

Advisory Committee on Medical Marijuana Meeting

MINUTES

DATE: SEPTEMBER 9, 2013

TIME: 10:00 AM – 2:15 PM

LOCATION:
Portland State Office Building
800 NE Oregon St, Room 1-A
Portland, OR

MEETING CALLED BY	Todd Dalotto, ACMM Chair
TYPE OF MEETING	The Oregon Medical Marijuana Program (OMMP) Advisory Committee on Medical Marijuana (ACMM) provides an opportunity for public to discuss administrative issues with the OMMP management.
NOTE TAKER	Maureen Russell, OMMP
TIMEKEEPER	Todd Dalotto, ACMM Chair
MEETING CALLED TO ORDER	10:00 AM
ATTENDEES	ACMM: Todd Dalotto, Sandee Burbank, Laird Funk (via phone conference), Ben Mackaness, Jim Klahr, Alice Ivany, Brian Michaels, Cheryl Smith, Sarah Bennett, Gerry Lehrberger (arrived late). Excused Absence: Andrew Dorfman. A quorum was present. OMMP/OHA Staff: Tawana Nichols, Aaron Cossel, Joseph Carlson, David Leland, Tom Burns, Maureen Russell
PRESENT AS LISTED ON THE SIGN-IN SHEET	Larry Aday, Jenny Preece, Jeremy L. Scakett, David Clyne, Jerry Reynolds, Michael Krawitz, Jeremy Kwit, Julie Draper, Roger Tower, Peke, Amanda Reiman (Guest Presenter)

Agenda Topics and Discussion

REVIEW OF 6/14/13 MEETING MINUTES AND 7/29/13 SPECIAL MEETING MINUTES

TODD DALOTTO

DISCUSSION		
Cheryl Smith submitted substantial changes to the June 14, 2013 and July 29, 2013, draft meeting minutes; she is unsure if they were incorporated in the most recent drafts. Cheryl stated future ACMM meeting minutes should be drafted in a more consistent and professional manner. Sandee Burbank agreed and suggested the ACMM wait to approve the draft meeting minutes until it is confirmed that Cheryl's changes have been incorporated.		
CONCLUSIONS		
Approval of the June 14, 2013 and July 29, 2013, draft meeting minutes is tabled until the next meeting.		
ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
MOTION: To approve the June 14, 2013 and July 29, 2013, draft meeting minutes.	N/A	Tabled.
Cheryl will e-mail the changes she submitted for the June 14, 2013 and July 29, 2013, draft meeting minutes to the ACMM.	Cheryl Smith	N/A

PROGRAM UPDATE

OMMP/OHA STAFF

DISCUSSION
<p>OMMP Personnel Update – Tawana Nichols</p> <p>The OMMP is staffed with 27 permanent employees, and one temporary employee. The OMMP is recruiting for a Section Manager Assistant (Administrative Specialist 2 position). Tawana introduced Joseph Carson who is an interim unit manager for the OMMP. Joseph explained his duties are to assist Tawana on a temporary basis with daily operational tasks issues and develop process improvement. Todd Dalotto thanked Joseph for helping out.</p> <p>OMMP Statistics Update – Aaron Cossel; Refer to handout, <i>OMMP Statistics as of September 9, 2013</i>. Number of in-state OMMP Patients: 58,055, Caregivers: 29,093, Growers: 43,689; Number of out of out-of-state OMMP Patients: 925, Caregivers: 393, Growers: 392; Number of registrations where patients list themselves as their own grower: 33,007; Number of registrations where patients list someone else as a grower: 27,998; Physicians with a current patient on the OMMP: 1,530. It is taking approximately 25 – 28 days from application receipt to the issuance of cards. The ACMM requested inclusion of a participant condition count in the next meeting Statistic Update.</p>

OMMP Budget Update – Tawana Nichols, David Leland; Refer to 4-page budget report handout.

Tawana Nichols stated that at the end of July 2013, the revenue for that month was \$1,040,609, and the cash balance was \$5,118,417. Sandee Burbank asked how much it cost to run the OMMP this quarter, how much was remaining after the obligated transfers to other programs, and where the transfers can be seen on the budget report handout. Tawana replied that the 5.1 million cash balance is what remains after program costs and transfers, and the transfers can be seen in the budget report handout row labeled, “Transfer”.

