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# House Economic Development Committee Oregon Cannabis Commission Overview

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PUBLIC HEALTH DIVISION  
Medical Marijuana Program

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# Medical Marijuana Registry Program (OMMP)

















- Began in 1998
- Provides a medical marijuana card to patients with:
  - Qualifying conditions; and
  - A recommendation for medical marijuana from an attending physician.
- Patients may designate a caregiver to assist them with growing and accessing medical marijuana.
- Patient may designate a grower to produce marijuana for them.

# Medical Marijuana Registry Program (OMMP)

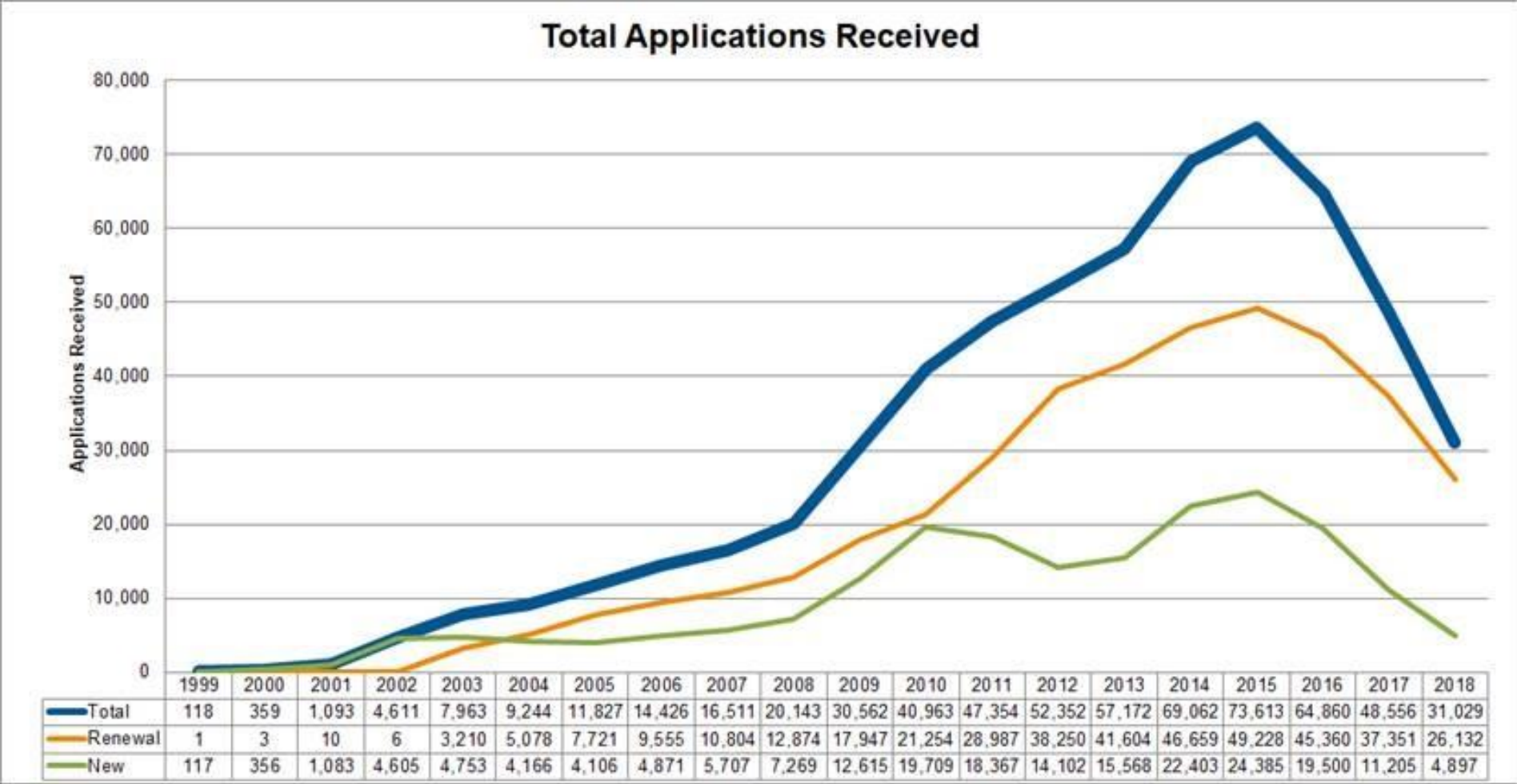
- Required to apply annually
  - Must pay a fee ranging from \$20 to \$200
  - Visit a physician and include the physician's signed approval
  - Required to be a residence of Oregon
- Benefits
  - Higher possession limits
  - Able to grow more plants
  - Higher potency products
  - Tax free purchases

