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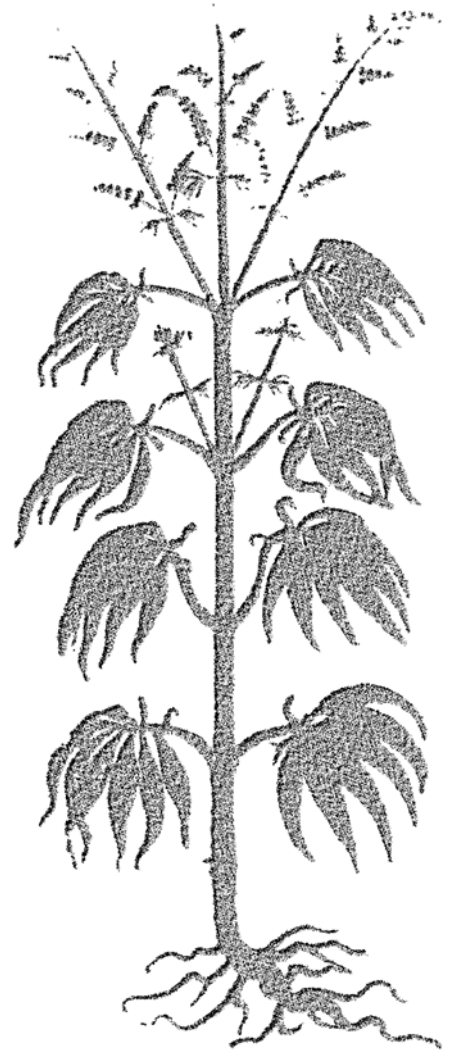
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Guidelines for Completing the Application for Registration in the Oregon Medical Marijuana Act Program

- 1) Please complete Part A of **the Application Form**. Please provide a copy of a photo identification card as requested. If information on the front of the card is not current (for example, if your address has changed) please also photocopy the back of the id.

If a person over the age of 18 provides assistance to you, and you would like for that person to also receive a registration card, please complete Part B of the form, and provide a copy of photo i.d. of the primary caregiver. [Note: there is no additional fee for a primary caregiver registration card.]

Completion of Part C is optional. Please be sure to sign your name in Part D.

- 2) Your physician must be an MD or a DO licensed to practice in Oregon under ORS 677. He or she must provide signed, valid, written documentation stating that you are his/her patient, that you have been diagnosed with a debilitating medical condition covered by the Act, and that the medical use of marijuana may mitigate the symptoms or effects of your condition. This documentation may be in the form of a copy of your chart notes, a letter, or the attached **Attending Physician's Statement** form. [Note: chart notes or a letter must include all elements of the **Attending Physician's Statement** form.]
- 3) If you are a minor (under the age of 18), your parent or guardian must complete the **Declaration of Person with Primary Custody of a Minor** form. The form must also be notarized.
- 4) In order for your application to be complete, a **fee of \$150** must be paid by check or money order. Please make payable to: **Oregon Health Division** and send payment with your application forms and/or other materials.

All information will be verified. Upon receipt of a complete application, you will be issued a medical marijuana registration card by the Oregon Health Division. Please call Kelly Paige at (503) 731-8310 if you have any questions.

**DECLARATION OF PERSON WITH PRIMARY CUSTODY OF A MINOR
TO PARTICIPATE IN
Medical Marijuana Act Program**

MAIL FORM TO: Oregon Health Division, Center for Environment and Health Systems
800 NE Oregon Street Portland, OR 97232

Instructions: Please complete all required information in order to comply with the registration requirements of the Oregon Medical Marijuana Act. This form is required in addition to the patient application form if the patient is under 18 years of age.

Please contact the Oregon Health Division if you need this material in an alternative format.

DECLARATION

I _____, do hereby declare:
(Print or Type Name)

1. That I am the person with primary custody of

_____ Applicant's Name

- 2. The applicants attending physician has explained to the applicant and to me the possible risks and benefits of the medical use of marijuana.
- 3. I consent to the use of marijuana by the applicant for medical purposes.
- 4. I agree to serve as the applicant's primary caregiver.
- 5. I agree to control the acquisition of marijuana and the dosage and frequency of use by the applicant.

