

# Meeting

MINUTES DECEMBER 14, 2009

10:00 AM – 2:30 PM

MCKENZIE CENTER  
ROOM 1  
2885 CHAD DRIVE  
EUGENE, OR 97408

MEETING CALLED BY	Jim Klahr, 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	Megan Dunford, OMMP
TIMEKEEPER	Jim Klahr, ACMM Chair
MEETING CALLED TO ORDER	<b>10:00 AM</b>
ATTENDEES	<b>ACMM:</b> Jim Klahr, Christine McGarvin, Laird Funk, Brian Michaels, Todd Dalotto, Dr. Alan Cohn, Alice Ivany, Arthur Witkowski. <b>Absent:</b> Dr. Darryl George, Sandee Burbank. <b>Excused:</b> Stormy Ray. <b>OMMP Staff:</b> Grant Higginson, Annette Johnston, Aaron Cossel, Chris Grorud, Megan Dunford. <b>Excused:</b> Tawana Nichols.
PRESENT AS LISTED ON THE SIGN-IN SHEET	Judith Wible, MD. Loren Kruesi, Linda Troy, Cheryl K. Smith, Kim Broadhead, Ed Glick, Perry Stripling, Elvy Musikka, Judi Greig, Pelse, Darin Watkins, Nanoy Kelly, Roni Simone, Dan Koozer, Keith McCann, John Sajo, Brad Mowreader, Dan Stadelman.

## Agenda topics

### REVIEW OF SEPTEMBER 14, 2009 MEETING MINUTES

ACMM CHAIR

ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
Motion by Ms. McGarvin to accept the meeting minutes as provided.	Ms. McGarvin	Motion Passes Unanimously

### ADMINISTRATIVE REPORTS

AARON COSSEL  
CHRIS GRORUD

DISCUSSION
<ul style="list-style-type: none"> <li>• <b>Program Update</b> – The program currently has nineteen permanent employees and three temporary employees which brings the total to twenty two. Due to rapid growth in our program, we will soon be requesting permission for two more permanent positions, our long term goal is to no longer have temporary employees except for special projects, however given the increase in the program’s workload we brought on three temp employees for now.</li> <li>• <b>Statistics</b> – The OMMP currently has over 31,000 patients, an increase of about 4,000 since the last meeting. The number of patients with a caregiver is 16,119. Current physicians who have recommended patients for the medical marijuana program is 3,162.</li> <li>• <b>Database Update</b> – Mrs. Johnston stated we are about three weeks away from testing the new database. They have streamlined several features so that we will be able to stay ahead of the game and stay current with the increases in patient load and workflow. There are a lot of features that will be automated that we currently process manually which will speed up the process for us. Dr. Higginson stated in addition to delays there have been some overruns in cost as well and instead of putting that all on the program, the Office of Information System is sharing those overruns with us. Dr. Higginson stated he feels we are going to have a very good product when completed.</li> <li>• <b>Budget Review</b> – Column A is the figure for the final results of the biennium that ends June 30, 2009. It’s interesting to note that revenue increased 60% over the prior biennium. It’s really hard to try to pin down and estimate this program. Column D is my projection for the medical marijuana program for this current biennium budget period, the trailing 12 month revenue average was \$165,000.00 so I’m must projecting that for 24 months and adding an extra 5 percent that. I think that demand for medical marijuana is going to plateau. In regards to personal services there’s been a freeze on cost of living increases for state employees and a one year freeze on merit increases and then I’m also projecting on average two and a half more employees throughout this biennium. Given what I have there on paper I’m projecting an ending cash balance of \$350,000.00 which is a bit over two months of average operating expenses and our goal is three months of operating expenses and cash balance. If this</li> </ul>

cost for the information system program drastically decreases the rate more than I thought that cash balance will probably be greater.

