



Quarterly ACMM Meeting Minutes

**The mission of the Committee is to advise the Director of the Oregon Health Authority (OHA) on the administrative aspects of the Oregon Medical Marijuana program (OMMP), review current and proposed administrative rules of the program, and provide annual input on the fee structure of the program.*

Date: December 2, 2015

Time: 10:00- 2:30pm

Location: Portland State Office Building 800 NE Oregon St., Room 1B Portland, OR 97232

Attendees:

ACMM Attendees: Cheryl Smith, Todd Dalotto, Seth Crawford, Aligra Rainy, Arthur Richards, Paul Schmidt, Ben Mackaness (Phone), Tristan Reisfar, Gerry Lehrburger

OMMP/OHA Staff: Andre Ourso, Megan Lockwood, Carole Yann, Christopher Westfall, Michael Tynan, Gabriela Tanaka, Shannon O’Fallon, Donna Harris

Absent ACMM Members: Brian Michaels, Sarah Bennett

Members of the Public as listed on the Sign in sheet: Justine Avera, Anthony Taylor, Sarah Duff, Barbara Luman, Priscilla Lewis, Brenda Thomas, Leland Berger, Peke

Summary of Meeting Action Items:

Action Item	Responsible Party
Mr. Ourso will investigate using a DocuSign program for Physicians signatures.	André Ourso
Ms. O’Fallon will look at the residency requirements in House Bill 3400	Shannon O’Fallon
Ms. O’Fallon will look at Senate Bill 844 regarding hospice or residential facility being designated as an additional caregiver for a cardholder.	Shannon O’Fallon

Summary of Meeting Motions:

Proposed Motion	Proposed by	Outcome
For the committee to review rules for a later discussion.	Cheryl Smith	Passed unanimously
To discuss fee structure.	Cheryl Smith	Passed unanimously
To discuss residency requirements	Todd Dalotto	Passed unanimously
To send a letter to OHA regarding a research proposal	Gerry Lehrburger	Passed unanimously
To give Carole Yann the committee’s fee proposals recommendations so she can provide numbers for each scenario	Cheryl Smith	Passed unanimously
To present a letter regarding House Bill 3400, Section 80A, in regard to residency.	Todd Dalotto	Passed unanimously
To recommend to the legislature that patient and grower not be decoupled.	Todd Dalotto	Gerry Lehrburger abstained



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Part 1: OMMP Administrative Reports with ACMM Discussion

Time	Agenda Topic	Person Responsible
10:00-10:45 am	Welcome and Introductions <ul style="list-style-type: none"> ➤ Introduction ➤ Administrative Reports 	Cheryl K. Smith André Ourso
Summary of Discussion		
<p>Cheryl K. Smith called the meeting to order and started with introductions, committee members were introduced. Oregon Medical Marijuana Program (OMMP) managers were introduced: André Ourso, Section Manager OMMP, Christopher Westfall, Compliance Unit Manager, Carole Yann, Analysis Unit Manager, Megan Lockwood, Law Enforcement Unit Supervisor, and Donna Harris, Case Supervisor. Donna stated that Michael Tynan and Shannon O’ Fallon will provide an update on rulemaking, but were running late.</p> <p>Agency Update Presented by André Ourso</p> <ul style="list-style-type: none"> • André Ourso updated the committee on the backlog of applications, noting that September applications would be completed in four days. • Megan Lockwood told the committee that the staff members will have the October backlog caught up by the end of the month. The staff working on the backlog will join other staff who are handling current applications when the backlog is completed. Mr. Ourso thanked Megan for sharing this. • Mr. Ourso stated that the number one complaint related to the physician verification letter. These letters have been taking about two weeks from the time they are sent to being returned. The letter is not statutorily required is being eliminated. This should cut one and half to two weeks of the process and diminish the waiting time for cards. This will also help with the backlog issue. Physicians still may be contacted by fax, e-mail, or telephone if there are questions or suspicions about the signature on the form. Mr. Ourso stated that his goal is to rely less on paper. • Aligra Rainey said thank you for catching up the backlog. She asked whether DocuSign could be used for signatures on documents. The company sends a secure e-mail regarding what needs to be signed. A password is required to access the documents. • Mr. Ourso said he will look in to that type of system. The agency is still required to have a signature from the Physician, but the electronic signature would be legally equal to that. 		
Action Item	Mr. Ourso will inquire about DocuSign for signatures.	



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Time	Agenda Topic	Person (s) Responsible
10:15-10:45	<ul style="list-style-type: none">➤ Administrative Reports:➤ Administrative Updates	André Ourso

Summary of Discussion Continued

- Tristan Reisfar inquired about the residency requirement form. Mr. Reisfar said that the form is causing a lot of confusion among the growers. He asked whether it could be incorporated into the application in the grower section.
- Mr. Ourso stated that at a later time there may be an electronic website, a web-based portal for growers and it will be linked to the patients.
- Mr. Ourso shared an updated Organizational Chart of the unit with the committee. Mr. Ourso stated that the chart is in flux and there may be changes at a later time to make the processes more efficient. Several positions have been filled on the dispensary side: three new Compliance Specialist 3 and three new Compliance Specialists 1. Some positions will be left vacant in these units. The agency does not want to hire people and then have to let them go because of a decrease in workload. A reassessment will be done by October, 1, 2016, in regard to those positions.
- Ms. Smith asked whether the web sites for medical and dispensaries would be consolidated, noting that currently a person has to go between the two web sites for information about the programs.
- Mr. Ourso explained that the plan is to merge both programs on one web portal.



