

Secretary of State  
Certificate and Order for Filing  
**TEMPORARY ADMINISTRATIVE RULES**  
A Statement of Need and Justification accompanies this form..

I certify that the attached copies\* are true, full and correct copies of the TEMPORARY Rule(s) adopted on [ upon filing ] by the  
Date prior to or same as filing date

Department of Human Services, Public Health Division 333  
Agency and Division Administrative Rules Chapter Number

Brittany Sande 800 NE Oregon Street, Suite 930, Portland, OR 97232 971-673-1291  
Rules Coordinator Address Telephone

to become effective [ July 6, 2010 ] through [ December 31, 2010 ].  
Date upon filing or later A maximum of 180 days including the effective date.

**RULE CAPTION**  
Updating rule for medical marijuana pertaining to application documentation submitted

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

**RULEMAKING ACTION**

List each rule number separately, 000-000-0000.

Secure approval of new rule numbers (Adopted rules) with the Administrative Rules Unit prior to filing

**ADOPT:**

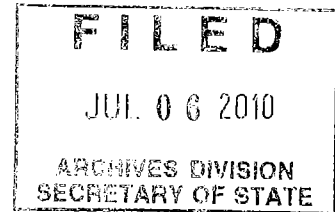
**AMEND:** 333-008-0020

**SUSPEND:**

Stat. Auth.: ORS 475.338

Other Auth.:

Stats. Implemented: ORS 475.300 through 475.346



**RULE SUMMARY**

The Department of Human Services, Public Health Division, Oregon Medical Marijuana Program (OMMP) is temporarily amending OAR 333-008-0020 in order to clarify the procedures regarding acceptable documentation accompanying an application for the registry. Current administrative rules require Oregon identification and proof of Oregon residency in order to get an OMMP card. The Oregon Department of Justice has advised the OMMP that the Oregon Medical Marijuana Act (OMMA) is not limited to residents of Oregon and that the OMMP cannot, in rule, have an Oregon residency requirement. In order to fully comply with the OMMA, the OMMP must immediately amend its rules to accept identification from non-residents.

William J. Coulombe 7-6-2010  
Authorized Signer Printed name Date

\*With this original and Statement of Need, file one photocopy of certificate, one paper copy of rules listed in Rulemaking Actions, and electronic copy of rules. ARC 940-2005

PH 14-2010(F)

**STATEMENT OF NEED AND JUSTIFICATION**

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form.

Department of Human Services, Public Health Division

333

Agency and Division

Administrative Rules Chapter Number

In the Matter of: Temporarily amending Oregon Administrative Rule 333-008-0020, relating to the operation of the Medical Marijuana Program.

Rule Caption: (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

Updating rule for medical marijuana pertaining to application documentation submitted

Statutory Authority: ORS 475.338

Other Authority:

Stats. Implemented: ORS 475.300 through 475.346

Need for the Temporary Rule(s):

The Department of Human Services, Public Health Division, Oregon Medical Marijuana Program (OMMP) is amending OAR 333-008-0020 in order to clarify the procedures regarding acceptable documentation accompanying an application for the registry. Current administrative rules require Oregon identification and proof of Oregon residency in order to get an OMMP card. The Oregon Department of Justice has advised the OMMP that the Oregon Medical Marijuana Act (OMMA) is not limited to residents of Oregon and that the OMMP cannot, in rule, have an Oregon residency requirement. In order to fully comply with the OMMA, the OMMP must immediately amend its rules to accept identification from non-residents.

Documents Relied Upon, and where they are available:

Oregon Revised Statutes 475.300 through 475.346

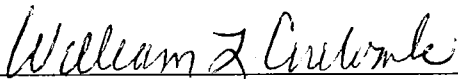
<http://www.leg.state.or.us/ors/475.html>

Oregon Administrative Rules (333-008-0020)

[http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_333/333\\_tofc.html#005](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_tofc.html#005)

Justification of Temporary Rule(s):

The Department finds that failure to act promptly will result in serious prejudice to the public interest, the Department, and recipients that may benefit from the medical use of marijuana. These rule amendments need to be adopted promptly so that the rules meet the statutory requirements and are in compliance with the opinion from the Oregon Department of Justice.