- Means Testing and Redirection of Excess Revenue** – Dr. Higginson stated we have been specifically directed by legislators to explore the possibility of creating a variable fee scale based on a means test which would generate an additional one million to two million in cash and would then be used by other state programs. Dr. Higginson stated with the means test, some people would pay more and some pay less but the increase would be more pronounced for those with higher incomes. The state programs to receive direct funding have not been specified although in the past they have focused on drug treatment services. Dr. Higginson stated this committee is the statutorily mandated body to provide annual input on the fee structure of the program. The ACMM is asked formally today whether or not they support or oppose the suggested means testing and re-direction of medical marijuana revenues to other state programs and if it is decided that you’re going to oppose this, Dr. Higginson seeks to get some feedback on why you think it is a bad idea. Mr. Funk moves that the ACMM oppose any diversion of funds from the OMMP program for any other program. Ms. McGarvin stated she is concerned with the delay in getting people their cards and doesn’t feel we should be considering any changes. Dr. Cohn asks what would be used to determine an individuals needs. Mr. Grorud stated he is not sure how it will work at this time. Ms. Ivany stated they want to increase our fees on people that are already suffering financial disadvantages over others. Mr. Higginson stated the legislature expects the program to seriously consider this. We brought it back to you who are the advisory committee specifically in statute is supposed to advise us on fee schedule. Dr. Higginson reiterated to the committee, “our position as an agency is that any fees generated for a program are supposed to stay in that program. Everybody knows that there have been a few occasions when the legislature decided to take some cash revenues out of this program and cash revenues out of other programs to fill budget holes.” Mr. Dalotto stated he feels it’s a great thing that this program has been able to self-sustain itself by its own fees for the past ten years and it would also be nice if we can also say yes, so that our program benefits the state in other ways. Mr. Dalotto stated he doubts if by approving this we will be able to guarantee any additional transfer to general funds legislation that has happened in the past. Mr. Grorud stated legislature can change the laws as they see fit so there would be no guarantee. Mr. Michaels stated the legislature is asking us to raise money and you’ve chosen to put the burden on the patients rather than think of, perhaps, increasing the number of patients by adding qualifying conditions. Mr. Michaels asked why Dr. Higginson is denying the conditions. Dr. Higginson stated he did try to look at things comprehensively and read everything that was pulled together by the OHSU researcher who was asked to pull a scientifically researched based study. He also read everything the petitioner provided and listened to all of the testimony by all of the patients and all of the physicians. Dr. Higginson stated in his view the conditions that were being requested simply are not at a point right now that they meet a scientific level of benefit versus harm that he is comfortable with and there were a number of other physicians that felt the same way. Dr. Higginson stated he felt there was compelling testimony particularly for Post Traumatic Stress Disorder and would like to see a research study done. Dr. Higginson stated he commits himself to propose a legislative concept. Mr. Funk stated he is bothered that the state programs that will benefit from funding are not being specified. Ms. McGarvin stated she feels renewals are not happening because people have to wait to get the money to turn their paperwork in. Mr. Michaels stated he opposes this only because of the way the money is being achieved and feels if we achieve the money by increasing the debilitating conditions, the ACMM might favor this.

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

- The OMMP currently has nineteen permanent employees and three temporary employees, total of twenty two. Due to rapid growth in our program, we will soon be requesting permission for two more permanent positions.
- OMMP currently has over 31,000 patients. The number of patients with a caregiver is 16,119. Current physicians who have recommended patients for the medical marijuana program is 3,162.
- OMMP new database will soon be completed. There are a lot of features that will be automated that are currently processed manually which will speed up the process.
- The ACMM has been specifically directed by legislators to explore the possibility of creating a variable fee scale based on a means test which would generate an additional one million to two million in cash and would then be used by other state programs. The ACMM considered the legislatures request and has mixed opinions. Some members are open to helping other state programs.

ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
Motion by Mr. Funk to oppose creating a variable fee scale based on a means test which would generate additional funds to be used by other state programs. Dr. Cohn seconds.	Mr. Funk	Motion Passes Unanimously

