

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

**March 23, 2006, 9:00 AM – 10:00 AM  
800 NE Oregon St. Suite 120C  
Portland OR 97232**

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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.

**Handouts:** Proposed Meeting Agenda, December 14, 2005 Meeting Minutes, Draft Bylaws of the ACMM.

**Meeting called to order by Dr. Grant Higginson at 9:15 AM.**

#### **WELCOME AND INTRODUCTIONS**

Dr. Higginson welcomed group and invited introductions.

#### **REVIEW OF DECEMBER 14, 2005 MINUTES**

The group was asked to review the meeting minutes. Ed Glick, RN, noted he requested a statement to document the complaint the group was not allowed to present information and he was contesting that; the minutes reflect what was requested and were deemed approved.

#### **ANNOUNCEMENTS**

- Created from Senate Bill 1085, the ACMM replaced the Administrative Workgroup.
- The ACMM members consist of: Richard Bayer, MD, Leland Berger, Sandee Burbank, Todd Dalotto, Laird Funk, Darryl George, DO, Chris Iverson, Jim Klahr, Madeline Martinez, Stormy Ray, and John Sajo.

#### **AGENDA TOPICS**

#### **ADVISORY COMMITTEE ON MEDICAL MARIJUANA**

#### **BYLAWS – MODIFICATION AND APPROVAL**

- A sub-committee drafted the ACMM Bylaws.

***Comments and Discussion:***

- Sandee Burbank would like the annual input to also include quarterly meetings, regarding Article II (2) Mission. The program has made a commitment to discuss the status of the program quarterly; at any time the ACMM may make a recommendation to the program regarding the status, however, once a year the ACMM is required to provide input.
- The committee would like to make two modifications for clarification: the officers are members of committee and notifications of media contacts are related to committee issues. It was clarified a chair would have to be a member of the committee. It was also further clarified if the media concerning issues not related to the ACMM contacted the members, they do not need to notify a committee official regarding the contact.

**OFFICERS – ELECTION**

- According to the Shannon O’Fallon, the AAG, the DHS Director assigns term lengths. Some committee members will be long term, keeping in mind the composition of the committee.
- Based on a history of experience, Dr. Bayer was nominated by Ms. Burbank as Chair. Ms. Martinez seconded the nomination and was approved unanimously.
- Mr. Funk nominated Ms. Burbank for Vice Chair. Dr. Bayer seconded and was approved unanimously.

**Foundation Assembly Adjourned at 9:38 am.**

**DHS OMMP INAUGURAL MEETING  
Advisory Committee on Medical Marijuana (ACMM)**

**March 23, 2006, 10:00 AM – 12:00 AM  
800 NE Oregon St. Suite 120C  
Portland OR 97232**

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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.

**Handouts:** Proposed Meeting Agenda, December 14, 2005 Meeting Minutes, January 31, 2006 Financial Statement, Draft Bylaws of the ACMM, 2005 Oregon Revised Statutes, Spanish Application Forms.

**Meeting called to order by Dr. Richard Bayer at 9:40 AM.**

**AGENDA**

**SURVEY GROUP EFFORTS**

- Ed Glick, RN, discussed how the Survey Group is separate from the group attempting to add new debilitating conditions. However, the two groups were considered as one group and dismissed. The Survey Group was constituted and created at the September 15, 2005, meeting; the group formed a protocol and information for data collection regarding a variety of complicated issues, including the complaints from patients involving the program level of customer service. The Survey Group created two surveys: PTSD survey and a follow-up renewal questionnaire, in order to collect scientific information.
  
- Mr. Glick, RN, felt that at the December 14, 2005, meeting the Survey Group and the attempt to add new conditions overlapped and were dismissed together. The attempt to share data collected on a variety of broad issues was not allowed at the meeting. Additionally, he illustrated the survey group did find useful information, which he wished to share with the committee.

- Further, he would like the committee to consider what type of data collection they wish to have and if the Survey Group still exists to be recognized in some official way.

***Comments and Discussion:***

- Dr. Bayer noted the advantages of recognizing the Survey Group to present valid information and he agreed the discussion to add new conditions overshadowed discussion from the Survey Group and would like to make sure the Survey Group efforts are not ignored.
- The Committee unanimously agreed to continue the Survey Group and encourage discussion for the goals of the group including patient participation. The Committee appointed Mr. Glick, RN, to lead the Survey Group with Mr. Dalotto as ACMM liaison. Shannon O'Fallon, AAG, reminded the committee that all subcommittees previously formed must be re-appointed and must be voted on by the committee in a public meeting.
- Dr. Higginson noted that previous workgroups and committees would need to be transitioned with the ACMM vote, per Article VII.
- Additionally, Dr. Higginson clarified the department and program's position. An outside group may request to use the OMMP database to conduct research on issues outside of the scope of the program, such as expanding the number of conditions. Dr. Higginson noted that due to the confidentiality provisions of the OMMP, any research using identifiable data or relying on call-back would need to obtain informed consent from patients involved and would likely require Institutional Review Board approval. The program would be happy to participate in the surveys that investigate the administration of the program, such as application materials and customer service.
- Mr. Dalotto asked if there is a policy and procedure regarding DHS practices with outside survey groups. Dr. Higginson explained there might not be a set policy regarding study practices, but he will research the topic using Vital Statistics as an example.

