

# Meeting

MINUTES JUNE 14, 2013

10:00

JACKSON COUNTY LIBRARY  
205 SOUTH CENTRAL AVENUE  
LARGE CONFERENCE ROOM  
MEDFORD, OR 97501

MEETING CALLED BY	Todd Dalotto, ACMM Chair
TYPE OF MEETING	The Oregon Medical Marijuana Program (OMMP) Advisory Committee on Medical Marijuana (ACMM) provides an opportunity for public to discuss administrative issues with the OMMP management.
NOTE TAKER	Jennifer Alcaraz, OMMP
TIMEKEEPER	Todd Dalotto, ACMM Chair
MEETING CALLED TO ORDER	<b>10:00 AM</b>
ATTENDEES	<b>ACMM:</b> Sandee Burbank, Dr. Andrew Dorfman, Todd Dalotto, Laird Funk, Alice Ivany, Jim Klahr, Ben Mackaness, Cheryl Smith, Brian Michaels, Sarah Bennett, Dr. Gerry Lehrburger <b>OMMP Staff:</b> Tawana Nichols, Aaron Cossel, David Leland, and Jennifer Alcaraz
PRESENT AS LISTED ON THE SIGN-IN SHEET	Lori Duckworth, Peter Kraymer, Brandi Rodriguez, Roger Blakesley

## Agenda topics

### REVIEW OF MARCH 11, 2013 MEETING MINUTES

ACMM CHAIR

ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
<b>Motion:</b> By Ms. Burbank to approve the March 11 <sup>th</sup> , 2012 meeting minutes with corrections. Page 4, Action Items change By Ms. Burbank to nominate Mr. Mackaness as chair of the Outreach Committee. Second by Dr. Klahr.	Ms. Burbank	Motion passed unanimously

### UNINTERRUPTED ADMINISTRATIVE REPORTS

OHA ADMINISTRATION

DISCUSSION
<p><b>Program Update:</b> Ms. Nichols stated that the Director appointed Dr. Andrew Dorfman and Ms. Sarah Bennett, and Mr. Dalotto was reappointed to fill the vacancies. We currently have 23 permanent employees and 3 temporary employees. We are recruiting for 3 positions and still have not recruited for a manager. We are going through a reclassification and are looking to restructure how the OMMP will look because our program has grown so rapidly, as well as hiring an assistant for the section manager.</p> <p><b>Statistics:</b> Mr. Cossel confirmed that OMMP currently has 54,917 patients. The current number of unique OMMP caregivers is 27,678 and the current number of unique OMMP growers is 41,752. The number of registrations where patients have listed themselves as the grower is 29,681; this number includes patients who have a current card and renewal application pending. The number of registrations where patients have listed someone else as their grower is 27, 659; this includes patients who have a current card and renewal application pending. The number of physicians with a current patient on the OMMP is 1,532. There are currently 841 out-of-state patients, 353 out-of-state caregivers, and 347 out-of-state growers.</p> <p><b>Budget Review:</b> Ms. Nichols stated that we have a cash balance of 3.7 million and the revenue for the year is 15.1 million and you can see what was transferred was also in line with what was projected, which was 6.3 million. Mr. Leland added that the total revenue was 7 million and that there are 3 more months of transfers for the money that will be allocated to other Public Health programs this biennium is \$15,166, 577.</p> <p><b>Public Health Director Transition:</b> Mr. Leland and Mr. Dalotto signed an appreciation certificate for Ms. Stormy Ray for her years of service on the ACMM. Mr. Leland also acknowledged Ms. Nichols for her 15 years of service with the State of Oregon with a certificate Mr. Dalotto also stated that Ms. Nichols has been the longest standing Program Manager for the OMMP.</p>

Mr. Leland stated that the Center for Health Protection is currently undergoing some transitions. In March the health division did some reorganization. We currently have 3 centers that we are organized under. The OMMP is under the Center for Health Protection, the 2 other centers are Center for Prevention and Center for Health Practice. The Center for Health Protection administrator Ms. Gail Shibley left in December 2012 to become Chief of Staff for Mayor Charlie Hales. Because of this, Mr. Leland was appointed as the Interim Administrator. In February 2013 Deputy Director of the Health Protection Ms. Jean O'Connor resigned, and as of August 1, 2013 our Public Health Director and State Health Officer Mr. Mel Kohn is leaving. We are in transition but we do have an acting Deputy Director, Mr. Bobby Green, who comes from Dr. Bruce Goldberg's office. Mr. Green was a local government liaison with the State of Oregon. He is a long time Lane County Commissioner and was on the Eugene City Counsel, and has experience with working on public health issues at a County level.