SIGNATURE OF PERSON WITH PRIMARY CUSTODY:

ADDRESS:

TELEPHONE NUMBER

CITY, STATE AND ZIP CODE:

Subscribed to before me on this _____ day of _____

Notary Signature _____

Seal\Stamp

Notary Instructions: If notary is using a raised seal, indicate in which state you are registered as a notary and the date your commission expires. Notary signature and seal must appear on this form. Do not attach a separate notary statement.

OREGON MEDICAL MARIJUANA ACT(HB 3052)

475.300 Findings. The people of the state of Oregon hereby find that:

- (1) Patients and doctors have found marijuana to be an effective treatment for suffering caused by debilitating medical conditions, and therefore, marijuana should be treated like other medicines;
- (2) Oregonians suffering from debilitating medical conditions should be allowed to use small amounts of marijuana without fear of civil or criminal penalties when their doctors advise that such use may provide a medical benefit to them and when other reasonable restrictions are met regarding that use;
- (3) ORS 475.300 to 475.346 are intended to allow Oregonians with debilitating medical conditions who may benefit from the medical use of marijuana to be able to discuss freely with their doctors the possible risks and benefits of medical marijuana use and to have the benefit of their doctor’s professional advice; and
- (4) ORS 475.300 to 475.346 are intended to make only those changes to existing Oregon laws that are necessary to protect patients and their doctors from criminal and civil penalties, and are not intended to change current civil and criminal laws governing the use of marijuana for nonmedical purposes. [1999 c.4 s.2]

Note: 475.300 to 475.346 were adopted by the people by initiative petition but were not added to or made a part of ORS chapter 475 or any series therein. See Preface to Oregon Revised Statutes for further explanation.

475.302 Definitions for ORS 475.300 to 475.346. As used in ORS 475.300 to 475.346:

- (1) “Attending physician” means a physician licensed under ORS chapter 677 who has primary responsibility for the care and treatment of a person diagnosed with a debilitating medical condition.
- (2) “Debilitating medical condition” means:
 - (a) Cancer, glaucoma, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, or treatment for these conditions;
 - (b) A medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following:
 - (i) Cachexia;
 - (ii) Severe pain;
 - (iii) Severe nausea;
 - (iv) Seizures, including but not limited to seizures caused by epilepsy; or
 - (v) Persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis; or
 - (c) Any other medical condition or treatment for a medical condition adopted by the division by rule or approved by the division pursuant to a petition submitted pursuant to ORS 475.334.
- (3) “Delivery” has the meaning given that term in ORS 475.005.
- (4) “Designated primary caregiver” means an individual eighteen years of age or older who has significant responsibility for managing the well-being of a person who has been diagnosed with a debilitating medical condition and who is designated as such on that person’s application for a registry identification card or in other written notification to the division. “Designated primary caregiver” does not include the person’s attending physician.
- (5) “Division” means the Health Division of the Oregon Department of Human Services.
- (6) “Marijuana” has the meaning given that term in ORS 475.005.
- (7) “Medical use of marijuana” means the production, possession, delivery, or administration of marijuana, or paraphernalia used to administer marijuana, as necessary for the exclusive benefit of a person to mitigate the symptoms or effects of his or her debilitating medical condition.
- (8) “Production” has the same meaning given that term in ORS 475.005.
- (9) “Registry identification card” means a document issued by the division that identifies a person authorized to engage in the medical use of marijuana and the person’s designated primary caregiver, if any.
- (10) “Usable marijuana” means the dried leaves and flowers of the plant Cannabis family Moraceae, and any mixture or preparation thereof, that are appropriate for medical use as allowed in ORS 475.300 to 475.346. “Usable marijuana” does not include the seeds, stalks and roots of the plant.
- (11) “Written documentation” means a statement signed by the attending physician of a person diagnosed with a debilitating medical condition or copies of the person’s relevant medical records. [1999 c.4 s.3]

Note: See note under 475.300.

