

Meeting

MINUTES

MARCH 29, 2010

10:00 AM – 2:30 PM

PORTLAND STATE OFFICE
BUILDING ROOM 1E 800 NE
OREGON

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	Roni Scott, OMMP
TIMEKEEPER	Jim Klahr, ACMM Chair
MEETING CALLED TO ORDER	10:00 AM
ATTENDEES	ACMM: Jim Klahr, Christine McGarvin, Laird Funk, Brian Michaels, Dr. Alan Cohn, Alice Ivany, Arthur Witkowski, Sandee Burbank, and Stormy Ray. Excused: Todd Dalotto. OMMP Staff: Tawana Nichols, Annette Johnston, Aaron Cossel, Roni Scott, and Chris Grorud. Excused: Grant Higginson and Shannon O'Fallon.
PRESENT AS LISTED ON THE SIGN-IN SHEET	Marilyn Klahr, Dee Wirak, Neil Larsen, Kristen Gustafson, Darin Watkins, Sarah Bennett, Kim Broadhead, Joe Atkins, Mike Keller, Peter Kraymer, Gary Schnable, Terry Lamer, and John Sajo.

Agenda topics

REVIEW OF DECEMBER 14, 2009 MEETING MINUTES

ACMM CHAIR

DISCUSSION		
<ul style="list-style-type: none"> Correction to the caregiver amount. Change the amount to say 16,119. Correction under Means Testing and Redirection of Excess Revenue, change the sentence to say "<i>Ms. McGarvin stated she is concerned with the delay...</i>" and "<i>...people have to wait to get the money to turn their paperwork in</i>". Addition under Outreach Reports, add Motion by Dr. Cohn, to send a letter to Port of Portland. Correction under Public Announcements and Comment, change the sentence to say "<i>Jesse stated to Mr. Grorud his numbers are about 20,000 off</i>". Ms. McGarvin stated she wanted to make sure she was clear in her comments under the Means Testing and Redirection of Excess Revenue. What she really wanted everyone to know is that she believes we should not consider making any changes to the fee structure until the new database is proved to be fully functional and there are no more delays in processing applications. She thinks it's premature to consider any fee changes until we know what our actual revenues currently are or could be. Under the budget review from last month, Mr. Grorud said that he thought that the demand for medical marijuana was going to plateau and she believes mathematical principles that you have to have on the function. You have to have a point of inflection and she doesn't believe that our program has seen any decrease in the number of applications whatsoever, so until we actually have a point of inflection that would drop us down, then it's mathematically impossible for that to happen. 		
ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
Motion by Ms. McGarvin to accept the meeting minutes as corrected. Second by Mr. Funk.	Ms. McGarvin	Motion passed unanimously.

DISCUSSION

- Mr. Schnable stated he wanted to clarify a few things that there has been some confusion around. He sent a timeline handout electronically on Friday and made copies in case anybody wanted that.

In regards to the Board of Pharmacy and Senate Bill 728, that's really how we got involved and the Board of Pharmacy has not taken a position with regard to Medical Marijuana and doesn't plan to. The board just responded to Senate Bill 728. That was passed in 2009 legislature and 728 requires the board to take marijuana out of Schedule 1 and put it in the appropriate schedule. Also, which isn't talked about very much, take methamphetamines and put methamphetamines into Schedule 1, which seemed to make a lot of sense because it makes a statement, although there is one commercial product, FDA-approved product with methamphetamine in it that is used still regularly and the board checked that out and there is a fair amount of it being used in Oregon.

The judiciary committee added some language into 728 that allowed one commercial product to remain Schedule 2 for use as an FDA-approved product but other than that methamphetamines move into Schedule 1 and marijuana comes out of Schedule 1. Since the end of the last legislative session, the Board of Pharmacy has been involved in conducting research and preparing for its rule-making process. Mr. Schnable stated SB 728 really doesn't have much of a practical effect and that's kind of what he wanted to talk about.

Mr. Schnable stated he talked with Senator Prozanski a lot during the session and what SB 728 really does is fix the technical conflict in Oregon law because Schedule 1 says that there is no medical purpose but the State of Oregon has a medical marijuana program. How do you resolve that? It's been that way for the last ten years and hasn't really done much except to cause some people some heartburn,. It's also not related to medical marijuana, it's not talking about medical marijuana, it's the marijuana substance period. Then Oregon law will not have that conflict. It will be in a schedule that says there is a medical purpose. Even though it doesn't do much in terms of practical application, it does send two messages which is that marijuana does have a medical use in Oregon and that methamphetamines has no medical use unless it's an FDA-approved product. So, those are the messages that the bill sends.

He wanted to clarify about the Oregon Controlled Substances Act. He was in DEA headquarters last week and got an earful about the marijuana act from headquarters and they wanted to make sure that we understand and he does because some people at the board office – pharmacists know this because they deal with controlled substances all the time but the real issue with this bill is that it removes marijuana from Schedule 1 in the state controlled substances act, only under the state's schedule. So, the federal law still applies. What he learned, which he wasn't clear on, is that-and this was from DEA headquarters that the marijuana law does not create a direct conflict with federal law and that is because Oregon law doesn't require people to violate federal law. That would be a conflict if in order to comply with Oregon law you had to violate federal law. Then you had to choose which law you would follow and which one you would break. This Oregon law does not create a conflict, but it creates a different standard. So, even though the marijuana law is applicable in Oregon, the federal law is also still applicable, which is the reason – primarily the reason why physicians don't prescribe marijuana. They write a chart note with the recommendation. That's not a violation of the federal act. Initially Senate Bill 728 said the Board of Pharmacy will take marijuana out of Schedule 1 and put it in Schedule 2. Then as people reviewed the law under the Oregon Controlled Substances Act a little more closely, it says this: *"The State Board of Pharmacy shall review the scientific knowledge available regarding the substance's pharmacological effect, patterns of use and misuse, and potential consequence of abuse and consider the judgment of individuals with training and experience in the substance."* So, this law says that the Board of Pharmacy has to review material and they make the decision. So Senate Bill 728 then instead of this was amended to say put it in the appropriate schedule outside of Schedule 1.

So, the board now is going through their research to determine which schedule it should be and they've got a ton of stuff, and people have given us – the committee has given us some more stuff, too, and at the board's last meeting, they asked the staff to draft the rule using the language that puts marijuana into Schedule 2. That language is going to be presented to the board on the April 7 regularly scheduled meeting and the board then will look at that and have more discussions. They've reviewed probably as much material as they could hold and then they will determine finally at that point what schedule, what final language they'll look at, the language the staff provides them, and then move that on to rule making, which will establish a date for a public hearing and this is all in the timeline. Mr. Schnable stated May 18th would be the rule making hearing. It will be held in this building (Portland State Office Building), and at that point the final language would be adopted by the board and after the hearing sent to the June 16th board meeting to actually adopt the final language and file the bill. So the bill will be filed sometime between June 16th and June 30th. The rule will be in effect no

later than June 30th, which was the requirement.

The other thing he wanted to make sure everybody knows is that in changing the schedule it does not allow pharmacies to carry the product, it still doesn't allow physicians to prescribe. It really doesn't change anything other than making the statement. Mr. Schnable stated he thinks whether it goes into Schedule 2 or Schedule 3 makes a difference to the person prescribing rather than the person receiving the drug.

Dr. Cohn stated Schedule 2 still seems to be inappropriate for this substance and asked how much of the decision is made based on science versus politics.

Mr. Schnable responded "you don't think we can take politics out of this, do you? As much as we should, as much as we might want to, the board members that voted on this are all people just like the rest of us and they hear and read all the same material." He stated he is a pharmacist and recognizes how much most of these pharmacists rely on the science for the decisions that they make. He can tell one of the issues that he hasn't heard discussed, but he thinks it relates to Dr. Cohn's question about whether it's more appropriate for Schedule 3 or a Schedule 2. The issue of potential for abuse may appear like it's a Schedule 3 when you compare it to products like Hydrocodone or Tylenol 3 or other opiates that fit in the Schedule 3. The difference that he's heard is that there is not a controlled distribution system for marijuana like there is for the FDA approved drug products in pharmacies and that could magnify abuse potential, making it more available outside of the control system. So it's not as much politics as you think.

Ms. Ivany asked given the LD50 rating of cannabis, do you consider that at all? It's never caused a death, it's scientifically proved not addictive, so what do you rely on when you're making judgments for potential abuse, specifically and are you considering resources of research outside of the United States?

Mr. Schnable responded, what is the danger, what is the physical danger, what is the pharmacology, how does it interact with other drugs, with other opiates. They do consider all of that. We have a separate folder of material from the Netherlands. He is not aware of anything from other countries.