**DIALOG BETWEEN ACMM AND ADMINISTRATION**

**AARON COSSEL**

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

- **Term Limits** - In accordance with the ACMM bylaws, some committee members terms expire on December 31, 2009. The plan presented to Dr. Goldberg last year is as follows, Sandee Burbank, Chair, Laird Funk, Vice Chair, Darryl George, physician. To maintain a balanced committee there should be at least two advocates who are physicians. Brian Michaels who was appointed January 2007. In accordance with the bylaws the term of office each member appointed by the director is four years. Except for the initial appointment which will be staggered terms to promote continuity. We've received seven applications from interested parties and expect more. We request the ACMM to share input and submit suggestions in writing so that you can provide your recommendations. If you wish to be reappointed, you'll still need to submit an application. Mr. Michaels stated he is unsure if his term expires and does seek to be reappointed. Mr. Cossel stated the committee was provided the names of the interested parties and some have additional information and background.
- **Appeal for Horticultural Cautionary Statement** - During the September meeting, it was announced that Dr. Mel Kohn declined the requests for the horticulture cautionary statement and the request to hold two additional meetings during the year. Members asked if this can be appealed the ACMM may submit an appeal to the state public health director regarding this matter.

**CONCLUSIONS**

- In accordance with the ACMM bylaws, some committee member's terms expire on December 31, 2009. The term of office for each member appointed by the director is four years. Except for the initial appointment which will be staggered terms to promote continuity. Seven applications have been received from interested parties so far. The ACMM is requested to share input and submit suggestions in writing to provide recommendations. If current members wish to be reappointed, they will need to submit an application.
- To appeal the decision to deny the horticulture cautionary statement and additional ACMM meetings, members can submit an appeal to the state public health director regarding this matter.

**OAR CHANGES CONCERNING CONDITIONS FOR ADDITIONAL PANEL**

**JIM KLAHR**

**DISCUSSION**

- Mr. Klahr stated members on the panel should at least have some great deal of experience or training in cannabis therapeutics. Ms. McGarvin stated OAR 333-008-0090(C) letters of support from physicians or other licensed healthcare professionals knowledgeable about the conditions. Mr. Klahr stated he would like to motion that we make sure that the rules are consistent and that the people on the panel have that type of background. Dr. Higginson stated the OAR doesn't say anything about how the panel must be knowledgeable about the condition being treated by cannabis; everyone on the panel was knowledgeable of the mental health conditions that were being considered. Dr. Cohn stated one member of the panel had no experience on the conditions and knew a lot about how bad marijuana is. Mr. Klahr stated he would like to make sure there are more appropriate members on the panel and the ACMM should have more input on the selection of those members. Dr. Higginson stated if there was another petition, they ask the petitioner who they would like to see on the panel. It is unreasonable to not include a state agency that is responsible for mental health issues. We would listen to the ACMM's suggestions, but we need to have a broad based panel. There needs to be different perspectives on the panel, not just people who are committed to cannabis therapeutics. Mr. Funk states the administrative rule needs to have a change and that change should be that the committee person be knowledgeable in the condition and its treatments with cannabis. Mr. Dalotto stated he feels Dr. Higginson is trying to say that if all of the members of the panel are committed to cannabis therapeutics as their career, that that would present some sort of bias to the panel. Panel members should be familiar with the conditions as well as cannabis therapy for those conditions. Dr. Higginson stated there was a lot of literature that was reviewed and presented by the OHSU researcher and the petitioner Ed Glick. Ms. Ivany stated panel members should have experience with cannabis therapeutics, a broader knowledge of having worked with patients and cannabis. If that was their first exposure to learning about cannabis therapeutics, it's not enough to qualify them to sit on that panel. Dr. Cohn seeks how to change the administrative rule. Dr. Higginson stated you advise the director that you wish to see a change in the administrative rules to reflect a more balanced panel. Mr. Michaels stated each and every member of that committee should have to as a scientist or a physician agree that the current conditions are helped by medical marijuana. If they can't agree with the current conditions being helped by marijuana then how on earth are they objective to believe new conditions will be. Mr. Witkowski stated he feels the researcher should also be included in agreeing to the conditions helped by medical marijuana. Dr. Higginson stated he respectfully disagrees. We have to try to follow an FDA like process. They have to use evidence based scientific study and research in order to make the best decision.

**CONCLUSIONS**

- ACMM feels members on the expert panel should have some experience or training in cannabis therapeutics. Administrative rule 333-008-0090 under 2(c) needs to be changed to state a committee person be

- knowledgeable in the condition and its treatments with cannabis.
- DHS would listen to the ACMM's suggestions on panel members, but there needs to be a broad based panel.

ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
Motion by Ms. McGarvin to advise the director to change 333-008-0090 under 2(c) to say letters of support from physicians or other licensed health care professionals knowledgeable about the condition and cannabis therapeutics. Second by Mr. Funk.	Christine McGarvin	Motion Passes Unanimously

**SUBCOMMITTEE REPORTS**

**LAIRD FUNK  
TODD DALOTTO**

DISCUSSION		
<ul style="list-style-type: none"> <li>• <b>Legislative Advisory</b> - Mr. Funk stated to the best of their knowledge, no plans have been made to address Medical Marijuana legislation this February.</li> <li>• <b>Horticultural and Safety</b> – Mr. Dalotto stated since last meeting they are focusing work on research and breeding. Under the current possession limits it is highly restrictive for research and breeding methods. Applied research is not feasible under the 6 plant limit. Dozens would need to be grown for multiple experiments. Mr. Dalotto stated he can try to coordinate breeding with multiple patients and growers in multiple grow sites but its too complicated and we risk something going wrong which could compromise a whole years work. Based on the limits and complexities and the need for it, the subcommittee recommends the ACMM support a legislative effort to increase plant limits for research.</li> </ul>		
CONCLUSIONS		
<ul style="list-style-type: none"> <li>• No knowledge that any legislators have plans to address medical marijuana this session.</li> <li>• Research and breeding methods have been difficult due to the restrictions on possession limits. A motion is made to have the ACMM devise a legislative concept to support increasing mature plant limits to make basic and applied plant breeding research possible.</li> </ul>		
	PERSON RESPONSIBLE	OUTCOME
Motion by Mr. Funk to have the ACMM devise a legislative concept to support increasing mature plant limits to make basic and applied plant breeding research possible. Second by Ms. McGarvin	Laird Funk	Passes Unanimously

**MEETING ADJOURNED FOR LUNCH: 12:00 PM**

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

**OUTREACH REPORTS AND POWER POINT PRESENTATION**

**CHRISTINE MCGARVIN**

DISCUSSION		
<ul style="list-style-type: none"> <li>• Ms. McGarvin stated the mission of the Outreach Committee and the committees goals. The committee recommends adding the Outreach Committee information to the DHS/OMMP website and it was approved. We would like the names of the members along with a brief sentence or two, biographies along with the committee's mission and goals published on the website.</li> <li>• Ms. McGarvin stated they have completed the Powerpoint presentation that can be viewed in a movie like format; we are providing all ACMM members a copy of the pdf with exact slides and notes. We ask that the presentation be approved by ACMM and moved forward to DHS/OMMP to make the final approval.</li> <li>• Ms. McGarvin states two informative fact sheets have been completed. They can be used as educational handouts. One is called "Oregon Medical Marijuana Program" and provides general information for citizens. The other is called "Oregon Medical Marijuana Program Summary of Facts for Referring Physicians." We ask that the ACMM approve these facts sheets for public distribution.</li> <li>• Ms. McGarvin stated the committee was asked to write a letter to the Port Of Portland requesting information on their written policies on medical marijuana patients who were boarding planes with their cannabis medicine. We have completed that letter and ask that the ACMM approve this letter to be signed by the Chair and mailed along with a copy of the Alameda County Sheriff's policy and procedure document as an example.</li> <li>• Ms. McGarvin stated the committee was asked to write a letter to the Oregon Department of Veteran Affairs requesting information on what protocols the ODVA has established pertaining to Oregon veterans who qualify for and choose top use medical marijuana. We have completed the letter and ask the ACMM to approve it.</li> <li>• Ms. McGarvin stated the committee was asked to provide more faces and better patient representation to the Outreach Committee presentation. We are currently working on that and hope to have results by the next meeting.</li> <li>• Ms. McGarvin stated the committee was asked to publish a twice yearly newsletter for distribution among</li> </ul>		

cardholders. Our committee recommends that this newsletter be published on the OMMP/ACMM website. We have asked Attorney Brian Michaels to provide a legal disclaimer to appropriately distance the content of the ACMM web pages from the OMMP web pages. With the ACMM’s approval, we ask that the newsletter also include information from all the ACMM subcommittees and its members.