475.305 [1977 c.636 s.1; 1979 c.674 s.1; repealed by 1993 c.571 s.30]

475.306 Medical use of marijuana; limits on amount possessed, delivered or produced. (1) A person who possesses a registry identification card issued pursuant to ORS 475.309 may engage in, and a designated primary caregiver of such a person may assist in, the medical use of marijuana only as justified to mitigate the symptoms or effects of the person’s debilitating medical

condition. Except as allowed in subsection (2) of this section, a registry identification cardholder and that person's designated primary caregiver may not collectively possess, deliver or produce more than the following:

- (a) If the person is present at a location at which marijuana is not produced, including any residence associated with that location, one ounce of usable marijuana; and
 - (b) If the person is present at a location at which marijuana is produced, including any residence associated with that location, three mature marijuana plants, four immature marijuana plants and one ounce of usable marijuana per each mature plant.
- (2) If the individuals described in subsection (1) of this section possess, deliver or produce marijuana in excess of the amounts allowed in subsection (1) of this section, such individuals are not excepted from the criminal laws of the state but may establish an affirmative defense to such charges, by a preponderance of the evidence, that the greater amount is medically necessary to mitigate the symptoms or effects of the person's debilitating medical condition.
- (3) The Health Division shall define by rule when a marijuana plant is mature and when it is immature for purposes of this section. [1999 c.4 s.7]

Note: See note under 475.300.

475.309 Registry identification card; issuance; eligibility; duties of cardholder. (1) Except as provided in ORS 475.316 and 475.342, a person engaged in or assisting in the medical use of marijuana is excepted from the criminal laws of the state for possession, delivery or production of marijuana, aiding and abetting another in the possession, delivery or production of marijuana or any other criminal offense in which possession, delivery or production of marijuana is an element if the following conditions have been satisfied:

- (a) The person holds a registry identification card issued pursuant to this section, has applied for a registry identification card pursuant to subsection (9) of this section, or is the designated primary caregiver of a cardholder or applicant; and
 - (b) The person who has a debilitating medical condition and his or her primary caregiver are collectively in possession of, delivering or producing marijuana for medical use in the amounts allowed in ORS 475.306.
- (2) The division shall establish and maintain a program for the issuance of registry identification cards to person who meet the requirements of this section. Except as provided in subsection (3) of this section, the division shall issue a registry identification card to any person who pays a fee in the amount established by the division and provides the following:
- (a) Valid, written documentation from the person's attending physician stating that the person has been diagnosed with a debilitating medical condition and that the medical use of marijuana may mitigate the symptoms or effects of the person's debilitating medical condition;
 - (b) The name, address and date of birth of the person;
 - (c) The name, address and telephone number of the person's attending physician; and
 - (d) The name and address of the person's designated primary caregiver, if the person has designated a primary caregiver at the time of application.
- (3) The division shall issue a registry identification card to a person who is under 18 years of age if the person submits the materials required under subsection (2) of this section, and the custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age signs a written statement that:
- (a) The attending physician of the person under 18 years of age has explained to that person and to the custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age the possible risks and benefits of the medical use of marijuana;
 - (b) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age consents to the use of marijuana by the person under 18 years of age for medical purposes;
 - (c) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to serve as the designated primary caregiver for the person under 18 years of age; and
 - (d) The custodial parent or legal guardian with responsibility for health care decisions for the person under 18 years of age agrees to control the acquisition of marijuana and the dosage and frequency of use by the person under 18 years of age.
- (4) A person applying for a registry identification card pursuant to this section may submit the information required in this section to a county health department for transmittal to the division. A county health department that receives the information pursuant to this subsection shall transmit the information to the division within five days of receipt of the information. Information received by a county health department pursuant to this subsection shall be confidential and not subject to disclosure, except as required to transmit the information to the division.
- (5) The division shall verify the information contained in an application submitted pursuant to this section and shall approve or deny an application within thirty days of receipt of the application.
- (a) The division may deny an application only for the following reasons:
 - (i) The applicant did not provide the information required pursuant to this section to establish his or her debilitating medical condition and to document his or her consultation with an attending physician regarding the medical use of marijuana in connection with such condition, as provided in subsections (2) and (3) of this section; or
 - (ii) The division determines that the information provided was falsified.

(b) Denial of a registry identification card shall be considered a final division action, subject to judicial review. Only the person whose application has been denied, or, in the case of a person under the age of 18 years of age whose application has been denied, the person's parent or legal guardian, shall have standing to contest the division's action.

