April 7, 2021

**To:** Oregon Cannabis Commission

**From:** Joint Patient Equity and Governance Frame Working OCC Subcommittees

**Re:** Oregon Cannabis Commission Recommendations to the OLCC regarding OMMP Patient Care and Services Program

The Oregon Cannabis Commission, established in 2017 by HB 2198, is a nine-member commission appointed by the Governor. It is tasked with providing advice to the Oregon Health Authority (OHA) and the Oregon Liquor Control Commission (OLCC) on matters relating to and affecting Oregon Medical Marijuana Program (OMMP) registrants.

The Commission is also responsible for working in collaboration with the legislature to propose a possible governance framework for the OMMP and to create a long-term strategic plan to assure the sustainability and affordability of cannabis and that it remains a therapeutic option for Oregonians. The Commission was also required to ensure that research on cannabis and cannabis-derived products is being conducted for public purposes.

For some time now there have been calls for the OLCC to sit down with their licensees and establish a way to get no-cost products to patients, provide a wider range of resources, services and products for patients, and to subsidize some of the costs for testing and processing.

The retail model as it relates to patients is unsustainable and part of the OCC's mission is to create a long-term strategic plan for cannabis pricing and availability.

Retail stores provide sustainable access for patients that can afford retail prices but until we ensure patients can access, for example FECO at less than $3,000.00 per month, patients requiring larger doses of higher potency products are invariably forced into options they should not have to exercise to meet their needs.

The following changes, upgrades and updates are key elements to a robust patient care and accommodation plan if retail stores are to adequately serve patients. Implementing these changes will require some legislative change but many, such as recommendation 10, can be accomplished by rule change.

These recommendations come out of the joint Patient Equity and Governance Frame Working Subcommittees and are to provide an outline for creating this program with the goal of patient care and accommodation plan as a part of a complete application. The recommendations are to serve as a guide for the discussion between OLCC and their licensees and are based in part on survey information, in-store observations and patient contact, and review of online retail market menus relating to pricing.

**Oregon Cannabis Commission Recommendations**

**Recommendation 1:** Subsidized testing and processing for patients.
Small quantity processing and the high cost of required testing puts both testing and processing out of reach for most personal growers, but both must be available for personal growers as patients and caregivers create self-care products.

Recommend creating a structure for participating licensees to offer a sliding scale for services when participating in a cooperative effort that disperses the expense. Labs and processors could offer at cost testing every second Tuesday for instance, or for every ten tests a licensee pays for at a participating licensee, a caregiver receives a no-cost test of their edibles.

**Recommendation 2**: Require product menu pricing model to clearly reflect product price for OMMP patients versus retail consumers.

Retail licensees have incorporated tax into the menu pricing for products which causes confusion for OMMP patients.

**Recommendation 3:** Replace definition of 'medical grade' with 'patient packaging' and remove requirement for a medical grade endorsements by OLCC licensees.

**Recommendation 4:** Realign allowable transfers by:

- Removing grow site segregation of plants within the Cannabis Tracking System (CTS) to allow direct transfers from grow site inventory; and
- Allowing transfers from OMMP cardholders to OLCC processors, including OMMP grower transfers to processors and processor transfers back to OMMP growers.
- Allowing OMMP growers who report in CTS transfer more than 20lb/year into OLCC dispensaries.

**Recommendation 5:** Collaborate with the Oregon Cannabis Commission to develop minimum guidelines for product availability and requirements for quality of products.

Please see the Addendum for an example of these guidelines and requirements.

**Recommendation 6:** Develop annual training for OLCC licensee counter personnel in coordination with the OCC which includes:

- Regular evaluation to ensure counter personnel are up to date on current rules ~~such as~~ for example see the City of Portland CPOT team.
- Clear directive that counter personnel cannot provide medical advice; and
- Training on how to provide onsite medical resources to guide patient purchases. This could include kiosk style medical resource guide.

**Recommendation 7:** Expand patient services in a retail setting to include, but not limited to:

- Clearly defined patient sections;
- Provide community-based education on how to safely make self-care products such as topicals, tinctures, edibles, suppositories, and FECO products.

