

OCC Problem/Solution Worksheet

Subcommittee: Patient Equity and Governance Frame Working

1. Problem: Describe the problem; identify data/supporting evidence where applicable (or identify what data/supporting evidence is needed)
2. Solution: Propose a solution to the problem; identify any current law or program the solution affects

Problem	Data/Evidence	Solution	Impacted Law/Program
Definitions/Language			
Decolonization as a psychological process regarding language (how was and is currently written); problem is in our own mindsets.			
Provider Limitations (scope/practice of who provides)			
Limited ability for non-Metric grower transfers			
Worldview of cannabis is not in a decolonizing framework; need a decolonizing model to even talk about this.			
Labels need terpenes			

listed clearly and other specific additives			
Possession and concentration limits			
Patient access to information; ensure patient info is not being improperly disseminated. Place for patient to get accurate info from trained personnel.			
Cannabis cost is too much for patients.			
Difficult to find a grower; connect patient/grower.			
Model is based on Metrc/retail consumer and not on patients. Don't model program after regulatory system.			
Patient civil rights and health equity; need parity; include privacy.			
Patients adapting to OR law changes; need software/testing to match patient needs.			
Standard operating procedures for processors; some proprietary but need			

to be some SOP basics.			
Patient info and training; dispensaries will follow if incentivized; patients often know more than counterworkers; start training the public first.			
Testing; exceptional costs not commensurate w/other commodities; creating			
Limits for OMMP cardholders			
Limits on terpenes			
State reciprocity for cardholders			
Need quality standards for testing (metals); tie in with state lab and subsidization.			
Lack of a single source of reliable and curated data for patient care and policy.			
Discrimination within medical system; board policies out of date and alliance (statute = cannabis as medicine)			
Plant counts don't make sense w/regard to patients;			

reinforce social inequities.			
Card system in general (cards, renewals and grow site administrators)			
Need medical doctor/researcher/patient collaboration.			
Lack of parity with other medications.			
Sin of omission; health care provider refusing to educate/error or injury b/c physician withheld info could be held liable; need providers to freely discuss with patients.			
Employment policy/law; drug testing			
Pain management contract/termination for violation.			
Lack of ability for patient public consumption			
Accommodations for patient use in housing			
Driving under the influence			
Lack of ongoing research			

Lack of holistic education for youth (anti-“DARE” campaign”)			
Establish standards for ICD codes for medical professionals for cannabis use.			