- Ms. McGarvin asks why the OMMP is not listed with all the other services on the DHS website. We ask that the ACMM formally request that DHS post the OMMP website link under the category of “Other Services.” Further, we request that the ACMM meetings are posted on the main DHS website as News Releases under the title “News at DHS.” Dr. Higginson states DHS is in the process of revamping the DHS website, suggests the ACMM change the language to say “most appropriate place.”
- Ms. McGarvin plays the Outreach PowerPoint presentation, asks the committee to approve the pdf document. Mr. Michaels stated there is a concern with slide 16, stated a grower can grow for four at any given site. Mr. Cossel states the statute is 475.320(2)(C) reads may produce marijuana for no more than four registry identification cardholders or designated primary caregivers concurrently. Mr. Michaels states the statute does not state a consequence if they do not have their card on them. Mr. Higginson stated on slide 11 it refers to the Board of Medical Examiners, it is now called the Oregon Medical Board, slide 4 states without fear of state, criminal, or federal law. State law has no authority on federal, only state, civil, or criminal. Mr. Michaels asks if there should be a statement regarding the Obama comments on federal prosecution. Ms. McGarvin stated she can add that. Mr. Dalotto suggested on slide 24 to bump the font up so that it is more legible.
- Mr. Witkowski suggests we get a projector for the ACMM. Mr. Dalotto agrees that he would be more inclined to use that technology if DHS were to provide it. Mr. Klahr stated that he believes there has been some recent conversation regarding this with Mrs. Nichols. Mr. Cossel stated the company no longer creates them. Mr. Dalotto stated every town we meet in has a community college or university; they have projectors and LCD systems. We can choose to meet in these types of places. Mr. Witkowski stated he would like to see one in the department.

**CONCLUSIONS**

- The Outreach Committee requests the names of the members along with a brief sentence or two biographies along with the committees’ mission and goals published on the DHS/OMMP website.
- The Outreach Committee requests the presentation be approved by ACMM and moved forward to DHS/OMMP to make the final approval.
- The Outreach Committee completed two informative fact sheets. They can be used as educational handouts.
- The Outreach Committee completed the letters to the Port Of Portland and the Department of Veteran Affairs. Both letters are presented for ACMM’s approval.
- The Outreach Committee requests the newsletter be published on the OMMP/ACMM website. Attorney Brian Michaels will provide a legal disclaimer to appropriately distance the content of the ACMM web pages from the OMMP web pages. The Outreach Committee asks that the newsletter also include information from all the ACMM subcommittees and its members.
- The Outreach Committee formally requests DHS to post the OMMP website link under the most appropriate place and ACMM meetings are posted on the main DHS website as News Releases.
- The power point presentation is reviewed with further suggestions from the ACMM.
- The department has been asked to look into acquiring a projector for ACMM meetings.

**ACTION ITEMS**

Motion by Mr. Funk to approve the two fact sheets titled “Oregon Medical Marijuana Program” and “Oregon Medical Marijuana Program Summary of Facts for Referring Physicians” for public distribution.	Mr. Funk	Motion Passes. Mr. Dalotto abstains.
Motion by Mr. Funk to approve the addition of the Outreach Committee mission, goals, and committee members to the OMMP/ACMM webpage.	Mr. Funk	Motion Passes Unanimously.
Motion by Mr. Klahr to approve and send the letter to the Department of Veteran Affairs as written. Second by Mr. Witkowski.	Mr. Klahr	Motion Passes Unanimously
Motion by Dr. Cohn to send letter sent to the Port of Portland.	Dr. Cohn	Motion Passes Unanimously
Motion by Mr. Klahr to approve the newsletter to be posted on the OMMP/ACMM website with the appropriate disclaimer to distance the OMMP and ACMM web pages, and to include content from all ACMM subcommittees and members. Second by Ms. Ivany.	Mr. Klahr	Motion Passes Unanimously
Motion by Dr. Cohn to formally request that DHS post the OMMP website link under the most appropriate place and ACMM meetings are posted on the main DHS website as News Releases. Second by Ms. Ivany.	Dr. Cohn	Motion Passes Unanimously

