

Training Subcommittee Meeting Minutes

Date: April 20, 2018

Time: 9:00 am – 11:00 am

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

Attendees:

OCC Attendees: Rachel Knox

Subcommittee Members: Kevin Wilson, Janice Knox, Michael Rochlin, Ruben Halperin

OMMP/OHA Staff: Carole Yann and Shannon McFadden

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

Subgroups	Responsible Party
Training subgroup	Rachel Knox (lead)

Welcome and Introductions by the Oregon Cannabis Commission

Topic	Key Discussion	Responsible
Description and Directives	Our recommendations will cover areas of clinical training ranging from what exists as a recommended requirement all the way to clinical master of	Rachel Knox

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endocannabinology. When to refer on going medical management, pain and opioid management with the use of cannabis therapies outcome tracking integrating our allied health professionals into our cannabinoid care management and discussing medical malpractice insurance which will undoubtedly get involved in training and apply in training to coverage. We'd also like to make a recommendation to the OLCC regarding training requirements for industry players who need to be prepared when they are interfacing with our patient consumers. What is a liability to them. What processors and budtenders should know vs. what they should not discuss with consumers without a medical license so again how to refer them as well. HB 2198 specifically section 4, it delineates really what the OCC mission has been tasked with in determining the frame work for the future governance of the OMMP. Several of the directives of that section really should work as a core competency. Basically, we want our recommendations to align these directives as we are creating our final recommendation or our first recommendation at the end of Q3 around September 2018.

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	<p>So specifically developing our training standards, our key component to developing a robust and scalable Oregon Medical Marijuana Program and you will see why.</p> <p>SECTION 4.</p> <p>(1) As soon as practicable after the effective date of this 2017 Act, the Oregon Cannabis Commission shall determine:</p> <p>(a) A possible framework for the future governance of the Oregon Medical Marijuana Program, including:</p> <p>(A) Proper oversight and regulation of each of the following:</p> <p>(i) Registry identification cardholders and designated primary caregivers, as those terms are defined in ORS 475B.410;</p> <p>(ii) Attending physicians, as defined in ORS 475B.410;</p> <p>(iii) Marijuana grow sites, as defined in ORS 475B.410;</p> <p>(iv) Marijuana processing sites, as defined in ORS 475B.410; and</p> <p>(v) Medical marijuana dispensaries, as defined in ORS 475B.410;</p> <p>(B) Necessary amendments to the laws of the state pertaining to cannabis, including any necessary amendments to ORS 475B.010 to 475B.395 and 475B.400 to 475B.525; and</p> <p>(C) The future role of the commission with respect to the possible framework.</p> <p>(b) Steps that the state must take, whether administrative or legislative in nature, to ensure that research on cannabis and cannabis-derived products is being conducted for public purposes, including the advancement of:</p> <p>(A) Public health policy and public safety policy;</p> <p>(B) Agronomic and horticultural best practices; and</p> <p>(C) Medical and pharmacopoeia best practices.</p> <p>(2) In determining the possible framework for the future governance of the Oregon</p>	
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	<p>Medical Marijuana Program under subsection (1)(a) of this section, the commission shall consider:</p> <ul style="list-style-type: none"> (a) Potential factors that could prevent access to cannabis for medical use; (b) Potential laws and rules that will facilitate access to cannabis for medical use; and (c) The impact of federal laws, regulations and policies on the possible framework. <p>(3) On or before December 15, 2017, the commission shall submit a report in the manner prescribed by ORS 192.245 to the interim committees of the Legislative Assembly related to health and judiciary on the findings and determinations made by the commission under subsection (1) of this section. As part of the report, the commission may make recommendations for legislation.</p> <p>(4) For purposes of making recommendations for legislation under subsection (3) of this section, after the effective date of this 2017 Act and on or before December 15, 2017, the commission may request an interim committee of the Legislative Assembly related to health or judiciary to direct the Legislative Counsel to prepare legislative concepts for the commission's consideration.</p> <p>So standardizing trainings for physicians training will improve oversight regulations for the physicians but we also want to talk about including the allied help professionals also improving oversight for growers, processors and dispensaries workers. So right off the bat we'd be establishing some training guidelines and standardization in training will be hitting two of</p>	
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	<p>those core competencies as what I will call them from here on out. Standardize training will also unify the language that patients encounter and the language that players in the industry as well as health care professionals use to discuss cannabis care. And Lastly our training will wright a foundation which will research public policy and public safety as well as R&D clinical cannabis development and clinical care. Management can grow improve and thrive in a more revamped Medical Marijuana Program and this is all to provide better access to quality care for patients. So, this is why the subcommittee was created and hopefully we will be able to fulfill several of these directives.</p>	
<p>Review Subcommittee Communication and Schedule</p>	<p>Please see JUSTICE-#8644489-v2 Oregon Cannabis Commission public meetings law presentation.</p> <p>This Training Subcommittee will be scheduled monthly. Next meeting will be held on May 18th.</p> <p>If any suggestions for agenda items from members, please email Shannon McFadden at Shannon.m.mcfadden@state.or.us</p>	<p>Carole Yann</p>

