Growing Hope

2019 Legislative Session Recommendations and Considerations for the Preservation and Renewed Integrity of the Medical Cannabis Community

Oregon Medical Marijuana Program circa 1998 - 2018CE

Since the successful adoption of the Oregon Medical Marijuana Act, the state has seen it fit to alter, adjust, and attempt to remedy issues within the original text.

From plant limits to fee scale, the changes before 2014 were fairly small. After the unsuccessful measure put forth to the people to install dispensaries, the state legislature passed a bill implementing the program.

Proponents saw it as the next step to serve those who could not grow or process for themselves, while opponents predicted it would be abused and used as a step to further aid monied interests involved in ending cannabis prohibition for adult use.

With the passing of Measure 91, and the legislation aimed at protecting the emerging adult access market; the alterations to the medical program effectively dismantled the compassionate elements of the system as it was known, and made regulatory recreational fixes the primary focus.

Issues

Inhibited Access

Disinterested Oversight

Excessive Patient and Grower Fees

Profit-based Limits

Market-focused Testing

Suggested Medical Program Changes

Current Program	**Alternative Changes**
Annual Renewal	Conditional Cards
Sliding Scale Fees	Static Fees
Fees into General Fund/Other Programs	Limited Directive for Fees
Open Ended System	Contract System for Special Needs
Self Determined Care Required	Care Management Available
Limited Changes Allowed	Need Based Programming

Previous Efforts Worth Mentioning

HB2676 (AT Bill)

https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/HB2676/Introduced

Senator Prozanski Testimony Regarding Patient Program and OMMP process

Patient Advocacy from regional and conditional minorities in the decision making and consideration

Fees

As the prices continue to rise, services taken away, and while access and products are commercialized, the average patient is looking at $260-$650+ in costs to:

State (OHA, DMV),
Private Sector (Clinics, Doctor)
Tertiary Businesses (Certified Mail, Money orders, Copies)

Note that this is done before medicine is placed in the hands of the patient, and required before treatment can begin. The state fee structure and use of excess fees to support other programs is more limiting to access than any other single cause.

Suggested Cap
ORS 475B.415
"(2) The authority shall issue a registry identification card to an applicant who is 18 years of age or older if the applicant pays a fee in an amount, **not to exceed $60**, established by the authority by rule and submits to the authority an application containing the following information:"

Possible Adjusted Patient Card Types

Permanent Card (8 year coverage): for patients qualifying with non-temporary conditions (grower/producer allowance)

Temporary Card (1 year coverage): exploratory use (dispensary access)

Research Card (Study dependent): annual, per study participant, issued to accredited research program or universities, or qualifying RFP applicant

Limits

Current product limits for patients do not reflect managed use, extreme cases, or need based products, while grower limits were increased near 50 times by the implementation of Measure 91 Committee work, irrespective of their charges or needs.

Preparation of medicine for patients unable to smoke, was further inhibited by efforts to protect recreational production by legislation; requiring burdensome fees and reporting, without granting abilities to improve the quality of care or service for the patient.

With needs differing on a case by case basis, the medicinal reporting and expectation should reflect this reality.

State Duties and Public Safety Considerations

(475B.266 Issuing, renewing Permits; fees; rules., 475B.873 Receipt of marijuana by nonprofit dispensary; dispensation to certain cardholders; rules.)

Allow nonprofits to apply for public safety and public health purpose granted licenses and underserved need, for controlled extraction & diversion prevention & identification efforts. Tracking efforts included in the licensing process.

Grower Changes

(475B.810 Marijuana grow site registration system; fees; rules., 475B.895 Use of Oregon Liquor Control Commission tracking system; exemptions; fees; rules.)

Allow licensed growers, participating in concert with the state program, to declare crop and method, over confining count limited crops.

Removal of grower fees and tracking costs, but not participation, for persons growing for patients in apartments, mobile home parks, homeless, institutionalized persons, and child patients. Fees recouped from licensing of growers in OHA programming, and shared revenues through OLCC partnership.

These efforts do not exclude participation in the tracking program, but defer required costs to the licensing fee allocation.

Program Access

Improving access to our statewide program, by adding medical cannabis to hospice applications, sorting temporary medical use from permanent or long term need while making state determinations based on need (not fees), will not only improve mandatory regulations as stated in the Cole and Ogden Memorandi, but also see to it that our patients are not left to the devices of prohibition or wholly market interests.

Active Steps to Improve Patient Access

(475B.286 Certification of cannabis researchers; rules., 475B.849 Public health and safety standards for medical cannabinoid products, concentrates and extracts; rules., 475B.873 Receipt of marijuana by nonprofit dispensary; dispensation to certain cardholders; rules.)

Establish sites for consumption and observation, for medical and research venues.

Establish pilot program options, with RFP funding sources, to explore opiate use reduction, and alternative to high threshold pharmaceutical use patients.

(475B.797 Registry identification cardholders; eligibility; fees; rules.)

Expand the program professional base, by allowing Nurse Practitioners and Naturopathic Doctors as recommending medical providers.

Expand qualifying conditions to reflect with scientific, and legal reciprocity of established program, where relevant, such as another state or country's legal consideration, or medical research conducted with the intent to resolve health issues. When looking at restrictive consideration, check against Oregon standards over externally established.

Heide’s Amendment: Expedited Card

https://olis.leg.state.or.us/liz/2017R1/Downloads/ProposedAmendment/11092

This is an example of an effort to formalize what may be being done in some triage manners, but not necessarily across the board, or systemically.

Already legislatively “mapped” and referenced.

Sources

Oregon Medical Marijuana Program

https://www.oregon.gov/oha/ph/DiseasesConditions/ChronicDisease/MedicalMarijuanaProgram/Pages/index.aspx

(Now Obsolete, Cole and Ogden Memorandi, below, provide a strong argument and pathway for compliance)

https://www.justice.gov/iso/opa/resources/3052013829132756857467.pdf

https://www.justice.gov/sites/default/files/opa/legacy/2009/10/19/medical-marijuana.pdf

ORS 475 (OHA MMP)

https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/MEDICALMARIJUANAPROGRAM/Documents/ORS%20475B%20Cannabis%20Regulation.pdf