**Recommendation 8:** Provide resource materials on cannabis as medicine. Resource materials should be developed in coordination with the OCC, OLCC, OHA and ODA with a focus on:

- Promoting patient self-care and independence;
- Providing a list of participating healthcare providers and clinics knowledgeable in cannabis as medicine;
- How to become an OMMP patient; and
- How to use/self-administer cannabis.

For example, each retail store should have a brochure rack with this information. Additional brochures on CBD/THC what's the difference? What's Delta 8? Etc.

**Recommendation 9:** Expand package limits for patients, re-establish purchase limits for OMMP cardholders to 24oz/day, adjust cannabinoid product purchases and reevaluate statutory non-flower possession limits as they relate to patients.

**Recommendation 10:** Align requirement for showing government ID beyond a certain age with alcohol purchase rules such as in grocery stores.

**Additional recommendations under consideration**

The Patient Equity and Governance Frame Working joint subcommittee also reviewed the following for future consideration as recommendations:

- Involve OCC in source selection of next CTS vendor.
- Revisit increasing the 20lb transfer limits by OMMP GSA grow sites.
- Upgrade CTS to work for GSA growers and patients.
    - Eliminate tracking of patient and caregiver purchases.
    - Cybersecurity and vetting of vendors and CTS employees.
    - Harvest amalgamation.
    - Eliminate tagging plants.
    - Correct ongoing reporting for a lapsed card.
    - Personal agreement recognized by CTS.

**In Closing**

In closing, attempting to reshape retail stores to reflect the once popular OHA medical only dispensaries and the many services provided for patients may not be possible for a variety of reasons not the least of which is license restrictions. This does not mean a patient should be left to their own devices in exploring their options. Testing, labeling and packaging rules ensure public safety but costs for anyone actively using cannabis products of higher strength, larger doses, and larger amounts needed for self-care often push these patients into less safe options

where their health or safety could be compromised. If we are to truly serve the low-income cannabis patient population, we must ask everyone to participate and we look to these recommendations as the first steps in ensuring our goals of ensuring long-term, affordable access to cannabis and cannabis products are met.

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**Addendum to Recommendation 5**

Quality: All commercial cannabinoid products in Oregon should adhere to current good manufacturing practices (cGMP). This ensures that all cannabinoid products sold at licensed dispensaries are appropriate for the most vulnerable denominator of consumers (i.e., disabled or health-compromised consumers, and OMMP registered patients). cGMP entails quality systems that control proper design and monitoring of manufacturing processes and facilities. Beyond quality, adherence to cGMP regulations increases consumer and regulatory confidence in the accuracy and reliability of identity, strength, and purity of cannabinoid products. Quality guidelines should include 1) allowable and non-allowable adulterants or additives that may be introduced during manufacturing to create proprietary finished products, 2) maximum parts-per-million (ppm) guidelines for allowable adulterants or additives and 3) criteria for meeting "medical grade" certification.

Availability: Licensed dispensaries should offer a range of cannabinoid product forms to meet the needs of their diverse patrons. Such products include dried flower and leaves, dried roots, concentrates and extracts, pre-rolls, vape pens and inhalers, tinctures, capsules and edibles (including potable liquids), topicals and transdermals, suppositories, cosmetics, and other personal care goods containing cannabinoids of a wide variety of strengths.

Cannabinoid Strength: Cannabinoid products should be categorically differentiated by strength to help licensed dispensary personnel and consumers more easily navigate potency. Dispensary personnel should be trained to understand the difference between low-strength, high-strength, and medical-strength cannabinoid products:

- **Low strength:**
    - Generally refers to intermediate or finished cannabinoid products derived from hemp or marijuana, or comprised of semi-synthesized or synthesized (e.g., delta-8 and delta-10 THC) cannabinoids with
        - A total THC (i.e., combined THCA + delta-8 + -9 + -10 THC) concentration of not more than 0.3 percent by volume or weight, and
        - A total concentration of any other individual phytocannabinoid (CBX) of not more than 25 (or up to 50) percent by volume or weight
            - *CBX is shorthand for non-THC cannabinoids, i.e., CBD, CBDA, CBD, CBG, etc., but also including THCV which is non-intoxicating)*
            - *The idea here is that the closer a product comes to an isolate, the higher we regard its strength and need for tighter oversight*