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Time	Agenda Topic	Person (s) Responsible
10:15-11:20	<ul style="list-style-type: none"> ➤ Administrative Reports: ➤ Update on Rulemaking 	<p>Michael Tynan Shannon O' Fallon</p>

Summary of Discussion Continued

Update on Rulemaking *Presented by Michael Tynan and Shannon O'Fallon*

- Ms. Smith stated that the rules the ACMM received today were from the Monday meeting. They will change as they are the first draft.
- Mr. Dalotto asked Shannon O'Fallon to explain the legislative or the constitutional authority for the residency requirement for OMMP patients.
- Ms. O'Fallon stated that the residency requirements were set by the legislature and in House Bill 3400.
- Mr. Dalotto stated that the bill requires proof of residency for the application, it does not require that the residency be in Oregon so proof of residency in Idaho should satisfy the statute. Mr. Dalotto asked why there is any rule regarding Oregon residency, when there is no legislative or constitutional authority?
- Ms. O'Fallon stated that the authority does not require constitutional. It is implied because the statute was passed by the Oregon legislature.
- Mr. Dalotto stated that assuming this implication will affect over a thousand patients. He stated that 1,300 to 1,400 out-of-state patients will be denied access to medical marijuana while they are in Oregon. Mr. Dalotto feels that this interpretation has a significant impact on patient medical access.
- Ms. O'Fallon asked Mr. Dalotto what he thought the legislature meant by the mention of residency requirement if they did not intend requiring proof of Oregon residency.
Mr. Dalotto stated that the requirement was illogical and he cannot state why the legislature may have mentioned it. Mr. Dalotto asked Ms. O'Fallon to look at the 2010 Supreme Court case that ruled against an Oregon residency requirement for participation in the OMMP. Ms. O'Fallon said that case was based on the statute as it was written at that time. Ms. O'Fallon stated that if you want to be on the Oregon Health Plan and the Oregon Food Stamp program you must be an Oregon resident. A residency requirement is not a constitutional issue.
- Mr. Dalotto asked if the other programs require proof of Oregon residency in statute. Mr. Dalotto stated that he recommends that the OHA interpret in favor of the patients, when there is no other reason to do deny patients access to medicine. Mr. Dalotto asked for a motion in regard to this issue.
- Ms. Smith agreed to revisit this issue in the afternoon.

Action Items	<ul style="list-style-type: none"> ▪ Ms. O' Fallon will look at House Bill 3400 in regard to residency requirements.
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10:15-11:20	<ul style="list-style-type: none"> ➤ Administrative Reports: ➤ Update on Rulemaking 	<p>Michael Tynan Shannon O' Fallon</p>

Summary of Discussion Continued

- Mr. Tynan told the committee that as the process is going along there will be weekly changes to the rules and they will be distributed to the ACMM. If there are comments or questions they should be sent to Ms. Smith and she will forward them to Mr. Tynan.
- Ms. Smith said that it appears that the rules left out the new requirement of SB 844 that a hospice or a residential facility can be designated as an additional caregiver. It somehow needs to be factored into the definition in regard to caregiver. She will submit her concerns in writing.
- Ms. O'Fallon stated that the rules say that a patient can designate a caregiver and describes who a caregiver is. She agreed to take a look at it.
- Ms. Rainy asked if the deadline for the rules was the end of the year or January. Ms. O'Fallon stated that March 2016 was the deadline, the draft rules have to be filed with the Secretary of State by December 15, 2015, to be printed in the bulletin. Provisions will start taking effect in March.
- Mr. Tynan stated that the rules for the grow sites, processors, changes to the dispensaries, the labeling, testing, and the serving size rules have already been issued as temporary rules. The testing rules will take effect on June 1, 2016.
- Ms. Rainy stated that several growers and patients were asking if they were doing the process right.
- Ms. Smith referred them to the Compassionate Oregon website where a paper that discusses the timeline of rule implementation, written by herself and Anthony Taylor, is posted
- Mr. Tynan stated that there have been internal discussions about doing a frequently asked questions page.
- Gerry Lehrburger, MD, asked if there have been discussions about medical marijuana in a hospital setting for patients who are using cannabis.
- Ms. O'Fallon stated that under existing law, there is an issue regarding the consumption of marijuana and the Indoor Clean Air Act. Ms. O'Fallon stated that as of January 2016 marijuana indoors must be used in a non-combustible way. Cannabis is listed in the Indoor Clean Act and a hospital is subject to the Indoor Clean Air Act as a place of employment. Nothing in Oregon law would prohibit the use in a hospital, but facilities can have their own rules regarding the usage of marijuana on site. Hospitals are also certified by the Federal Centers for Medicare and Medicaid so there may be federal policies that prohibit the use of cannabis. Ms. O'Fallon mentioned that hospitals may not want to jeopardize their Medicaid and federal relationships.
- Mr. Mackaness noted that he understands that because of a recent bill passed by the House and Senate and because there are no funds and DEA is not pursuing such cases. The bill had been tested by a federal judge and something was brought to court to that effect and thrown out. Mr. Mackaness asked what federal issues would be at play as long as there was compliance and a regulatory system.



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Time	Agenda Topic	Person Responsible
10:15-11:20	<ul style="list-style-type: none"> ➤ Administrative Reports: ➤ Update on Rulemaking ➤ OIS Project 	<p>Michael Tynan Shannon O’ Fallon André Ourso</p>

Summary of Dialogue Continued:

- He stated that he was trying to understand the federal issue regarding Medicaid and Medicare compliance. He asked whether such exposure is still real or a past conversation that is a delusionary exposure as a way of saying no.
- Ms. O’Fallon stated that she could not speak for hospitals or CMS. She stated that she believed the case Mr. Mackaness was referring to was criminal enforcement no other regulatory aspects of the federal government.
- Mr. Mackaness was wondering how a medicine acknowledged by the State of Oregon and in a State Hospital like OHSU should have restrictions around it, as well as St. Vincent, who has large restrictions around it. Doctors do not prescribe. With the changes in Oregon laws and changing it to a Schedule II in Oregon as well as the changes on the federal level, Mr. Mackaness asked whether there are discrimination laws that are being violated by the institutions, state or otherwise, because these institutions are basically not providing a basic medical service as identified by the State of Oregon. Mr. Mackaness asked Ms. O’Fallon if she saw any liability of hospital staff, whether it is legal for them to discriminate.
- Ms. O’Fallon stated that she is not equipped nor can she give him legal advice about that issue.
- Mr. Mackaness stated that he was not asking for her legal advice. He was asking for her personal assessment as a representative of the State of Oregon.
- Ms. O’Fallon stated that it would not be appropriate for her to speak on behalf of the Attorney General on this issue. She was unable to respond to him.
- Seth Crawford commented on Page 55 of the draft rules, which mentions the intake of industrial hemp into dispensaries. A definition of zero THC applied. Mr. Crawford stated that it is inconsistent with Oregon statute is for industrial hemp.
- Ms. O’Fallon stated that section will be redrafted. Mr. Tynan stated that there have been numerous comments about that section.
- Ms. Smith stated that Mr. Ourso would be talking about OIS project, which is the acronym for the Oregon Information System Project.



