Then and Now

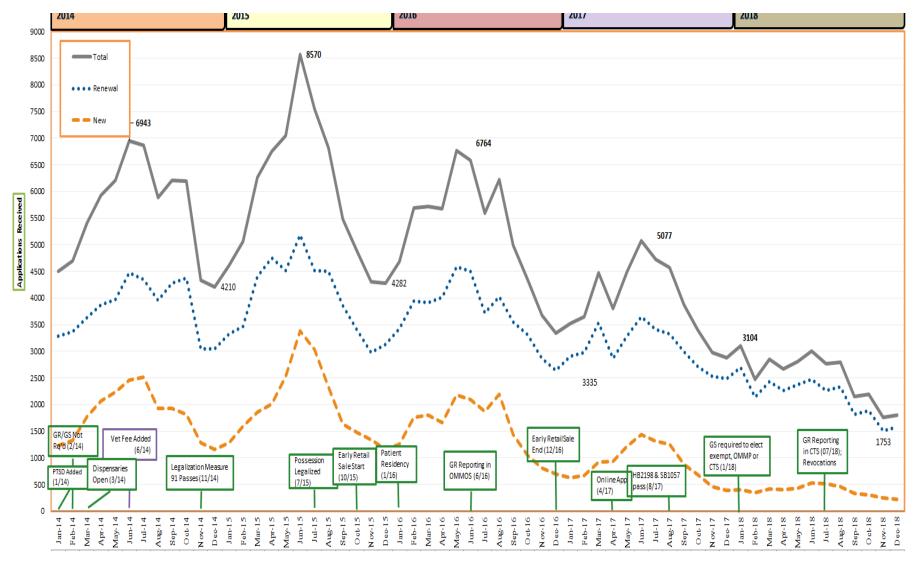
Sample annual cost of OMMP patient application fee and out-of-pocket medical care, Grower costs

Annual OMMP patient application fees Base application fee, or	\$200
Supplemental Nutrition Assistance Program (SNAP)	\$60
Oregon Health Plan (OHP)	\$50
Supplemental Security Income (SSI) or U.S. Veteran,	\$20
Estimated annual medical appointment	\$150
Grow site registration fee (if growing for self and not exempt)	\$200
Total patient annual cost range	\$170 to \$550

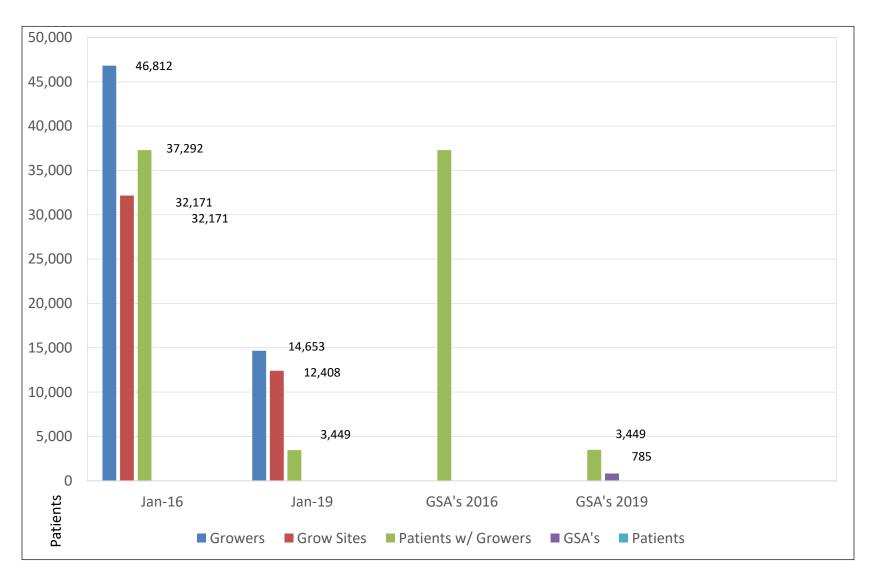
Annual grow site registration fee. (\$200/patient, up to 8 patients) (\$200 x 8 Patients)	\$200 - \$1,600	
Annual CTS system user fee	\$480/Grow Site	
Total initial cost to grower (w/8 patients)	\$2,080	
Additional potential costs to a grow site*	\$1,000 +	
*CTS growers must have a state certified scale on the premises which must be calibrated on a yearly basis. Depending on		

*CTS growers must have a state certified scale on the premises which must be calibrated on a yearly basis. Depending on harvest process, a grower may purchase two scales, one platform and one hanging. The hanging scale purchased b platform scales range in cost from \$300-\$1300 and certified hanging scales are in the \$700 range.

METRC data input costs: This cost can vary but an 8 patient grow that is frequently transferring to patients will have this additional cost whatever it may be.



| Total | 4502 | 4509 | 5415 | 5934 | 6213 | 6943 | 6862 | 5883 | 6204 | 6190 | 4355 | 6214 | 6496 | 5415 | 5934 | 6213 | 6943 | 6862 | 5838 | 6204 | 6190 | 4355 | 4213 | 6943 | 6862 | 5838 | 6204 | 6190 | 4355 | 4213 | 6943 | 6822 | 5838 | 6224 | 6190 | 4355 | 4213 | 6943 | 6822 | 5838 | 6224 | 6190 | 4355 | 4213 | 6943 | 6822 | 5838 | 6224 | 6190 | 4355 | 4213 | 6943 | 6822 | 5838 | 6224 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 | 6190 |



Growers, Grow Sites, Patients, Grow Site Administrators

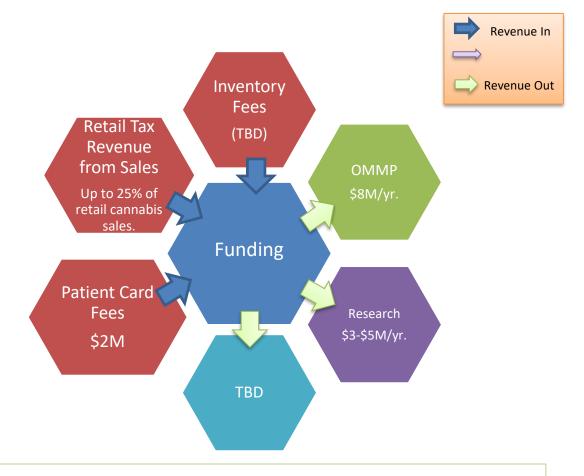
Oregon Cannabis Programs

Funding, Structure and Research,
Timeline

Funding for All Cannabis Programs – Medical and Adult Use.

This illustrates an overall approach to funding both medical and adult use cannabis programs.

- OMMP can no longer meet costs from patient and grower fees and needs stable funding
- The OCC has no way of making changes without requesting funding.
- · Research cannot be funded.
- Patient Program cannot be funded.
- Patient Access for Low-income, no subsidy money.



Tax Revenue from Retail Sales 25% This comes off the top. Statutory levels apply to remaining revenue

Inventory Fees Date and level sensitive. If you have too much after a certain date, a fee

is assessed, this fee can be offset with an equal donation of inventory to

patient access program

Patient Card Fees Minimal contribution but support on-line application system.

Timeline for rollout of funding and new OMMA

OCC Begins Work Repeal MPG's on Establish On Rewrite of Establish Existing MPG's **Funding Sources** Research Ctr. Effective Date OMMA begin phasing out for Research Statewide OLCC begins work **Existing Grows** Center, OMMP, Distribution Patient Access thru with OCC on low-Remain for 3 years SPAP Network OLCC income patient access Effective September January January Date 2019 2020 2022