

**Department of Human Services  
Oregon Medical Marijuana Program  
Advisory Committee on Medical Marijuana**

**Thursday, September 21, 2006  
McKenzie Center (DHS)  
2885 Chad Drive, Room 1  
Eugene, OR 97048  
10:00 am – 2:30 pm**

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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.

**Meeting called to order by Dr. Richard Bayer at 12:38 pm.**

**WELCOME AND INTRODUCTIONS**

Dr. Bayer commenced the meeting with introduction of the ACMM members: Richard Bayer, MD, Chair of ACMM, Chris Iverson, Todd Dalotto, John Sajo, Madeline Martinez, Sandee Burbank, Vice Chair of ACMM, Leeland Berger, Laird Funk, Darryl George, DO, Jim Klahr, and Stormy Ray.

**HANDOUTS:** ACMM Order of Business, June 22, 2006 Meeting Minutes, By-Laws

- Before the review of the June 22, 2006 meeting minutes, Dr. Bayer corrected the ACMM Order of Business, Part I of the OMMP Administrative Reports with ACMM discussion, it should state June 22, 2006 minutes rather than June 21, 2006 minutes.

**REVIEW OF JUNE 22, 2006 MINUTES**

- The ACMM was asked to review the meeting minutes for corrections or additions. Ms. Burbank requested a minor change on page 7, second bullet, second to the last line of the meeting minute. The June 22, 2006 meeting minutes with corrections were passed and deemed approved.

## **OMMP ADMINISTRATIVE REPORTS**

- Present for the Administrative Reports were: Christian Gorud, Program Support Manager, Pamela Salsbury, OMMP Manager, and Choua Vue, Administrative Specialist I from OMMP.

**Handouts:** September 21, 2006 Program Update Agenda, Cash Transactions Received by Month, Workflow Stage Duration Report

## **PROGRAM UPDATE**

- Ms. Salsbury apologized for the time mix-up and the delay at the meeting.

### ***Backlog***

- Ms. Salsbury stated Program's goal to eliminate backlog will hopefully be accomplished by the end of December.

### ***Data Entry***

- Due to processing about 13,000 grow cards for current patients, the OMMP is approximately three (3) weeks behind in data entry. As outlined on the Workflow Duration Report handout, the timeline of an application is about eighteen (18) days for creation to cards issued status. However, Ms. Salsbury cautioned the application may be entered in weeks after the received date.

### ***Criminal History Request (CHR)***

- The process of completing CHR background checks on all current patients has been completed. However, there are roughly 600 patients that did not respond to the notice and the Program plans to send out a final notice to ensure that all patients are in compliance.

### ***Licensing 2000 (L2K) Database***

- L2K is currently in the planning stage with the starting target date in March of 2007. Any statistical information the ACMM would like to track should be given to Ms. Salsbury as soon as possible to be added with the planning of new database.

### ***Staffing Update***

- There are currently eight Administrative Specialist 1 (AS1), one AS1 temporary hire, and one Office Specialist 2. Recruitment for two additional AS1 positions is currently being conducted.

### ***Office Construction***

- The office construction is complete where the Program has a receipting office; Suite 260 is open Monday to Friday, 8:00 am to 5:00 pm.

### ***Patient Questions and Concerns***

#### ***Patient Medication***

- The Program has received questions regarding the use of medication by the patient's caregiver and/or grower. Ms. Salsbury explained the statutes do not state whether they can or cannot and Mr. Berger clarified they are not protected to do so. However, the Program has been told by patients there is advocacy group giving out this misinformation, along with information of where to purchase medication.

#### ***Threats by a Grower***

- There have been complaints concerning caregivers and/or growers restricting patients from grow site knowledge using deadly threats. Further, the Program has been told by some patients these caregivers and/or growers are referred by advocacy groups. Ms. Salsbury recommended patients to list caregivers and/or growers they trust and can submit changes at anytime and request the cards be returned.

#### ***Plant Size Definitions***

- The Program receives frequent calls regarding plant size definitions. There are incorrect interpretations and the Program would like to work on education and outreach to ensure that patients, caregivers, and growers are receiving correct information.

#### ***Responsibility for Checking Grow Sites***

- During harvest season, law enforcement agencies may fly over potential grow site locations. Ms. Salsbury clarified that the Program does not check for compliance of grow site addresses nor conduct grow site inspections.