## **ALBANY MEETING**

- Dr. Bayer introduced the topic regarding House Bill 2693, including his testimony against it to the senate. HB 2693, sponsored by Associated Oregon Industries (AOI) would have allowed an employer to terminate employees who are not impaired but have inactive marijuana metabolites in the urine. . He said it is a myth that urine metabolites are an indication of impairment. If HB 2693 passed, patients in the program may not be able to work or drive.
- Dr. Bayer further spoke about an invitation with guest opinion from DHS that was authorized by the DHS Office of Mental Health and Addiction Services (OMHAS) and was distributed by DHS last fall as courtesy to Workdrugfree, a DHS contractor that works with employers for a drug-free policy. He feels that DHS OMHAS interferes with the administration of OMMP by frightening and discouraging patients from registration in the OMMP. Attendees at the Albany workshop stated the DHS sponsored event presented the anti-medical marijuana point of view identical to the AOI sponsored HB 2693, specifically that cannabis metabolites in the urine indicate impairment. They would not allow counter argument according to attendees. This and a newspaper article in the Albany Herald-Democrat echoing the DHS guest opinion gave the appearance that DHS was acting as a public relations agent for AOI.
- In response, Dr. Bayer would like DHS to clarify. . He also asked the Committee to invite a representative from the OMHAS to attend the next meeting. If we ignore this, Dr. Bayer is concerned that frightened patients may ask political representatives to have the DHS budget cut or may choose to avoid the OMMP registry because patients no longer feel they can trust DHS.
- Additionally, Dr. Bayer has written letters to administration asking for an investigation of DHS's role, any money and or grants from DHS to parties that sponsored the Albany event, and the role of DHS in partisan political bills such as HB 2693. He concludes that that DHS cannot become a tool of AOI, otherwise the Committee needs to talk to our legislators, Dr. Goldberg, and others.

***Comments and Discussion:***

- Per ORS 475.303(6), Mr. Funk motioned the committee to formally request information regarding the grants and funding of the DHS Office of Mental Health and Addiction Services. Ms. Martinez and Mr. Iverson seconded the motion.
- Ms. Burbank spoke about the Governor's Council on Alcohol and Drug Abuse Programs and how it would be a good opportunity to request an appointment by the governor, appointing a member to attend those meetings representing ACMM. Mr. Iverson advised the committee to develop a strategy not to defend or offend.
- Mr. Glick, RN, commented that Workdrugfree also includes the Oregon Nurses Association (ONA) and Oregon Nurses Foundation (ONF) and would like to invite a representative of ONA and ONF to the ACMM meetings.
- The ACMM decided to invite representatives from the DHS Office of Mental Health and Addiction Services and the Governor's Council to attend meetings for response, clarification, and discussion. As the Chair, Dr. Bayer will write a formal letter to Dr. Higginson requesting a representative from Mental Health and Addiction Services attend the next ACMM meeting. Additionally, Dr. Bayer will include this topic on the agenda for future meetings indefinitely.
- Mr. Sajo directed a discussion to Dr. Higginson and Ms. O'Fallon regarding how the OMMP cannot advocate for the program, but DHS affiliates are working against the OMMP, along with the topic of conducting a questionnaire to accumulate scientific information.
- Dr. Higginson withheld his response regarding the anti-marijuana programs, as their answer still needs to be received. He clarified the role of the program is written in the statute what the responsibility of the program is. Currently, the program's responsibility is to run a registry program, not to advocate for the use of medical marijuana.