(c) Any person whose application has been denied may not reapply for six months from the date of the denial, unless so authorized by the division or a court of competent jurisdiction.

(6)(a) If the division has verified the information submitted pursuant to subsections (2) and (3) of this section and none of the reasons for denial listed in subsection (5)(a) of this section is applicable, the division shall issue a serially numbered registry identification card within five days of verification of the information. The registry identification card shall state:

- (i) The cardholder's name, address and date of birth;
- (ii) The date of issuance and expiration date of the registry identification card;
- (iii) The name and address of the person's designated primary caregiver, if any; and
- (iv) Such other information as the division may specify by rule.

(b) When the person to whom the division has issued a registry identification card pursuant to this section has specified a designated primary caregiver, the division shall issue an identification card to the designated primary caregiver. The primary caregiver's registry identification card shall contain the information provided in paragraph (a) of this subsection.

(7)(a) A person who possesses a registry identification card shall:

- (i) Notify the division of any change in the person's name, address, attending physician or designated primary caregiver; and
- (ii) Annually submit to the division:

(A) Updated written documentation of the person's debilitating medical condition; and

(B) The name of the person's designated primary caregiver if a primary caregiver has been designated for the upcoming year.

(b) If a person who possesses a registry identification card fails to comply with this subsection, the card shall be deemed expired. If a registry identification card expires, the identification card of any designated primary caregiver of the cardholder shall also expire.

(8) A person who possesses a registry identification card pursuant to this section and who has been diagnosed by the person's attending physician as no longer having a debilitating medical condition shall return the registry identification card to the division within seven calendar days of notification of the diagnosis. Any designated primary caregiver shall return his or her identification card within the same period of time.

(9) A person who has applied for a registry identification card pursuant to this section but whose application has not yet been approved or denied, and who is contacted by any law enforcement officer in connection with his or her administration, possession, delivery or production of marijuana for medical use may provide to the law enforcement officer a copy of the written documentation submitted to the division pursuant to subsections (2) or (3) of this section and proof of the date of mailing or other transmission of the documentation to the division. This documentation shall have the same legal effect as a registry identification card until such time as the person receives notification that the application has been approved or denied. [1999 c.4 s.4; 1999 c.825 s.2]

Note: See note under 475.300.

475.312 Designated primary caregiver. (1) If a person who possesses a registry identification card issued pursuant to ORS 475.309 chooses to have a designated primary caregiver, the person must designate the primary caregiver by including the primary caregiver's name and address:

- (a) On the person's application for a registry identification card;
- (b) In the annual updated information required under ORS 475.309; or
- (c) In a written, signed statement submitted to the division.

(2) A person described in this section may have only one designated primary caregiver at any given time. [1999 c.4 s.13]

Note: See note under 475.300.

475.315 [1977 c.636 s.2; 1979 c.674 s.2; repealed by 1993 c.571 s.30]

475.316 Limitations on cardholder's immunity from criminal laws involving marijuana. (1) No person authorized to possess, deliver or produce marijuana for medical use pursuant to ORS 475.300 to 475.346 shall be excepted from the criminal laws of this state or shall be deemed to have established an affirmative defense to criminal charges of which possession, delivery or production of marijuana is an element if the person, in connection with the facts giving rise to such charges:

- (a) Drives under the influence of marijuana as provided in ORS 813.010;
- (b) Engages in the medical use of marijuana in a public place as that term is defined in ORS 161.015, or in public view or in a correctional facility as defined in ORS 162.135 (2) or youth correction facility as defined in ORS 162.135 (6);
- (c) Delivers marijuana to any individual who the person knows is not in possession of a registry identification card;
- (d) Delivers marijuana for consideration to any individual, even if the individual is in possession of a registry identification card;
- (e) Manufactures or produces marijuana at a place other than one address for property under the control of the patient and one

address for property under the control of the primary caregiver of the patient that have been provided to the Health Division; or (f) Manufactures or produces marijuana at more than one address.