### ***Legislative Concepts***

#### ***Medical Marijuana Clean-Up***

- Legislative concepts have been submitted to legislation for changes to the statutes, which includes the authority for the Program to run the criminal history checks, clarification that a caregiver can grow for four (4) patients at any given

time as well as the grower, authority for the Program to revoke a patient's card if the attending physician believes medical marijuana is contraindicated, and the ability for the Program to revoke an individual's registration card with a valid court order restricting the use of medical marijuana.

## **DISCUSSION AND COMMENTS FROM ACMM**

- The Program has implemented a process to verify and determine physicians and if the applicant is a patient to the listed physician, which confuses many patients. When the medical documentation portion of an application is complete, a verification letter is sent out to the physician. Additionally, the verification process was put in place to decrease forgery in documents.
- Dr. Bayer requested a copy of the legislative concepts be made available for the Committee. Ms. Salsbury stated the language has not been returned and the process is relatively new to the Program, but will contact the Committee with more information.
- The Chair stated the Handbook will not mention buying marijuana, as it will recognize that patients will seek medicine elsewhere if a patient does not have it. He also stated buying marijuana is not illegal for a patient because possession, growing, and selling are illegal and would like DHS to recognize that patients are not committing a crime in purchasing marijuana.
- Ms. Burbank objected to the Chair's comment regarding the ACMM sending patients to buy marijuana off the black market if they cannot find other means for their medicine.
- Ms. Ray interceded that if a patient breaks the law, they are committing a crime. She disagrees with the Chair on this particular point and will not send a patient into a situation where they will be unprotected from Oregon Medical Marijuana Act (OMMA) laws.
- Mr. Berger went over the statutes of patient, caregiver, and grower protections and restrictions. He concluded the loss of protection from Oregon Medical Marijuana Act (OMMA) is delivery, not in the buying or selling marijuana. Additionally, he would like the Program to inform patients they do not advocate for patients to buy medicine, but patients will not be arrested or prosecuted if they do. Ms. Salsbury responded the Program cannot answer patient's questions regarding this topic due to the inability to give legal advice and interpretation of the statute. The Program encourages patients to contact advocacy groups and would hope the advocate's research information before relaying information to patients.
- Mr. Berger requests the Program to update the ACMM by the next meeting regarding how the Program tries and persuades Law Enforcement to be

consistent with the medical marijuana act, in addition with education about the medicinal value of marijuana and the safety and security of registered grow sites. Ms. Salsbury stated the Program currently offers training and education to Law Enforcement agencies regarding the OMMA to requesting agencies and information will be provided at the next meeting.

- Ms. Burbank asked how long the Program responds to Law Enforcement inquiries. Ms. Salsbury informed the ACMM the Program responds to Law Enforcement inquiries within thirty minutes, unless there are multiple names and locations. With multiple names and addresses, the Program ensures correct information is given back with multiple staff researching, taking more time to respond. Ms. Salsbury further stated the Program responds with Law Enforcement with “yes” or “no” answers and the main contact is through the District Attorney. Dr. Higginson requested, via Ms. Salsbury, the committee to deliberate a way to reach out to Law Enforcement for education of the rules and statutes.
- It was clarified the Program does look into agencies or officers making multiple inquiries; additionally, there are reports provided from the 24/7 Law Enforcement Data System (LEDS) for possible misuse.
- Ms. Burbank recommended the ACMM, advocacy groups, and people of the community to contact Law Enforcement agencies about requesting education and training from OMMP to overcome barriers in communication.
- Mr. Dalotto requested updated reports on Law Enforcement inquiries by county at the meetings. The Program will provide these statistics at the meetings and informed they are also posted quarterly on the OMMP website.
- Mr. Iverson suggested a small portion of the budget for statewide education training to Law Enforcement agencies from a subcommittee. He also requested the Program to provide the exact average cost of processing an application to help locate the number of low income patients participating in the Program on Oregon Health Plan (OHP) and/or Supplemental Security Income (SSI) to see if Food Stamps could qualify for the reduced fee.
- Mr. Berger stated his disappointment with the Program on the topic of revoking cards; if the physician rescinds the statement, the Program should not disqualify the patient’s eligibility. Also, he discussed the stipulations of probation and parole issues as they vary from one county to another and a legislative change is needed.
- Mr. Klahr asked how the Program responds to complaints made by a patient, caregiver, or grower. The Program determines whether or not the individual is willing to take the necessary steps for resolution and then requests the complaint be made in writing. If the complaint is regarding an illegal activity, it

is important the individual is willing to turn it over to Law Enforcement and participate in the investigation.