*Break from 10:25 am to 10:35 am.*

## **PROGRAM STAFFING UPDATE / PROCESSING TIMES**

- Pamela Salsbury, the Program Manager, updated the Committee of program staffing. As of the meeting, there are 12 staff members: 1 Program Manager, 5 Administrative Specialist 1, 3 limited duration Administrative Specialist 1, and 3 temps to assist with getting caught up.
- Ms. Salsbury explained the on going issues, including mending the database. Grow cards have been issued out slower than anticipated due to the database issues; Law Enforcement is aware that the program is behind in issuing grow cards. Further, processing about 12,000 patient's paperwork for the grow cards created stacks of incoming mail are backlogged for processing. Again due to the database mending, the program is unable to track the number of grower cards issued. Guardianship had to be removed to include the grower tab. The program is hoping to implement a registry database program, Licensing 2000, which some Boards are currently using in June of 2006.
- The program continues to meet the statutory requirement (30-days) for processing new and renewal applications.
- As of the meeting, there are 11,592 patient cardholders, total of 13,048 with pending applications. Ms. Salsbury assumes the program continues to grow. From February 23, 2006 to March 23, 2006, the program received 301 new applications, 358 renewal applications, 870 cards were issued, and 32 denials or terminates.
- Ms. Salsbury explained the program is not pursuing patients' responses in 14 days or expiration of cards as stated on the letter from the mail-out for grower cards. Once the backlog is reduced, the program will run reports to identify which patients do not have a grower listed and will then attempt to contact patient one more time; if there is still no response from the patient, the program will have to terminate or expire cards, according to the statutes.

### ***Comments and Discussion***

- Denied or Terminated applications are usually due to incomplete information. Ms. Salsbury clarified that renewing patients who have

done the Criminal History Request (CHR) form within about 3-4 months are not required to resubmit the CHR form with the renewal application.

- Mr. Clifford Spencer recommended giving patients about a month for response due to the distance in locations between patients, caregivers, and growers. Ms. Burbank commented how extending time may not make any difference. Ms. Salsbury will make note of giving patients 30 days and discuss at a later time.
- Mr. Dalotto suggested including a Release of Information in the application packet to allow the caregiver and person responsible for marijuana grow site to find out important registry information. Ms. Salsbury stated the program did look into including the release of information in the packets and will look into it again. Ms. O'Fallon included that an application and a release of information needs to be a separate document. It was requested the standard DHS release of information form be included in application packets, along with an instructions for completing the form.
- Regarding the letter to return previous caregiver registry identification cards in 7 days, Ms. Salsbury explained the process of voiding the previous caregiver card in order to issue the new caregiver card, according to the statute requirement to return previous cards. If in the case of destroyed cards, patients need to submit it in writing the attempt to return the card.

## **FINANCIAL STATEMENT REVIEW**

- Christian Grorud, the program support manager, explained the OMMP Financial Statement at January 31, 2006 using the Financial Statement handout. Due to being out of the office, Mr. Grorud focused on a few items, the cash balance reflecting the current fee scheme, the proposed budget in Column B based on fee change, and a few specific line items.
- The cash balance on January 31, 2006 was \$11,071; however, in December the program was running in the red. As of January 31, 2006, the revenues were at 22% and expenditures at 24%. It was

reviewed on a monthly basis and currently the program does not need any advice to make changes.

- The largest budgeted expenditures were Personal Services costs. On a straight-line about \$30,000 under spent, the reasons for factoring in an unknown amount for staff fee increases due to a desk audit and classification higher pay. The second largest category was Cost Allocation and Administrative charge, the administrative charge DHS has on all programs. The remaining large budgeted expenditure item was Postage/Printing costs and Office Supplies due to new forms and mail outs, which can be attributed to one-time implementation of SB1085 start-up costs.

***Comments and Discussion:***

- There was a question if there was an accounting of the costs from conducting the CHR checks, including the mail out, personnel time, and processes. Mr. Grorud explained the ability to go into accounting and extract data like does not exist, if there are specific events that Ms. Salsbury can provide, then he can research on that.
- The process of CHR checks is included with processing data entry applications. There would be difficulty of determining the cost for CHR checks because not one person works exclusively on running the CHR checks.
- Ms. Burbank pointed out another section was supposed to be on the report to include the projection if the program included for the lower fee, patients who qualify for food stamps. Mr. Grorud found he had trouble locating the figures, but he will continue to find another way.

**HANDBOOK**

- Melodie Silverwolf updated the Committee with the cardholder handbook status; the handbook is nearly finished and possibly ready for distribution by summer when the 2005 ORS is available online. The handbook will be included with the application packets.

**1085 ORS – AVAILABILITY**

- The 2005 ORS are available in print and on the Oregon State Legislature website.

## **24/7 Law Enforcement Data System (LEDS) VERIFICATION UPDATE**

- Ms. Salsbury announced that police could now check cardholder status 24 hours per day and 7 days per week with any LEDS terminal.

### ***Comments and Discussion:***

- The OMMP has access to a report that accounts each check that is run by an officer's DPSST and what location. The program would be able to detect if an officer was searching.