David Leland noted that the books for the biennium may not be closed until December, and there may be a slow start in opening the new biennium books. David did not know if the legislature has transferred any OMMP revenue to the general fund.

Sandee reiterated the ACMM’s statutory mandate to provide input on the fees. She stated that the ACMM requested information from the OMMP in three separate motions in order to draft a recommendation to reduce the fees. She said the OMMP did not provide the requested information. Tawana stated that she asked Todd Dalotto to provide the questions and never received them. Sandee stated she feels frustrated that there is a large cash balance of monies collected from the sick and poor.

Sandee laid out the information the ACMM requested:

- Q: How much does it cost to run the OMMP?
- Q: How much is the debt (obligated transfers)?
- Q: How much is left over?

Todd Dalotto agreed that the cash balance shows an excess and that the ACMM needs a good financial report in order to draft a fee reduction proposal. Todd appreciated Jeff Carlson’s budget report and asked that Jeff attend future ACMM meetings. Todd asked that Jeff answer questions and provide a thoughtful budget presentation to the ACMM with projections and a fee reduction plan.

Cheryl Smith asked if the OMMP will need to fund other programs since the biennium ended. David confirmed the OMMP will likely need to supporting programs at the same section level.

Gerry Lehrberger noted that money in the bank is good and there appears to be confusion on how the money should be spent. Gerry questioned whether the funds were owned by the OMMP, and whether the State would be receptive to ACMM recommendations on how the funds should be spent. David said he would listen to recommendations, including a fee reduction proposal, and the purpose of the OMMP is not to generate money.

Ben Mackaness questioned whether there is a divergence. David replied that while July numbers may be incomplete, he does see a divergence because the cash balance is more than zero. Ben questioned why, if it is agreed there is a divergence, no action has been taken. David stated that the cash balance and OMMP expense information requested are in the budget report. David suggested the ACMM review the information and submit a fee reduction proposal with projections.

Brian Michaels noted that the OMMP is running at one-third of the generated profit and asked if there have been discussions within the OHA of how to spend the excess. David stated that there has been no discussion, and the OHA cannot make these decisions. He stated the legislative body authorizes expenditures and makes decisions on where cash goes.

David stated that if the fees are outlined in Rule the OHA may be able to lower the fee schedule with a rule change. David cautioned that the OHA has less latitude than may be imagined.

CONCLUSIONS

The OMMP has a cash balance that exceeds what is needed to fund the program.
Funds are controlled by the legislative body, not the OHA.
The OMMP fees may be reduced by rule following an accepted fee reduction proposal with projections.

ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
The OMMP include a count of participant conditions in the next Statistic Update.	Aaron Cossel	Add Condition Count to Statistic Update
Todd Dalotto requested Jeff Carlson attend future ACMM meeting and provide budget presentation with fee reduction proposal with projections.	Tawana Nichols	Relay request to Jeff Carlson
David Leland requested the ACMM use the budget information provided to develop a fee reduction proposal with projections.	Unknown	

DISCUSSION

Tom Burns introduced himself as the Rules Facilitator for HB 3460, and outlined his role and rulemaking plan as follows:

- Keep HB 3460 discussions centered on medicine, not legalization.
- Ensure dispensaries are secure places with appropriate safety measures in place.
- Ensure medical marijuana is free of mold, mildew and pesticides.
- Ensure the consumer is obtaining good medicine.
- Work to avoid creation of law enforcement issues.
- Facilitate the creation of Rules only, not making new laws.

Tom provided a timeline for the 3460 rulemaking and noted that all documents and meeting information can be obtained from a link on the OMMP website (or, <http://www.oregon.gov/oha/Pages/medicalmarijuanadispenaries.aspx>). The rulemaking timeline is:

- Next Week – 1st draft of Rules ready for review prior to the first meeting date.
- September 20, 2013 – First meeting in Salem with opening dialogue, broad discussion, and initial editing and sharing of draft Rules.
- Mid-October – Second meeting (TBA).
- Mid-November – Third meeting (TBA).
- December 1, 2013 – Planned date for final Rules to be completed.
- February 1, 2014 – Formal Rules posted.
- March 1, 2014 – Dispensary applications will be accepted.

Tom discussed the 3460 budget and fees. Tom stated that the 3460 rules advisory committee (referred to as the “committee” in the remainder of this discussion) will set up fees for OHA staff to inspect dispensary facilities and process paperwork. Tom noted that there is an \$800,000 budget provided, and they will go back to legislature if more is needed.