- The Committee discussed the statutes and rules regarding patients seeing their grow site. Ultimately, the patient does have the right to know where the grow site is, as listed on the application and cards, but it is not stated the patient has the right to see the location. However, a patient has the ability to maintain an application copy for \$5 per application year, which will include grow site information.
- Dr. George inquired about the Program's process for caregivers and/or growers who are removed and the registry identification cards attached to those individuals. Ms. Salsbury responded removed individuals are required to return the cards within seven (7) calendar days upon notification of removal, according to the statutes and rules. As soon as a change is received, the Program will void the cards associated with the removed caregiver and/or grower and send a letter to the patient to return those specific cards to the Program. If the patient cannot return the voided cards, they may write the Program informing they have attempted to do so but cannot retrieve them. The Program will issue new caregiver and/or grower cards regardless of whether the patient has returned the void cards within seven days.
- Dr. Bayer questioned and requested an explanation how the ACMM email system operated with multiple users and how to ensure it is public records. Ms. Salsbury explained the Department established an email for the ACMM, OHP.ACMM@state.or.us, which is managed by her to ensure emails are sent to every member of the ACMM. Ms. Salsbury will research if the ACMM email can be established so the email can be managed by the Committee.

*Administrative Reports with ACMM adjourned by Dr. Bayer at 1:45 pm.*

**Meeting called to order by Dr. Bayer at 1:55 pm.**

## **BRIEF WORK SESSION**

### **BY- LAWS AMENDMENT**

- Dr. Bayer noted the By-Laws were discussed and passed back in March 2006.

**Handouts:** Bylaws of the Advisory Committee on Medical Marijuana Vol. 4.1 and Proposed Draft Bylaws of the Advisory Committee on Medical Marijuana Vol. 3.0

## **Article II, Section 1, Composition of the Advisory Committee**

- Dr. Bayer corrected the first page, line 17 of volume 3.0, should state 2006.

## **Article III, Section 2, Terms of Office**

- Regarding terms of office on page 2, line 17, Mr. Berger asked why the Committee cannot have the authority to appoint and remove members and determine the length of service.

### *DISCUSSION AND COMMENTS:*

- Mr. Iverson agreed that the committee should have the authority to make decisions for the ACMM. Ms. Ray reminded the Committee the mission is to advise the Director without giving changes and should be able to provide input and advise the Director.
- It was decided Mr. Berger will draft a motion to address the issue and discuss the topic at a later time.

## **Article III, Section 3, Removal of Members**

- Ms. Burbank motioned to approve or deny lines 19-25.
- Mr. Berger stated he believes that the statute interpretation of Ms. O'Fallon, Assistant Attorney General (AAG), is incorrect where the Director can remove a Committee member as it is not stated in legislative rules. He further urged the Committee to reject Ms. O'Fallon's recommendation and request for lines 19-25 removed for the power to remain in the Committee.
- Dr. Bayer motioned to agree with Mr. Berger's proposal to retain Article III (3)(b). Eight Committee members voted in favor were 8, leaving three voting against. Page 2 was accepted without vote.

## **Article III, Section 4(i), Duties and responsibilities of a member**

- The Committee feels if there is a topic, they should be able to communicate with the AAG or the Program without contacting the Chair or Vice Chair to do so.
- Mr. Berger motioned to accept this section; Dr. Bayer moved forward the motion and was passed through general consent.

## **Article VI, Section 4, Quorum**

- Dr. Bayer explained this section to clarify that a quorum must be in order to function.

*DISCUSSION AND COMMENTS:*

- Ms. Silverwolf asked the Chair to consider situations where a member may resign a quorum may not exist. Dr. Bayer responded members who resigned would be replaced and a quorum would be in order.

**Article VI, Section 5, Committee Action**

- This section was approved and passed by the Committee.

**Article VI, Section 6, Special Meetings**

- Mr. Berger stated the authority should not include the Director; the authority should belong to the Committee. Mr. Funk motioned to accept this section as modified by Mr. Berger.