Mr. Leland stated he wants to get the management structure solved within the OMMP program. We have rules, standards, and compliance that we have to abide by; and are amazed that the OMMP only has one manager within the program. We are moving forward with what's appropriate and adequate supervision for the program.

	<b>DIALOGUE BETWEEN ACMM AND ADMINISTRATION</b>	
<b>DISCUSSION</b>	<p>Ms. Smith asks the administrative staff if there are any plans or standardizations for the medical marijuana clinics or anymore oversight. Ms. Smith stated the clinic she oversees is the only clinic that has actually been audited by the medical marijuana program. Ms. Nichols responded that the audit was performed by the Centers for Healthcare Regulations, not the OMMP. They are responsible for making sure that clinics are meeting the physician standards. Mr. Leland added that the Center for Healthcare Regulations is a different program and that it has no relation to medical marijuana, it's related to the clinics. Ms. Smith asked whether we are considered the same as other clinics, in terms of disposition of medical records when a clinic closes. Mr. Leland stated that would fall under Ms. Dana Selover with the Health Care Regulations and Quality Improvement. Ms. Nichols added the OMMP does not regulate the clinics; it isn't in our law. The OMMP is there to make sure that the clinic and the doctors are meeting the OMMA attending physician standards.</p> <p>Ms. Burbank thanked Mr. Leland for attending the meeting; she further stated he is way ahead of his predecessor and that we never even met Ms. Gail Shibley. As she recalls, somebody from the program was supposed to be there at all of the legislation hearings that involved the OMMP in any way and she knows that Dr. Higginson was pretty much there most of the time; is that still the situation? Mr. Leland responded by stating over time there is less and less attendance by the program. Mr. Leland stated that we have a legislative liaison who tracks all of the bills and the liaison relays the material to the Administrator or the Program Director so that we can move forward; he has been asked to be at some of the hearings and work sessions in case there were questions in regards to our programs. Ms. Burbank asked if you have to be invited by invitation. Mr. Leland responded by saying "yes", the agency will also determine who will represent the department. Either the Public Health Director Dr. Mel Kohn, or it could be our Legislative Liaison. If it has something to do about a particular program then a program representative will be there.</p> <p>Dr Dorfman asked Mr. Leland about his background as an engineer, and creating a management structure that helps an organization develop a high level of functioning. Dr. Dorfman stated that he would like to give some guidance based on his experience interfacing with patients that as you're doing your due diligence and consideration, you don't just focus on the internal but that you remember that the organization also has to interface with patients who are often in the dark, going through a complex process, and just want to get medicine. The fee structures are complicated, the phone time, the delays, and deadlines, so as you look at your program you need to remember that it can't just be a well-run organization, it also has to function and interface with people who don't know how it operates. You are creating a management structure, I would like you to consider not only focusing on the internal process, but to also focus on the patients as well, it has to function and interface with those who don't know the process. Mr. Leland agreed and stated there is no reason for this program to exist other than to serve the patients. We're here to see that they meet the requirements and they will be registered.</p> <p>Ms. Nichols responded by stating she liked what Dr. Dorfman said in regards to looking at the restructure of our program; when we approached this in July she implemented a plan behind our restructure so that we could have a better relationship with the clinics, and to help educate our patients. She also stated handbooks were created to help educate the patients. She is also looking at our phone</p>	

	<p>systems and pulling reports on our phone calls; as well as looking at how employees are interacting with our clientele.</p> <p>Ms. Nichols stated that on June 11, 2013, we sent a letter to most of the clinics to assist them when they are communicating with the patients in regards to the patient trying to obtain their registry cards. We attached some of the complicated things such as our fees so it could help assist the clinics to better guide the patients. We created a cheat sheet so the clinics can explain this to the patients. We have redesigned our applications and had our communications specialist assist with these new forms. She stated that she would like the clinics to start using these new forms. Ms. Bennett asked if the OMMMP will be amending the change request form? Ms. Nichols responded stating yes, it is currently being reviewed by the Public Health Division Communications department.</p> <p>Ms. Nichols stated that the travel reimbursement claim form has been updated and the electronic version and instructions will be sent so you can fill it out. For Medford the lodging per diem rate is \$77/day; you can ask for the government rate and the hotel should honor the rate. The meals are \$46/day for the Medford area; each area has a different rate. If you exceed per diem rate then you will have to pay the difference. The mileage went up to .565. Mr. Leland stated that the committee is eligible for the state rate. Ms. Nichols stated that you must save your receipts for lodging, everything except for meals.</p> <p><b>Schedule Next Meeting:</b> the next ACMM meeting will be held on Monday September 9, 2013 in Portland at the Portland State Office Building (PSOB).</p>
--	---