Mr. Funk stated his understanding is that all of the items on the schedule are focused primarily on those people that have access to Oxycodone or who get prescribed it are the ones who abuse it. He asked if that's the same focus as cannabis because we do seem to have two experiences here. On one hand the experience is with thousands of people who use cannabis medically and then we have hundreds of thousands of people out there using it for personal reasons that aren't medical. His experience has been over the last 10 or 12 or 13 years since 1999 the people who use it medically don't seem to suffer the abuse. He questions the concept of bringing in something like the lack of a formal distribution system because it's the substance itself that is used and we don't look at pharmacies or to pharmaceuticals and we don't say they're much safer now because they go through a pharmacy. He would suggest that the lack of a formal, organized distribution system is more of a political concept.

Mr. Schnable asked Mr. Funk if he would come to the hearing and say that or write an email. There's a comment period.

Mr. Schnable stated maybe you're aware of this that people who are in pain, who are in need of those opiate controlled substances to the greatest degree no one abuses them. There are some that end up not being able to get off after they don't need it anymore, but while they're in pain, while they're in chronic pain, and they use they substances they don't get abused. They get used pretty appropriately for pain.

Ms. Burbank asked if the board is aware of the forms of delivery of cannabis, the tinctures, the creams, the oils, or are they primarily talking about smoking it?

Mr. Schnable stated it's interesting. There has been a lot of discussion about alternative dosage forms. Pharmacists like to talk about dosage forms and delivery mechanisms. They're universally against smoking marijuana. There are too many other ways to get the substance into the body than smoking and burning leaves. They are aware of all the different substances or different distribution mechanisms.

Ms. Ivany asked are you considering or are you interviewing any current Oregon medical cannabis patients as part of your research to have an opportunity to learn about these other methods?

Mr. Schnable answered they have not been interviewing anybody at the meetings themselves. They've been attending other meetings and had a group go to Tucson, Arizona to a national meeting by the National Association of Boards of Pharmacy. That was the last one he went to in November.

Ms. Ivany asked does the board of pharmacy have the authority to completely de-schedule cannabis?

Mr. Schnable responded no, they can't take it out. If it's a controlled substance, it has to be in one of the schedules. They can't make it not a controlled substance. Mr. Schnable stated several people from a couple of different law enforcement groups made a presentation to the board and 6 months ago. He doesn't know that it makes a whole lot of difference to

the person receiving the drug. It really makes a difference to the person who prescribes it or writes the order.

CONCLUSIONS

- The Board of Pharmacy does not have the authority to completely de-schedule cannabis.
- The board plans to have public testimony and specifically requested they have representatives from each of the three different groups to speak at the May hearing.
- Stormy Ray will be present at the public hearing as a representative of the Stormy Ray Foundation. She encourages the ACMM to draft a composite of the experience they have.

ACTION ITEMS

PERSON RESPONSIBLE

OUTCOME

Motion by Mr. Klahr for the ACMM to draft a composite of the experience they have and present it at the public hearing in May. Second by Ms. Burbank.

Mr. Klahr

Motion passed unanimously.

**TAWANA NICHOLS
AARON COSSEL
CHRIS GRORUD**

ADMINISTRATIVE REPORTS

DISCUSSION

- **Staff** - The program currently has nineteen permanent employees and three temporary employees, which gives us a total of twenty two. Due to rapid growth in the program we have received permission to recruit for three permanent positions. Our long term goal is to only have temporary employees for special projects.
- **Statistics** – The OMMP currently has 36,107 patients, an increase of 5,088 since December and 4,203 from September to December. The number of patients with a caregiver is 18,561, which is an increase of 135 since December. Current physicians who have recommended patients for the Medical Marijuana Program is 3,297 which is an increase of 135 since December.
- **Term Limits** – The ACMM appointments are still being considered by Dr. Goldberg, due to his workload. Ms. Burbank and Mr. Funk have been re-appointed; therefore, one vacancy will need to be filled.
- **Budget Review** – Mr. Grorud stated he has several issues he'd like to go over. In regards to staffing, he tried to get new position authority but was told to wait until June to try. He thinks we will be successful. Then, the question will be is it two positions or three positions and what category, and we'll address that issue and report back. Column A was column B in the report last quarter. Column B the most up-to-date information and Column C is the projection for the biennium. And in going over the data earlier this week he found an interesting variances that revealed a classification error of costs related to temp employee costs. That was fixed and re-stated in Columns A and B. And the interesting thing there is that when you compare one report to the other that kind of had the biggest jump because staff had been hired, not only state temps, they were on the state payroll, but these outside temp agency people who helped process the influx of documents that have been coming in. Then in the projection column, he usually doesn't like changing that after September but high value revenue trends have been so unbelievable that he didn't bump up the increase on revenue projection. Mr. Grorud stated he looked at technical things like the trend growth rate and then fundamental things. But even though like December was less money taken in than November the trend is still there. Trailing 12-month average of revenue was up to \$184,000.00 whereas about a year ago it was like \$134,000.00. So when you consider the 12-month average changing that much in that period of time it's still kind of hard to predict. Now, with that projection there are some words of caution. For example, he wants to be really careful when he increases the ending balance for the June 30, 2011 because that could become a legislative target. And we found that twice before the legislature uses program cash balance, which means we might have to come back and do a fee increase. That happened in 2005 and almost \$1,000,000.00 in cash balance was taken. Well we had our fees extremely low to average cash balance because it caused red ink we had to raise our fees almost immediately after that. Given the monthly operating costs for this program of desirable cash balance is between \$400,000.00 and \$500,000.00. Perhaps maybe in 12 months we might be at a desirable cash balance and we could start looking at decreasing fees. But until that time, the uncertainty of the costs of implementing the data system and ongoing process costs will prevent a fee decrease. And in regards to the issue of rapid growth, we're always looking for ways to expand the room that we have for the program, yet at the same time try to make it convenient because it's important to have it on the second floor near the cash office. Mr. Grorud stated he heard that OMMP is adding another window. But it would be ideal if musical chairs of all the programs in this building could allow us to expand and have more staff in the future. So we're keeping those issues of potential growth in mind, and so far we're not at the breaking point. So we are being cognizant of these issues. Mr. Witkowski asked with a 54% a month increase, what is the prediction for the next 12 months. Mr. Grorud answered it should plateau. Clinics may be the driving force. We have to change that type of thing with caution, based on recent history of the cash balance.

CONCLUSIONS

- The OMMP currently has nineteen permanent employees and three temporary employees, total of twenty two. Due to rapid growth in the program, we will soon recruit for three permanent positions.
- OMMP currently has 36,107 patients. The number of patients with a caregiver is 18,561. Current physicians who have recommended patients for the medical marijuana program is 3,297.
- The trending 12 month average revenue is \$184,000 and is hard to predict. Given the monthly operating costs for this program the desirable cash balance is \$400,000 to \$500,000.

DISCUSSION

- **Reimbursement/Approved Travel** – The bylaws state that committee members will be reimbursed for “OMMA related meetings”. If you are requesting reimbursement for subcommittee meetings, these meetings must be approved prior to the meeting by the chair who in return must have the approval by the program. Also, when presenting reimbursement requests, official documentation must be presented, such as a sign in sheet and agenda. Consider setting limitations on how often subcommittees meet or whether they will be reimbursed for the meeting. Ms. Nichols stated that to address the reimbursement for subcommittees, her advice is to revise the bylaws. Limit the amount of meetings and make sure that subcommittees are not utilizing this as a method of education. Interpret the bylaws to only permit reimbursement for full committee meetings.
- **Review Revised OAR** – Ms. Nichols stated the rules have been revised to add the changes based on the Rule Advisory Committee Members as well as other edits that were suggested by Legal Counsel. Most of the additional changes were to make our Administrative Rules to be more consistent and provide some clarification. Mr. Michaels spoke on the addition of qualifying conditions. He stated that last time no people on the panel knew of the benefits. We must follow the demands of the statute. Someone on the panel should recognize this. When half of the panel had zero knowledge of cannabis therapeutics, we’re being contrary to statute. Without requiring everyone on the pane to have knowledge about cannabis therapeutics, we’re not following statute. He suggested a change to include requirement-command of statute and asked how we make changes to adhere to command of statute. Ms. Nichols stated the next step is to submit it to the Secretary of State and then schedule a public hearing. By the 15th of the month, the rules coordinator will fax the information to the Secretary of State. Therefore, she will need to present the information to her a week prior. The notice will appear in the following month’s bulletin and she will be able to hold the hearing anytime after the 21st of that month (appear in the bulletin May 1 and hold the hearing after May 21). Ms. Burbank stated that we need to tell patients what proof of Food Stamps means and asked Mr. Cossel to specify. Mr. Cossel stated that patients can obtain a print out or letter from their caseworker. We have the ability to find out; however, the more complete the application is the faster processing will be. If patients send the reduced fee, they need to be specific as to why. Ms. Nichols stated the issue is that the Oregon Trail card doesn’t have an expiration date and that rules and language will be provided.
- **Handbook Project** – Ms. Nichols stated the program is working with the Communications and DHS designers to establish a user friendly handbook for all key stakeholders. This is to help provide effective guidance to the patients, growers, and caregivers. It will be available on the website; we will provide a limited amount to clinics upfront, share it with other State agencies including Law Enforcement. It will be available for deaf and hearing impaired as well as in Spanish. The deadline to have this completed is no later than the June meeting. She will make sure that the ACMM is kept informed.
- **Hours of Operation** – Ms. Johnston stated we have had a number of registrants show up after 4:45 and typically already have a waiting line. DHS policy dictates that our program cannot accept any form of payment after the cash office closes. We are handing out numbers at 4:40 and have asked security not to direct anyone else to our office window if there are two or more people in line at 4:45 in order to meet the cash handling policy.
- **Applications/OR ID requirement** – Ms. Johnston stated we have streamlined many of our business flow processes and continue to process between 800 and 1000 cards on a weekly basis. Changes to patient records are typically being entered into the system within three to four days. We expect our new database to be in full production by the end of May. In our new database all patients will have unique identifiers one of which will be either an Oregon ID or ODL. This form of ID will be required for all registrants of the program. Many automated features have been added that will expedite our ability to process completed applications: criminal background check for growers, confirming physician’s licenses through the Oregon Medical Board, auto populating data fields based on a one click box, etc. The card format will change as well as the application.
- **New Cards** – Mr. Cossel stated the cards are not all going to be identical. Language stating *“this card must be posted at grow site”* is clear, which one is the grower placard has been added. On the small part of the card some of the information that wasn’t relevant like the cardholder’s date of birth has been removed. In the past the small cards didn’t have an effective date listed which was confusing, especially to law enforcement, because you would have an issue date and expiration date but if you added a caregiver in the middle of the year, for instance, it would still put the issue date as reflecting the patient’s issue date as opposed to the date that specific card was actually issued. Small changes like that, but we’d like the ACMM to review these and see if they have any issues with the changes we’ve made. The grower card is the one that we’ve changed the most. We’ve taken off certain information about caregivers and patient information.
- **Scheduling Next ACMM** – Ms. Nichols advised that the next meeting should be held in Salem in order to stay on schedule.

