3	
End “canna-bigotry”		1		
Family Law				
Address opioid-addiction – Possible opioid exchange			2	
Medically – focused strains				
Grower – Patient relationship protection		1		
Patient fees		5		

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