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Time	Agenda Topic	Person Responsible
10:15-11:20	<ul style="list-style-type: none"> ➤ Administrative Reports: <ul style="list-style-type: none"> ○ OIS Project 	André Ourso

Summary of Dialogue:

- Mr. Ourso stated that the OIS is currently developing a database which would allow any client who is using OMMP services, registering, or obtaining a license from the agency to go online through a web portal. The client would be able apply and register. The form would be linked to the database requirements through HB 3400. The agency then can get an idea of how much, when, and how for each programming requirements for dispensaries, processors, patients, and growers. Mr. Ourso stated that this is a work in progress.
- Ms. Smith asked whether there will still be a paper process.
- Mr. Ourso stated that there will still need to be a paper backup. The agency would prefer the clients sign up through a web-based portal. It would make the process easier and more automated. The agency could track the information and data according to the statutory requirements by linking it to the internal database. It would be an outwardly facing portal for registrants and applicants. The data would be on a user interface internally for the staff to use to process applications. It would be linked to an informational database to provide statistics to the legislature and the ACMM board as required by statute. The project is an immense project and is ongoing. The agency is reliant on what the final rules will be and has not been able to establish the framework for the database. It is something that is being built at the same time as we are learning.
- Mr. Ourso stated that statutorily the agency is required to have the database completed by March 1, 2016. He believes that those statutory requirements can be met. There will need to be fixes to the system as it goes along beyond March 1, 2016, until late 2016, maybe even into 2017 depending on what the legislature does in the short session. Mr. Ourso stated that it is an ambitious project but it will make the program more fluid and modern once the agency has that capacity. The agency will have a good idea of what it will look like in January or February 2016 and be ready to have it implemented by March 1, 2016. That is the basic overview of the agency's progress.
- Ms. Smith asked if the ACMM will have any input into the process. Is there any role for the committee before the website is up and running?
- Mr. Ourso stated that the agency can let the committee look at a test site or a beta site to see if the ACMM likes the look of the web site.
- Ms. Smith stated that they have done that before with other projects.



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10:15-11:20	<ul style="list-style-type: none"> ➤ Administrative Reports: <ul style="list-style-type: none"> ○ OIS Project 	André Ourso

Summary of Dialogue:

- Mr. Ourso stated that he did not see why it would be an issue and it would be helpful for the ACMM to see how the platform is going to work. As he reads HB 3400 and without the advice of Ms. O’Fallon, Mr. Ourso feels they can meet the database requirements of March 1, 2016. The database requirements are open and basic. He stated that even if the agency has to revert back to a paper-based system, they could Excel spreadsheets. Mr. Ourso stated that it is not his goal, not the program’s goal, and not Oregon Health Authority’s goal. The goal is to develop a more robust database project that would incorporate users.
- Ms. Smith asked Mr. Ourso if he was referring to the Analysis Unit.
- Mr. Ourso stated that OIS is its own program within OHA/DHS. It is the IT and software unit and staff work with the project. Mr. Ourso stated that Carol Yann’s unit is involved with developing it, Christopher Westfall’s unit, Megan Lockwood’s unit, Donna Harris’s unit, and he all have input with OIS. They are the technical people and the rest of us are the programmatic people. They need to know what the agency wants in the program in order to develop the software and database.
- Mr. Ourso stated it is a total involvement with the staff of OMMP and staff from the Oregon Health Authority in developing the software and database.
- Ms. Smith asked about interaction between data from other programs such as the Oregon Health Plan.
- Mr. Ourso stated that there will be no interaction between the programs. The cardholder and the registry, building the new processor site, incorporating the grower side, because at this time growers are linked with patients, and the dispensary side, which is working independently, will be linked to the database probably through a web portal.
- Ms. Smith asked if is confidential information and whether the public would have no access to the information.
- Mr. Ourso stated that anything that is confidential in statute remains confidential. The information that is produced for the legislature is public record. There would no additional information that would be made available. The database will be statutorily compliant.
- Dr. Lehrburger asked what agency the dispensary program is part of. Mr. Ourso stated that it is a part of the OMMP.
- Ms. Rainey asked how the database process was proceeding and when it will be approved.
- Mr. Ourso stated that it is going well, it is in the production stage, and the agency is reliant on the rules for creating the framework for the database and the project in general. The agency has a good conceptual idea on how they want the database to work. He stated that between now and March 2016 it will be getting to the nuts and bolts and ensuring that the system works.
- Ms. Rainey asked whether the dispensary part of the current database will be kept operational while the new system is being created.
- Mr. Ourso stated that the dispensary registration under the current database will continue to work like it always has.



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Time	Agenda Topic	Person Responsible
10:15-11:20	<ul style="list-style-type: none">➤ Administrative Reports:<ul style="list-style-type: none">○ OIS Project	André Ourso

Summary of Dialogue Continued:

- Christopher Westfall stated they would continue to work with the current structure while enhancing, within their means, the current OIS system, while it is being integrated across all of these units.
- Mr. Ourso said that it will eventually be integrated with the inspection program and compliance program. The information in the database will drive inspection program.
- Mr. Westfall stated that they have six new inspectors that are in training now. The classification for these inspectors is three CS3 field inspectors and three CS1 inspectors who are office, investigators, and processors. They have made tentative job offers, but they are not hired yet.
- Ms. Smith asked if there were other questions or comments.
- Mr. Reisfar stated that it was a nice direction and he appreciates it.
- Mr. Ourso said they will have a better idea in January and then by February will be clearer on what the functionality of what the database will be.
- Mr. Reisfar stated that he expects it to be quite streamlined.
- Ms. Smith stated that the committee has been hearing about an online application process for a number of years.
- Ms. Smith stated the next item on the agenda is statistics.