*DISCUSSION AND COMMENTS:*

- Ms. Ray requested clarification if the Committee's mission is to advise the Director as well as advising the Director's choice of direction and she stated she is against this motion.
- Mr. Berger stated this section does not preclude the Director, it allows the Committee to hold special meetings as well.
- Dr. Bayer explained there is not a problem in holding special meetings, but they must occur for reasonable and valid reasons. Dr. Bayer moved to vote to either support or oppose Mr. Berger's recommendation regarding holding special meetings; those in favor were 8, those against were 3.

*(PLEASE NOTE THAT DR. BAYER MOTIONED MOST FOR THE BYLAWS AMENDMENTS)*

**UNFINISHED BUSINESS**

- It was agreed to postpone the patient handbook topic for a later time.
- Mr. Berger motioned to adopt a "whereas" clause regarding the meeting with representatives from the Oregon Mental Health and Addiction Services (OMHAS) and made the following resolutions:

The Director transmit resolutions to the Governor and the members of the legislatives, the Director take steps, as he deems necessary, to ensure that no legislative action has been taken to increase the patient registry fee, and the Director establish a DHS policy that the registration fee continues to be the responsibility of the Program.

- Dr. Bayer moved to vote for the motion; the motion passed with majority vote.

## **PUBLIC ANNOUNCEMENTS AND COMMENTS**

- Jim Grieg requested the Committee, as a group or individual members, to write letters encouraging or demanding rescheduling marijuana to the FA lawsuits. The Chair recommended Mr. Grieg to submit his request in writing.
- Debion Granger acknowledged there is a buyer's club in Victoria, B.C., where a patient can receive marijuana by showing proof, such as a registry identification card and suggested holding a potluck for current patients.
- Javiera Lenart would like to see a fee decrease; if there were an increase in the fee, the surplus funds should be used for the Program and work towards the patient, not against.
- Jerry Wade informed that caregivers and/or growers providing for more than one patient with an excess in plants can give to other patients in need of medicine. He understands, from Lt. Dingman, law enforcement interprets that only a patient can give medicine to another patient possessing a registered card. If there is a caregiver that is redirecting medicine that belongs to a patient, they are stealing it and redistributing it.
- Reverend Will stated the registration fee hurts patients and persons without health insurance appreciate assistance, namely veterans and/or homeless patients. He suggested a subcommittee to educate and research the medicinal use of marijuana.
- Joseph Canfield complimented the Committee members for a job well done and would like more details regarding the Committee's position on dispensaries. Dr. Bayer stated the ACMM does not yet have a position, but believes that there may be one in three (3) to six (6) months because there are some legislative proposals to be discussed at the next meeting.
- Cynthia Willis suggested the illegal, confiscated plants be donated at a local non-profit organization or patient advocacy groups, made note that dispensaries are needed for patients, and recommended registry identification cards should renew at a four (4) or eight (8) year interval for a higher fee.
- Anthony Johnson stated several complaints between patients, caregivers, and/or growers are unfair to both sides; he encouraged others to read the American's for Safe Access (ASA) report on dispensaries. He asked the Committee to contemplate ways to initiate dispensaries or increase the amount of medicine for patients.
- Joe Adams received a ticket for possession for a less than a gram of marijuana, although he showed his registry identification card; the card was disregarded by the officer and sergeant. He proposed Law Enforcement agencies need to be

educated to recognize and understand the laws because it is terrifying for patients.

- Lindsay Bradshaw, a strong supporter, stated the laws are ludicrous and undependable because it depends on people's honesty and interest, as growers are not growing for the good of patients, and suggested a dispensary system be created or the implementation a distribution system, not operated by the state.
- Kat Coehn would like to improve the public perception of the program with both Law Enforcement and patients. She also proposed an idea of creating an informational short video with Program funds to provide to Law Enforcement and interested parties, instead state-wide travel. Lastly, she proposed no funding from the Program's budget be placed into OMHAS because it would denote the use of medical marijuana leads to addiction, which is incorrect if scientifically researched.
- Melodie Silverwolf encouraged everyone to vote no on Term Limits during the upcoming election in November and reminded that if Term Limits gets approved, it will remove some of medical marijuana's strongest allies in the legislator.
- Joe Parker addressed the usable material clause in the statutes. In California, the statutes count the bud as usable material. If similar to the California law, the Oregon statute would allow for more medicine.
- Elvie mentioned marijuana should be discussed and focused on in medical terms, not as a narcotic drug.

***Meeting adjourned at 3:15 pm.***

*Respectfully submitted by Choua Vue, edited by Jennifer Hiromura*