CONCLUSIONS

- When presenting ACMM subcommittee reimbursement requests, a sign in sheet and agenda should be provided. ACMM should consider setting limitations on how often subcommittees meet. Ensure the subcommittees are not utilizing meetings as a method of education.
- The handbook will be completed no later than the June ACMM meeting.
- OMMP will not accept registrants after 4:45 to meet the DHS cash handling policy.
- OMMP continues to process between 800 and 1000 cards per week.

- It takes about 9 days for applications to be entered into the database. OMMP is within about 23 days for reviewing. Turnaround time for cards has doubled. Changes are entered into the database within 3 to 4 days of receiving them. OMMP is within the statute limits.
- Modifications have been made to the new cards. Irrelevant information has been taken out. The ACMM will review the changes and provide comments immediately to allow the project team and developers to make corrections.
- The June 7th ACMM meeting will be held in Salem.

ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
Motion by Mr. Funk to accept the changes of the cards.	Mr. Funk	Motion Passed Unanimously.
Motion by Ms. McGarvin to post Outreach Committee members on the website without bios.	Ms. McGarvin	Motion Passed Unanimously.
Motion by Ms. Burbank to post ACMM members' bios on the website.	Ms. Burbank	Motion Passed Unanimously.
Motion by Mr. Michaels to add language regarding panelists to the OARs.	Mr. Michaels	Motion Passed Unanimously.

SUBCOMMITTEE AND OTHER REPORTS

LEE BERGER

DISCUSSION

- Mr. Berger stated he had intended to discuss with the ACMM reclaiming the public debate and that as you may know law enforcement and the business community are lying to the public about what they call so-called abuses of the Medical Marijuana Act when the real abuses are being undertaken by the police, by Department of Human Services, by the District Attorneys and by judges. And he thought what he'd do instead is compose and post on DVR and copy Ms. Ivany and Mr. Michaels. Is everyone else on that? Okay, and the reason, and instead he just wanted to highlight where a couple of things are that the community might not be aware of and then he wanted to address this proposed rule about the advisory committee and talk to you about what a *explicit* it was and how it was only marginally better than the *explicit* in 2000.

Having served on this committee and having resigned from it in frustration it's remarkable for him to come here years later and discover that not only did the department lie to us for years about how they're going to publish a handbook, but apparently there was on the web site a handbook that Stormy asked the committee to support which he knows you voted against and it's just remarkable to him that that's what's going on.

In the court of appeals there are cases pending concerning the sheriffs having refused to either issue concealed handgun licenses or to, or revoking the licenses of patients simply because they're patients. There are cases pending regarding out-of-state patients who law enforcement, particularly the state police, are targeting as they come into the state. The good news about out-of-state patients about reciprocity is that the City of Medford, well Medford Police Department, has agreed not to cite and the City of Medford has agreed not to prosecute less than an ounce cases of Medford Airport involving out-of-state patients. The other cases involve two California activists who will be coming to Medford in late April to pick up their medicine. Hopefully we'll be able to do some sort of a benefit around it for one or both of the two initiatives that are pending. But that's the news on reciprocity.

The other thing is just last week Mr. Michaels had a case out of Eugene and he had a case out of The Dalles filed at the Oregon Supreme Court A, what's called a petition for writ of abeyance asking the court to direct the judge to allow patients to use while they're on pre-trial release. It's an attack on the notion that obey all laws means that, that somehow you, the medical, the checks for medical marijuana doesn't apply to, that you're violating, because you're violating the state law. Two states' supreme courts have considered this, Montana and California have reached a conclusion that "the obey" all laws has to be modified to include acceptance permitted under the Medical Act. So we're both hopeful that they'll take that and move forward.

Lastly, he revitalized the meet this committee of the National Organization for the Reform on Marijuana Laws and we're going to be filing briefs in cases. Essentially what this proposed rule, and he noticed too Mr. Michaels, he remembers you had proposed something to the Administrative Rule regarding the size of the plant stuff and he knows that went to you know the only opponents of the cops and so it didn't happen. But he saw here all the readings identifying mature plants means mature, means starts or seedlings so and so you know. Similarly the proposed changes to the addition of qualifying diseases or mental conditions are all reflective of the illegal things that Dr. Higginson did that he now wants to codify. It's on Page 10 of 12 of the handout. The petition, not all of the things were illegal you know. Some of them were just rude. And the first one is a pretty good example of that.

The petition must be considered complete before it is accepted. A complete petition shall include the following information submitted in electronic format. What happened to Ed was, Ed submitted his petition which you may recall originated from a survey he had done at the Eugene Compassion Center years ago, materials he gathered. He kept gathering materials because Ms. Nichols kept saying get it in, get it in, get it in and it was like well what's the problem, why are they, you know we had, since you get paid to do this, we're doing this as a hobby why are you 180-day rule like they ever cared about timelines about things. We waived that. So in return for our waiving that apparently Dr. Higginson wants to keep in the 180-day requirement but require that all this be assembled. But the thing of it is, it doesn't matter at the end of the day. It doesn't matter how many patient surveys are presented. It doesn't matter how much research demonstrating the efficacy of cannabis for mental health conditions are presented. The problem is that he brings in this guy, what he did at the hearing was he brought in this guy Austin, gave him unlimited time and to explain to the committee, which included three prohibitionists, which always does and will and he'll get to that a little bit more in a minute, this retired professor's survey on literature. Guess what? There aren't a lot of human studies. Guess why? The federal government doesn't permit it. It's a setup so there won't be any other, any conditions added ever.

Mr. Michaels' proposal about requiring that there be some, at least some knowledge of cannabis therapeutics is repudiated by the department if you turn the page on Page 11 under E, they add a person designated by the assistant director of DHS Mental Health and Addictions who is knowledgeable about drug addiction. Drug addiction. We're not talking about addictive drugs, we're talking about medical cannabis. Yes, cannabis is contraindicated in certain circumstances, but there isn't any evidence that he's aware of anyway, about any addiction to it and it's wrong that that be included in those. The section at the bottom of Page 10 where the change is made is just a grammatical change. He's already talked to you about that. And then in Sub 4 it codifies this you know he guesses a higher guy who can come in who can say oh well you know there aren't any human studies because the federal government won't allow it so there really isn't anything new so you know here is the – oh and then, wait it gets worse, and then instead of talking about is it appropriate that people who use this, who find relief from this, who for these particular symptoms be added, that's not the focus. The focus is should we add this drug into the, the pharmacopeia. Should this be as if they made, they utilized an FDA protocol that the FDA uses when adding drugs, to the drugs that people can prescribe. Well nobody is prescribing cannabis, that's not legal. All that's happening is that physicians are diagnosing conditions and advising whether cannabis helps or not. Because if you have a condition and cannabis helps, then you ought to be protected from arrest, prosecution, forfeiture and incarceration. That's the Medical Marijuana Act, that's what's at the heart of it.