# Medical Marijuana Registry Program

- Applications have declined steadily since legalization
- The program saw an large increase in applications right before marijuana was legalized (July 2015).

	Patients		Caregivers		Growers		Grow Sites	
04/2015	71,191	-	35,633	-	46,037	-	34,903	-
04/2016	73,715	 +4%	33,489	 -6%	43,291	 -6%	28,774	 -18%
04/2017	61,839	 -16%	26,067	 -22%	33,764	 -22%	25,228	 -12%
04/2018	45,210	 -27%	17,722	 -32%	22,810	 -32%	18,099	 -28%
04/2019	28,177	 -38%	11,564	 -35%	12,859	 -44%	10,900	 -40%

# OMMP Patient Applications



# Oregon Cannabis Commission Overview; Creation and Composition

- Created by HB 2198 (2017) and codified in ORS 475B.952-475B.961. Established within and administered by OHA.
- Advisory capacity
- Membership includes state Public Health Officer or designee and eight members appointed by the Governor. Term of office 4 years.
- Meet at least quarterly

# Oregon Cannabis Commission Overview: Duties

The commission is tasked with determining a possible framework for the future governance of OMMP.

This includes:

- Proper oversight and regulation of registry identification cardholders, attending physicians, marijuana grow sites, and medical marijuana facilities.
- Necessary amendments to the laws pertaining to cannabis, including any necessary amendments to OLCC statutes.
- The future role of the commission with respect to the possible framework.
- Determine steps that the state must take to ensure that research on cannabis is being conducted for the advancement of public health and safety policy, and agronomic, horticultural, medical and pharmacopoeia best practices.

# Oregon Cannabis Commission Overview: Duties

- Advise OHA and OLCC with respect to administration of Medical Marijuana Act (OMMA), ORS 475B.785 to 475B.949, and Adult and Medical Use of Cannabis Act, ORS 475B.010 to 475B.545, with respect to registry cardholders.
- Develop a long term strategic plan for ensuring that cannabis will remain a therapeutic option for persons with debilitating medical conditions.
- Develop a long-term strategic plan for ensuring that cannabis will remain affordable for persons with debilitating medical conditions
- Monitor and study federal laws, regulations and policies regarding cannabis.



# Legislative Report

- Per HB 2198 (2017), the commission submitted a report on its determinations and findings on the Oregon Medical Marijuana Program .
- As part of the report the commission noted several barriers to the medical marijuana program and provided recommendations for legislation.
- Identified four priority areas in the first report:
  - Product integrity
  - Research
  - Clinical Practice and Training
  - Patient Access

# Governance Framework

- Barrier 1: Current regulation of cannabis by multiple state agencies with different mandates causes confusion, task duplication, and does not provide Oregon with centralized oversight.
- Recommendation 1: The legislature, in coordination with the OCC and other agencies, should explore alternate forms of governance over cannabis, such as consolidating governance under a single body. This process will require a detailed examination of the costs and benefits of restructuring the programs, and how to implement such a change.

# Legislative Report: Funding

- Barrier 2: OMMP needs a dedicated, stable, and consistent source of funding.
- Recommendations 2:
  - A portion of the collected retail sales tax should be secured to fund OMMP and the recommendations in this report.
  - OMMP fees should be used only for operation and administration of OMMP.

# Legislative Report: Product Integrity

- Barrier 3: There is no mechanism to perform independent testing on cannabis to confirm private laboratory testing is accurate and is in compliance with current rules and regulations, and to assist with other state regulatory duties.
- Recommendation 3: Oregon should establish an independent state reference lab to objectively investigate private laboratories and randomly test cannabis products to ensure testing accuracy, consistency and cannabis product integrity on a regular basis.