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Time	Agenda Topic	Person Responsible
10:15-11:20	➤ Administrative Reports: ○ Statistics	André Ourso

Summary of Dialogue Continued:

Statistics provided by André Ourso

- Mr. Ourso referred the committee to the packet.
 - Number of current OMMP patients: 75,000
 - Number of current OMMP caregivers: 35,000
 - Number of OMMP growers: 47,000
 - Number of registrations where patients list themselves as growers: 47,000
 - Number of registrations where patients list someone else as a grower: 40,000
 - Number of physicians with a current patient on the OMMP: 1,700
 - Number of out-of-state participants:
 - Patients: 2,600
 - Caregivers: 750
 - Growers: 680
- Ms. Smith asked when the change in the residency requirement occurs on March 1, 2016, will out-of-state residents have to go away.
- Mr. Ourso said that he will have to look into the out-of-state participants. He assumed that they must have at some time established Oregon residency before they registered for the program.
- Ms. Smith stated that they did not necessarily do so, because they did not have to be residents of Oregon. The change is substantial. This came about because of an Attorney General’s opinion. Nothing in the statute prohibited out-of-state people from participating.
- Mr. Ourso stated that he would stop making assumptions and look into that.
- Ms. Smith asked if the agency is now collecting data on pervasive neurological conditions. Her understanding is that Alzheimer’s will be going away and will be integrated with that category.
- Mr. Ourso stated, yes, that is right because it would fit into that same category. Over 40,500 patients indicated that severe pain is their only condition, which is a little over half of the current OMMP patients, 1,200 patients have PTSD. Mr. Ourso noted that applications received by year for this year have increased significantly over the past year. They increase in March and culminating in a peak of applications in June and July. Mr. Ourso stated that despite the statutory change, a lot of people are signing up for the OMMP program. This justifies the increase in staff.
- Ms. Smith pointed out that the listing of registered patients for grow sites was in the snapshot.
- Mr. Ourso stated that it was on Page 5 in the handouts.



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Time	Agenda Topic	Person Responsible
10:15-11:20	<ul style="list-style-type: none"> ➤ Administrative Reports: <ul style="list-style-type: none"> ○ Statistics ○ Budget Updated 	<p>André Ourso Carole Yann</p>

Summary of Dialogue Continued:

- Mr. Ourso noted that there are over 5,300 grow sites with two patients. He recommended that if committee members had specific questions, they should contact him and agreed to provide his e-mail address.
- The last piece of information, Mr. Ourso shared was the LEDS report.
- Ms. Smith stated that she could see the number has gone down. Ms. Smith stated that she did not pull out an old one, but they are down to 200+ inquiries, which is about 66% fewer. She stated that was good as that was one of the purposes of Measure 91.
- Mr. Dalotto stated that he had a question about the financial reporting. Mr. Dalotto asked Mr. Ourso what is the current minimum cash balance you are trying to achieve.
- Mr. Ourso stated, that he did not know, but he would find out what our minimum is. Mr. Ourso stated that because he made a wrong assumption before, he was not going to make any assumptions on the budget.
- Dr. Lehrburger stated that his understanding that the less transfers out to other Public Health programs, 8.8 million those expenditures are determined by the legislature. Dr. Lehrburger asked if that was correct.
- Dr. Lehrburger asked if this was based on a dollar amount or a percentage. Dr. Lehrburger asked what happens when the projected fee revenue 22 million or the accumulative revenue 26 million increases. Dr. Lehrburger asked whether that leaves more money in that account.
- Mr. Ourso stated that he was writing down Dr. Lehrburger’s questions, as he did not have the answers and he would find out.
- Ms. Smith stated that she assumed that the legislature had renewed the funding to various public health programs in the most recent session, because it was a new biennium.
- Ms. Yann stated that they did.
- Ms. Yann gave a brief description of how the legislature determines whether to continue supporting such programs. She noted that the legislature provides specific figures or recommendations that the agency has to follow.
- Dr. Lehrburger asked if it was in dollar amounts.
- Ms. Yann stated that it was.
- Ms. Yann stated that they do, but there are emergency boards that we have an opportunity to go to if that were to happen.
- Mr. Reisfar asked what is SBHC on that list, \$520,000.



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Time	Agenda Topic	Person Responsible
10:30-11:20	<ul style="list-style-type: none"> ➤ Administrative Reports: <ul style="list-style-type: none"> ○ Budget Update 	<p>André Ourso Carole Yann</p>

Summary of Dialogue Continued:

- Ms. Yann stated that it is the acronym for School Based Health Centers.
- Ms. Smith stated that she noticed that compared to the numbers from the last meeting, the cash balance is down by about five million dollars. Ms. Smith asked what that it was for.
- Ms. Yann stated that it is the support for local public health. It was a legislative decision to allocate the five million dollars for the state support and the Public Health money goes out to the counties. Ms. Yann stated that came from the balance of the 2013-2015 budget that they allocated to the 2015-2017 budget.
Ms. Yann said that Systems Improvement that is just actually the name of the program that it is under.
- Ms. Smith asked Ms. Yann what does that do and what is the purpose of the Systems Improvement.
- Ms. Yann stated that in the Director’s Office two programs were combined, it used to be called Community Liaison and that is where the state support for public health went out to the counties and they help with the per capita funding that goes out. Ms. Yann stated that the component of this it is special payments that goes out to all of the counties and it is per capita basis that is allocated. It has now been moved under this new program, called The Systems Improvements and Partnerships. They consolidated them.
- Ms. Smith asked where the money came from previously.
- Ms. Yann said it came from General Fund.
- Ms. Smith asked so stated that they lost the General Fund dollars and moved it—kind of like the lottery, they switched it over.
- Ms. Yann agreed that they moved it.
- Mr. Reisfar asked whether counties that opt out of as much of the marijuana business possible still get this money and benefit from it.
- Ms. Yann stated that the counties on the state per capita they receive funding from the program.
- Mr. Reisfar stated they still receive funding from the Medical Marijuana Program after all.
- Ms. Yann agreed.
- Dr. Lehrburger asked does C Care stand for county.
- Ms. Yann stated that it is the acronym for Contraceptive Care.
- Mr. Dalotto provided the history, the fees were doubled in 2011 because the state was in a severe budget crisis. It was done to relieve the General Fund a bit and to fund some other programs with OMMP dollars. Mr. Dalotto stated that the intent was that this wasn’t going to be expanded and it would be adjusted when the state budget was in not such dire need. He noted that the state budget is in significantly better condition now. Mr Dalotto stated that what he is seeing with the five million dollar grab is, rather than finding ways to reduce the fees for the Oregon’s most seriously ill patients, they are finding new ways to spend the patients’ money. Mr. Dalotto said that it is a very disturbing trend, which also takes us back to some commitments from predecessors in the OMMP.



