Governance Frame Working Subcommittee Questions:

OMMP registration:

Considering adult use legalization, should a medical marijuana patient registry continue to exist in its current form?

In your opinion which state agency is the best fit for administering the patient registry? Why?

What benefits should patients receive for registering? Any changes to the current benefits? (Current benefits: tax free purchases, increased possession amounts, increased personal grow plant limits, access to higher potency products, ability assign a grower and caregiver)

Besides administration of the OMMP, should cardholder fees fund other state medical marijuana activities? If, so, which ones? Should the general registration fees be reduced for cardholders? (Currently $200 per year, several reduced amounts for eligible registrants from $20-$60 for over half of current registrants)

Growers:

In your opinion, what state agency is best suited to regulate medical marijuana grow sites?

Considering issues of diversion and illicit grows, at what level should the state regulate medical grows sites? (e.g. No tracking or reporting for residential grows at 6 plants?, 12 plants?)

Do you think the current structure of having a patient assign a grower works for patients?

Do you think the grower to patient ratio of 1:4 is appropriate? If not, what are some proposed changes to the patient/grower relationship?

Should growers be able to register to grow a small amount of plants for any cardholder?

Should medical or recreational growers be able to give excess to any cardholder/caregiver?

If yes (on above), how could cardholders best be connected with growers?Is most of the product grown for a patient being processed in some manner prior to use or transfer?

Labs/ testing:

What are your concerns about possible contamination? Pesticides, solvents, molds, insects…

What additional testing should be required before cannabis can be sold to patients or the public?

Should there be some sort of testing before cannabis goes to a cardholder? (Currently, usable marijuana and product transferred directly from grower/processor to a patient is not required)

If yes, how should it be paid for?

What functions could a state reference lab perform for patients? (i.e ensuring consistency in potency, audit/random off the shelf testing, standardizing testing methods)

What state agency should house a reference laboratory?

How would a state reference laboratory be funded?

Other Questions/Considerations:

How could OLCC licensees help fund the OMMP program? Is this appropriate to make mandatory in an open market?

One idea I heard: Charge OLCC licensees a fee to carry "medical grade" products and give that fee to OHA. One possible issue may be retailers will stop carrying medical grade products to avoid extra fees.

OLCC recently revised rules to allow retail stores to deliver to cardholders throughout the state, even in opt-out areas, has this helped patient access?

How can state agencies including OLCC incentivize the creation of non-profit medical dispensaries to increase affordable access?

If you could change one thing about marijuana law in Oregon, what would it be and why? How do you feel this would benefit the OMMP population? Would it hurt other populations in doing so?