Well in the notice of intent to deny the petition which Dr. Kohn sent, did you all get his response to that? Because he sent it to Ms. Nichols asking that it be copied and provided to the panel? Okay, the point is that in a footnote, well let me back up a little bit, so the bottom makes recommendations, Janet Fasal to facilitate it, make a report. It was you know mostly accurate and we filed a rebuttal and Dr. Kohn waited and waited and waited and we filed a notice of intent and Mr. Michaels, listen to this, they transformed it from a rule-making hearing into a contested case hearing. And for everybody else, what that means is once there's a final decision instead of being able to appeal it to a circuit court, we have to appeal it to the court of appeals so it further delays. It's just the way Department of Human Services has been treating medical marijuana program forever since its inception. He means the whole notion for example that oh we can't advocate you know may have made some sense when it resulted you know the notion that we were advocating that they would get fired. But those days are long, long gone. He, in the response he highlight that Dr. Kohn stated that the Department's position is that the harm that's caused by arrest, prosecution, forfeiture and incarceration is not a harm that's appropriate to consider. When we enacted, when we, those of us in this room and those of us from before, enacted the Medical Marijuana Act there weren't, it wasn't that there weren't people using this medicine to treat their conditions. It was to protect them for treating those conditions, right? So they wouldn't be arrested. And, and it's been completely perverted by the Department because they seize and sit on the language that it be treated like any other medicine. They say well it's going to be treated like any other medicine, got to go through the FDA kind of thing and it doesn't matter that there aren't any human studies because the federal government won't give out marijuana for that purpose. But in Subsection 5 before 4 allows them a contract with a guy like us, and then in 5 explains what they are, what they are permitted to do.

And then you'll see in 8, you know, the, the public health options are invested. And the whole thing is surrounded on, I don't know if that was clear, the way that Dr. Higginson has drafted the revision; Dr. Higginson gets to decide or Grant or whoever is after Dr. Higginson decides what conditions are added. In Subsection 8, the Public Health Officer shall determine the amount of time that petitioner and members of the public can testify as to special limit or public testimony.

The point is that as there are three proponents and three opponents and Dr. Higginson that is always going to be three to

three and, and, and we're going to get nonsense like, yeah well maybe we should ask the legislature if we can do a project about PTSD, even when next month there are 4,000 veterans returning to Oregon and the Oregonian's saying that 44 percent of returning veterans have PTSD, and what percentage of those benefit from the use of medical marijuana who won't be able to get protected unless they're lucky enough to have a qualifying debilitating medical condition. And look at the bottom of the page, that we can't do it - not just scientific research, substantial scientific.

So it's not enough that in 2000 the panel member approved anxiety and we got out of that was out of anxiety. Eight years later when we come back with anxiety and depression and insomnia and depressive symptoms and anxiety-related symptoms we're not going to be able to re-present that unless there's substantial evidence way after the courts have denied it. He knows, he saw Mr. Funk that in the agenda the leg - and you're still the chair of the legislative committee, and speaking after lunch about this, that's the next topic on the agenda.

The only thing he can tell you about that is he's in the process of creating a drug policy where formed subcommittee for the Oregon Public Defense Lawyers. And then the other thing he would encourage, that he'd encourage your chair to do this, is he knows that the Department takes the position that the ACMM can't directly ask for legislation, but you ought to ask, what's his name, the guy that, that the legislative council what he thinks. It's really his decision. It's not Shannon O'Fallon's decision. The fact that Shannon O'Fallon is advising the committee and advising the Department when their interests obviously are not in line because it's, an ethical problem he heard. But the good news is we get to have a hearing. And he'll post when it is and he hopes to see you all there. And he thinks we'll have an opportunity then to express and let the Administrative Law Judge know how unhappy our community is with the way the Department is refusing to protect people who are using this medicine because they're not fortunate enough to also have a physical condition that qualifies. He'd be glad to answer any questions you have. He doesn't have a problem with Ms. Nichols or Mr. Cossel or anybody, he's talking about the people that make the policy decisions. The people who make the policy decisions don't give a *explicit* about patients getting arrested and prosecuted. All they care about is that the program might go away if they somehow offend the state police. That's what the policy makers think in this building. They advocate in this building, in the Department of Human Services for lots of their programs. There isn't any reason why they aren't out making sure that everybody who could be protected by this law isn't. But that's not Ms. Nichols' fault and he doesn't have a beef with her or Mr. Cossel or anybody else sitting at the table.

Thank you for allowing him to correct on that. He sure appreciates your time and he really encourages members of the committee to be active with what's going on in the legislature. He can tell you that on the 15th they start reviewing the agency proposed bills and there's a referral to a referendum he means to create sessions every year and it's just going to, it's increasingly become harder to show up at the legislature with an idea and snag somebody and get a bill.

CONCLUSIONS

- There are cases pending regarding out-of-state patients who law enforcement, particularly the state police, are targeting as they come into the state.
- Medford Police Department has agreed not to cite and the City of Medford has agreed not to prosecute less than an ounce cases of Medford Airport involving out-of-state patients.
- Montana and California have reached a conclusion that "the obey" all laws has to be modified to include acceptance permitted under the Medical Act.
- The Department of Human Services advocates for a lot of their programs, there isn't any reason why they aren't out making sure that everybody who could be protected by this law isn't.
- There will be a hearing regarding addition of qualifying conditions. Mr. Berger will post when it is.
- Mr. Berger encourages members of the committee to be active with what's going on in the legislature.

LEGISLATIVE COMMITTEE

LAIRD FUNK

DISCUSSION

- Mr. Laird spoke about the last session. The next session is going to be totally different. That session all those people are coming back with just as much good stuff as they put in before. Mr. Harmon's going to be back. On the other side of it though there are legislators who are actively preparing to introduce legalization language into this legislature. That in itself is hopeful and scary because there's no place least useful for people to use marijuana in that building. We should be prepared to protect ourselves as needed. He does believe probably in his own opinion that the bad guys have a better chance than the good guys. He thought you'd like to know that there's some good news on the rise.

MEETING ADJOURNED FOR LUNCH: 12:15 PM

MEETING CALLED TO ORDER: 1:15 PM

OUTREACH COMMITTEE

CHRISTINE MCGARVIN

DISCUSSION

- Ms. Burbank stated she thinks what has happened that has made the original idea slightly changed is the fact that the original idea that came with the Power Point presentation did not have a voice to it. Now that we have been able to have a voice, it actually dims the notes in the Power Point so it is a substantive unit in that sense.

Christine McGarvins has heard from a couple of clients that they would like to have it for their own patients. She is also in agreement with you that if some organization, whether it is a local community group or a state or anything like that is looking to have this information presented to them- and she is not talking about clinics, she's putting clinics to the side that any time that there would be a request from any group other than clinics,-that someone would have to be there to present information and be able to initially talk about the program that would have to be on the outreach committee.

It is her goal for our next outreach work session to work on some communication techniques and actually be coming ready to do presentations appropriately for the program. It was set up that the outreach committee was going to develop a Power Point presentation that they would present to various groups around the state who wanted us to come that would include also in attendance actual patients so that they could see the faces of those people. Kind of in response and she didn't quite say it like this before but really by adding the voice, it didn't really change anything because all the words were the same whether you were presenting in person or with report.

She is concerned that if we just send the CD out by itself, that there could be people presenting it that might not know the answers to other questions that might come in and might not know how to respond. Sometimes it is just better knowing how you respond that will make a difference in that, you are not representing the program, this is how it might be and that kind of thing and so she is just concerned that we work out the bugs with this before we start sending, if we do that, out to anybody out there.

Ms. McGarvin stated she doesn't know if the committee wants to discuss this further or if they are ready to entertain a motion that we allow distribution to clinics only but that any other request for this information would have to be accompanied by a member of the outreach committee and someone from the patient community.

Ms. Burbank stated she's heard so many people answer questions just off the top when they don't really know what they are talking about and giving misinformation. If it went out to the clinics to use, how can you be assured that the person who is giving that presentation really knows the answers to questions that might come up? This is what we do/this is what we do not do, and stay within those parameters and not take it outside. That is one of her bigger concerns. We have very specific parameters that we can work within that took a long time to do and set up so it was approved and what goes with the show is also the other stuff. She wishes somebody else would have some input here with her because she doesn't know that she has the right answer.

Mr. Klahr stated he was under the impression that with the voice input, that was supposed to be pretty much stand alone so that when it was presented, there wouldn't need to be somebody to specifically answer questions that pertain to the presentation itself. If they have any questions then it seems to me like they would have to get those directly from DHS anyhow. In other words, the person taking it to the crowd and the person showing it for what it is and saying the presentation is part of the program and if there are questions, you find those somewhere else otherwise you have got this thing that we can't give out and no matter what we do to it, there are always going to be questions.

Mr. Funk stated it seems a little impossible that we send out information that says specifically, the information on this presentation may not be the answer to all your questions you have, and you can call and so to get those questions answered and it describes a person pushing a button on a CD player does not have those answers.

Ms. Burbank stated that would make her almost comfortable.

Dr. Cohn stated if we distribute it we can send it out with the FAQs.