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Time	Agenda Topic	Person Responsible
10:30-11:20	<ul style="list-style-type: none"> ➤ Administrative Reports: <ul style="list-style-type: none"> ○ Budget Update 	<p>André Ourso Carole Yann</p>

Summary of Dialogue Continued:

- Mr. Dalotto stated that at the spring meeting of the ACMM board, nine months ago, ACMM was promised consideration of potential fee reductions or adjustments. That was nine months ago and to his knowledge no action has been taken.
- Ms. Rainey stated that we also had previously talked about the longevity of the card and that it should not require annual renewal. Ms. Rainey stated that she had recently renewed her card and it cost her \$465.00. Ms. Rainey stated that it is almost a \$500.00 cost and she can verily afford that. Ms. Rainey stated that it hard for a lot of her patients Ms. Rainey stated that a lot of her patients do not qualify for SNAP even though they may be a single mom with three children. They make too much to get food stamps and are still trying to make it.
- Ms. Smith stated that according to the data almost 60% of all patients are not eligible for a reduced fee.
- Mr. Reisfar stated that it seems appropriate that those little programs get transferred over to the adult use side as soon as possible, legislatively of course. Mr. Reisfar stated it would seem to make sense because patient numbers are dropping locally and he expects to see a difference statewide. He believes it much more appropriate to use expenditures from the adult use, OLCC side.
- Dr. Lehrburger stated at that same meeting we also looked at and had a unanimous consent among the committee to look at funding medical research and horticultural research. Dr. Lehrburger stated that we later learned that OHA has no ability to redirect those funds. We are talking about 8.8 million dollars that slips away from a medical program that is not coupled with research. Dr. Lehrburger stated that to him it is a travesty and disagrees with how these funds are being managed. He stated that he knew it was a legislative decision. He stated that not making medicine available or engaging in appropriate medical marijuana research are real shortcomings of this program.
- Mr. Ourso stated that he certainly understood all of those concerns knew that the committee's patience is probably wearing a little thin with taking this subject down the road at every meeting. Mr. Ourso agreed to educate himself on this to the best of his ability. He agreed to try to get some answers by the next meeting.
- Mr. Dalotto expressed his appreciation. Mr. Dalotto stated he wanted to point out that the ACMM is charged by statute to do three things.
 1. To advise on the administrative aspects of this program, which is fairly broad.
 2. To advise on current and proposed administrative rules, which we barely have the opportunity to do.
 3. To annually review the fee structure and recommend changes. Mr. Dalotto stated we haven't had that opportunity to do that since 2011. Mr. Dalotto stated that he, Cheryl, and other members were appointed to a Rules Advisory Committee to adjust the fees.

Time	Agenda Topic	Person Responsible
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The Advisory Committee on Medical Marijuana is a statutorily mandated body (ORS 475.303) that provides the Oregon Health Authority with advice on the administrative aspects of the Oregon Medical Marijuana Program.

Web Address: healthoregon.org/acmm



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10:30 – 11:20	<ul style="list-style-type: none"> ➤ Administrative Reports: <ul style="list-style-type: none"> ○ Budget Update 	<p>André Ourso Carole Yann</p>
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Summary of Discussion Continued:

- Mr. Dalotto expressed frustration that after providing a very well thought out proposed fee structure that achieved the expense goals, the revenue goals and kept things low, the committee was told it does not matter what they recommend. He noted that the committee has not been able to annually advise on fees since (he believed) it was 2009, when Christian Grorud was handling the budget compliance. Mr. Dalotto recommended that OMMP get someone like Chris to work with the ACMM.
- Mr. Ourso stated he will ask to have someone from the Financial Department so they could give a little better guidance not just to the committee, but to himself. Mr. Ourso stated that there was going to be a discussion on the fee structure in the afternoon.
- Ms. Smith stated that fees are in the administrative rules and we need give feedback. She expressed frustration with the secret Ways and Means committee and its failure to ask for ACMM input.
- Mr. Ourso stated that fees will be in the new rules that become effective March 1, 2016.
- Ms. Smith asked Mr. Ourso whether that is where the committee will give their input.
- Mr. Ourso stated that it may be a matter of time before they know what the effect of those fees on the budget.
- Ms. Smith asked if the projected revenue is based on the current fee structure and just a projection of how many patients you are going to have and how many dispensaries are licensed.
- Ms. Yann stated that they are trying to project how many are going to stay on the medical side.
- Ms. Smith asked whether dispensary registration money was included.
- Ms. Yann responded that is not.
- Ms. Smith asked why if the two are being combined are financials not reported together.
- Ms. Yann stated that the budgets are not together nor have they ever been. Ms. Yann stated that it is a different appropriation. Ms. Yann stated that she thought the person who completed this used what she had before in 15-17, they were not together. We are still looking at the last biennium, so we wouldn't be able to combine them. Ms. Yann stated that she thought in the future we may able to put them side by side. So you can see that, but they would be completely separate.
- Ms. Rainy expressed fears that the money go away because recreational and medical will not be co-located, let alone be within a 1000 feet.
- Mr. Ourso noted that the committee will be discussing the fee structure this afternoon. He also offered to bring back that advisement back to the OHA side.
- Mr. Ourso agreed to try to be more committed to being more transparent about the budget and finance process.
- Dr. Lehrburger asked if there was a deadline coming up, he had heard December 15, 2015. Dr. Lehrburger asked what that was for.

	Agenda Topic	Person Responsible
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The Advisory Committee on Medical Marijuana is a statutorily mandated body (ORS 475.303) that provides the Oregon Health Authority with advice on the administrative aspects of the Oregon Medical Marijuana Program.

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Quarterly ACMM Meeting Minutes

10:30 – 11:20	<ul style="list-style-type: none"> ➤ Administrative Reports: <ul style="list-style-type: none"> ○ Budget Update 	André Ourso Carole Yann
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Summary of Discussion Continued:

- Mr. Ourso stated that it was the deadline to file our draft rules for public comment and public hearing. Mr. Ourso stated those rules need to be effective March 1, 2016. There is an administrative rule making process that each agency has to go through. The time frame starts December 15, 2015, and those rules in place by March.
- Dr. Lehrburger asked whether the door is for determining budgetary distributions for 2016.
- Mr. Ourso asked Dr. Lehrburger if he meant as far as the biennium budget. Dr. Lehrburger stated that yes he was asking about that. Mr. Ourso stated that it was for 2015–2017, probably looking forward after 2017.
- Mr. Ourso stated he thinks that as he gets a clearer picture of it, the committee will get a clearer picture of it too.
- Mr. Crawford offered to help on projections for patient numbers. Mr. Dalotto noted that other states that have gone through similar procedures have seen an increase.
- Mr. Ourso pointed out that the agency has seen an increase this year and if you look at the stats there are over 1,500 patients from last year at the same time.
- A discussion ensued regarding current changes in dispensary and clinic customers and whether patient numbers will continue to go up or decrease in the future patients. He stated that he is still seeing a fair amount of new patients, but we have watched the returning patients drop significantly.
- Ms. Smith noted that the committee had already finished the morning’s work but hadn’t had a chance to review the minutes. Ms. Smith suggested that members take a short break and at the prior meeting action items.
- The committee discussed having interested members take a tour and Mr. Ourso agreed to provide it.
- Ms. Smith suggested that the committee take 10 minutes and look over the minutes.
- The committee discussed having interested members take a tour and Mr. Ourso agreed to provide it.
- Ms. Smith suggested that the committee take 10 minutes and look over the minutes.