Cheryl Smith requested clarification on Tom’s use of the term, “dispensary”, versus the statutorily used term, “facilities”. Cheryl also reiterated that medical marijuana is not prescribed; it is recommended by physicians. Tom replied that he uses the term “dispensary” because that is the term used in the Governor’s letter. Tom stated that he will let attorneys determine the issue of terminology.

Brian Michaels stated that he applied to be on the committee and was denied. Brian expressed concern that the committee has a heavy law enforcement presence and no patients. Tom replied that his interpretation of the Governor’s letter is that the committee should include significant law enforcement and district attorney presence. Tom noted that he will try for as broad of an agreement as possible from committee members, and that he does not know the patient status of any member. Tom also stated the committee is an advisory role, and ultimately the decisions are made by the OHA. Brian stated he believes obtaining a consensus from the designated committee members will be difficult, and that rules need to be created to protect facility owners from overzealous law enforcement.

Ben Mackaness expressed his concern of treating the medicinal as medical. Ben noted that dispensaries are similar to herbal shops and should not be expected to conform to a pharmaceutical model. Tom replied that he expects the committee will consult with various departments when defining terms, such as “pesticide”, in the context of medical marijuana.

Sandee Burbank questioned why the committee includes a current dispensary owner. Sandee felt that current dispensary owners should not get preferential presence in the process over others who have obeyed the laws of no sales up to this point. Sandee noted that dispensary owners who operate for profit will have the money needed to pay a high dispensary application fee. Tom replied that the dispensary is a business model and he felt the presence of a dispensary owner provided insight and a valuable knowledge base.

Alice Ivany pointed out that six of the 13 committee appointees are, or have been in, the law enforcement field. She expressed concern that the committee will not address patient needs. Alice questioned why a dispensary owner was specifically sought out for the committee and a patient was not. Tom stated he cast a wide net, and reiterated that he did not know the patient status of any committee member.

Gerry Lehrberger recommended that the committee consider adding a future committee member from the Department of Naturopathy.

Todd Dalotto summarized the ACMM’s concerns that the committee is lacking due to the inclusion of five to six law enforcement individuals, and lack of patient presence, practicing physicians, herbalists/naturopaths, and laboratory experts. Todd also noted the committee’s gender imbalance (12 males and one female). Tom replied that there was a discussion on including a laboratory expert but it was decided against because this role is very technical. Tom expressed his hope that the committee develops several subcommittees to obtain outside consultation and examine issues such as the lab testing and security. Tom agreed there is a gender imbalance, and noted he is also frustrated with the committee’s cultural imbalance. Tom invited everyone to attend committee meetings.

Brian Michaels stated that the draft Rules need only cover application receipt and processing. He stated law enforcement is vehemently against medical marijuana and cautioned that the committee should not create new rules used for prosecution.

Cheryl Smith asked if the draft Rules will be sent to the ACMM. David Leland responded the drafts will be widely available.

CONCLUSIONS		
<p>The Rules for HB 3460 are expected to be in place by January 1, 2014; dispensary applications will be accepted starting March 1, 2014. The HB 3460 rules advisory committee will begin meeting on September 20, 2013. The ACMM has concerns regarding the makeup of the HB 3460 rules advisory committee. The ACMM is invited to attend the HB 3460 rules advisory committee meetings. The draft Rules will be widely distributed for comment.</p>		
ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
None	N/A	N/A

ACMM MEETING MINUTES STYLE AND FORMAT

CHERYL SMITH

DISCUSSION		
<p>Cheryl Smith stated that recent meeting minutes have been rambling and appear to attempt to capture everything that was said during the meetings. Cheryl stated that meeting minutes need to include times, dates, locations, whether a quorum was present, and official actions. Discussion intent should be summarized rather than everything written verbatim.</p> <p>Cheryl suggested that when a motion is made, the person making the motion should state his or her name, the motion should be clearly stated, and the minute taker should repeat the motion.</p> <p>Tawana Nichols noted that the person taking minutes has been inconsistent due to staffing. When the Section Manager Assistant position is filled, this individual will take the meeting minutes.</p>		
CONCLUSIONS		
<p>When a motion is made by the ACMM, the motion maker will be clear, state his or her name, and the minute taker will repeat the motion.</p>		
ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
None	N/A	N/A