<b>CONCLUSIONS</b>
Ms. Nichols will send the travel reimbursement claim forms electronically to all the ACMM members.

ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
<b>Motion:</b> By Mr. Dalotto to hold next ACMM meeting on September 9, 2013 in Portland. Second by Mr. Michaels. No one 2 <sup>nd</sup> the motion.	Mr. Dalotto	Motion passed unanimously

**GUEST SPEAKER**

**MICHAEL SAUTMAN, WSLCB  
I-502**

<b>DISCUSSION</b>
<p><b>Speaker:</b> Mr. Sautman stated he is a patient; he attended UC Berkley and has worked all around the world working in international aid development programs for non governmental organizations doing world development and supply chain solutions with a focus on natural product production.</p> <p>In 1996 he was diagnosed with his condition. Also in 1996, California passed proposition 215 for medical marijuana. He entered treatment after his diagnoses when the first treatment was available. Medical marijuana helped to mitigate the side effects from the medicine he had to take for his condition. He was so sick and could not grow for himself and at that time dispensaries were not much around. He had a difficult time finding medicine and a grower. He feels he would not be able to finish treatment for the condition without the use of medical marijuana to help alleviate his side effects. In 2004 he started a new medication for his condition. The medical marijuana helped again with his side effects. During this second round of treatment his immune system was compromised and he was relying on the use of medical marijuana; however, he developed a secondary infection that could have been caused by the cannabis that he was consuming at the time. At this time not a lot of testing was being performed on medical marijuana at the dispensaries level. He wanted to develop a basis on the quality of medical marijuana for people that are in the same situation that have compromised immune systems so they don't have to go through the same things he had to endure. He performed a meta-analysis of who out there in the world knows how to produce medical cannabis with the quality and safety standards that people in his particular situation absolutely need it.</p> <p>He worked for World Health Organization (WHO) and went to Geneva to study marijuana with a doctor there in regards to the quality. In the Netherlands the medical marijuana is distributed through pharmacies. They have a contractor producer, the producer supplies that to the office of medicinal cannabis and they in return supply that to the pharmacy system. This is a nationally licensed program, it's a prescription, and any physician can prescribe it, its normalized and a conventional system. They have competition with the coffee shops in that area. The patient ratio in the Netherlands is small because of these coffee shops.</p> <p>In 2009 Bedrocan International was formed. They had to project Bedrocan's technology and to seek licenses for national governments in other jurisdictions. He worked with governments in other areas around the world on a national level to</p>

create reform or restructure for their existing programs, and to allow Bedrocan to produce medical cannabis under the same type of guidelines that they do in the Netherlands. Bedrocan produces 4 strains of medical cannabis, 1 is 19% THC, 1 is 12% THC less than 1% CBD, we have a new one with 14% THC with less than 1% less CBD, 7.5% CBD and 6% THC. There are 700 varieties of cannabis out there.

He has worked in Israel with their medical marijuana program and government as well. The program there started to exceed and did not have the financial needs to keep supplying the medical marijuana for free. So they began to charge a fee which was controlled by their government. They have around 30,000 patients in their program. They worked with their treaty negotiations; they had no program really that was set up because it was initially set up to be an altruistic program. The government began to take control of the program and they wanted to impose regulatory standards on the program.

He has also worked in Canada; Canada was one of the first countries to implement a medical marijuana program as part of Health Canada. They established a program that was comparable to the program in the Netherlands. To obtain cannabis you can produce medical marijuana yourself, designate someone to grow it for you, and you could only grow for one patient (it has been changed to two patients now). All the money that was generated was allocated to administrative control in Canada instead of using it to produce better quality for the medical marijuana.