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<p>Discussion: Priority focus areas</p>	<p>Bringing training and clinical preparedness up to par.</p> <p>Online resources as well as in person options for training and courses.</p> <p>Language written in the policies that make physicians comfortable and that their licenses are not going to be at risk, then you have a way to get more interested.</p> <p>Really figure out a way to get the research that is out there into a way that is easily digestible because most people sort of assume this is all kind of empirical and a lot of misconceptions about cannabis and opioids and things like that. If people started to read this from people who are legitimate researchers who are doing good work, who are putting together great trials would go a long way to alleviating the fears in the medical community that basically just extrapolating from stoners in the 70s who feel better.</p> <p>We need those antidotal studies. Clinical research and collecting that data is important but within that even they have a group of people and they are looking at how whatever it is they are testing in each one of them and how it contributes to the total picture. This is exactly what precision medicine is,</p>	<p>Rachel Knox</p>
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how is it effecting that one individual and how we collect that data so that it makes sense.

There is not precedent, we don't have a formal national sort of authoritative agency for Cannabinoid Medicine just yet so there aren't any clear guild lines on who to train or how to train. At Oregon in general and Governor Brown want to be in the forefront of developing a pilot program and that's essentially what we are doing here. So initially in September what we are going to be developing a recommendation to what degree we think training needs to be involved in this program. The next iteration will be developing the types of programs that will need to be made so we can think about how we would construct these programs but in that initial recommendation in September we are really going to be way more higher level, these are the training opportunities that need to be engaged and then later we'll show you how and we can talk about the how to a degree in these initial recommendations. This will be a arduous process to get training programs set up for different tiers of professionals, like Dr. Janice Knox mentioned, not everybody is going to need to be a specialist. Somebody will need to be the specialist that providers can refer their patients to,

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	<p>particularly industry folks who should be referring their patients to. How much should the average primary clinician know, how much should they be able to answer? Should every doctor be able to answer something and my answer would be yes. How do we ensure if someone went to separate doctors that they are giving similar advice?</p> <p>Previously for ORS 475B.400 no this language is written under ORS 475B.785</p> <p>(1) Patients and doctors have found marijuana to be an effective treatment for suffering caused by debilitating medical conditions and, therefore, marijuana must be treated like other medicines;</p> <p>(2) Oregonians suffering from debilitating medical conditions should be allowed to use marijuana without fear of civil or criminal penalties when a doctor advises that using marijuana may provide a medical benefit and when other reasonable restrictions are met regarding that use;</p> <p>(3) ORS 475B.785 (Findings) to 475B.949 (Authority to adopt rules for ORS 475B.785 to 475B.949) are intended to allow Oregonians with debilitating medical conditions who may benefit from the medical use of marijuana to be able to freely discuss with doctors the possible risks and benefits associated with the medical use of marijuana and to have the benefit of professional medical advice; and</p>	
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(4) ORS [475B.785 \(Findings\)](#) to [475B.949 \(Authority to adopt rules for ORS 475B.785 to 475B.949\)](#) are intended to protect patients and doctors from criminal and civil penalties and are not intended to change current civil and criminal laws governing the use of marijuana for nonmedical purposes. [Formerly [475B.400](#)]

This is written to protect both patients and doctors from criminal and civil penalty. So currently under statute physicians are protected in the state of Oregon and that would go under doctors in Washington under their rules and California. It is written in all these Medical Cannabis States that doctors are protected from having conversations and writing authorizations so maybe this needs to be clearer or under disseminated.