Ms. Ray stated obviously if we make the video available online, videos don't have to but why would we want to send somebody out unless we've been asked to do a presentation and if we are going to send someone out with that video, why don't we wait until somebody's requested the video with a presenter and then worry about sending someone out from the outreach because they have requested a presenter to accompany the video, otherwise the video should be made available so that many people can see it but they request a presenter with the video then that's a whole different thing.

Ms. McGarvin stated from what she understands right now, sort of a general consensus is that the Power Point presentation with the voice over should be available with a narrative instruction to whoever it goes to and with the citizen fact sheet notes also approved by the OMMP and that the instructions say something to the effect of the information on this CD may not answer all of your questions. Any further questions should be directed to the DHS OMMP.

Ms. McGarvin stated she just mentioned the fact that the Oregon Medical Marijuana Program basic fact sheet and that is what I was calling a citizen fact sheet was approved for public distribution by the OMSB. She left a couple of copies on the table for anybody who wants that. Ms. Nichols now has that and certainly she can get that to you but anybody can have it. The informational sheet that we worked on entitled *The Oregon Medical Marijuana Program Summary of Facts for Referring*

Physicians was not approved and so that has been taken off the table from the OMMP and returned to the private sector.

She wanted to discuss briefly letter writing at the last ACMM meeting; the outreach committee submitted two letters for approval by the ACMM. Those letters, one was to the Portland Port Authority and the other one was to the Oregon Department of Veterans Affairs. Since that last meeting, it has been determined that the letters we write do not actually need the entire committee's approval to be sent out and that if we had to wait for every quarter to make approvals with letters to be sent out, then nothing will be done in a timely manner.

Also at the last meeting, there were requests for some letters to be sent out - that the outreach committee was to draft, we did that and those letters were in fact mailed and she just provided a copy to everyone. There is one letter to director Jim Willis of the Oregon Department of Veterans Affairs. He did not reply to our first letter and so we sent a follow up letter and in this letter there is an instruction that tells him that there is an Oregon statute 475.303(6) which stated all agencies of state government as defined in ORS 74.111 are directed to assist the committee in the performance of its duties and to the extent permitted by law related to confidentiality to furnish information and advice to the members of the committee that are considered necessary to perform its duties.

So essentially we do have one backup with the law that says that if we do send a letter out requesting information, then state law is saying they have to respond to it and so we are awaiting director Willis' response on that letter. There have also been a number of complaints from the medical marijuana community in providing forums and providing places that it is unfortunate that law enforcement has been making public claims about the Oregon Medical Marijuana Act being - well, that there is widespread abuse of the Act, that there - growing and distributing marijuana is destroying the safety factor of our neighborhoods, that reported arrests have gone up 25 percent and 80 percent of incidents and so, you know, particular officers investigations are connected to legal process. The ACMM is very concerned about these allegations, that we want to know more information about them, that we are requesting any time any law enforcement officer makes any kind of public statement using numbers and data, we want copies of that data and we want substantiation of those numbers to see what those numbers actually are.

And so, in that light, we sent a letter to attorney general John Kroger and she will just read the last two paragraphs on this and the statistics that she just gave you being what is being representative of it apparently are in stark contrast to complaints that we at the ACMM have received from the OMMP that over a 15 month period, there were a total of 122 complaints largely the OMMP, that is less than eight complaints a month and that only four of those in that entire 15 month period were from law enforcement. And so we can infer from this that the OMMP complaint process maybe doesn't include law enforcement or there is something where we are not getting the full picture and we definitely would like to have the full picture. We have asked attorney general Kroger, given your recent push to educate the public about Oregon's transparency laws, we formally request that spokespersons for all Oregon law enforcement agencies substantiate their claims with actual data on the total number of investigations, arrests, and convictions that are specifically related to medical cannabis and then we ask you the question, how do you recommend we proceed with obtaining this data? We did get sort of a form letter back and it is something to the effect of okay, well you have to ask a specific department and anyway, she just wanted to say that the opportunity was in response in consideration and we will try to proceed forward with this.

The second letter went to Lieutenant Dingeman and not only is this letter directed to him, it copies the attorney general and it also copies his supervising officer Captain Calvin Curths and specifically, Lieutenant Dingeman back on April 3, 2009 was providing Power Point presentations to a number of Oregon state bodies including the legislators and the Oregon council on drugs and alcohol abuse which has now changed to a different title but anyway, in that Power Point presentation, he specifically says that he encounters significant abuses of the Oregon Medical Marijuana Act and so we have asked - we want to know more about the problems and abuses that you have reported specifically how many investigations, arrests, and convictions regarding OMP card holders your department has encountered, what data, what makes the data statistically significant and that we would like to have electronic copies of these records sent to us if possible and also we may want to send an invitation to Lieutenant Dingeman to appear here and also she wants people to realize this letter is also going to be used as a type of template letter so that in the future when other law enforcement officers make claims in the public, on the media, television, radio, newspaper, that they will get a letter very similar to this with a copy going to the attorney general, a copy to their specific supervisor, and a copy to the person in the media - the media contact that made that story public. And so that letter she sent her Lieutenant Dingeman is no longer working for the OSP, Oregon State Police, she just recently heard that he is working in fish and game right now and that there is a new person that is taking Lieutenant Dingeman's place and she would be happy to make a follow up for that information.

Ms. Ray stated the letters are really abrasive. Since the outcry has been law enforcement is after us, somebody actually picked up the phone and called Lieutenant Dingeman and reported back and she thinks you have seen that there the story that Lieutenant Dingeman had a very nice conversation and was very pleased. And she happens to have those figures with her and this is posted on a chat line and it not for everybody's viewing and so she is trying to give you people's involvement and she can tell you that one of the marijuana community people asked Lieutenant Dingeman and it isn't like it is being portrayed. The law enforcement is our first line of defense against people that would take and abuse our program and if we find a situation where it is a crime maybe we should bring attention to it but to ostracize or to publicly go after law enforcement, she doesn't think is the charge of the ACMM committee at all and she's a little offended and she would hope that others on this board and committee will see too that we don't have to take that kind of a stance.

This is a great program. It is an Oregon program and just like all the other programs out there, we are entitled to some things but to abuse it or to put this squeeze on others instead of saying hello, we are here, there are people across this entire state in every walk of life that may need this program tomorrow. She can't see anybody being ostracized about this.

Mr. Klahr stated the gentleman who took over for Officer Dingeman is Eric Fisher as he understands it. And that is who, the person you are talking about had a cordial conversation, not with Dingeman.

Ms. Ray stated she believes Mr. Klahr is incorrect on that.

Dr. Cohn stated if there are slanderous statements are being made across the state, he thinks that it would make sense for us to try to find the facts and the data and the only other thing that he wanted to say is that he doesn't know exactly what the investigation is and maybe an attorney on the committee can say but an investigation could conceivably be stopping a car that had an odor about it. What the meaning is, if they have 200 investigations, he doesn't know what that really means- what are the implications in terms of the law being misused.

Ms. McGarvin stated she will continue to follow up. In the sense that law enforcement has been making broad public statements, it is very much the interest of this committee and especially the outreach committee representing the ACMM to actively pursue more information and she thinks that one point of order is that it does allow the committee as a whole to review interactions with law enforcement whereas prior to this point, some members of this committee were interacting with law enforcement when the rest of the committee had no knowledge of what was being said about them.

So this is in point a request from the public and from our constituency that we specifically write these letters and the outreach committee agreed that this was something that was part of our task to do. And so she would just like to finish with the report. We also invited chief of police, Portland Police Bureau Rosie Sizer to attend a meeting, any of our ACMM meetings. We want to make it very clear that we are very open to engaging in conversation with law enforcement and that we very much want to know more and we want to know the facts because certainly, making a comment to the effect of the - the marijuana is tearing apart the very fabric of our society, is not an appropriate public comment to be making and those kind of comments, if they are not substantiated, if they are in fact being just pulled out of the sky, are extremely detrimental to the patients in this community, and puts up a shield that disguises what is actually happening in our community. And as it turns out, those particular numbers, the 33 percent and the 35 percent that were reported abuses, that was in the context of the number of cardholders in that particular county which turned out to be 1 percent in almost all cases, less than 2 percent of the population of cardholders. And so there may be 33 percent abuses occurring but in what context is that and to what degree of our cardholders are we seeing problems. If it is 1 percent or 2 percent of the entire population of 36,000 cardholders, then that is an abuse statistic that is completely understandable from the perspective of law enforcement engaging people who want to take advantage of the system. However, it does not say that most of the patients, 98 percent of the patients are working within the system and doing their best to cooperate and do the right thing. And she thinks that is the message that the outreach committee and the ACMM wants to be sharing with everybody. She would invite anybody to comment on that if you disagree or - no? The next thing is she mentioned that complaint statistics in program oversight, another thing that law enforcement has been requesting or has been complaining about is that there is no substantial problem with oversight. Those are the exact words that they are using and she heard other people ask about program oversight and she's uncertain as to what kind of oversight they are looking for but in the view of our committee and just in the realm of trying to promote helpful situations, if such a program oversight is indeed warranted, we might suggest that a community review committee be formed to review complaints that happened as a result of whatever abuses may be occurring.