Time	<i>Break</i>
11:20-11:35	

Time	Agenda Topic	Person Responsible
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Quarterly ACMM Meeting Minutes

11:35 – 12:05	<ul style="list-style-type: none"> ➤ Review of Prior Meeting Action Items ➤ September 16, 2015 Meeting Minute Approval ➤ Subcommittee and Other reports <ul style="list-style-type: none"> ○ Outreach and Education 	Cheryl Smith Aligra Rainy
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Summary of Discussion:

- Ms. Smith called the meeting back to order and reviewed the action items. Ms. Smith stated that Mr. Wagner was gone and the committee does that their timeline now because we have the rules. Ms. Smith asked if people received the grower survey.
- Ms. Tanaka confirmed that she sent the survey out.
- Ms. Smith asked whether OHA was still making recommendations to the OLCC.
- Mr. Ourso stated that OHA has a conference call with them on bi-weekly basis. They discuss coordination efforts with them and in addition to ODA, specific to the pesticide rules. He noted that the next call is planned for December 4 with the ODA and the OLCC.
- Mr. Ourso stated that OLCC is engaging in a public information campaign, a bus tour for the month of December. Mr. Ourso noted they will be in Bend tomorrow. Mr. Ourso stated that he will be at the meetings here in Portland with them.
- Ms. Smith asked whether the meeting minutes for ACMM had been posted, which Ms. Tanaka confirmed.
- The next action item discussed was the provider only hotline Neither Ms. Smith nor Ms. Tanaka knew whether that had been addressed.
- Mr. Dalotto requested that action items be amended to include that the committee had passed a motion for the outreach committee to draft a letter to Director Saxton regarding the 30-day rule.
- Ms. Smith asked for a motion to accept the minutes with that amendment.
- Ms. Smith stated that as she understands it the OMMP is already accepting applications for the new qualifying condition of Pervasive Neurological Disorders.
- Ms. Smith asked for changes, comments, or amendments regarding the minutes.
- Ms. Rainy updated the committee regarding the training that will be provided for bud tenders, similar to a food handler’s card or the OLCC training for servers.



Quarterly ACMM Meeting Minutes

Time	Agenda Topic	Person Responsible
11:38 – 12:05	➤ Horticulture and Research Proposal	Dr. Lehrburger

Summary of Discussion Continued:

- Dr. Lehrburger then presented regarding his recommendation for research. He first stated that he should have been listed as present on the phone in the minutes.
- Dr. Lehrburger discussed a draft of a letter regarding medical marijuana research. Dr. Lehrburger stated that he was hoping to get the endorsement of advisory committee before sending the final copy of the letter to Oregon Health Authority.
- Dr. Lehrburger noted that at the March 2015 ACMM meeting he had introduced an important research proposal compares risk and benefits of medical cannabis to narcotic analgesic medication in management of chronic pain. Dr. Lehrburger stated that as all of us are aware narcotic analgesic medication has a lot of flaws, it is a gateway drug, the state is spending and their budget for dealing with narcotic abuse and recovery is huge. Dr. Lehrburger stated that he thinks that medical cannabis offers a lot of promise and about 40,000 OMMP patients alone have a chronic painful condition. Dr. Lehrburger believes this is an incredible research opportunity.
- Dr. Lehrburger stated that in 2012 Oregon was the number one state in terms of narcotic abuse per capita. This is fertile environment for research in terms of how did these patients transition off of narcotics. Dr. Lehrburger stated that at the meeting there was unanimous support among the ACMM members to petition the OHA for a portion of the annual profits generated from OMMP card sales. The idea was to fund medical cannabis research prior to transferring funds to other non OMMP OHA programs
- Dr. Lehrburger expressed the importance of such research, and believes that Oregon can be a leader in investigational research that is moving forward at a lightning speed worldwide.
- Dr. Lehrburger noted that he believes an endorsement of medical and horticultural cannabis research by the state will provide collaboration with institutions of higher education. He invited the OMMP and OHA to partner with and endorse other R&D institutions of higher learning and organizations like Health Research Institute (HRI).
- Dr. Lehrburger stated that one of these organizations is TLVmedica, which HRI's scientific board met in Prague. They are interested in working with Oregon on Cannabis projects. TLVmedic is responsible for establishing the Israel Cannabis Research Institute, which is affiliated with Hebrew University which, with a number of Israel hospitals, are conducting current trials right now.
- Dr. Lehrburger concluded that it would be a shame for OHA and OMMP to not endorse such activity. He believes it would free up a lot of research funds.
- Ms. Smith stated that Oregonian patients will be wanting to be involved as well and she thinks a lot of people here are passionate about the future of Oregon.



Quarterly ACMM Meeting Minutes

Time	Agenda Topic	Person Responsible
11:38 – 12:05	➤ Horticulture and Research Proposal	Dr. Lehrburger

Summary of Discussion Continued:

- Dr. Lehrburger ask whether there has there been a connection between OMMP and the research task force that was required by SB 844 and scheduled for a final report December 15, 2015.
- Ms. Smith responded that the bill mandated a research task force. He asked for further information on it.
- Mr Ourso stated that OHA recommendations to the governor’s office for that advisory committee are at the governor’s office. Because it hasn’t been fully formed, December 15 might be pushing it.
- Ms. Smith stated that to submit the report described to the legislative assembly no later than February 1, 2016 and OHA shall provide staff support for the task force. Ms. Smith asked if there was any more discussion or do we have a motion to go ahead with Dr. Lehrburger’s proposal.
- Ms. Rainy moved that we support Dr. Lehrburger’s proposal and letter.
- Dr. Lehrburger stated proposing that ACMM proposes to OMMP and OHA their support and collaboration in developing a sturdy research platform to perform in depth studies on the ethnicity of cannabis based medicines. Dr. Lehrburger stated that to it goes on with opportunities for medical excellence, education, economic development, job growth, and collaboration amongst institutions of higher education, research institutes, and industry. Dr. Lehrburger stated he would finish and send it as a corollary. Dr. Lehrburger stated ACMM supports the OHA in wordsmithing a position statement that endorses statewide medical and industrial cannabis research through OMMP and other statewide agencies. Dr. Lehrburger stated he will send that off, but he thinks that the corollary is really important because the bottom line is a position statement endorsing medical and industrial cannabis research is the crucial thing. It creates a fertile ground for industries to move to Oregon and really establish themselves in the research avenue. Dr. Lehrburger stated that is what is critically needed in this world right, this is a plant that offers so much.
- Ms. Smith asked for a second.
- Mr. Dalotto seconded the motion
- There was no more discussion. The motion passed unanimously.
- Dr. Lehrburger stated his intent to deliver the letter to Mr. Ourso, and he deliver it to Lynne Saxton.