In Washington State the I-502 bill passed, legalizing marijuana. The Washington State Liquor control board will be in charge of regulating the product. Mr Sauter was hired by Botec to advise on how to create a supply. He recommended that Oregon look to Washington state; the legalization train it is moving south. He strongly advocates keeping legalization and medical use separate. Patients have different needs; diversion into other states is Washington's current concern. They are considering proposing additional taxes on medical marijuana now; three licenses will be: Producers, Retailers, and Processors, all of whom will have to pay a 25% tax. If medical marijuana patients have to abide by these taxes it will have a detrimental impact on low-income patients. There are only 30 officers on the board; and there is a concern for big business, they want to create a balance with the production licensing, etc. There has been no balance achieved at this point in the State of Washington. I-502 should be implemented in September when rules and regulations are done.

Mr. Sautman stated that his point is to convey that all of the stories are the same around the world. The initial conflicts and problems we all are experiencing are the same all around the world. We need to draw some lessons and look at these other jurisdictions and learn from them on how to move forward here in Oregon and how to achieve the best outcome for both the patients and the other stakeholders who are involved with this issue. He is optimistic that Canada's system will have an effect on our program. In 2009 medical marijuana went from a schedule I to a schedule II drug in Oregon. If this is medicine why isn't it regulated by the pharmacy board? By focusing on the science, not the slippery slope, we can present a positive strong argument on having medical marijuana regulated to get quality medical marijuana.

**MEETING ADJOURNED FOR LUNCH: 12:05 PM**

**MEETING CALLED TO ORDER: 1:05 PM**

#### **SUBCOMMITTEE AND OTHER REPORTS**

**TODD DALOTTO/  
OUTREACH COMMITTEE**

#### **DISCUSSION**

**Horticulture Research & Safety Report:** Mr. Dalotto stated we are pitching ideas for new projects, and our new member Mr. Rigel Hope has some ideas around a transplant list; we would like to do some testing around project safety pending the passage of HB 3460. We are open to any projects pitched by the program. For his Chair report, Mr Dalotto spoke with Mary Lynn Mathre from Patients Out of Time. Their next conference will be in Portland in May 2014. Previously the Oregon Health Division in 2002 had Mr. Grant Higginson, the Administrator, do some presentations at the conference. Mr. Dalotto proposed that ACMM advise the Oregon Health Authority (OHA) to provide a significant level of support, such as a luncheon, funding as a sponsor or other appropriate means. Ms. Burbank stated in regards to that, in 2002 the group that was going to handle the continual education credits dropped out at the last minute and Mr. Higginson stepped in and secured that for us. Ms. Burbank stated Elvy Musikka is on the advisory board of Patients Out of Time. The Naturopathic School of Medicine will be the hosting institution for the event. Mr. Klahr stated the Oregon Health Authority (OHA) should let everyone know that this conference will be available. Ms. Burbank wants it to be posted on the website. Mr. Dalotto added that a web presence in addition to other resources would be beneficial.

**ACMM Chair Report:** Mr. Dalotto stated that the Ways and Means Committee looked only one fee proposal. They are not looking at reducing the registration fee; they want to keep the current registration fee and want to create three reduced fees: \$60 for SNAP, \$50 for OHP, and \$30 for SSI. The ACMM's proposal is to bundle the fee into one reduced fee of \$30. The Ways and Means needs to hear the input from the Oregon Health Authority (OHA) in regards to the registration fee. They also want to keep the grow site registration fee. He stated the ACMM would appreciate input from the Oregon Health

Authority (OHA) with the Ways and Means Committee.

**Outreach Report & Outreach Chair Nominations:** Ms. Burbank stated that the Outreach Committee has moved away from their primary focus. She was the person who originally said we needed an Outreach Committee. She thinks it is very important because it's about educating: doctors, law enforcement, and patients; she stated that they made a PowerPoint presentation and CDs and no one has been using them. She volunteered to assemble this material; however, she doesn't want to dedicate the time if no one is willing to use them. She has people coming to her who have their doctor sign their paperwork and they have no clue on what to do next in the process. The doctors don't know how to handle the complicated aspects of the program. The dangerous part is how a legal patient can change into class A felon. The program has offered to educate law enforcement with regards to the process; and how many have come to a presentation? Ms. Nichols replied none. Ms. Burbank added she thinks the Outreach Committee should focus on the application forms, the cover letter, and get that material all together, and then they can think of other projects. She stated that the Outreach Committee has regressed to what is available for the patients. She is willing to be chair of the Outreach Committee and Mr. Mackaness can be the co-chair, Ms. Jennifer Alexander wants to be on the committee, as well as Ms. Kristen Gustafson, Ms. Sarah Bennett, and Ms. Lori Duckworth.