OMMP COVER LETTER / INFO

SANDEE BURBANK

DISCUSSION		
<p>Sandee Burbank requested an update on the cover letter revisions provided to the OMMP two meetings ago. Sandee stated that the card cover letter needs to provide more information, and the renewal letter is confusing. Sandee questioned the change in process where the OMMP stopped sending a copy of the Rules and Statutes with every card cover letter.</p> <p>Tawana Nichols agreed the cover letters should be revised. Tawana confirmed revisions to the bulk letters were added to the database backlog, and that it took some time to be addressed because of pre-existing, higher priority backlog items. Tawana explained that the cover letter changes are complex and must be done by the OMMP's sole IT developer. The cover letter changes are in progress.</p> <p>Aaron Cossel explained that the ACMM was previously notified of the removal of the Rules/Statutes from the card packets. The decision to remove these was made to save on paper, printing, staffing, and postage costs.</p>		
CONCLUSIONS		
<p>The OMMP will keep the ACMM apprised of the cover letter revision progress.</p>		
ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
None	N/A	N/A

NEXT ACMM MEETING; HORTICULTURE, CHAIR, AND OUTREACH REPORTS; TRAVEL AND EXPENSE CLAIMS

TODD DALOTTO;
SANDEE BURBANK;
TAWANA NICHOLS

DISCUSSION		
<p>Next ACMM Meeting – Todd Dalotto The next ACMM meeting will be December 17, 2013, in Portland, Oregon.</p> <p>Horticulture Research & Safety Report – Todd Dalotto; Refer to handout, <i>Reports to the Advisory Committee on Medical Marijuana</i> The ACMM's Horticulture, Research & Safety committee drafted a document entitled, <i>ACMM's Horticulture, Research & Safety Committee Recommendations for OARs relating to Cannabis Lab Testing under HB 3460</i>, which will be provided to the HB 3460 rules advisory committee</p>		

ACMM Chair Report – Todd Dalotto; Refer to handout, *Reports to the Advisory Committee on Medical Marijuana*

Todd Dalotto summarized the current status of the HB 3460 rulemaking progress and conveyed his commitment as the ACMM Chair and a member of the HB 3460 rule advisory committee, to working with the rulemaking committee and the OHA.

Outreach Report – Sandee Burbank

Sandee Burbank thanked guest speaker Amanda Reiman for attending the meeting, and thanked the OHA for agreeing to pay for Amanda’s travel. Sandee stated Amanda will provide expert dispensary suggestions in her presentation. Sandee explained how outreach was provided to representatives and senators regarding the presentation.

Travel and Expense Claims – Tawana Nichols

A copy of a travel and expense claim form example and instructions for completion were included in the meeting folder. Tawana pointed out the new Index and PCA number, that initials need to be on the form, and that the current per diem rate in Portland is \$113 per night for lodging and \$66 per day for meals. Tawana asked ACMM members to request the hotel government rate so they don’t exceed the lodging per diem rate. She also stated if they exceed the per diem rate, they will be responsible for paying the difference.

CONCLUSION		
The next ACMM meeting will be on December 17, 2013, in Portland, Oregon.		
ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
None	N/A	N/A

DECEMBER 6, 2012 BYLAW AMENDMENT APPROVAL

TODD DALOTTO

DISCUSSION		
Some ACMM members have not yet read through the latest bylaw draft. Discussion and approval tabled for the next meeting.		
CONCLUSIONS		
Discussion and approval of the ACMM bylaws was tabled for the next meeting.		
ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
Discussion and approval of the December 6, 2012 Bylaw Amendment is tabled until the next ACMM meeting.	Todd Dalotto	Tabled

