

Patient Access Subcommittee Meeting Minutes

Date: April 16th, 2018

Time: 2:00 pm – 4:00 pm

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

Attendees:

OCC Attendees: Andre Ourso, Esther Choo, Anthony Taylor

On phone: John Sajo and Todd Dalotto

Subcommittee Members: Clifford Spencer

OMMP/OHA Staff: Carole Yann, Aaron Cossel, and Shannon McFadden

Members of the Public as listed on the Sign in sheet: Sunnie Sanchez

Subgroups	Responsible Party
patient access to care	Anthony Taylor/Andre Ourso (leads)

Welcome and Introductions by the Oregon Cannabis Commission

Topic	Key Discussion	Responsible
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Patient Access Subcommittee Meeting Minutes

<p>Patient access outline review and discussion</p>	<p>I have volunteered to lead the team ‘access for patients’ and have spoken with each of you and you have agreed to participate. I have included below the section that covers our responsibilities including how it relates to the report and submitting of concepts to legislative counsel via the Health Care or Judiciary committees. During the last meeting it was noted that the deadline for having proposed concepts to Legislative Counsel was September 21, 2018 and with that in mind we would work towards having something ready as it relates to our goal.</p> <p>This category is divided into two sections, Establish/Maintain access for low-income patients and, Improve/Streamline/Expand program.</p> <ul style="list-style-type: none"> • Establish and Maintain Access for Low-Income Patients: <ul style="list-style-type: none"> ○ Identifying and qualifying patients <ul style="list-style-type: none"> ▪ Identification on card ▪ Which patients should have access? ▪ Poverty line qualifies ○ Determining discount matrix <ul style="list-style-type: none"> ▪ Completely free or only discounted ▪ Means tested 	<p>Anthony Taylor/Andre Ourso</p>
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Patient Access Subcommittee Meeting Minutes

	<ul style="list-style-type: none">○ Determine access options<ul style="list-style-type: none">▪ Through OLCC outlets▪ Non-profit dispensaries○ Reimbursing participating growers and processors<ul style="list-style-type: none">▪ 50,000 patients receive 7 grams/week that requires 40,000 lbs./ year of flower○ Pathway for contributions from excess OLCC inventory○ CTS interface○ Patient outreach and notification ● Improve, Streamline and Expand Program:<ul style="list-style-type: none">○ Review and revise existing statute to as required in HB 2198* including updating, clarifying and amending statute with the goal of increasing patient access and affordability and contributing to the report being submitted to the Legislature and legislative concepts included as part of that report.○ Solidify Commission including staggered terms	
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Patient Access Subcommittee Meeting Minutes

	<ul style="list-style-type: none">○ Develop strategies to increase patient participation in the OMMP○ Determining the budget and re-evaluating fees <p>I would prefer a full day meeting with all committee reports reviewed and discussed. I need a review on public meeting rules but do not see any reason a significant portion of subcommittee meetings could not be conducted via email.</p> <p>What my team would need from general staff.</p> <ul style="list-style-type: none">● Budget numbers to evaluate fee structure.● OLCC patient data.● Overall staffing levels and responsibilities.● Help with changes that can be made at rule level. <p>Anthony Taylor</p>	
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Patient Access Subcommittee Meeting Minutes

<p>Restructure outline and strategies, where we might look for help</p>	<p>About 48% of all patients in the program qualify for a reduced fee card.</p> <p>*Data from OMMP – Can we find out what percentage of patients have dropped out of the program that were low income. We know about 27,000 patients have dropped out total.</p> <p>*Wanting to see what products Medical Patients purchase. Number of patients whom shopped at an OLCC store. OMMP wants to review this request so they can coordinate data.</p> <p>*Which OLCC business donates to patients, how much and what.</p> <p>Clifford suggests that patients offer donations or a small copay for this and that the business gets an incentive that would credit for the fees for their donating to patients. Win win for businesses on fees and patients get access.</p> <p>Carole Yann is bringing the budget numbers to the next main OCC meeting May 21st.</p> <p>We need to stay focus and precise using data that is readily available for this first year to hit realistic yet prioritized goals. Need to stay focused</p>	<p>Anthony Taylor/Andre Ourso</p>
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Patient Access Subcommittee Meeting Minutes

on what it is we can get accomplished this next session. During legislative concepts we can also have a broader layout of what we are trying to accomplish over the next 3 to 4 years as a commission for the program.

For any suggestions to lower fees then we would need financial data currently and showing a proposal where money would be allocated and how other areas of Medical would continue to be supported as well.

John Sajo stated paragraph below-

For business there needs to be tracking for charity donations to provide incentives that a lot more consumers would rather go to. If they donated 10% or 20% of their income then consumers will choose that company over another. Doesn't necessarily even need to be reduced fees but just reporting the donations will spike sales naturally with consumers.