The other thing that we wanted to do was to obtain data from the OMMP asking what kinds of queries are made to the LEDS system, the law enforcement data system, and currently we know from Mr. Cossel - and she will just state what his comment was to that is that if there is a way to track this, he's not aware of it. We don't have any real control of the server, the LEDS server, and he's not even certain who at OIS we are supposed to ask if we want to get a report and then he can possibly get a count of inquiries by month not counting the phone calls we take but he doesn't know if he can get it by Monday.

She thinks what we want to do is we want to pursue looking at LEDS data if it is at all possible and we may well consider that at our next meeting. Over the summer and fall there were a number of complaints made to certain legislators around the state from constituents having problems with growers.

The chief petitioner and myself sort of drafted some good neighbor guidelines for medical marijuana growers. She doesn't think that this is something that the program can approve for distribution but she did just want to say that we did produce a little document that talks about guidelines, noise, smell and that kind of thing and encouraged all cardholders to be good neighbors. That is something that anybody can have she thinks but it is not specifically authorized by the OMMP. Old business - web site, the action item authorized that we post. There has been a problem in that if you go to the DHS web site and you are at home, you can click on any program within DHS except OMMP and so one of the requests was that - that the OMMP be listed just like any other program is as part of DHS. And that we also request that there be an announcement as a news release - that news releases make an announcement whenever the ACMM meetings are going to

be held. Those are just two very simple, very clear requests and she thinks that everyone agreed at the last meeting that that happen and so she'd ask them to follow up. We were asked to do a twice yearly newsletter. She wants to say that right now, that is in the committee. We are going to continue to discuss what we intend to do with that so that is kind of on hold for a second and then she wanted to apologize to everyone because she didn't remember that we were asked to write a letter, kind of a form letter in a sense to - that would be send out to assisted care facilities whenever cardholders in those assisted care facilities contact the OMMP to say that they are not being allowed to use their medicine or have their medicine or, you know, engage in - in considering their medicine and that the OMMP would then send this letter prompted by a complaint of that nature to the assisted care facility just clarifying what the law says and we will be drafting that letter in this next session. And then as a last item, it has been a year and she'd like to thank all of the people who have served on the outreach committee up until now and she a list of new nominations that she'd ask the committee to consider to appoint. If you are willing, she's happy to remain the chair of the committee.

Ms. Burbank stated to Ms. McGarvin one thing she didn't cover or go over was the letter sent to the Port of Portland and the response.

Ms. McGarvin stated we did hear back from the Port of Portland quite rapidly in fact that they do allow cannabis patient cardholders to board the plane with their medicine. It is part of the FAA regulations and as we mentioned earlier, the Medford Airport is going to be having kind of a public notice of that next month but we were very happy to hear from the Port Authority and if anybody wants to get a copy of that letter, if they need it for when they travel, we - we have a copy of that letter. The letter from the Port of Portland has been posted on the web site.

Mr. Cossel stated he contacted Port of Portland and let them know that we are going to do that and they did not object.

Mr. Klahr stated there is a letter in my package that is a response from the Veterans Affairs. They kept sending it back because he is not able to do anything. He's not in the program. It says, thank you for your letter dated December 14 with which you ask if the Oregon Department of Veterans Affairs has any written policy regarding the use of medical marijuana for Oregon veterans and the answer was the department has not promulgated any policies or rules on this topic.

CONCLUSIONS

- The Oregon Medical Marijuana Program Basic Fact Sheet was approved for public distribution by the OMSB.
- The informational sheet that we worked on entitled *The Oregon Medical Marijuana Program Summary of Facts for Referring Physicians* was not approved.
- Requests have been made for the OMMP to be listed on the DHS website like any other program is as part of DHS and for announcements to be posted whenever the ACMM meetings are being held.
- The outreach committee will draft a letter to assisted care facilities to clarify the law regarding cardholders and use of their medicine.
- The letter from Port of Portland is posted on the DHS website and copies are available for use when traveling.
- The Oregon Department of Veterans Affairs has not formed any policies or rules on the topic of use of medical marijuana for Oregon veterans.

ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
Motion by Mr. Funk to send the Power Point presentation with a citizen fact sheet and narrative instructions with language stating the information on the CD may not answer all questions. Any further questions should be directed to DHS OMMP. Second by Ms. Ivany.	Mr. Funk	Motion Passed Unanimously.

OFFICER ELECTIONS

JIM KLAHR

DISCUSSION

Ms. Burbank stated she believes that nominations can be done by the whole committee and not just the outreach committee. Ms. McGarvin stated as the chair these people have specifically said they would be willing to serve on the outreach committee and I think that the ACMM has to approve it. Ms. McGarvin nominated herself, Dr. Cohn, Ms. Burbank, Mr. Witkowski, Ms. Gustafson, Ms. Bennett, and Ms. Fairless for the committee. Ms. Fairless is not here today but she wanted to make sure that her name was in the nominations. Mr. Funk stated he'd like to nominate Ms. McGarvin, Dr. Cohn, Ms. Burbank, Mr. Witowski, Ms. Gustafson, Ms. Bennett and Ms. Fairless for the Outreach Committee. Dr. Cohn second. The vote was passed. Ms. Burbank advised that positions on the committee are one year appointments and have to be renewed annually. Ms. Burbank stated she nominated Mr. Klahr as chair. Ms. Ivany second. The Motion passed unanimously. Dr. Cohn nominated Ms. McGarvin as vice chair, which was second by Ms. Ivany and passed unanimously.

CONCLUSIONS

- Ms. McGarvin, Dr. Cohn, Ms. Burbank, Mr. Witkowski, Ms. Gustafson and Ms. Bennett and Ms. Fairless were voted as members of the Outreach Committee.
- Mr. Klahr was nominated and voted as ACMM Chair.
- Ms. McGarvin was nominated for and voted as ACMM Vice-Chair.

ACTION ITEMS	PERSON	OUTCOME
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	RESPONSIBLE	
Motion by Mr. Funk for nomination of Ms. McGarvin, Dr. Cohn, Ms. Burbank, Mr. Witowski, Ms. Gustafson, Sarah Bennett and Ms. Fairless to the outreach committee. Second By Dr. Cohn.	Mr. Funk	Motion Passed Unanimously.
Motion by Ms. Burbank to nominate Mr. Klahr for ACMM chair. Ms. Ivany second.	Ms. Burbank	Motion Passed Unanimously.
Motion by Dr. Cohn to nominate Ms. McGarvin for ACMM vice-chair. Ms. Ivany second.	Dr. Cohn	Motion Passed Unanimously.

LAW ENFORCEMENT AND INVESTIGATION

ACMM

DISCUSSION

- Dr. Cohn stated that came up in the context of how meaningful is the "investigation" statistically? Does that tell us that somebody is doing anything wrong?

Mr. Michaels stated well, the first the flip side of that is, if there are 100 investigations and only one leads to an arrest, and we know that 99 times out of 100, that someone has done something wrong. What he's trying to express is that without statistics to verify how many investigations actually lead to an arrest or uncover criminal activity, you don't really know whether law enforcement is just too proactive which would be motivated by personal political motivation rather than public safety or whether there is really that much abuse out there. And so the statistic left hollow in what he'd assume is only because one would be left to conclude would be because the statistics aren't there to back up the investigation, otherwise they would be more than happy to tell you how many investigations are actual criminal misconduct. It would spill out of their mouths just like inhale and exhale.

And so the answer to the following statistics, he disagrees with Ms. Ray, it's not an attack on law enforcement, it is holding law enforcement accountable. In his job he knows all too often if you hold law enforcement accountable, people all too often take offense to that and doesn't do it in a rude or unprofessional manner, it is just that law enforcement seems to be the sacred cow that no one can question and by questioning law enforcement, it is perceived as an inquisition and he doesn't think in the letter we used aggressive language, it is just somebody has got to ask these people these questions. For them to come out here and say these statistics like that, why wouldn't they expect somebody to ask questions and then let's find out, are they over active, are they investigating everything under the sun, or are they really pursuing wrong doing. We should know that. Why shouldn't we know that? It seems perfectly reasonable.

Ms. Ray stated she would like to add that the Portland law enforcement took every turn. So the law enforcement called the patients of ours and made arrangements for every one of them to get their 24 ounces of medication. Now this may not seem like a whole lot to people that deal with law enforcement or they deal with criminals or they deal with the poor patient who is absolutely crumbled if they don't have medicine in the next half an hour, this is momentous. This is statewide now that patients are not out there by themselves with the criminal society where our medication is going? If the medicine is being grown under OMMA, let it go to the patients that need it so desperately in this program. That is why we are allowed to give it to each other and now law enforcement will give it back to us when somebody does something with it that they shouldn't. This is a wonderful day in Oregon and she just wants to share with everybody that this happened. This happened in Grants Pass. Thank you.