ACMM LEGISLATIVE SUBCOMMITTEE AND LEGISLATIVE CONCEPTS

JIM KLAHR

DISCUSSION		
ACMM Legislative Subcommittee Formation		
Jim Klahr stated it can be difficult to get things done through rule and may be easier to draft a rule or measure for consideration by the legislative body. Jim stated that there has been indication from the legislature that such a liaison between the legislature and the ACMM is wanted in order to clean up certain items, such as the 12 x 12 rule.		
Sandee Burbank noted that Rep. Buckley and Bruce Goldberg have both indicated that the legislature wants the ACMM’s input.		
Jim suggested creating a subcommittee to act as a liaison to the legislature. The motion was seconded by Sandee and Alice Ivany, and passed unanimously.		
ACMM Legislative Subcommittee Chair Election		
Sandee nominated Jim Klahr as Chair of the ACMM Legislative Subcommittee. The motion was widely seconded and passed unanimously.		
ACMM Legislative Subcommittee Member Nomination		
The following ACMM members agreed to sit on the ACMM Legislative Subcommittee: Jim Klahr (Chair), Alice Ivany, Ben Mackaness, and Sarah Bennett. The motion to approve the ACMM Legislative Subcommittee members was made by Sandee, Seconded by Alice, and passed unanimously.		
Alice suggested a motion to have non-ACMM members be appointed to the ACMM Legislative Subcommittee by the ACMM Legislative Subcommittee members. Jim asked any non-ACMM members interested in joining the ACMM Legislative Subcommittee to give him their e-mail address. Jim will send correspondence to the interested parties for more information. Alice withdrew the motion.		

ACMM-Sponsored Legislative Concepts

Jim stated the goal of the ACMM Legislative Subcommittee will be to get concepts through legislation with the highest integrity. Jim noted that the ACMM Legislative Subcommittee has a great breadth of knowledge that can assist the OMMP with changing the law as well as address issues that regularly arise.

Jim stated a concept he is interested in is how people with severe chronic conditions, or those in hospice, may have a simplified path of participation in the OMMP.

Sandee Burbank stated a concept she is interested in is to not require the designation of a growsite.

CONCLUSIONS

An ACMM Legislative Subcommittee was created with Jim Klahr as Chair.
The ACMM Legislative Subcommittee members are Jim Klahr (Chair), Alice Ivany, Ben Mackaness and Sarah Bennett.
Any non-ACMM member interested in joining the ACMM Legislative Subcommittee should provide their e-mail address to Jim Klahr.

ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
MOTION: To create a Legislative Subcommittee of the Advisory Committee on Medical Marijuana (ACMM). Seconded by Sandy Burbank and Alice Ivany.	Jim Klahr	Motion PASSED unanimously
MOTION: To nominate Jim Klahr as Chair of the Legislative Subcommittee of the Advisory Committee on Medical Marijuana (ACMM). Seconded widely.	Sandee Burbank	Motion PASSED unanimously
MOTION: To appoint the following ACMM members to the ACMM Legislative Subcommittee: Jim Klahr (Chair), Alice Ivany, Ben Mackaness, Sarah Bennett. Seconded by Alice Ivany.	Sandee Burbank	Motion PASSED unanimously

PTSD ADDITION DISCUSSION

AARON COSSEL

DISCUSSION

Aaron Cossel confirmed the OMMP will accept medical documentation with PTSD as the sole condition on or after October 1, 2013, but will not process these applications until the PTSD addition becomes effective on January 1, 2014. From a processing point of view, Aaron noted that the OMMP would prefer to receive PTSD as the sole condition closer to the January 1, 2014 effective date.

Sandee Burbank and Aaron both stressed that medical documentation must be signed by a physician no more than 90 days of receipt of the medical documentation by the OMMP.

CONCLUSIONS

Medical documentation with PTSD as the sole qualifying condition will be processed by the OMMP beginning January 1, 2014.
Medical documentation with PTSD as the sole qualifying condition must be signed by the physician on or after October 3, 2013 (which is 90 days before January 1, 2014).
All medical documentation must be received by the OMMP within 90 days of the date it was signed by the physician.

ACTION ITEMS	PERSON RESPONSIBLE	OUTCOME
N/A	N/A	N/A

ADDITIONAL HB 3460 DISCUSSION

TODD DALOTTO

DISCUSSION

Brian Michaels suggested that the ACMM discuss the draft 3460 Rules through e-mail and provide their with an ACMM opinion letter. The opinion letter will be finalized and authorized at a future, possibly interim, meeting. This motion was seconded by Alice Ivany and Cheryl Smith.

Todd Dalotto asked Tawana Nichols and David Leland to describe the role of the ACMM and the OMMP since the rule promulgation has moved to the Director's office. David stated both are subject matter experts and Tom Burns may ask for assistance as necessary.