(2) In addition to any other penalty allowed by law, a person who the division finds has willfully violated the provisions of ORS 475.300 to 475.346, or rules adopted under ORS 475.300 to 475.346, may be precluded from obtaining or using a registry identification card for the medical use of marijuana for a period of up to six months, at the discretion of the division. [1999 c.4 s.5; 1999 c.825 s.3]

Note: See note under 475.300.

475.319 Affirmative defense to certain criminal laws involving marijuana available to cardholder. (1) Except as provided in ORS 475.316 and 475.342, it is an affirmative defense to a criminal charge of possession or production of marijuana, or any other criminal offense in which possession or production of marijuana is an element, that the person charged with the offense is a person who:

(a) Has been diagnosed with a debilitating medical condition within 12 months prior to arrest and been advised by his or her attending physician the medical use of marijuana may mitigate the symptoms or effects of that debilitating medical condition;

(b) Is engaged in the medical use of marijuana; and

(c) Possesses or produces marijuana only in the amounts allowed in ORS 475.306 (1), or in excess of those amounts if the person proves by a preponderance of the evidence that the greater amount is medically necessary as determined by the person's attending physician to mitigate the symptoms or effects of the person's debilitating medical condition.

(2) It is not necessary for a person asserting an affirmative defense pursuant to this section to have received a registry identification card in order to assert the affirmative defense established in this section.

(3) No person engaged in the medical use of marijuana who claims that marijuana provides medically necessary benefits and who is charged with a crime pertaining to such use of marijuana shall be precluded from presenting a defense of choice of evils, as set forth in ORS 161.200, or from presenting evidence supporting the necessity of marijuana for treatment of a specific disease or medical condition, provided that the amount of marijuana at issue is no greater than permitted under ORS 475.306 and the patient has taken a substantial step to comply with the provisions of ORS 475.300 to 475.346.

(4) Any defendant proposing to use the affirmative defense provided for by this section in a criminal action shall, not less than five days before the trial of the cause, file and serve upon the district attorney a written notice of the intention to offer such a defense that specifically states the reasons why the defendant is entitled to assert and the factual basis for such affirmative defense. If the defendant fails to file and serve such notice, the defendant shall not be permitted to assert the affirmative defense at the trial of the cause unless the court for good cause orders otherwise. [1999 c.4 s.6; 1999 c.825 s.4]

Note: See note under 475.300.

475.323 Effect of possession of registry identification card or designated primary caregiver card on search and seizure rights. (1) Possession of a registry identification card or designated primary caregiver identification card pursuant to ORS 475.309 shall not alone constitute probable cause to search the person or property of the cardholder or otherwise subject the person or property of the cardholder to inspection by any governmental agency.

(2) Any property interest possessed, owned or used in connection with the medical use of marijuana or acts incidental to the medical use of marijuana that has been seized by state or local law enforcement officers shall not be harmed, neglected, injured or destroyed while in the possession of any law enforcement agency. A law enforcement agency has no responsibility to maintain live marijuana plants lawfully seized. No such property interest may be forfeited under any provision of law providing for the forfeiture of property other than as a sentence imposed after conviction of a criminal offense. Usable marijuana and paraphernalia used to administer marijuana that was seized by any law enforcement office shall be returned immediately upon a determination by the district attorney in whose county the property was seized, or his or her designee, that the person from whom the marijuana or paraphernalia used to administer marijuana was seized is entitled to the protections contained in ORS 475.300 to 475.346. Such determination may be evidenced, for example, be a decision not to prosecute, the dismissal of charges, or acquittal. [1999 c.4 s.8; 1999 c.825 s.5]

Note: See note under 475.300.

475.325 [1977 c.636 s.3; 1979 c.674 s.3; repealed by 1993 c.571 s.30]

475.326 Attending physician; limitation on civil liability and professional discipline. No attending physician may be subjected to civil penalty or discipline by the Board of Medical Examiners for:

(1) Advising a person whom the attending physician has diagnosed as having a debilitating medical condition, or a person who the attending physician knows has been so diagnosed by another physician licensed under ORS chapter 677, about the risks and benefits of medical use of marijuana or that the medical use of marijuana may mitigate the symptoms or effects of the person's debilitating medical condition, provided the advice is based on the attending physician's personal assessment of the person's medical history and current medical condition; or

(2) Providing the written documentation necessary for issuance of a registry identification card under ORS 475.309, if the documentation is based on the attending physician's personal assessment of the applicant's medical history and current medical condition and the physician has discussed the potential medical risks and benefits of the medical use of marijuana with the applicant. [1999 c.4 s.9]

Note: See note under 475.300.