Mr. Funk stated it would be a far more momentous day in Oregon if the police have not unlawfully taken that marijuana to begin with. The law is clear and in fact they caught publicly by somebody writing letters saying that is unlawful to do and they turned their back, that is not a momentous day. In fact, they took it for their client. He wishes he could get off with crime that easy.

Ms. Ray stated they were selling it in Idaho.

Mr. Funk stated he knows the people who were busted personally. He knows the story personally. He knows the people personally. They were busted.

Ms. Ray stated that would make two of us.

Mr. Funk stated the people who were busted, every ounce of marijuana that was in excess of the lawful amount allowed for their patients, the police were lawfully allowed to take. They are not lawfully allowed to take the medicine that belonged lawfully to that patient and then come back four months later and say oh, where is your medicine? We are the good guys. They shouldn't have taken it because that is what the law said. Period. Ms. Ray stated in excess of what is allowed.

Mr. Funk stated he knows that they took every ounce in violation of the law. The law says they're not allowed to take it. We don't let burglars get away with that. Oh *explicit*, here is your good, here you go. They violated the law and now they want a pat on the back for correcting their mistake. He doesn't pat them on the back for correcting their mistake, he tells them that they shouldn't have made the mistake to begin with. They knew they were wrong and they did it. It is just that

simple. You don't correct people and then say oh, you are nice now, give the stuff you stole back. We don't do that when people steal. If they follow then he'll follow along. Read the rule. Period. It is written right there. We have to follow it, they have to follow it. He doesn't think it is a momentous day.

Ms. Burbank stated she would like this committee to ask the OMMP what their official policy is regarding an error on their part in informing law enforcement that a patient is not a patient and the results that occur so if an employee were OMMP wrongfully gives information to law enforcement making inquiries about whether a patient is legal or not and they say no and in fact that patient is legal and in fact legal in this particular case and the police then obtain a search warrant based on that information and they go and they kick down the door of the people who are being wrongfully accused and there is actual financial damage done, i.e., the door has to be replaced, the psychological trauma and everything, what is your policy in regard to reimbursing the patient who has been wrongfully - had their door kicked down and she doesn't need an answer now. OMMP can get back to her next time but I would really like to know what our official policy is regarding.

Ms. Nichols asked Ms. Burbank if she would provide that to her in an email so she can run it past legal counsel and address that question for her appropriately.

CONCLUSIONS

- The ACMM asked the OMMP what their official policy is regarding giving incorrect information to law enforcement when making inquiries. Ms. Nichols requested for Ms. Burbank to provide the question in an email for review by legal counsel.

PUBLIC ANNOUNCEMENTS AND COMMENT

**PUBLIC
ACMM**

DISCUSSION

- Mr. Klahr stated he'd like to start calling speakers up. Walter Hagan. Mr. Hagan passed. Candace Byers. Ms. Byers was no longer present. William Shafer. Mr. Shafer was no longer present. Mr. Klahr called John Sajo.
- Mr. Sajo stated he is the director of Voter Power. He had two comments and one was about the previous discussion about patients being returned their medicine and he guesses he'd just put out there that he spoke with a patient yesterday who whose charges were recently dropped after four years of a trial and his patients are still waiting for their medicine back. They were given back one installment he believes of 8 ounces each about two years ago. Now the case has been dropped and Douglas County is not giving the patients the rest of the medicine back and so there may be one case in one place where it happened but he thinks the rules are still that once the police take your medicine, it is pretty hard to get it back.

And the other comment is really a question. He knows that a number of years ago the OMMP staff told us that if we paid \$75.00 that a patient would be provided with a record of any law enforcement inquires about their legal status and he's wondering if that is still the case and the follow up to that is if - if a patient does do that, would that include inquiries made to the law enforcement data system as opposed to calls into the OMMP office.

Mr. Cossel stated that you can. He thinks you can file a Freedom of Information Act request - that is just the law and so we have a \$75.00 fee because at least at this point, we can go into the database and take care of this. It is all handwritten. There are in handwritten logs and so unless someone gives us a date range, it is really difficult to say has anyone ever called about me. It is easy if they have done it through the LEDS system because that is computerized and that can be searched by name and by address but if someone says has anyone ever called about me, there are literally dozens of books with hundreds of calls in them. It just makes it very difficult and generally then we have to find out from law enforcement if they have an ongoing investigation in this case and if they do, then we have made an agreement that we can't disclose that information. He has found that if they don't they would be more than happy to tell a person that they called and then they would know, then we could verify that simply. Obviously with the date because law enforcement would say well I called on this date. He has yet to call law enforcement and have them tell me no you can't tell that person who called. He only says that to save people \$75.00. If law enforcement is going to let us tell a patient when they have called, he's found that they are more than willing to tell a person themselves that they have called.

As far as just an open ended - someone giving us \$75.00 and saying has law enforcement ever called, he doesn't know how accurate - we wouldn't spend dozens of hours going through books looking for that information. He could easily find out if a name or an address was checked through LEDS, like if they made a phone call. It's just difficult because of the way the logs are.

Mr. Funk asked Mr. Cossel if he's correct in understanding you think that problem might be alleviated as soon as we get the database up.

Mr. Cossel stated we are going to be using the computer system to log the calls and so it won't be handwritten. It will be searchable and there will be actual data in there to search.

- Mr. Klahr called a name. The person wasn't present. Roger Ball was also not present to speak. Mr. Klahr called Marilyn Farr.

- Ms. Farr asked if she could just sit here because it's not very long. Ms. Farr missed the last meeting or so with some health issues but she wanted to say how good the outreach committee is doing. She is just amazed and thrilled by the work that they are doing. And also the fact that when they make a letter like this to anyone, law enforcement, or the Port or anybody else, they invite them to come here with their questions and to speak and she just can't say what a warm invitation it is to see people like Mr. Dingeman invited to come here to speak. Of course we all know he sent a representative anyway but the invitation was she thinks to every law enforcement in the state. If they knew that they could come here and educate their officers and she just loves the fact that they put the invitation in there. Ms. Ray does not represent her in any way, shape or form as a constituent in any program.
- Javier Small introduced herself and stated she thinks she may have understood that Ms. Burbank is concerned about having the patient's faces on Power Point. She thanked Ms. McGarvin and told her she was right when she told her in the cafeteria that she would understand the outreach and after the presentation and she did. She thought during the outreach presentation that the Power Point could go to the clinics as a training tool for the staff rather than a presentation to the clients.

She asked, in addition to inserting language, if they're thinking about taking some of the more stinky language out of the OAR as we see it. She asked who is doing the web site. She asked who is responsible for taking so long to get stuff up on the web site and if it's DHS.

Mr. Cossel stated it's specifically him and apologized. Not only are we trying to update our database but the State of Oregon is trying to get a much improved web site. It is very limited. There are templates. It is just an old server. You can't put videos or audio or things like that on there and so there is just a limited amount of space and he is not a computer programmer and he apologized. At times he's had to enlist other people to help him put things on the page.

Ms. Small stated she was crying that the police are after them and actually she's running for sheriff of Lynn County but that she was not here to campaign. She will tell you why she's running for sheriff, it is because the sheriff and the district attorney of Lynn County are abusing the laws of the land. Specifically 475.331.3 disallows law enforcement to do anything with the information they get with DHS, the database thing, Senate Bill 1085 provided and there - depending on - Ms. Farr and she said the same thing, the dummying down of America and the people are just opening the door and letting the sheriff in Lynn County and then she gave my card to the district attorney of Lynn County and she put it in the trash right in front of her so we can see how user friendly law enforcement is. This program, the medical marijuana program has been run by sick and dying people and we need able bodied people to give us some assist.

- Sarah Bennett was called to speak. Ms. Bennett stated she was actually at the meeting for a few reasons and that it is an honor and a privilege to now be a part of the outreach committee, as part of you guys.

She was actually there to introduce Human Collective first of all, understanding that the Oregon Medical Marijuana Program purpose is regulating the medical marijuana registering card system and the fact that 11 May was passed by Oregon voters. We recognize that Oregon medical marijuana community has yet to develop or implement a system that provides patients safe and complete access in a timely manner.

The Human Collective is proud to present a non-profit membership based organization which provides its members with benefits including education, alternative pain management therapies, access to private medicating facilities, membership voting rights, and additional support services. Along with those core benefits, the Human Collective additionally offers a streamlined process for reimbursement to persons responsible for grow sites, transfers of legal but quality medical marijuana from cardholder to cardholder for no consideration in a timely manner through the Med Express Account Program, and the patient assistance program which sponsors memberships and reimbursement costs for those low, no income or other circumstances preventing the patient or member from receiving the support and medicine they need in order to thrive.

The Human Collective has established relationships with existing supporting firms to strengthen Oregon's cannabis community. As an example, with Oregon Medical Cannabis University (OMCU) and Medical Marijuana University (MMU) providing education on site and off site to Human Collective members. With more business to business relationships currently underway, the Human Collective understands our economic times therefore creating jobs for those who are otherwise tossed away because of medicinal choices or necessity is an attainable goal that we aim to achieve. The more memberships and reimbursements to process, the more benefits utilized by members will stimulate employment opportunities while promoting professional, safe, compliant processes for healthier medical cannabis future.

