

**OREGON HEALTH DIVISION
STATE HEALTH OFFICER ADVISORY PANEL ON
MEDICAL MARIJUANA PETITIONS**

MEETING MINUTES

**First Meeting
State Office Building
800 NE Oregon Street, Portland, OR
Monday, February 14, 2000**

Members Present:

Richard Bayer, MD
Joshua Boverman, MD
Edward Glick, RN
Amy Klare (Consumer Advocate)
Martin Lahr, MD
Stormy Ray (Consumer)
Kathleen Weaver, MD

OHD Staff Present:

Kelly Paige, Med'l MJ Pgm

Process Facilitator:

Daniel M. Harris, PhD

Invited Guest:

Grant Higginson, MD

Call to Order

Dr. Dan Harris, the process facilitator, called the meeting to order at 3:00 pm. Members and OHD staff introduced themselves, as did the facilitator and OHD staff. Teresa Keane, RN, PNP, was introduced *in absentia* as an *ad hoc* member of the panel who will be working with Dr. Boverman.

Welcome from Dr. Higginson, State Health Officer

Dr. Grant Higginson, the State Health Officer, welcomed the panel and thanked members for agreeing to participate in this process. He explained that as the state official who is responsible for ruling on petitions to expand the list of debilitating medical conditions for the use of medical marijuana pursuant to the Oregon Medical Marijuana Act, he is looking to this panel to advise him in reaching his decision regarding the nine petitions currently before the Division. These nine petitions request expanding the list to include eight additional disease or symptom conditions (one condition is mentioned in two separate petitions), all of which are psychiatric in nature. Since these petitions are all psychiatric, he said that he decided to appoint only one panel to review all of them, and reviewed the qualifications he sought in panel members (objectivity, interest, familiarity with the issues, and expertise in being able to review the evidence).

Dr. Higginson asked the panel to approach their task objectively and to base their advice and recommendations on the best scientific evidence available. He explained that although the panel will review the available evidence as a group, each member is to individually provide his or her recommendation to him using a standard format. He is looking forward to receiving each panel

member's recommendations, along with the reasons and rationale for them, by mid-April so that he can reach his decisions shortly thereafter.

Preliminary Considerations

As an introduction to the panel's work, Dr. Harris reviewed the sections of the Oregon Medical Marijuana Act and the Division's Administrative Rules for implementing it that are relevant to the petition process. Dr. Harris emphasized that the panel is to focus its attention solely on reviewing evidence and making recommendations that bear on the petitions submitted to the Division and that the panel will not deliberate on the Medical Marijuana Act in general. The Act and its provisions, as well as the Division's program for administering it, will be taken as given and will not be topics of discussion for the panel. **Panel members agreed to this directive**, but requested copies of the complete act, as passed by voter initiative in 1998 and subsequently amended by the state legislature in 1999. Kelly Paige, manager of the Division's medical marijuana program, provided copies of the amended act as codified in the 1999 edition of Oregon Revised Statutes (ORS 475.300 to 475.346).

Dr. Harris then reviewed the Division's *Charge* to the panel (which includes a list of the petitioned conditions) and the duties and responsibilities of panel members. After a brief discussion, **the panel unanimously accepted the *Charge* and the duties and responsibilities of panel membership.** (Note: the *Charge* and statement of duties and responsibilities are attached to and made a part of these meeting minutes.)

Panel Procedures and Protocol

Dr. Harris introduced a proposed set of procedures and protocol for the panel to follow in carrying out its *Charge*. This material included (1) a list of the intended/desired outcomes to be achieved through the use of medical marijuana in treating the petitioned conditions which will help guide the panel's review of the available scientific evidence, (2) evaluation criteria for evaluating the petitions submitted to the Division, (3) a set of criteria for grading and evaluating the level and quality of the available evidence and the strength of recommendations that can be made based on that evidence (based on similar schemes developed by the U.S. Preventive Health Services Task Force and the U.S. Agency for Health Care Policy and Research [currently the Agency for Health Quality and Research]), (4) a worksheet which each panel member will fill out as his/her advice and recommendations to the Division, and (5) guidelines for providing testimony to the panel.

Panel members discussed each of these documents, made some minor revisions, and then **unanimously agreed to follow the proposed protocol as outlined in the revised documents, and to use the worksheet as the standard form for making their individual recommendations** to the State Health Officer and the Division. (Note: the approved documents are attached to and made a part of these meeting minutes.)

In further discussing the process that will be followed, Dr. Harris explained that each member will complete and turn in a separate worksheet of findings and recommendations for each petitioned condition at the conclusion of the final panel meeting. As the process facilitator, he will then compile the individual statements into a composite final report to the State Health

Officer. That report will review the process the panel followed, the evidence the panel considered, and the findings and recommendations of each of the members; the actual unedited worksheets will be included as an appendix to the report. The panel agreed to this process, but requested to see the report and to have input into it before it's submitted. The facilitator readily agreed to this request. The panel the indicated that although the timeline is short, it nevertheless intends to complete its work on time as outlined in its *Charge*.

Initial Review of Petitions Submitted to the Division

Dr. Harris and Ms. Paige distributed numbered copies of each of the 9 petitions and supporting material submitted by the petitioners to the Division. It was agreed that the petitions and accompanying material would be used but kept confidential by panel members in connection with the work of the panel, and then returned at the conclusion of the final panel meeting. Dr. Harris provided an overview of the 8 conditions petitioned to be added to the list of debilitating medical conditions, and panel members then reviewed the highlights of each of the 9 submitted petitions.

Discussion of What Evidence to Review

Panel members discussed the type of evidence they would like to review in reaching their determinations for each petitioned condition. It was agreed that scientific evidence from both within and outside the United States would be considered, and that good quality evidence would be considered even if it was not recently published in the peer reviewed medical literature. However, all evidence reviewed would have to be graded for quality. Members made suggestions regarding where this evidence could be found and volunteered to supply copies of evidence that they individually collect so that the entire panel can review it. Evidence will be forwarded to Ms. Paige who will distribute it to the full panel, or individual members can electronically distribute evidence to the rest of the panel. To facilitate the interchange of information, members exchanged e-mail addresses.

Plans for Next Meeting

Panel members agreed to next meet from 10:00 am to 4:30 pm on Monday, March 20, 2000 to review the available evidence, hear expert testimony, and hear testimony from the petitioners themselves pursuant to the Oregon Medical Marijuana Act. The process facilitator and Division staff will make arrangements for the meeting, including arranging for parking and providing lunch, and will notify panel members of these arrangements.

Adjournment

There being no further business before the panel, Dr. Harris adjourned the meeting at 5:15 pm.

Daniel M. Harris, PhD
Process Facilitator