

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

MEETING MINUTES

**Second Meeting
State Office Building
800 NE Oregon Street, Portland, OR
Monday, March 20, 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

Ad Hoc Alternate Member Present:
Teresa Keane, RN, PMHNP

OHD Staff Present:
Kelly Paige, Med'l MJ Pgm

Process Facilitator:
Daniel M. Harris, PhD

Persons Presenting Testimony to Panel:

Barbara Cimaglio, Director, *Office of Alcohol and Drug Abuse Programs* (not present at meeting; submitted written testimony)
Rupert Goetz, MD, Medical Director, *Office of Mental Health Services*, MHDDSD
Doris Cameron-Minard, EdD, President, *National Alliance for the Mentally Ill-Oregon*
Kevin Fitts, Director, *Office of Consumer Technical Assistance*
Jason Renaud, Executive Director, *National Alliance for the Mentally Ill of Multnomah County*
William Wilson, MD, Associate Professor, *Department of Psychiatry, OR Health Sciences Univ*
Constance Powell, MD, practicing psychiatrist and President, *Oregon Psychiatric Association*
Eight of the 9 Petitioners [names suppressed to protect patient confidentiality] (5 in person and 3 by telephone)

Call to Order

Dr. Dan Harris, the process facilitator, called the meeting to order at 10:05 am. Minutes of the panel's first meeting on February 14, 2000 were reviewed and found acceptable. Dr. Harris reviewed the agenda and briefed members on the plan for the meeting. He then reviewed the process and protocol the panel accepted at the February meeting and that it will follow in completing its task. Members raised a few points for further clarification and then reaffirmed their intention to abide by that protocol. It was further agreed that both objective scientific evidence and subjective patient experience would be considered by members in formulating their recommendations, with the relative importance and weighting of these two types of evidence being decided individually by each member (and then appropriately documented by them on their individual worksheets).

Testimony from Selected Experts and Interested Groups

The panel heard testimony from several selected experts and representatives of interested groups or other entities. Those heard from were selected on two bases: panel member recommendations (at the panel's first meeting, members were invited to recommend experts to be heard from) and Division recommendations (state agencies and interested groups that the Division wanted to hear from and wanted the panel to hear from). As a result of these recommendations, a limited number of persons/groups were contacted by the process facilitator, Dan Harris, and invited to provide testimony to the panel. (Note: one group - the Office of Consumer Technical Assistance - was not able to be contacted in advance of the meeting; the group's director was informed of the meeting by another means.)

Those providing testimony were Barbara Cimaglio, Director of the state's Office of Alcohol and Drug Abuse Programs (who provided written testimony but was not present at the meeting); Rupert Goetz, MD, medical director of the Office of Mental Health Services of the state's Mental Health and Developmental Disabilities Services Division; Doris Cameron-Minard, EdD, president and board member of National Alliance for the Mentally Ill-Oregon (a statewide patient and patient family advocacy group); Jason Renaud, executive director of the Multnomah County Chapter of NAMI-Oregon; Kevin Fitts, director of the Office of Consumer Technical Assistance (a mental health services consumer advocacy group composed of clients receiving services from Oregon's Medicaid program and recognized by that program as the spokesgroup for that clientele to that program); William Wilson, MD, an associate professor of psychiatry at Oregon Health Sciences University and leading authority in the state on the treatment of various psychiatric diseases; and Constance Powell, MD, a psychiatrist in private practice in Portland and currently the president of the Oregon Psychiatric Association.

With the exception of Mr. Fitts, all of the testimony was against expanding the list of approved indications for the medicinal use of marijuana to the petitioned for conditions. Mr. Fitts, speaking on behalf of mental health service consumers, testified to the right of those consumers to use substances - including marijuana - that they believe are therapeutically useful for them in treating their disorders. This is especially the case for those who do not respond therapeutically to conventional medications or who experience undesirable side effects from them. He submitted a book chapter that debunks the effectiveness of pharmaceuticals that are FDA-approved for the treatment of mental disorders, and spoke of the relative benefit and lack of harm of marijuana in providing such treatment in comparison to approved medications. Other testimony spoke to the lack of scientific evidence in support of the benefit of marijuana in the treatment of the petitioned for conditions; the observed harm of the use of marijuana by those with these conditions based on scientific study, clinical experience, and personal and family experience; and the ready availability of approved medications and other therapy to effectively treat these conditions.

Within the bounds of the time available, panel members questioned those who presented testimony in person in order to clarify the substance of their testimony or the evidence on which they based it. Ms. Cimaglio, Dr. Goetz, Ms. Cameron-Minard, Mr. Renaud, and Dr. Wilson prepared written testimony which was distributed to panel members (Dr. Wilson also prepared a packet of supporting evidence). Dr. Powell submitted her "informal talking notes" which the process facilitator said he would make available to panel members.

At the conclusion of hearing this testimony and questioning those who provided it, the panel went into closed session to apply this testimony to the petitions received by the Division and to consider the merits of those petitions. This was done to protect patient/petitioner confidentiality.

Discussion of Testimony and Available Evidence

During a working lunch, members reviewed and discussed the testimony received and how it applied to the petitions. They also began a brief discussion of the evidence they had available to help them evaluate the merits of the petitions and on which they would need to base their recommendations to the Division. Once again it was emphasized that scientific research and patient testimonies would both be considered and that members would need to individually decide for themselves how much relative weight to give to the various pieces of evidence made available to them.