With the new direction on this issue surrounding Trump Administration some doctors feel that they'd be hung out to dry at the federal level.

We need to get over this fear; there is no law against learning about this information because we are scientists and are to deliver the safest medicines. We need to lead this charge.

It must fit into a patient's diet and lifestyle and pharmaceutical interventions and my interest is just sharing that information with other colleagues and other professionals and hopefully this somehow overcomes

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this divide between the budtenders. People come to me all the time and say what do I do and I say well I want you on CBD and no I don't have it in the office you have to go to a dispensary and then they are given something else and occasionally they are given something with THC and they get stoned and they are very uncomfortable and very unhappy and there's this divide that we have to overcome and I just think there is some great opportunity and I just come to it with excitement and enthusiasm and I want to share that.

Training is the backbone it is the foundation of all the things that we are going to be able to do and glean from cannabinoid medicine. But without standardize training, without language that helps us all communicate, that problem of giving a recommendation to a patient and going to a dispensary and a budtender giving them something completely unattended is going to have to go away but that's only going to happen if we only start tracking information. So, on top of training we are going to have to think about, how do we measure the impact of this training in clinical care management and using technology that Dr. Janice Knox mentioned. How does this information play back into product development so that the product that is

	<p>on the shelf in dispensaries match what clinicians are suggesting to their patients? This program needs to work like an eco-system of which training is a very small piece but we must think about training in the context of all those things. So that this eco system becomes the Oregon Medical Marijuana Program that we can now take to other states and say this is a program that works, this is a program that improves our research and therefore improving clinical care which improves medical outcomes which gets all our patients off opiates etc. This is the exact lenses we need to be looking at this from. When we are talking about endocannabinology cannabis is just one little tool in an arsenal that really is natural medicine, integrated medicine, lifestyle medicine. And I think it is great that we all have an understanding because that training for that certified consultant in Cannabinology is going to have to include an integrated approach.</p> <p>The Oregon Commission can push forward the language that we use when we are talking about cannabis. When we are talking to patients about what they need, are we talking a language that is going to be understood here on the west coast, the east coast and overseas. We really need to push forward a common language where regardless of where you are, what physician,</p>	
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what caretaker you are you understand what that patient is saying. If that patient comes in and tells you I am taking some sativa you are going like what? So, what's that. We need to be able to talk specifics and for me that is taking it to a different level. That's talking using cannabis and cannabiology to a different level when we are talking specifics. This is the profile that I want you to go in that dispensary and look for. Don't ask for Indica or sativa or purple Kush. You ask for this chemical profile. You ask for this terpene profile. So, one of the things I hope that when pushing for an education we do that for not only health care providers but for processors and growers for labelers. All of them need to come to a common language that we all use and understand when anyone is talking to us about cannabis.

Creating something that has the commission stamp on it, has the governors stamp on it legitimizes it as an educational tool for everyone in the world of health care for Oregon.

Pleading ignorant as a physician is doing a disservice to that patient because if you don't give them the answer they will find it elsewhere which is a very dangerous and harmful route. If we are always thinking patient safety and provider accountability and protection I think we will be ok because