475.328 Limits on professional licensing board's authority to sanction licensee for medical use of marijuana. No professional licensing board may impose a civil penalty or take other disciplinary action against a licensee based on the licensee's medical use of marijuana in accordance with the provisions of ORS 475.300 to 475.346 or actions taken by the licensee that are necessary to carry out the licensee's role as a designated primary caregiver to a person who possesses a lawful registry identification card issued pursuant to ORS 475.309. [1999 c.4 s.10]

Note: See note under 475.300.

475.331 List of persons issued registry identification cards and designated primary caregivers; disclosure. (1) The division shall create and maintain a list of the persons to whom the division has issued registry identification cards pursuant to ORS 475.309 and the names of any designated primary caregivers. Except as provided in subsection (2) of this section, the list shall be confidential and not subject to public disclosure.

(2) Names and other identifying information from the list established pursuant to subsection (1) of this section may be released to:

(a) Authorized employees of the division as necessary to perform official duties of the division; and

(b) Authorized employees of state or local law enforcement agencies, only as necessary to verify that a person is a lawful possessor of a registry identification card or that a person is the designated primary caregiver of such a person. [1999 c.4 s.12]

Note: See note under 475.300.

475.334 Adding diseases or conditions that qualify as debilitating medical conditions. Any person may submit a petition to the division requesting that a particular disease or condition be included among the diseases and conditions that qualify as debilitating medical conditions under ORS 475.302. The division shall adopt rules establishing the manner in which the division will evaluate petitions submitted under this section. Any rules adopted pursuant to this section shall require the division to approve or deny a petition within 180 days of receipt of the petition by the division. Denial of a petition shall be considered a final division action subject to judicial review. [1999 c.4 s.14]

Note: See note under 475.300.

475.335 [1977 c.636 s.4; 1979 c.674 s.4; repealed by 1993 c.571 s.30]

475.338 Rulemaking. The division shall adopt all rules necessary for the implementation and administration of ORS 475.300 to 475.346. [1999 c.4 s.15]

Note: See note under 475.300.

475.340 Limitations on reimbursement of costs and employer accommodation. Nothing in ORS 475.300 to 475.346 shall be construed to require:

(1) A government medical assistance program or private health insurer to reimburse a person for costs associated with the medical use of marijuana; or

(2) An employer to accommodate the medical use of marijuana in any workplace. [1999 c.4 s.16]

Note: See note under 475.300.

475.342 Limitations on protection from criminal liability. Nothing in ORS 475.300 to 475.346 shall protect a person from a criminal cause of action based on possession, production, or delivery of marijuana that is not authorized by ORS 475.300 to 475.346. [1999 c.4 s.11]

Note: See note under 475.300.

475.345 [1977 c.636 s.5; 1979 c.674 s.5; repealed by 1993 c.571 s.30]