David explained that HB 3460 was attributed to the OHA and the facility registration will not be incorporated into the OMMP. He said the OMMP has a very different function already in registering patients.

Todd questioned whether the ACMM is the advisory committee for the HB 3460 rules. David stated that the ACMM advises the OHA, not just the OMMP. Brian Michaels noted that the ACMM exists for the statute, and the 3460 rules will be change the statue. Alice Ivany noted there is no separate advisory committee specifically for the HB 3460 rules set in law.

CONCLUSIONS

The ACMM will use e-mail communication to draft an ACMM opinion letter regarding the draft 3460 Rules. HB 3460 makes changes to the statute under which the ACMM acts as the advisory committee to the OHA.

ACTION ITEMS

	PERSON RESPONSIBLE	OUTCOME
MOTION: ACMM to begin an email communication on draft 3460 Rules to provide an ACMM advisory letter opinion to be finalized at a future ACMM meeting and the ACMM authorizes this action.	Brian Michaels	Motion PASSED unanimously

MEETING ADJOURNED FOR LUNCH: 12:00 PM

MEETING CALLED TO ORDER: 1:04 PM

GUEST SPEAKER PRESENTATION

**AMANDA REIMAN, PHD MSW,
POLICY MANAGER, CALIFORNIA
DRUG POLICY ALLIANCE
AREIMAN@DRUGPOLICY.ORG**

Amanda Reiman provided a slide presentation on the creation of community-based dispensaries. The PowerPoint presentation is available by contacting either the OMMP or Ms. Reiman. Highlights of the presentation are provided below.

The main points of the presentation was to address the following three questions:

1. Who makes up the dispensary population?
 - Patients are just like everyone else in a community.
 - Some patients are isolated in their community due to chronic health issues.
2. What should a dispensary offer patients?
 - Pharmacy models provide basic service of just providing medicinal marijuana.
 - Social models can provide onsite community centers with various services tailored to the population including a safe place to medicate as well as access to health care services, legal advice, counseling, and activities that a person with chronic health issues may not otherwise be able to participate in.
 - A dispensary needs adequate security, the ability to bank, inventory, accounting, and legal services, potency and purity testing, space, a way to accurately validate a person’s medical marijuana certification, and a helpful staff.
 - Though concerns about driving impaired should be considered, providing a space for shared use builds community.
3. How will a dispensary impact a community?
 - The increase in security and foot traffic a dispensary brings can make an area safer.
 - The addition of social/community services and generational contact can strengthen community bonds.
 - Studies have not found that better access to medical marijuana relates to an increase in use by adults or minors.

Questions from the audience and Ms. Reiman’s reply:

- Q: How can a new dispensary reach out and be a good neighbor?
 A: Be proactive, invite neighbors on a tour, answer questions, and give neighbors a specific person with whom to address any complaints or concerns. Have a community picnic, be transparent, and have open channels of communication.
- Q: Please elaborate on testing methods.
 A: The American Herbal Products Association is responsible for the regulation of botanical products and has developed guidelines. The focus should be on potency and purity. There is no need for over-regulation as marijuana does not have a history of being a dangerous drug.
- Q: Please elaborate on the issue of banking.
 A: A dispensary cannot file for 501 (c) (3) [nonprofit] status with the Federal government, even if it is clearly acting as a non-profit. The HB 3460 rules advisory committee should take this under consideration when discussing for-profit statuses for dispensaries. It can be difficult for a dispensary to find a bank that will work with them; they often work with credit unions. The Federal government has discouraged banking with dispensaries, but forcing dispensaries to be cash-based businesses can lead to increased danger of crime.

In conclusion, Ms. Reiman promoted the “Patients out of Time” conference which will take place in Oregon in May, 2014. Those who are interested in assisting with this conference are encouraged to contact either Sandee Burbank or Todd Dalotto.

Larry Aday – Thanked the ACMM and OMMP/OHA staff.

Michael Krawitz – Thanked the ACMM for their work in getting PTSD added as a qualifying condition. He will be interested in the PTST statistics when they are available.

Jeremy Kwit – Thanked the ACMM.

Julie Draper – Said hello and this is the first meeting she has attended.

Peke – Thanked the ACMM and noted this meeting will be available via Mercy Center’s You Tube.

MEETING AJOURNED	2:15 PM
MINUTES SUBMITTED BY	Maureen Russell
SPECIAL NOTES	