	<p>information is really what we are trying coral here. Equipping a provider with the information so they are not harmful to a patient but to be more supportive and engage with that patient is what patient consumers really need.</p> <p>I am hoping this subcommittee and the commission in general can press cannabis education also into the realm of the inappropriate use to it or the side effects to it or the genetic weaknesses and predisposing of our patients. There is big gaps and people once again give cannabis this pass that it's natural and it's totally fine but there are people who have problems with it. There are addicted to it there are people who don't think as well with it and being fat soluble weird quality, not many drugs are truly fat soluble as this that it becomes part of our cellular Milieu and there is so much that is undiscussed yet that we'd have to share with everybody.</p> <p>I think this is one of those situations to get it right and legitimate and scientific and package it in a way physician feel comfortable with.</p> <p>Modalities/Methods</p>	
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	<p>Online program for various training levels and certification classroom, seminars settings or a combo of both and who is trained and to what degree.</p> <p>Cannabis providers and Cannabis specialists- to what degree do we expect people who are consulting in cannabis and having patients referred to them and how do we certify them and how do we make sure they are competent to deliver that sort of care and that care is consistent amongst all the people in the state of Oregon who are offering consultative services. Where do pharmacists fit in to this as consultants or otherwise. And the degree of training for all those groups.</p> <p>Content</p> <p>Getting folks up to speed on the legal issues dosage and delivery methods science and biochemistry</p> <p>Education that really focuses on indications, really understanding how it's usefully and where it's useful so people feel comfortable.</p>	
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A part of standardizing the training, improving research, improving tracking methods clinically will change the qualifying conditions list. There are many more medical conditions that cannabis can treat and people are going to rec shops to get products to treat but they cannot qualify for and so also somehow maybe getting the OLCC involved and really collecting the data for consumers and the reasons why they are going to the rec shop without a medical card purchasing product is going to be very interesting because I wager that half or even the majority of patients that are going rec shops are still going there for overall wellness purpose so I think again with tracking and collecting data that we are going improve training that we are going improve access to medicine and there is a subcommittee on diversion. Over production in Oregon is a big deal right now. So, my question to the OLCC is why is there a bump up canopy for Medical when we have over production. I see an opportunity for reduced or free medicine to qualified medical patients.

We need to hit a wider group of people to start putting bug in their ear and that is probably one of the things this commission should talk about. How do we get information out there to the majority of the people so they can

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	<p>start hearing it and we can start coming to a conclusion and people can hear somethings a little bit different. We need to figure out how to get it out of the little bubble that we are all seeing the same ole folks at and get it outside where most people are hearing this information.</p> <p>There are medical providers who absolutely have to know something and I would consider them Emergency room physicians or Urgent physicians and then second only to them primary care clinicians of whatever sort because as people are using cannabis whether they're a patient or not, but if the consume too much THC they run the risk of freaking out to the point where they're going to urgent care, they are going to the emergency rooms or they are not disclosing their use to their physicians because they don't have a card they'll get labeled an addict or abuser so I do think that we might have to talk about some level of mandatory training for the providers in the front line who are engaging these patients so that their providing good care.</p>	
<p>Discussion: Special Interest Groups and other resource needs</p>	<p>Oregon Nurses Association, Boards of Naturopathic Medicine, Nursing, Pharmaceutical and The Associated Professions Psychiatrists</p>	<p>Rachel Knox</p>

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	<p>American Industrial Hygiene Association – occupational health</p> <p>Hospice group</p> <p>Hospitals – Surveying physicians at hospitals that would be interested to learn more about Cannabis</p> <p>Department of Education- In highs schools, public health education and athletic programs.</p> <p>Laboratory folks and agricultural folks. OSU-herbalists</p> <p>Oregon Medical Association, Oregon Medical Board, Oregon Health Authority, OLCC</p> <p>Budtenders – If we are developing training for dispensaries maybe we should hear the view of these folks.</p> <p>Cultivators and Processors</p> <p>We want to engage with them and get feedback as we are developing trainings</p>	
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	<p>Surveying the patients with information from the doctor providing Cannabis care</p> <p>Get a statewide survey that breaks it down the type of doctor to create a study of current knowledge and attitudes on cannabis</p> <p>OMMP will be doing their own survey to internal patients looking at many different avenues- Carole Yann will connect with Dr. Rachel Knox and find out specific questions she'd like to ask OMMP patients</p>	
<p>Public Comment</p>		<p>Rachel Knox/Public</p>