Action(s)	<ul style="list-style-type: none"> ○ The ACMM will endorse and support Dr. Lehrburger’s proposal for a letter to be sent to OHA asking for support for a research platform for medical and industrial cannabis research.
Conclusion (s)	<ul style="list-style-type: none"> ▪ A motion passed unanimously that Dr. Lehrburger send a letter to OHA asking for their support of a research platform for medical and industrial cannabis research.



Quarterly ACMM Meeting Minutes

Time	Agenda Topic	Person Responsible
12:05 - 2:05	➤ Discussion of Fee Structure	Cheryl Smith

Summary of Discussion Continued:

- The committee agreed to continue the meeting due to road conditions.
- The committee reviewed the new and renewal fees in the rules.
- Ms. Smith expressed a concern that the \$200.00 grower fee is too high should be least half of that and if not back to the original \$50.00 fee.
- The committee discussed whether we could make recommendations to change these rules.
- Mr. Dalotto whether the program has an analyst who could help with this.
- Mr. Ourso stated there are plans to hire an economist at some point to do that analysis, but currently do not have one.
- Ms. Yann pointed out that the agency has used different scenarios in budget development.
- Ms. Smith asked about income projections in new versus current dispensaries.
- Ms. Yann informed the committee that they had looked at that, but it is challenging not knowing specifics.
- Mr. Schmidt asked about operations fixed cost.
- Ms. Yann was unable to provide a number.
- Mr. Schmidt stated it would be very helpful to know the fixed and operating costs, because then we would know what needed to keep operations going. Mr. Schmidt noted that a \$200.00 or \$500.00 investment for a card is hard for someone who is struggling and that even a 5% or 10% reduction would be helpful.
- Ms. Rainy noted that at the previous meeting Aaron present information on cost to process an application. She recalled that it was \$35.00 to run a background check and a minimum of \$73.00 or so was required to pay for the personnel needed for background check. She recommended that the charge for a grower be \$100.00. She expressed concern that many patients do not qualify for a discount.
- Ms. Smith expressed concerns that many veterans who get a discount are not low-income.
- A discussion ensued regarding veteran discount qualifications, which Mr. Reisfar indicated is an area of confusion
- Mr. Dalotto suggested reducing the replacement card fee to the actual cost of replacing the card.
- The committee discussed a concern that a number of growers or patients will have to pay the \$100 change fee when growers become limited in the number of patients they can serve. In addition, there was a concern regarding the impact on OMMP staff who will have to deal with angry callers.
- The committee generally agreed that the registration fee for the various discounted categories should be a consolidated single fee structure.

Action(s)	<ul style="list-style-type: none"> ○ The ACMM will recommend that there be a consistency among the different discount amounts.
Conclusion (s)	



Quarterly ACMM Meeting Minutes

Time	Agenda Topic	Person Responsible
12:05-2:05	➤ Discussion of Fee Structure	Cheryl K. Smith

Summary of Dialogue Continued:

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- Mr. Ourso stated the only issue he had with one consistent reduced fee for all categories is if the people who have been paying \$20.00 are increased \$50.00, they will be angry because they are now paying \$30.00 extra dollars.
- Mr. Ourso being a little bit consistent between the people with federal benefits and consistency within those on Oregon programs.
- Mr. Dalotto stated that if you reduce them all to \$20.00, no one would complain.
- Mr. Ourso stated that the big question is OMMP expenditures and costs.
- Mr. Ourso stated the agency can run those scenarios to see what they can afford. He expressed concern that if we reduce fees now and participation significantly drops next year, there may not be enough income based on decreased fees and there would be an outcry when they had to be raised again.
- Mr. Schmidt talked about his frustrations and how even a small increase would help with perception.
- Mr. Ourso agree that more incremental decreases would be more appropriate.
- The committee then discussed how to move forward with a proposal, and discussed the various changes to the fee over the years.
- The committee talked about how the program has consistently brought in more than enough to cover the program and that a decrease to fees in order. Mr. Mackaness expressed his belief that we do not have all of the information we need.
- Ms. Yann stated the budget that was handed out is for the 2013–2015 biennium. Ms. Yann stated that they have the ending number for that time which shows what we expended for the 2013–2015 biennium as well as the expansion 2015 – 2017 biennium budget. Ms. Yann stated that we know OIS could be at two million dollars and that there are some projections, but they are in the process of figuring out the hard numbers. What OMMP has is historical data and is basing fees on that.
- Ms. Smith asked if the staff could run some scenarios. Ms. Yann agreed to do so, if we give her the information, and would plan to have proposals for the next RAC meeting on Monday.
- The fee structure proposal was given to Ms. Yann.
- Ms. Smith asked for a motion to recommend that Carole Yann run these numbers so that we can come up with a proposal for the RAC by Monday.
- Ms. Yann noted that the RAC is Monday.
- Mr. Ourso stated the staff are meeting tomorrow and discussing the fee structure this week so they can advise the RAC on that.