- **High strength:**
    - Generally refers to intermediate or finished cannabinoid products derived from hemp or marijuana, or comprised of semi-synthesized or synthesized cannabinoids with
        - A total THC concentration of more than 0.3 percent up to 70 percent by volume or weight, or
        - A total concentration of any other individual phytocannabinoid of more than 25 (or up to 50) percent up to 70 percent by volume or weight
- **Medical strength:**
    - Generally refers to finished cannabinoid products derived from hemp or marijuana, or comprised of semi-synthesized or synthesized cannabinoids with
        - A total THC concentration of more than 70 percent by volume or weight, or
        - A total concentration of any other individual phytocannabinoid of more than 70 percent by volume or weight
    - Medical strength is a potency designation accessible *only* to OMMP registered patients.
    - "Medical strength" indicates that products meet the qualitative requirements of medical grade*, but are of a **highest-strength** that requires verifiable medical oversight (i.e., having a valid OMMP registry ID).
- Refer to this Cannabinoid Potency Chart for specific recommendations

Labeling: All cannabinoid products should be labeled and adhere to a standardized format (see DFCR's Universal Label).

- More important than strain name or indica/sativa/hybrid designations, labels should indicate:
    - Product form (e.g, *Tincture*)
    - Strength (e.g., *low-, high-, or medical-strength*)
    - Dominant cannabinoid (*e.g., THC Dominant*)
    - CBD:THC ratio** (aka cannabinoid ratio)
    - Number of servings per package (e.g., *5, 10, 20, or 30*)
    - Mg of each cannabinoid per serving (e.g., *5mg THC/serving*)
    - Total mg of each quantifiable cannabinoid and terpene per package (e.g., *50mg THC, 2mg CBD, 1mg Limonene, 1mg Myrcene*)
    - Activation time
    - Lot/batch #
    - Expiration date
    - QR code to
        - COA
        - Expanded safety information and warnings for high- and medical-strength products, edibles, and potable liquids (e.g., activation time and duration of effect, risk of potentiation with fatty foods, and possible adverse effects including psychedelic effects and psychosis
        - Disclosures about origin, specifically whether cannabinoids and/or terpenes are cannabis-derived, natural, semi-synthetic, or synthetic.

*Additional designations:

- **Medical grade:** refers to low-, high-, and medical-strength cannabinoid products that are made with all natural, organic, and no artificial ingredients (e.g., chemical dyes or synthetic flavorings or sweeteners). Cannabinoid products can be certified as "medical grade" if they meet minimal criteria.
    - This is a significant change from the current definition listed on the OLCC website wherein, "*Medical grade means marijuana items that have a higher THC concentration limit compared to items sold to recreational customers. For example a recreational customer can buy a package of edibles that contains up to 50 mg of THC and each serving size in that package can be up to 5mg of THC. A medical grade edible sold to an OMMP registered patient can contain up to 100 mg of THC per package and there is no maximum serving size for medical grade edibles.*"
        1) This is actually a description of strength.
        2) All strengths can be used for medical purposes.
- **Medical quantity:** refers to purchase limit allowances for OMMP registered patients in all strength categories.
- **+Chlorophyll:** refers to cannabinoid products with retained chlorophyll

**All cannabinoid product labels must include a CBD-to-THC ratio written CBD:THC with CBD ***always*** written first and regardless of the predominant cannabinoid when THC is detectable, e.g., *high-strength CBD, CBD:THC 15:1* or *high-strength THC, CBD:THC 1:4.* Other cannabinoids can be included in the ratio when detectable, and should also be written with CBD first, e.g., *CBDA:CBD:THCA:THC 1:1:1:1*, or *CBD:THC:CBG 10:1:1*. This ratio should never be written THC:CBD with THC first.