Authorized Signer

William J. Coulombe

Printed name

7-6-2010

Date

OREGON ADMINISTRATIVE RULES  
DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH DIVISION  
CHAPTER 333

**DIVISION 8**

**MEDICAL MARIJUANA**

**333-008-0020**

**New Registration Application and Verification**

(1) A person may apply for a registry identification card on a form prescribed by the Department. In order for an application to be considered complete, an applicant must submit the following:

- (a) An application form signed and dated by the applicant;
  - (b) Copies of legible, current, and valid U.S. government issued photographic identification from the applicant, the designated primary caregiver, and grower, as applicable. Acceptable forms of government issued photographic identification include but are not limited to:
    - (A) Driver's license;
    - (B) State identification card;
    - (C) Passport; or
    - (D) Military identification card;
  - (c) Documentation, which may consist of relevant portions of the applicant's medical record, signed by the applicant's attending physician within 90 days of the date of receipt by the Department, which describes the applicant's debilitating medical condition and states that the use of marijuana may mitigate the symptoms or effects of the applicant's debilitating medical condition;
  - (d) A completed "Declaration of Person Responsible for Minor" form for any person under 18 years of age, signed and dated by the person responsible for the minor; and
  - (e) An application fee in the form of cash, bank check, or personal check. The Department will place a 10-day hold on the issuance of a registry identification card for an application accompanied by a personal check. An applicant will be given 14 days from Department receipt of non-sufficient funds (NSF) or stop payment notification to submit payment in the form of a bank check or cash.
- (2) An applicant may only name, and the Department will only register, one designated primary caregiver and one grower.
- (3) For applications received on or after December 1, 2005, the fee for a new application is \$100.00, unless an applicant can demonstrate current eligibility in the OHP, receipt of current food stamp benefits, or receipt of current SSI benefits, in which case the application fee is \$20.00.
- (a) To qualify for a reduced fee on the basis of current eligibility in the OHP, an applicant must provide a copy of the applicant's current eligibility statement.
  - (b) To qualify for a reduced fee on the basis of receipt of current SSI benefits, an applicant must provide a copy of a current monthly SSI benefit card, showing dates of coverage.

(c) To qualify for a reduced fee on the basis of receipt of current food stamp benefits, an applicant must be current in the Food Stamp Management Information System database system or provide a current copy of food stamp benefit identification card.

(4) The Department may verify information on each application and accompanying documentation, including:

(a) Contacting each applicant by telephone or by mail. If proof of identity is uncertain, the Department may require a face-to-face meeting and may require the production of additional identification materials;

(b) Contacting a minor's parent or legal guardian;

(c) Contacting the Oregon Board of Medical Examiners to verify that an attending physician is licensed to practice in the state and is in good standing;

(d) Contacting the attending physician to request further documentation to support a finding that the physician is the applicant's attending physician. The Department will notify the applicant of the intent to review the medical records and request the applicant's authorization to conduct the review. Failure to authorize a review of medical records may result in the application being declared incomplete, or denial of an application;

(e) Contacting the OHP, DHS-Self Sufficiency, or Social Security Administration (SSA) to verify eligibility for benefits; and

(f) Conducting criminal records check under ORS 181.534 of any person whose name is submitted as a grower.

(5) The Department will notify an applicant who submits a reduced fee for which the applicant is not eligible and will give the applicant 14 days from the date of notice to pay the correct fee, submit a current, valid eligibility determination statement for the OHP, current copy of food stamp benefit identification card, or to submit a copy of a receipt for current SSI monthly benefit, as applicable. The Department will continue to process the application pending receipt of an eligibility statement. The Department will not grant an application fee refund for any eligibility determination made on or after the date of issuance of the applicant's registry identification card.

(6) If an applicant does not provide all the information required and the application is considered incomplete, the Department shall notify the applicant of the information that is missing, and shall give the applicant 14 days to submit the missing information.

(7) If the Department is unable to verify that the applicant's attending physician meets the definition under OAR 333-008-0010(3) the applicant will be allowed 30 days to submit written documentation or a new attending physician's declaration from a physician meeting the requirements of these rules. Failure to submit the required attending physician documentation is grounds for denial under ORS 475.309 and OAR 333-008-0030.

(8) If an applicant does not provide the information necessary to declare an application complete, or to complete the verification process within the timelines established in subsections (6) and (7) of this rule, the application will be returned to the applicant as incomplete, along with the application fee. An applicant whose application is returned as incomplete may reapply at any time.

(9) The application forms referenced in this rule may be obtained by contacting the: Oregon Medical Marijuana Program (OMMP) at PO Box 14450, Portland, OR 97293-0450 or calling 971-673-1226.

Stat. Auth.: ORS 475.338

Stats. Implemented: ORS 475.300 - 475.346