Quarterly ACMM Meeting Minutes

Time	Agenda Topic	Person Responsible
12:05-2:05	➤ Discussion of Fee Structure	Cheryl K. Smith

Summary of Dialogue Continued:

- Mr. Dalotto made a motion to accept that Carole Yann run the numbers to come up with a proposal for the RAC. Ms. Rainy seconded the motion.
- Ms. Smith asked discussion or changes. With no discussion, the motion passed unanimously.
- Ms. Smith agreed to take the final scenarios to the RAC.
- Mr. Dalotto then made the following motion: That the ACMM interprets Section 80A of House Bill 3400 of the 2015 Oregon Legislative Session as to not limit residency of Oregon Medical Marijuana patients and applicants to Oregon. We strongly advise the Oregon Health Authority to amend Section 333-008-002, Subsection one and three to not limit residency to Oregon Medical Marijuana patients to Oregon.
- Ms. Rainy seconded the motion.
- In discussion, Ms. Smith stated that proof of residency is required by rule, but it doesn't say proof of Oregon residency.
- Ms. Smith asked Mr. Dalotto to re-read the motion again. Mr. Dalotto re-read the motion again and made a correction to the motion he read early. That the ACMM interprets Section 80A of House Bill 3400 of the 2015 Legislative Session as to not limit residency of Oregon Medical Marijuana patients and applicants to Oregon. We strongly advise the Oregon Health Authority to amend Section 333-008-002, Subsection one and three of the proposed rules dated November 24, 2015 to not limit the residency to Oregon Medical Marijuana patients and applicants to Oregon.
- In discussion regarding legislative intent, Ms. Smith asked attorney Leland Berger, in the audience, if he could provide some input.

Action(s)	<ul style="list-style-type: none"> ○ The ACMM came up with various proposals for the fee structure and discounts in regard to patient and grower fees proposed by the legislature. ○ Mr. Dalotto made a motion that the ACMM strongly advise the Oregon Health Authority to amend Section 333-008-002, Subsection 1, 2 and 3 to not limit residency to Oregon Medical Marijuana patients to Oregon.
Conclusion (s)	<ul style="list-style-type: none"> ○ The ACMM'S fee proposal is attached at the end of this document and it was presented to Ms. Yann. ○ Mr. Dalotto's motion passed.



Quarterly ACMM Meeting Minutes

Time	Agenda Topic	Person Responsible
12:05-2:05	➤ Discussion of Fee Structure	Cheryl K. Smith

Summary of Dialogue Continued:

- Leland Berger stated the legislature was responding to concerns about card stacking. Currently, the largest gardener has 112 patients, all of whom live in Southern California. Mr. Berger’s interpretation was that legislative intent was to bar out of state residents. He believes that the Advisory Committee needs to work on directly through the legislature on this because the OHA has never been responsive to any suggestions that any legislature or administrative change that the ACMM has offered. Mr. Berger expressed his belief that as far as the agency is concerned they would just assume it to all went away, so they don’t care about interpretation and losing more patients, they want the program to get absorbed and go to the OLCC. He thinks the state legislature can be approached on this issue and encourages the advisory committee to either individually or collectively to go and do that.
- Mr. Dalotto made a motion to strongly oppose decoupling patients from growers.
- Mr. Reisfar seconded the motion.
- In discussion, Mr. Dalotto stated at that the informational hearing for the Interim Joint Committee for implementing Measure 91, a representative from the OHA expressed interest in seeing legislative changes to decouple patients and growers, meaning that patients would only be able to either grow for themselves or not have a grower. Mr. Dalotto noted that she didn’t elaborate on the details, but it sounded like to him that the intention was to allow patients to grow for themselves, but not allow anybody else to grow for patients, so they would only have access to a dispensary.
- After discussion, the motion was put to vote and was passed with Dr. Lehrburger abstaining and all others in favors.
- Mr. Dalotto asked Mr. Ourso to explain the process for our advice and recommendations being passed along to the director and the public health director.
- Mr. Ourso responded that he has either informal discussions or makes a more formal document like a memo. Mr. Ourso stated that the minutes are a good indicator of what occurs at a meeting and what motions passed. He noted that he can go over the motions with the director when he meets with her and that he intends to keep an open line of communication between the committee and the agency.

Action(s)	○ Mr. Dalotto presented a proposal to strongly oppose decoupling the patient and grower
Conclusion (s)	○ The ACMM will recommend to the legislature in the next session that they reconsider this proposal. See attached document.



Quarterly ACMM Meeting Minutes

Time	Agenda Topic	Person Responsible
12:05-2:05	➤ Discussion of Fee Structure	Cheryl K. Smith
Summary of Dialogue Continued:		

- Mr. Dalotto expressed frustration that in the past new OMMP leadership has not gone directly to the director or the OHA director with ACMM concerns.
- Dr. Lehrburger stated it seems that this is an advisory committee. Dr. Lehrburger stated we can make recommendations and from what he has experienced in the past very few things that we have discussed and passed along have really met with any sincerity or approvals. Dr. Lehrburger asked Mr. Ourso if he had any input into that.
- Mr. Ourso agreed to make a good faith effort to take the recommendations provided by this committee to the director.
- Ms. Smith stated that she is optimistic that with the expansion to the program and with Mr. Ourso’s attitude, about things will change and we won’t necessarily continue down that road. Ms. Smith stated that it feels like there is a lot more money and the state supporting the program little bit more, they are doubling the size of it. She did express concern about the legislature reallocating another five million of OMMP money to other public health issues.
- Mr. Reisfar expressed similar concerns.
- Mr. Ourso stated that he wouldn’t have taken the Section Manager position if he hadn’t been reassured about the viability of the program. Mr. Ourso stated that it is not his place to stonewall the committee for the agency, his role is to communicate the advice given by the committee to the agency.
- Ms. Rainy stated that this meeting was one of the best she had been to in a long time.
- Mr. Reisfar brought up the issue of Skype doctor clinics. He appreciated the clarification regarding whether they were legal and would be accepted by OHA, which they are not. He shared his belief that such clinics make sense for remote areas, but is not now asking for a change to that. He had some concern that denial of registrations for patients who had used a Skype clinic would add to the slowdown in processing cards, which Mr. Ourso stated would not.
- Ms. Smith stated one of the requirements for an OMMP card is a through physical exam, which is hard to do over Skype. Dr. Lehrburger expressed that he was unaware of that requirement, and that he was shocked because he believes very few physical exams are being performed. Ms. Smith indicated that every single patient at Compassion Center receives one. Ms. Rainy also stated that the clinics she works with do physicals.
- After the public comment period, the meeting was adjourned.



Quarterly ACMM Meeting Minutes

Part 3: Public announcements and comments

Time	Agenda Topic	Person Responsible
1:44- 2:00	Public Announcements and Comments	Members of the Public

Patient Norm	Grower	Change	Replace
150 25	0 50	40	20
150 35	0 100	50	20
180 20	50/patient Beyond Self (current)	50	20