Testimony from Petitioners

Pursuant to the Division's Administrative Rules to administer the Oregon Medical Marijuana Act [specifically, OAR 333-008-0090(4)(a)], petitioners were invited to address the panel in person or by telephone if they so desired. The Division's rules further state that petitioners may provide (a) explanations for the why the petitioned for condition should be added to the list of debilitating medical conditions under this Act, (b) literature in support of adding the condition, and (c) letters of support from physicians or other licensed health care professionals knowledgeable about the condition.

Eight of the nine petitioners notified the Division that they desired to address the panel. It was noted that this petitioner is petitioning for the inclusion of Post Traumatic Stress Disorder as a debilitating medical condition, and that another petitioner who is petitioning for the same condition was providing testimony. Thus, all eight petitioned for conditions were represented by petitioner testimony. Dr. Harris reminded the panel prior to its hearing from the petitioners that although it would be hearing testimony by specific individuals about their specific cases and how they believed medical marijuana benefited them, the panel is charged with reaching conclusions and making recommendations regarding adding a condition to the list of debilitating medical conditions and not whether or not a particular petitioner should or should not be permitted to use marijuana medically, and that members should receive and evaluate petitioner testimony in that light.

The panel meeting was then opened to petitioners one at a time to individually address the panel pursuant to OAR 333-008-0090 (4)(a). Petitioners waited outside the panel's meeting room until it was their turn to testify. One petitioner at a time was heard from and was then excused before the next petitioner was permitted to enter the meeting. Petitioners were heard from in person in the order in which they arrived to address the panel. Once all in-person testimony was heard, the remaining petitioners who desired to address the panel by telephone were contacted by speaker phone one at a time for their testimony. Five petitioners were heard from in person and 3 were heard from by telephone.

One petitioner was accompanied by his attorney who demanded to be heard by the panel. Although reluctant to allow extraneous legal issues to be entered into the panel's proceedings, the process facilitator decided to permit this lawyer to enter his legalistic objections to the panel's and the Division's procedures and to lay out a medical necessity case for his client.

As it did earlier in the meeting when it heard from experts and representatives of interested groups, panel members questioned petitioners within the bounds of the time available. Petitioners were given the opportunity to clarify their remarks and add additional information in response to panel members' questions. The panel then went back into closed session to complete its agenda.

Review of Petitioners Testimony and Available Evidence

Panel members discussed the petitioners' testimony. They then evaluated how complete their evidence base was. After some discussion, it was the consensus of the panel that although they have not seen everything that is potentially available to them, they have seen a representative sample of the complete evidence base (and several published reviews of the available evidence) discussing both the potential benefits and the potential harms of marijuana in conjunction with the petitioned for conditions, and that they are prepared to write their findings and make their recommendations based on the evidence that has already been made available to the panel. It was decided that, especially in the interest of completing the panel's *Charge* in the appointed timeframe, gathering additional evidence - while it might provide some additional insight - would not likely alter any individual panel member's findings or recommendations from what it would be based on the evidence that has already been made available.

Stormy Ray reported that she had made an email request to her network asking members of that network for any information that they may have, and that she had not yet had an opportunity to see if she received any responses that would be of use to the panel. It was decided that she would be permitted to provide additional evidence from her email call for information if she determines that it is relevant and contributes some significant additional information to the body of evidence already available to the panel, and if she can get this information to Kelly Paige by Friday, March 24, 2000, for distribution to the panel.

Dr. Harris reminded panel members to be certain to provide the Division not only their conclusions and recommendations, but also their rationale for them and what evidence they base them on. This will give the Division more complete information upon which to base its rulings.

Plans for Panel's Next Meeting and Report to the Division

Panel members agreed to next meet from 1:30 to 4:30 pm on Monday afternoon, March 27, 2000 to complete their *Charge*. The process facilitator and Division staff will make arrangements for the meeting, and will notify panel members of these arrangements.

The following process for completing the work of the panel was agreed to. Dr. Harris will electronically transmit the revised worksheets to panel members within 24 hours; each member, acting individually, will prepare 8 worksheets (one for each of the petitioned for conditions) in advance of the next panel meeting based on that member's individual review and evaluation of

the evidence made available to the panel. To simplify the task, a panel member may prepare an opening statement with common language that the member would like to have applied to all 8 worksheets (so that this language will not need to be written over and over again) along with an indication of which worksheet sections the language is to be inserted.

Members will then come to the meeting prepared to discuss their worksheet responses, their rationale for them, and the evidence upon which they based them. Members will then have 24 hours (until 5:00 pm on Tuesday, March 28th) to revise their individual worksheets as they deem appropriate based on panel discussions at the meeting. All worksheets will be submitted to Dr. Harris by fax or email by the deadline. He will then write a report to the Division containing a description of the process and protocol followed by the panel and a summary of the individual findings and recommendations of each panel member; appendices to the report will include meeting minutes, written testimony received, all of the evidence reviewed by the panel, and each panel member's completed worksheets (and opening statement if any) verbatim. A draft of this report will be circulated to members (without the appendices, which will quite long) for their review and comment prior to its being submitted to the Division. Members will have a least one week for this review and comment period.

Adjournment

There being no further business before the panel, Dr. Harris adjourned the meeting at 4:35 pm.

Daniel M. Harris, PhD
Process Facilitator