Motion by Mr. Klahr to accept the PDF presentation document with changes coming. Second by Mr. Funk.	Mr. Klahr	Motion Passes Unanimously
Motion by Mr. Witkowski to ask the department to look into purchasing a projector for ACMM use. Second by Dr. Cohn.	Mr. Witkowski	Motion Passes Unanimously

**PATIENTS IN ASSISTED CARE AND OMA'S ADMINISTRATIVE RULE**

**JIM KLAHR**

<b>DISCUSSION</b>		
<ul style="list-style-type: none"> <li>Mr. Klahr stated there is concern regarding assisted living facilities and patients in those facilities who cannot use there medicine because it is against the policy of the facility. Dr. Higginson stated the law states certain facilities are authorized if they want to they can allow it. It says there is no requirement. It is the policy of the individual facility. Mr. Klahr seeks if there is a way to notify these facilities, that this is the will of the state, some type of a letter. Dr. Higginson stated we can certainly send out a letter that this is the law.</li> <li>Mr. Klahr asks if there is a process in which a physician can make a complaint regarding pressure from the OMMA. Dr. Higginson stated we would have no influence; he has spoken to OMMP legal council who want to revisit the guidelines as they are ten years old. Mr. Witkowski stated he spoke with them a few months ago and was told they are revising. Dr. Higginson stated they have also hired new legal council. Ms. McGarvin stated the Outreach Committee will draft a letter.</li> <li>Dr Higginson stated he would like to mention he attended as a guest at the National Board of Pharmacy. They said too much is being made of the federal statement, the office is not interested in charging those who have cards but those who do not, will be charged. They stated at this point in time making marijuana legal and rescheduling it will not be something that they are looking at.</li> </ul>		
<b>CONCLUSIONS</b>		
<ul style="list-style-type: none"> <li>Concern regarding assisted living facilities and patients in those facilities who cannot use there medicine because it is against the policy of the facility. DHS will respond by letter to the assisted care facility when receiving a complaint regarding a cardholder not being allowed to use their medicine. The letter will include state law.</li> <li>Outreach Committee will draft a letter to the OMMA legal council regarding revisiting the guidelines.</li> <li>Dr. Higginson was a guest at the National Board of Pharmacy. They stated at this point in time making marijuana legal and rescheduling it will not be something that they are looking at.</li> </ul>		
<b>ACTION ITEMS</b>		
Motion by Ms. McGarvin that DHS will respond by letter to the assisted care facility when receiving a complaint regarding a cardholder not being allowed to use their medicine. The letter will include state law. Second by Mr. Funk.	Ms. McGarvin	Motion Passes Unanimously

**PUBLIC ANNOUNCEMENTS AND COMMENT**

**PUBLIC-ACMM**

<p>Joanne Holland stated she is here to talk about PTSD. Over the years, in my behavioral research and other medical research, the one receptor we do not treat is the THC receptor. The logic of how we treat the neurological conditions says we need to start changing the way we treat these conditions. Cant do a double blind study, the guy who knows they got it knows they got it. You can only do research cohort study. PTSD is a condition involved with flashback, memories, sleep disorders, etc. As a way to decrease the power of these memories, it's a humanitarian way to consider. We are about to have a flood of vets come back to our culture with no active treatment, we don't have a good treatment. Want you to think about that. We will simply have these folks doing it illegally. University of Utah did a study you can Google "mouse party drugs". I feel that we have adequate research that the drug works on the brain. Please consider it.</p> <p>Ed Glick stated he feels this was a good discussion. Has submitted written comments and discussions.</p> <p>Perry Stripling - The 12 inch rule is something that needs to be changed. Mr. Michaels stated he tried desperately to do that and there was a disagreement between himself and Law Enforcement. They shot it down. Mr. Michaels stated he was unable to change that - this committee can not do anything, will have to go to legislator. Mr. Stripling stated we are willing to post anything you guys have on the Mercy website.</p> <p>Elvy Musikka stated she is disappointed that politics is still ruling and not medicine. Think more on state dispensary. Quarter of a million to support four patients with the worst medical marijuana. My biggest concern is if I end up in one of these facilities and they do not allow me to use my medicine. It is a medical issue and I know a great deal of progress has been made.</p>
--

