Secretary of State

STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority- Public Health Division 333

Agency and Division Administrative Rules Chapter Number

Medical marijuana patients, caregivers, dispensaries and processing sites

Rule Caption

Statutory Authority: ORS 475C.783, 475C.789, 475C.791, 475C.792, 475C.815, 475C.833, 475C.913, 475C.919, Oregon Law 2026, Chapter 118

Other Authority:

Stats. Implemented: ORS 475C.770 – 475C.919

Need for the Rule(s):

The Oregon Health Authority (OHA), Public Health Division, Oregon Medical Marijuana Program (OMMP) is proposing to permanently adopt and amend administrative rules in chapter 333, division 8.

Many of the proposed rule changes are to implement House Bill 4142 (OL 2026, Ch. 118). The bill adds "the need for hospice, palliative care, comfort care or other symptom management, including comprehensive pain management" to the list of qualifying conditions to obtain a medical marijuana card. The bill also outlines requirements for certain organizations and residential facilities, that are designated as additional caregivers under the Oregon Medical Marijuana Program, to have policies and procedures, and provide training to staff. Rules are being adopted to clarify these new requirements and indicate that facilities that are required to comply with them must submit an attestation form to OMMP that states they meet the new requirements to obtain their registration. To ensure consistency throughout the rules, the definition of “organization or facility caregiver” is being updated to better align with requirements of HB 4142.

Rule language around submitting a petition to add a new qualifying condition is being amended to mainly clarify the intention of the rule and the process to submit a petition request. Reference to Cochran Review and the Institute of Medicine are being removed from the list of peer-reviewed published scientific study sites because their evidence reviews are already included in PubMed Central. In addition, MEDLINE is being added because all journals in MEDLINE, along with those in PubMed Central, are peer-reviewed. MEDLINE is a curated index of biomedical journals and PubMed Central is an open-access archive of full-test articles.

Housekeeping rule changes are being made to clarify rules related to medical marijuana dispensaries and processing sites to state a limited access area is required and different from a designated area. This distinction is being made to ensure dispensaries and processing sites have an area that does not contain marijuana that may be used to ensure the identity of those needing access to secure areas. This will provide added safety for personnel working inside these facilities.

Documents Relied Upon, and where they are available:

HB 4142
https://olis.oregonlegislature.gov/liz/2026R1/Downloads/MeasureDocument/HB4142/Enrolled

ORS 475C https://www.oregonlegislature.gov/bills_laws/ors/ors475c.html

Are PubMed Articles Peer Reviewed? Not Always - Science Insights March 28, 2026
https://scienceinsights.org/are-pubmed-articles-peer-reviewed-not-always/

Statement Identifying How Adoption of Rule(s) Will Affect Racial Equity in This State:
Refer to Racial Equity Impact Statement tool.

This rulemaking is expected to have positive impacts for health equity for Oregonians. Adding the need for hospice, palliative care, comfort care or other symptom management as a qualifying debilitating condition under the Oregon Medical Marijuana Program may expand access for vulnerable Oregonians to obtain and use cannabis as a treatment in a facility that may not have allowed the use of cannabis before the passage of HB 4142. In addition, permitting the use of cannabis in a hospice, palliative care or comfort care setting could create space for honest conversations about cannabis use. This transparency can improve the quality-of-care providers offer reducing the stigma around marijuana usage, which disproportionately impacts communities of color.

Having policies in place regarding procurement, on-site storage, administration and disposal of marijuana and medical cannabinoid products for organizational or facility caregivers will ensure safe oversight of cannabis relied upon by patients and provide for better outcomes for patients who use cannabis in these facilities. Additionally, having educational modules for individuals who administer cannabis with training in cannabis pharmacology and the use of marijuana in treating medical conditions, dosing strategies and delivery modalities, will improve care for individuals who use cannabis.

Clarifying rule language on how to submit a petition on adding a qualifying condition and updating the list of accepted peer-reviewed scientific sources is expected to improve procedural transparency and support equitable participation by all communities. Aligning with MEDLINE and PubMed Central ensures decision making is grounded in reliable, peer-reviewed evidence which is key to equitable health policies. This can help avoid biased or anecdotal bases for recognizing conditions by ensuring a broad, current, and inclusive scientific backing for evaluating proposed conditions. No adverse impacts to racial equity are anticipated from these changes.

Fiscal and Economic Impact:

The proposed rule amendments are expected to have some fiscal and economic impact on OMMP registered organizations and facility caregivers. Currently there is only one registered organization and facility caregiver. The added requirements around policy, procedures and training will add to the cost of operations to the current organization and facility caregiver and anyone wanting to apply. It is not known how much of an added cost this will be exactly, but training modalities can be found online for a few hundred dollars.

Rule amendments being made to clarify limited access and secure areas for dispensaries and processing site are not expected to have a fiscal impact because there are none currently registered. The clarifying rule language is the current interpretation of the rule and has been applied in this manner for anyone trying to obtain registration.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):
This is no anticipated fiscal impact to state agencies, units of local government and the public.
There is a minor fiscal impact to OMMP for database development needs to implement HB 4142, but these costs will be absorbed by the program. There is no anticipated fiscal impact to other state agencies, units of local government or the public.

2. Cost of compliance effect on small business (ORS 183.336): ORS 183.310(10) defines small business as "a corporation, partnership, sole proprietorship or other legal entity formed for the purpose of making a profit, which is independently owned and operated from all other businesses and which has 50 or fewer employees."
a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:
Currently there is only one organization and facility caregiver registered and no registered dispensaries or processing sites. There are three processing sites and one dispensary that are pending registration.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:
There will be administrative costs associated with creating, maintaining and implementing policies and procedures for organization and facility caregivers and also with providing training to staff. The true cost of these is unknown exactly but could be a few hundred dollars. While there will be a one-time upfront cost for creating policies and procedures and ensuring those parameters are met, training costs could be on going depending on staff turnover or need.

c. Equipment, supplies, labor and increased administration required for compliance:
There will be equipment, supplies, labor and increased administration costs associated with compliance to meet the new requirements for organization and facility caregivers. The exact cost is unknown. Costs will be associated with procurement, on-site storage, administration and disposal of marijuana and medical cannabinoid products. Existing protocols on how other medicines are handled could be used but there may be a need to either change or create new methods for compliance for marijuana. In addition, direct care staff will need to complete training for compliance.

How were small businesses involved in the development of this rule?
Small businesses were invited to participate in the rules advisory committee (RAC).

Administrative Rule Advisory Committee consulted?: Yes

If not, why?:

Signature Printed name Date