

Report On the Oregon Medical Marijuana Program
Interim Legislative Advisory Committee
August 2004

BACKGROUND

At the request of Senator Bill Morrisette, the Oregon Medical Marijuana Program (OMMP) convened an Interim Legislative Advisory Committee representing key stakeholders. Members included: 5 representatives who are advocates of the Oregon Medical Marijuana Act (OMMA); 5 representatives of the law enforcement/justice system; 1 patient representative; 1 Oregon Medical Association representative; and 2 Department of Human Services staff representing the OMMP. Attachment A is a membership roster. A number of other people, primarily patients or OMMA advocates, also attended Committee meetings and public participation was allowed.

COMMITTEE WORK

The Committee met 4 times over a 7 month period. The following is a brief description of meetings and interim activities:

Meeting 1. November 18, 2003. Winema Training Center, Salem.

- Charge to the Committee given.
- Committee brainstorms potential legislative concepts. (See Attachment B for a full listing of the 43 concepts, including a brief description of each.)

Interim 1.

- *Committee and non-Committee participants vote on the concepts by two separate factors (level of importance and likelihood of gaining consensus).*

Meeting 2. February 5, 2004. Portland State Office Building, Portland.

- Committee agrees upon which potential concepts to review based on importance and likelihood of gaining consensus. (A total of 23. See Attachment C for line listing of concepts to be reviewed.)
- Committee begins discussing and voting on specific items. Decisions made: 1 issue (3 of the potential concepts) to be included in a consensus legislative concept; 1 issue to not be included, 1 issue to be dealt with administratively; and 5 issues tabled for further discussion.

Interim 2.

- *Committee members take tabled issues back to their respective agencies or organizations for further input.*

- *Committee members draft rationale for their positions on issues remaining to be discussed.*

Meeting 3. May 21, 2004. Winema Training Center, Salem.

- Committee continues discussing and voting on specific items. Decisions made: 8 issues to not be included in a consensus legislative concept; 2 issues to be dealt with administratively; and 9 issues tabled for further discussion.
- Committee agrees to having OMMP staff develop a draft legislative concept including language for the one consensus item and possible compromise language for a number of the issues tabled for further discussion.

Interim 3.

- *OMMP staff drafts “straw man” legislative concept.*
- *OMMP staff informed that law enforcement/justice representatives will no longer participate in Committee meetings. (See Attachment D for e-mail message.)*

Meeting 4. June 28, 2004. Portland State Office Building, Portland.

- Committee members present review law enforcement/justice position.
- Committee reviews draft legislative concept and provides suggestions.
- OMMA advocate and patient representatives agree that a conceptually amended legislative concept (making only non-substantive changes to previously circulated draft) would be acceptable.

*Result. Attachment E is the amended draft legislative concept. **Please note that this document has not been agreed to by law enforcement/justice or OMA representatives and has not been approved by the DHS.***

SUMMARY

At the request of Senator Morrisette, OMMP staff attempted to facilitate a group of key stakeholders in an effort to identify potential consensus legislative concepts. Only one clear consensus item (all hours verification of cardholder status) was identified, and this item could be addressed administratively.

There are tremendous differences of opinion and polarization between stakeholder groups that participated in the Committee work. It appears unlikely that a consensus legislative concept could be developed at this time through voluntary participation of a large group of key players.

A draft legislative concept was produced through committee action that incorporates the one consensus concept and a number of the pending items that were still on the table when law enforcement/justice stopped their participation. This draft is acceptable to the OMMA advocate and patient representatives. This draft has **not** been approved or even commented upon by law enforcement/justice representatives, **nor** has it been processed through Department of Human Services channels for possible approval.

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