John Sajo stated the Grant Pass Daily Courier did a series on medical marijuana. I request that the ACMM investigate the information law enforcement was communicating - where did they get this information? Where did they come up with their numbers? They are reluctant to discuss details because of their fear of violating HIPA. Over the last year or so there was discussion on clinics not sending proof of physical exam? Also I have heard about clinics not sending verification letters. Mr. Cossel states the program is no longer sending verification letters to certain physicians on record. We have the physician's signature on file, we do a comparative method, as well as comparing to last years paperwork. We will also begin to start asking for the original documents. All physicians involved are getting a letter and the process will be streamlined.

Judi Greig stated her brother lost use of hands because could not use his medicine.

Xavier Small stated six plants in summer is laughable. To be restricted is silly.

Wild Flower Buttitta requests the ACMM recommend OMMP send correspondence to caregivers and growers when they are removed from a patient's record. Mr. Cossel stated it is typical for changes to occur and reoccur. That is where we have a bottleneck. We focus on getting the changes into the database right away. Wild Flower Buttitta states that's why changes are being made, because of deteriorating relationships between patients and growers.

Jesse stated to Mr. Grorud his numbers are about 20,000 off. The more we mainstream and become beneficial to others the more important and acceptable we become. Not going to have an accurate count because not all people can fill out the form. Lots want to come to our state because it is worse in others states. Regarding federal law, when it comes to medicine, it is a really difficult situation to look at. In Eugene, best thing we can do is to get people out of facilities where they do not have a choice and into community to get the help. Feels numbers will go up. Have people taking 80 different meds and come out using only one and medical marijuana. Regarding horticulture, every farmer has a different menu, too many variables. Don't care who they are, they will find someone who does something different. Think we have a great job and people who are dedicated to strains. The grow site change, if she sends in certified mail, does that then say she is ok to grow. Mr. Cossel stated the change form has to be sent in, it is valid the day we receive it. Mr. Cossel stated the certified mailing is a recommendation. Jesse stated this should be on the slide show.

Kim Broadhead stated she feels the numbers are way off as well. A number of patients come in to get their card but are afraid of UA's from either a physician or job. A lot of physicians hold patients' health hostage. Many people are not a common smoker and looking for alternative. Few doctors know to talk about herbal remedies. Medical marijuana is not a pharmaceutical. Growers put there necks out there. They often don't know when a change is made. Maybe a grace period so that they are not held accountable. The increased fees, that takes away from the confidentiality of the patients.

Dan Stadelman thanks all for attending. Mr. Stadelman stated he has always qualified for chart notes but rules have changed. Was told I needed something to show that medical marijuana would assist my conditions. I thought everything was fine, sent this info out. My doctor prepared this note for me. August 13<sup>th</sup> I sent to OMMP attention Tawana. I received the certified mail back. Couple months went by. I called and was told I was denied due to lack of info. Gal I spoke to said we never received it. Found out I sent it to the wrong address. Then was told that physician notes were now over 90 days old. I stand here today asking for the decision to be reconsidered. Mr. Cossel stated your documents didn't qualify because your qualifying condition is not stated. Mr. Stadelman states his previous notes say that. Mr. Cossel stated he can speak with Mr. Stadelmans physician about what is needed.

Cheryl Smith seeks can we get the Powerpoint as a DVD? At the Compassion Center we show patients this very same thing. Ms. McGarvin states they can do that. Ms. Smith stated physicians are charging us for photo copies of their records. It unfairly burdens their patients. Dr. Cohn stated to contact the Oregon Medical Board. It has a lot to do with doctor relationships. They have looked at this in the past.

Ms. Broadhead stated her understanding is they have 30 days to relinquish copies, usually if they fax they will not charge fee. Ms. Smith stated yes, but they have charged us. Dr. Cohn stated to talk to Candace Barr.

MEETING AJOURNED	<b>3:00 PM</b>
MINUTES SUBMITTED BY	Megan Dunford