To research and development of Human Collective programs, we scrutinize the OMMA, the federal guidelines, the interpretation by the Oregon State Police of the OMMA and met with legal counsel to ensure all aspects of our programs and processes met the specific standards for state legitimacy as well as maintaining safe and compliant programs for our members. The Human Collective opened its door this April. If you would like to learn more, please visit humancollective.org or stop by our membership facility at 11509 Southwest Pacific Highway in Tigard. Finally the Human Collective operates and maintains compliance in accordance with our current medical marijuana laws in Oregon. With the anticipated initiative 28 and/or OCTA 10, we feel the Human Collective model can be used to establish, develop and

implement a structured program for and by the Department of Health Services Medical Marijuana Program or at the very least be as a starting point when the time comes and so that is the introduction to the Human Collective and she hopes to work with everybody in the future for that.

Her second note is in regard to a complaint that was issued in regard to law enforcement accessing OMMP cardholder information during a pullover or something to that effect and the officer knew right off the get that they were a cardholder and there was like no probable cause how would this law - how would the police officer know that they had a card. And so she wasn't sure if there was a documented written complaint from that cardholder who felt that their confidential information was violated by Leo and did the OMMP cardholder have previous interactions with the law enforcement or perhaps has law enforcement have an investigation that would be a valid detection of criminal activity as the reason why they obtained that registry information and so this goes back to the LEDS and thank you for clarifying that there is still the old version and you are still handwriting to this day. She asked if that's correct.

Mr. Cossel stated when they call us, yes.

Ms. Bennett asked if the OMMP is currently putting them into an Excel spreadsheet now or is it still in the handwritten format.

Mr. Cossel stated it is a handwritten format at this point. We haven't discussed if we are going to be able to scan or anything so we have them in a database. There are literally thousands and thousands.

Ms. Bennett stated she thinks the outreach committee and part of this program, we want to have those statistics of who is making those inquiries and one of the questions was can we get the lists and what she was doing was researching the LEDS administrative rules and they are to on a regular basis, LEDS is to submit a review list to each agency.

She asked if the ACMM or the OMMP receives a review list from LEDS.

Mr. Cossel stated not to his knowledge and that he wasn't aware of that.

Ms. Bennett stated when she was reading through this, it says if detection occurs, the record validation is entered by the agency who acquires the information and enters it into LEDS and so her question is, is the information that is entered into LEDS, let's say that they have like an investigation or a detection and they, I she doesn't know what the differences are between the inquiries and how they are documented like LEDS versus handwritten. She asked if the LEDS has access to all of the OMMP records or do they have to call each and every time.

Mr. Cossel stated it is a computerized system so if you are in our database as a protected participant. It is going to give a yes response and that is all that it will give. You put in a name and a date of birth and it will give law enforcement a Y or a no or an error response.

Ms. Bennett stated she believes LEDS is required to submit a review list on a regular basis but what regular is defined, that she doesn't know but she would suggest that that might be something that we can look into.

Ms. Nichols asked what rule is that - it is not under the medical marijuana rules or acts.

Ms. Bennett stated it is in the LEDS responsibilities. It is 257-015-0050, Paragraph 2, record validation and the agency that enters information into LEDS or NCIC files is responsible for the accuracy, timeliness, and completeness of that information. LEDS will send a record validation review list regularly to each agency.

Mr. Cossel asked if is this as an inquiry because another function of LEDS is that you put in a person's convictions and there are various agencies that have to put in, you know, like if you have been convicted - and so he doesn't know if that is the same as doing an inquiry. He doesn't know how many programs there are like ours where law enforcement has an inquiry.

Ms. Bennett asked if there is there an existing user agreement between OMMP and LEDS.

Ms. Nichols confirmed that there is.

Ms. Bennett stated that they should be complying with it.

Ms. Nichols stated the difference is that ours is an inquiry and they are receiving information from our database but we are not putting any information in nor are they putting any information in. They are requesting information from us, from our database system, and so that is where the difference lies. We will look further into that. She thinks that is what the difference is because they have to put information in for a conviction and there are different types of - that that list is used and different agencies ours is not used in that same way. They are pulling information inquiry from our database system with the LEDS and not putting in information.

Ms. Bennett asked how would whoever the agency is that enters the information receive accuracy, timeliness, and completeness of the information without contacting you for a review.

Mr. Cossel stated that again, this is the first he's heard of this and he just wants to make sure that is just checking on the accuracy of like say a police agency entering the data that they have been given from law enforcement. Maybe Mr. Michaels could speak to this a little.

Mr. Michaels stated most of the time it comes up where somebody wants to find out - the police officer has somebody on the side of the road and runs a weapons check and he can tell if they have any convictions or any outstanding warrants - it has nothing to do with OMMP. That is more typical the use of LEDS. But somehow the Oregon Medical Marijuana Program has got into that program as a way that law enforcement can get into not LEDS information per se but using that system to get into OMMP information determining whether someone is a valid cardholder. And it sort of uses it as an interface to enter not into a law enforcement database but into an OMMP database using the LEDS system as a catalyst to that information.

And so the agency has to find out - we want that information to be accurate for obvious reasons. If you are a police agency or a district attorney or any investigative body, you want to make sure that for example if you're convicted of all these crimes or not and so they're going to make a double accuracy check. That is what he thinks she's talking about. OMMP, you are not really trying to see if someone is convicted or they are not really trying to retrieve information that was input from the law enforcement database, you are trying to retrieve a law enforcement input from a non law enforcement database.

Ms. Bennett asked if the inquiry is made by a law enforcement officer, doesn't it stay in LEDS for a certain amount of time until the determination is made.

Mr. Michaels stated what he's led to believe and she is talking about OMMP inquiries.

Ms. Bennett stated that's correct.

Mr. Michaels asked if there is a record of every OMMP inquiry.

Mr. Cossel confirmed. So we have a record - some sort of computerized record of that. Whether I can break that down by agency instead of - they put in what they call a DPSST number. It is some sort of training for all law enforcement and so we can break it down by that. We can break it down by whatever they put in but he thinks all he has to do is enter that and the name and date of birth. He doesn't know that and he can talk to the folks at DPSST and see if that can be broken down by agency or county.

Mr. Michaels stated we have our own number. We can call DPSST and - it is a public record who has this number - and they will tell you. You can get any officer's training record, just call DPSST - just call it PST. They changed it. It is called the Department of Police Training and Standards something or another. All their records are public. You can find out the person's name, their training history, the agency he worked for, the agencies he worked for, all right there.

Ms. Bennett stated she's been hearing and what she's heard from him also is that there has been a number of cardholders that have pulled over, particularly in the Grants Pass area - where the officer comes to the car with the knowledge that the person is already a cardholder - without having any reason to ask why they are. No probable cause for obtaining their OMMP registration information, just arbitrarily retrieving that information.

Mr. Michaels confirmed. Kim Broadhead stated it's on the same line, the Grants Pass Roseberg area and my husband. We had a number of patients come in and want to know if there is any way the DMV and the licensing of our vehicles and/or driver's license are linked with the OMMP because these patients have been pulled over and they already knew they were cardholders before they made any phone calls and they only can assume it was by running their tags and I had no answer for them.

Mr. Cossel stated that would be his assumption. They could run their plate and get a name and then contact us to see if the person - and we are not going to know why.

Mr. Michaels stated you can very easily check that out because like he said, if you have a timeframe and obviously the person knows the timeframe, I was stopped last night at 11:00, am I right? Okay. At 11:00, okay sure, we can look who did that and see if there was an inquiry at that time and there is a record in there.

Ms. Bennett asked so unless it is retained until that information is.

Mr. Michaels confirmed it is retained in the OMMP.

Mr. Cossel stated any inquiry done by law enforcement is - is going to be recorded in our server, you know in the server on

the 11th floor of this building. It is not LEADS itself but it is going to show that someone used LEADS to do an inquiry and it will record what that inquiry was and who did it. Those are pretty easy to check because he can just ask someone who searched this name and address.

Mr. Michaels stated you are just kind of piggybacking on the LEADS system and that we wanted to provide law enforcement 24/7 access so that at 12:00 midnight. We want them to have instant answers. You are using the LEADS system as a way of carrying the information. It is not really a LEADS inquiry.

Mr. Cossel stated that the other hand, we do LEADS inquiries on every grower because if you are convicted of specific felonies you cannot be a grower and so the information that. We are hoping that information is updated and accurate and that is what this is referring to, what you are talking about, those agencies need to get that - those convictions, those dismissals in as quickly as possible so those of us doing background checks have the most current information and so I believe that is what they mean by the agency needs to do this in a timely fashion.

- Peter Kramyer from the Mercy Center was called. Mr. Kraymer stated you do a good job and thank you. We are on channel 23 in Salem to inform people of the community.

MEETING AJOURNED	2:30PM
MINUTES SUBMITTED BY	Roni Scott
SPECIAL NOTES	