

The following was prepared by Oregon Cannabis Commission Co-Chair Anthony Taylor.

Distributed and reviewed at the February 2, 2021 Governance Frame and Patient Equity Sub-committee of the Oregon Cannabis Commission.

Proposed patient care and accommodation plan for OLCC licensees under 475B.070, 090, 105.

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, to provide a wider range of resources, services and products for patients, and to subsidize some of the costs for testing and processing. What follows below is an outline to guide this conversation.

The retail model as it relates to patients is unsustainable and our mission at OCC is to create a long-term strategic plan for cannabis pricing and availability.

Retail stores provide sustainable access for those patients that can afford retail prices but until we ensure patients can access FECO, for example, at less than \$3,000.00 per month, a patient 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 can also be accomplished by rule change. Showing ID if you look old enough, for example.

These recommendations come out of the Patient Equity Subcommittee 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. These recommendations are based in part on survey information, in-store observations and patient contact, and online menus relating to pricing.

Here are the recommendations.

- Subsidized testing and processing for patients.
- Pricing model: OMMP + tax vs. tax included in price.
- Develop minimum requirements for product availability.
 - Patients demand a wide variety of products.
 - Package dosing upgrades. There are no 4,000mg cartridges for patients.
- Remove 'medical grade' endorsements.
- Realign the following:
 - Repeal segregation of grow sites for patient care and allow direct grower to patient transfers.
 - Transfers from OMMP growers to OLCC processors.
- Revisit entire access path for patients and processors.
 - Create dispensaries of choice.
- Minimum standards for availability and quality of cannabinoid products.
- Ongoing training for counter personnel.
 - Counter personnel cannot provide medical advice.

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- Require regular testing to ensure all personnel are up to date on current rules pertaining to them.
- on site medical resources to guide patient purchases for those just getting started.
- Expand patient services to include:
 - Clearly defined patient section.
 - Focus on patient independence including,
 - Classes teaching patients how to:
 - make topicals, suppositories, FECO products.
 - How to use cannabis
 - Access to healthcare provider.
 - Access to massage and acupuncture
 - Food/clothing pantry
 - Outreach materials on becoming a patient.
 - Cannabis is medicine and materials on cannabis as medicine available and provided by OLCC/OHA/OCC.
- Return purchase limits to 24 ounces. ORS 475B.020(7)
- Remove requirement to show ID if customer appears to be over 35 years of age.
- Develop list of licensees willing to participate.
- Compensation for participating licensees.
 - One way that has been proposed to motivate licensees is to establish a compensation matrix for licensees. One proposal was that licensees would be to mandate a certain percentage of sales to patient services. This could be 2-3% contributed in product or money to a new fund.
 - Another method would be to provide some relief on state taxes.

Two items for further consideration. Changes here would benefit those growers reporting into the CTS.

1. Upgrade METRC to work for GSA growers.
 - Harvest amalgamation
 - Ongoing reporting access for patients with expired cards
 - Personal agreements for sharing out of amalgamated grow sites.
 - Cybersecurity issues.
2. Increase patient doses based on OTC/BTC schematic.
 - Patients cannot purchase high doses, 3-500mgs and higher, of cannabis in a single package.
 - There is conversation in some circles that purchasing higher potency should be restricted to patients. The conversation also touched on offsetting the downturn in sales revenue as the patient population rises by taxing the OTC products. In states where there are sales taxes, you pay taxes on the bottle of 200mg ibuprofen, but you need to get a prescription if you want the 800's.