**OMMP Cover Letter and Information:** Ms. Nichols stated that the database prohibits us from modifying the cover letter. Mr. Cossel responded that we use Share Point and we want to be able to control it and edit it. We are unable to do that at this point. We only have one developer helping us at this time. Ms. Burbank stated it is very important that people get educated and after these people see their doctors they are clueless.

<b>CONCLUSIONS</b>	
--------------------	--

Ms. Nichols will develop a newsletter to help educate the clinics, doctors, and patients.

<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>OUTCOME</b>
---------------------	---------------------------	----------------

<b>Motion:</b> By Mr. Dalotto that the ACMM advise the Oregon Health Authority (OHA) to make a strong show of support for the 8 <sup>th</sup> national clinical conference of Cannabis Therapeutics through sponsorship and hosting of events and other resources. Second by Mr. Funk.	Mr. Dalotto	Motion passed unanimously
--	-------------	---------------------------

<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>OUTCOME</b>
---------------------	---------------------------	----------------

<b>Motion:</b> By Ms. Burbank to nominate herself, Mr. Mackaness, Ms. Gustafson, Ms. Bennett, Ms. Duckworth, Ms. Alexander, and Mr. Klahr to be on the Outreach Committee Board. Second by Mr. Mackaness.	Ms. Burbank	Motion passed unanimously
---	-------------	---------------------------

<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>OUTCOME</b>
---------------------	---------------------------	----------------

<b>Motion:</b> By Ms. Burbank to nominate Mr. Mackaness and her as co-chairs for the Outreach Committee Board. Second by Mr. Klahr.	Ms. Burbank	Motion passed unanimously
---	-------------	---------------------------

**FEDERAL AGENCY ACCESS TO OMMP REGISTRY**

<b>DISCUSSION</b>		
-------------------	--	--

Mr. Michaels stated he sent a letter to Dr. Goldberg regarding the relationship between the Administrative rules and the statutes that create them and how the Administrative rules designed to bring in new qualifying conditions are really designed to eliminate qualifying conditions and, therefore, they are an antithesis of the statute that created the rules. The reason he is bringing this up is 1) he understands from the communications with Dr. Goldberg, that Dr. Goldberg is addressing this issue and is asking Ms. Shannon O'Fallon, AAG, to address this issue. 2) It is a shame that we had to go to the legislature to add PTSD as a qualifying condition. It was such a waste of time, and if OMMP had written a rule to support the organic statutes that created them, this would not have happened. This process needs to be corrected.

Mr. Michaels stated that Federal Agencies are stealing packages that are coming in or out of Oregon (particularly the Medford area) and are comparing addresses to the private information in the OMMP database. If the address comes up as a grow site address, the Federal Agencies then seize the property. This is against the law because the Statute and the case of Hail v Hanlin that information is private and may only be accessed by law enforcement to the benefit of the person who owns that privacy interest, which is the medical marijuana patient. It's only supposed to be used by law enforcement to prevent an unnecessary arrest.

Mr Michaels noted that the Federal forfeiture law and statutes are very complex, but once they take your money you must

prove it is legal. This requires hiring an attorney and most people can't hire afford to an attorney so they end up losing their property. Because of this these guys feel confident that they can break the law and you guys won't do anything about it. This needs to stop. You guys need to start liking the people you are representing not loathing them. You are supposed to protect them. Someone needs to be held accountable for not doing their job. It's getting worse its not getting better. Nobody has ever been charged with a crime. Can someone from the attorney generals office come next time to tell me how we can stop this? Law enforcement is doing this because the administration will not stop them from abusing the system. At some point law enforcement has to abide by the law.

Ms. Bennett asked Mr. Michaels whether he is wondering why are they accessing this information. If their inquiry doesn't confine to the law to the benefit of that patient then can the OMMP restrict that law enforcement individual from having access to LEDS? Mr. Michaels responded by saying to identify the particular officer so lawyers can use that information, and if that law enforcement individual has used LEDS as the detriment to that card holder then he or she no longer has access to that system.