It was requested that Ms. Salsbury investigate if information could be released, such as how many times officers are accessing the system. A report every quarterly meeting showing the number of inquiries by county was requested; Ms. Salsbury will research this topic. Ms. Burbank pointed out that in the past we had received this information and this is the second request asking for continuation of this report.

## **SPANISH APPLICATION FORMS AVAILABLE**

- Spanish application materials are available for application instructions, new application form, renewal application form, change request form, and criminal history request form. These forms are available online and upon request. Ms. Salsbury encouraged clinics to take copies of the Spanish forms for feedback.
- Additionally, the ORS 475.300 – 475.346 and OAR 333-008-0000 – 333-008-0120 are available in audio format, in the form of cassette tape and audio CD.

## **OMMP ADVOCATE AND LAW ENFORCEMENT TRAINING ON SB 1085**

- The program has been providing training to Law Enforcement agencies regarding SB 1085 changes and wants to extend the training to advocate groups as well. The trainings are set up to explain the application process changes from 1085 without giving advice.

- The program has given only a few LE agencies training presentations, but would like to do more; a cover letter will be distributed letting more LE agencies know this training is available.

***Comments and Discussion:***

- It was determined that the program will be available in the future for patient meetings to provide training presentations.

**OTHER**

- The Fourth National Clinical Conference on Cannabis Therapeutics in Santa Barbara, California was announced to take place on April 6-8, 2006. Ms. Burbank was asked to submit an official report regarding the conference to present at the next meeting.
- An advocate meeting was scheduled to take place May 24, 2006 at the PSOB from 11 am to 2 pm.
- Ms. O'Fallon stated if there was a meeting relating to ACMM business, with a quorum of six or more Committee members present, and then it has to be a public meeting and the Committee has to comply and provide notice under public meeting laws.
- Mr. Funk motioned the idea for time restriction on agenda topics; Dr. Bayer disagreed on the basis that that would allow for no flexibility and the quality of discussion outweighs the quantity.
- Mr. Funk also motioned the ACMM meet every other month to have six meetings a year for more productivity; Mr. Klahr seconded the motion and communicated more meetings would use fees before the cash balance is taken away and the issues between patients and caregivers could be discussed more often. Mr. Sajo conveyed that he leans more for six meetings in a year because items for discussion are sometimes forgotten in three months time.
- Ms. Burbank referenced the Bylaws of the ACMM, Article VI subsection 5 relating that special meetings may be called and stated scheduling difficulties may arise. Mr. Iverson mentioned the planning and preparation each meeting requires; he suggested remaining with quarterly meetings and calling special meetings when needed or for

all-day meetings. Mr. Dalotto included that expenses, such as all day travel, patient fees, and program fees, need to be justified.

- Due to difficulty in scheduling rooms for meetings, Ms. Salsbury informed the committee that they would need to be flexible when scheduling locations and time.
- It was commented patients' problems and issues are not being addressed at meetings and there should be more meetings and or longer meetings. Ms. Burbank mentioned the purpose of ACMM is to be the official body representing the patient regarding administrative issues. Patients, advocates, and interested parties were encouraged to contact the ACMM in writing with problems, issues, and concerns.
- It was decided to place contact information for board members of the ACMM on the program's website. The idea of an additional page for ACMM on the program's website and including contact information in application packets will be addressed at another time.
- Dr. Bayer encouraged discussion and this topic will be tabled until next meeting, including the idea to meet more often or have longer meetings and different variables for practicality.
- The ACMM requested DHS submit a press release regarding the formation of ACMM.

## **CRIMINAL BACKGROUND CHECKS**

- Clifford Spencer inquired about how the checks are performed in the office, including the security, the efficiency of filling out the form, and if courts can notify the program instead of doing the checks. Prior to SB 1085, if a patient was convicted of a marijuana related offense, it was the court's responsibility to inform the OMMP of the violation and the patient's card could be suspended. Further, Mr. Spencer stated the program does not have the authority to perform criminal background checks in SB 1085.
- Shannon O'Fallon, the AAG, did not respond regarding the legal advice given. She stated the interpretation of SB 1085 was that it

required criminal background checks and the Department of Justice found the authority to do that.

- Ms. Salsbury stated WebLEDS is used for conducting the criminal background checks via the internet with two secure firewalls. LEDES has access to a report that tracks inquiries made by each staff; currently, three OMMP staff are able to run criminal background checks using WebLEDS. LEDES may only run the report to ensure that all inquiries made follow strict rules and policies. No information gained from the report may be shared and would only be used for auditing purposes if they found the program to be abusing the WebLEDS system.

#### **NEXT MEETING**

Thursday, June 22<sup>nd</sup> 1:00 PM – 4:00 PM  
State Archives Building  
800 Summer St NE  
Salem OR 97310

**Meeting adjourned at 12:05 p.m.**