Todd Dalotto stated paragraph below-

Patient Access Subcommittee Meeting Minutes

	<p>Making a level of charitable contributions a requirement for having a medical endorsement is a good way to go.</p> <p>Currently it is available for OLCC licensees to give cannabis away and in fact OLCC producers can segregate up to 10% of their canopy to patient compassion or they can add 10%.The tricky part of it is 75% of any designated segregated canopy for patients must go to patients for free and that’s how we push this program through to get a lot of this stuff at least to the people that are out in the public right now still moving around to be able to get their product is through those OLCC retail outlets. Patients have not been able to use this bump up canopy.</p>	
<p>Legislative action items referred to commission</p> <ul style="list-style-type: none"> • Immature Plant Limit • OLCC Processor Transfers to Patients 	<p>SB 1544 work group had too much to tackle in a 35-day session</p> <ul style="list-style-type: none"> • Immature Plant Limit- Rules Advisory Committee (RAC) is going to work on this on 4/17/2018-members of this commission should tune into the RAC. This was kicked from SB 1544 work group over to the commission, but since the RAC is moving on this already we want to make sure and pay close attention and provide any feedback necessary. 	<p>Anthony Taylor/Andre Ourso</p>

Patient Access Subcommittee Meeting Minutes

<ul style="list-style-type: none"> • 12 Plant rule – Patients grow sites restricted to 12 plants if patient resides at grow site address 	<ul style="list-style-type: none"> • OLCC Processor Transfers to Patients – Under OMMP a grower can take product to an OHA processor and they aren’t allowed to take it back but they can take it in. We tried to get that same privilege allowed for OLCC processors but didn’t make it. So now we are left with dealing with how much can be transferred back to patients legally and with diversion in mind. Patients can take their product in to a processor and the processor can process the product and transfer it back to the patient but the transfer amounts back to the patient make it unworkable for a patient. So, we are going to work on that to see if we can’t get the transfer amounts more in line with a monthly type of prescription whereby a processor would be allowed to process all the product and whatever product is produced gets transferred back to the patient either through a dispensary or through the processor’s themselves in smaller limits throughout the year rather than one big limit-an issue of what the patient can legally possess. They are allowed over the course of a year to transfer back 2 ounces of extract and for a patient that uses an ounce of extract per month that’s going to be a little tricky. • 12 Plant rule – Patients grow sites restricted to 12 plants if patient resides at grow site address and is growing for themselves. 	
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Patient Access Subcommittee Meeting Minutes

<p>Realistic goals for legislative concepts, our role in the report for the legislature</p>	<p>Make sure you're familiar with the Medical Marijuana statutes and the administrative rules.</p> <p>Please read the administrative rules for OLCC and just come ready to discuss some of this stuff at the next subcommittee meeting. Highlight some of your concerns in these. Think about some patient questions because I know the whole commission is working on that, lets push a couple of questions that are really specific to what we are trying to achieve back up the chain and then bring back some short-term goal ideas that you think we can move forward and get into the legislature.</p>	<p>Anthony Taylor/Andre Ourso</p>
<p>Patient Survey</p>	<p>If we are ever going to grow this program we need big patient outreach and notification.</p> <p>This is a bigger conversation we are having at the commission at the steering committee. We do want to send out surveys to our patient population looking with a whole lot of questions and different lenses. One main question would be why they are leaving the OMMP.</p>	<p>Anthony Taylor/Andre Ourso</p>

Patient Access Subcommittee Meeting Minutes

What we need from agencies	<ul style="list-style-type: none"> • Patient Datum • Help with surveys • Any needed outreach to patient population 	Anthony Taylor/Andre Ourso
Public Comment	<p>Sunnie Sanchez</p> <p>I do a lot of question asking out in the community from different people with different licenses and pretty much overall, I've heard and I am also seeing that there is no room for compassion in a business plan hence the reason why OLCC producers are not implementing that extra 10% canopy space. It's very costly. Another thought of mine is just like I heard in the meeting previous, subcommittee for Product Integrity ask for more funding. Why don't we use a third party to distribute all the donated Marijuana's out into the community? In that way it kind of takes away the responsibility from retailers who also must do specialized accounting and they have limitations on what they can and cannot do and what their budget allows. So, I just think a third party like a donation house would be an excellent idea and seems to make sense to me.</p>	Anthony Taylor/Andre Ourso

Patient Access Subcommittee Meeting Minutes

	<p>Clifford Spencer</p> <p>This Subcommittee is supposed to be about patient access and I really don't see a big showing of patients. What I am seeing is people who are involved in government OLCC and OHA-OMMP. Lobbyist people with cannabusinesses. But as far as patients I don't see any patients on this committee. And I think patients are seriously underrepresented in a lot of different aspects of these subcommittees, this one in particular. I urge this committee to consider asking for participation from some patients.</p>	
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