Ms. Burbank stated that ACCM has voted two times, and written a report that would tell how much of the fees would need to be to be charged to cover the cost without having an extreme access. Despite these unanimous motions, we have not gotten a response. She wants someone who is running the numbers to tell us how much we need to charge to break even. Mr. Leland responded the next thing we will be doing as a center is projecting our expenditures for the next biennium so we can live within our budget. Mr. Dalotto asked whether that's post-legislative session analysis? Mr. Leland said yes, we take the legislative approved budget; we project out all of our programs, so that we know revenue vs. projected expenditures. Ms. Burbank asked for direction.. We want to know what the patients should be charged and not have to come up with 3.752 million dollars. We are charging way too much money when there is such huge revenue. Mr. Leland responded stating we will be getting that information out for the next biennium. There is a fee reduction in the works. The books don't close until August/September.

<b>CONCLUSIONS</b>		
The OMMP will be looking into a fee reduction for the next biennium.		
<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>OUTCOME</b>

**2013 LEGISLATIVE BILLS AFFECTING OMMP**

**TODD DALOTTO**

<b>DISCUSSION</b>		
<p><b>2013 Legislative Bill:</b> Mr. Dalotto stated Legislative Bills effecting OMMP; SB281 has passed and was signed by the Governor. Mr. Dalotto wanted to thank Mr. David Leland for facilitating the data report, Mr. Jeff Carlson, Ms. Carla Orcutt for doing the statistical analysis, Ms. Cheryl Smith for editing, Ms. Kristen Gustafson, Mr. Laird Funk, Mr. Clifford Spencer, Mr. Anthony Taylor, Mr. Todd Dalotto, Representative Buckley for being so receptive, and Senator Boquist for bringing the PTSD bill.</p> <p>Anthony Taylor led an overview of legislative updates. Mr. Taylor discussed House Bill 3460, House Bill 3371, Senate Bill 281, Senate Bill 40, Senate Bill 794, and Senate Bill 82.</p>		
<b>ACTION ITEMS</b>		
<b>Motion:</b> By Mr. Dalotto to have the ACMM advised the legislator to have a single tier low-income fee. Second by Ms. Smith	<b>PERSON RESPONSIBLE</b>	<b>OUTCOME</b>
<b>ACTION ITEMS</b>	Mr. Dalotto	Motion passed unanimously
<b>Motion:</b> By Mr. Dalotto to eliminate the grow site registration fee. Second by Mr. Funk	<b>PERSON RESPONSIBLE</b>	<b>OUTCOME</b>
	Mr. Dalotto	Motion passed unanimously

**PUBLIC ANNOUNCEMENTS AND COMMENT**

**PUBLIC - ACMM**

<b>DISCUSSION</b>		
Ms. Elvy Musikka thanked the state of Oregon, and stated that she's involved in the federal program. My problem was that the feds were not sending quality medical marijuana. Many of her friends have dropped out of the program because we		

cannot afford to pay the registration fee. She expressed her frustration about the fee structure; she stated that many people have turned to using their medications which they once did not have to rely on since they were using their medical marijuana. Now they cannot afford the registration fee.

Ms. Lori Duckworth stated that this is my community--Jackson county. Many of you know her; she has been an activist for 5 years. Her question is to Oregon Health Authority (OHA) is: where does all the money go that the OMMP generates? Where can the public access this information? Mr. Leland stated we handed it out at our last meeting. Mr. Cossel also stated I will give you that information. Ms. Duckworth noted that she been barred from using medical cannabis; because can no longer use medical marijuana I'm not the same person that I once was. Medical marijuana saved her life and those of many of the people in the State of Oregon. She is begging ACMM to be advocates, be fair and no longer discriminate. And to make sure that law enforcement is not abusing the LEDS database.

Mr. Jeremy L Sackett said thank you and that he appreciates what the committee members do, as well as the administration.

Mr. Peter Kraymer said thank you for your help.

Ms. Brandi Rodriguez stated in the last three years the state of Oregon has seen 10 Para-military style raids. The state has forced people to submit change request fees. These change request fees have generated \$55,000 alone in the last three years; can there be a fee structures for the patients who have become victims of the profiling and the targeting of these Southern Oregon gardens? Can we have a reduced fee structure for Josephine and Jackson Counties that get the majority of all the raids in the State of Oregon?

<b>MEETING AJOURNED</b>	<b>2:30 PM</b>
<b>MINUTES SUBMITTED BY</b>	Jennifer Alcaraz
<b>SPECIAL NOTES</b>	