# Legislative Report: Product Integrity

- Barrier 4: Due to various reporting methods across law enforcement, OLCC and OMMP the magnitude of the diversion issue with cannabis is unknown.
- Recommendations 4:
  - OMMP growers enrolled in OLCC's Cannabis Tracking System (CTS) should be subject to security requirements as appropriate for the scale of the grow site in order to ensure data entered into CTS is accurate and to mitigate opportunities for diversion.
  - Support funding for additional resources for the Oregon State Police, OLCC and OMMP to investigate and develop enhanced data systems around cannabis diversion activities.

# Legislative Report: Research

- Barrier 5: There is a need for research that expands the science and knowledge related to the health effects of cannabis, including by product type.
- Recommendations 5:
  - The state of Oregon will establish a Cannabis Research Center (CRC) to advance research on cannabis and cannabis-derived products.
  - The CRC will be a collaboration across state academic, medical, and government agencies.
  - The CRC will be funded by allocation of a minimum of \$10 million to \$12 million over a four-year period to fund establishment of the center, core staff, an experienced director, and substantial, high quality research and grant activities.
  - The CRC will coordinate and support original research projects on the health effects

# Legislative Report: Clinical Practice and Training

- Barrier 6: Inconsistent assessment, consultation, and management of patients by attending providers.
- Recommendation 6:
  - Develop or license existing materials to provide rigorous training in cannabis use in patient care in the state of Oregon.
  - Require that all APs who wish to evaluate patients for OMMP-approval first complete this training.

# Legislative Report: Clinical Practice and Training

- Barrier 7: Currently only Medical Doctors (MDs) and Doctors of Osteopathy (DOs) may provide a recommendation for a card application. This restricts patient access to cannabis as an individual's primary medical care provider may not be a MD or DO.
- Recommendation 7: Revise statute to include physician assistants, advanced registered nurse practitioner and naturopaths as providers that may recommend medical marijuana to patients with debilitating conditions.
- Barrier 8: Current statute limits the recommendation for medicinal cannabis to patients with debilitating conditions listed in statute and rule.
- Recommendation 8: Remove restrictions on what qualifies as a debilitating medical condition and allow the provider to make that determination with evidenced-based practice and professional judgment.



# Legislative Report: Patient Access

- Barrier 9: OMMP patient fees are prohibitive to patient access; patients on reduced or fixed income are unable to access medical cannabis.
- Recommendations 9:
  - Establish an alternative and stable funding source so OMMP may reduce annual application fees for patients, and not require medical patients to wholly fund OMMP. As suggested in Recommendation 2, this source could be from the retail tax receipts.
  - Explore a Supplemental Patient Care Program that serves low income OMMP patients who do not already qualify for an OMMP reduced application fee but are below the federal poverty line.

# Legislative Report: Patient Access

- Barrier 10: OMMP patients do not have easy access to medical cannabis growers; grower fees are prohibitive; and growers do not have an avenue to transfer excess product.
- Recommendations 10:
  - Establish an alternative and stable funding source so OMMP may reduce annual application fees for growers. As suggested in Recommendation 2, this source could be from the retail tax receipts.
  - Allow registered growers that are currently required to track in CTS to transfer to any OMMP patient or caregiver cardholder.
  - Develop and maintain an opt-in for growers to waive their confidentiality protections under current statute and appear on an online list with name, contact information, and product experience.

# Legislative Report: Patient Access

- Barrier 11: OMMP patients have limited access to affordable medical product in the current retail market system.
- Recommendation 11:
  - Revise ORS 475B.873 to facilitate OLCC retail store participation in a non-profit patient access program, or
  - Create incentives for OLCC licensees to participate.

# Next Steps?

- Define the role of a medical marijuana program in a legalized market.
- Continue to determine and advise on a possible governance framework for a medical marijuana program specifically in the context of full legalization.
- Work with OMMP to develop and analyze a comprehensive survey of current and past OMMP patient participants to determine:
  - o Reasons patients do not renew registration
  - o Patients' ability to access medical cannabis product
  - o How patients use medical cannabis to mitigate conditions, and
  - o Patients' vision for the commission, OMMP and overall cannabis regulation in Oregon.

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**Thank You**

Questions?