475.346 Short title. ORS 475.300 to 475.346 shall be known as the Oregon Medical Marijuana Act. [1999 c.4 s.1]

Chapter 475

1999 EDITION

Controlled Substances; Illegal Drug Cleanup; Paraphernalia; Precursors

	UNIFORM CONTROLLED SUBSTANCES ACT	475.326	Attending physician; limitation on civil liability and professional discipline
	(Generally)	475.328	Limits on professional licensing board's authority to sanction licensee for medical use of marijuana
475.005	Definitions for ORS 475.005 to 475.285 and 475.940 to 475.995		
475.035	Authority to control schedule	475.331	List of persons issued registry identification cards and designated primary caregivers; disclosure
475.045	Exclusions		
475.055	Publishing of schedules	475.334	Adding diseases or conditions that qualify as debilitating medical conditions
475.095	Rules; fees		
	(Registration)	475.338	Rulemaking
		475.340	Limitations on reimbursement of costs and employer accommodation
475.125	Registration requirements		
475.135	Grounds to grant or deny registration; scope of registration; effect of federal registration	475.342	Limitations on protection from criminal liability
		475.346	Short title
475.145	Revocation and suspension of registration		
475.155	Order to show cause		
475.165	Records of registrants		
	(Records)	475.405	ILLEGAL DRUG CLEANUP
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		475.425	Request for cleanup
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475.300	Findings		
475.302	Definitions for ORS 475.300 to 475.346	475.805	HYPODERMIC DEVICES
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475.309	Registry identification card; issuance; eligibility; duties of cardholder		
475.312	Designated primary caregiver	475.940	PRECURSOR SUBSTANCES
		475.945	Precursor substances described; certain compounds containing ephedrine exempted
475.316	Limitations on cardholder's immunity from criminal laws involving marijuana		Authority and duties of Department of State Police
475.319	Affirmative defense to certain criminal laws involving marijuana available to cardholder		
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**RECOMMENDATIONS FOR THE IMPLEMENTATION
OF THE OREGON MEDICAL MARIJUANA ACT**

(As amended by the 1999 Legislative Assembly)

Issued by the Attorney General, December 15, 1999

I. BACKGROUND.

A. The Oregon Medical Marijuana Act (hereafter, the Act) provides several ways in which a claim of medical need may be raised by a person suspected or accused of unlawfully possessing, manufacturing or delivering marijuana. These are:

1. An “exception” from the criminal laws prohibiting possession, delivery or production of marijuana and related offenses, which applies to persons who have received a registry identification card from the Oregon Department of Health or who have a pending application for a card (Section 4 of the Act).
2. An “affirmative defense” to a charge of unlawful possession, delivery or manufacture of marijuana, which applies to a person who “[h]as been diagnosed with a debilitating medical condition within 12 months prior to arrest and been advised by his or her attending physician the medical use of marijuana may mitigate the symptoms or effects of that debilitating medical condition.” The defendant would be required to prove the affirmative defense by a preponderance of the evidence after filing a notice of intent to rely on it (Section 6(1) of the Act; 1999 Or Laws, ch 825, § 4; ORS 161.055(2)).
3. A “defense of choice of evils,” by which the person asserts that marijuana possession, delivery or manufacture is “necessary as an emergency measure to avoid an imminent public or private injury” and “[t]he threatened injury is of such gravity that, according to ordinary standards of intelligence and morality, the desirability and urgency of avoiding the injury clearly outweigh the desirability of the injury sought to be prevented” by the marijuana laws. The state would be required to disprove the defense beyond a reasonable doubt, but the defense is available only to persons who have taken a substantial step to comply with the Act. (Section 6(3) of the Act; 1999 Or Laws, ch 825, § 4; ORS 161.055(1); 161.190; 161.200).

B. Effective dates. The “exception” from the criminal laws, and the registration system upon which it is based, took effect on May 1, 1999. (Section 19 of the Act). However, both the “affirmative defense” and the “defense of choice of evils” apply to conduct that occurred on or after December 3, 1998. (Section 19 of the Act). The 1999 amendments to the Act, which are described throughout these recommendations, took effect on July 21, 1999. (1999 Or Laws, ch 825, § 6)

C. Effect on Marijuana Investigations. The Act places a substantial burden on law enforcement officers to anticipate potential medical use claims and to determine their validity in the initial stages of an investigation.

1. The criminal law “exception” for persons who engage in the medical use of marijuana under the terms of a valid registry identification card, or a pending application for a card, is apparently intended to preclude arrest, citation or search.
2. The “affirmative defense” of medical need can be raised by persons who have not been issued a registry identification card, or even applied for one. (Section 6 of the Act).
3. Except as noted in the next paragraph, the Act prohibits law enforcement officers from harming, neglecting, injuring or destroying any property connected with the medical use of marijuana. If the district attorney or a court determines that a medical use defense applies, the Act mandates that seized usable marijuana and paraphernalia be returned to the person from whom it was seized. (Section 8 of the Act; 1999 Or Laws, ch 825, § 5).
4. A law enforcement agency has no responsibility to maintain live marijuana plants if they have been “lawfully seized.” (Section 8 of the Act; 1999 Or Laws, ch 825, § 5). However, in this regard, an officer should exercise care to ensure that live plants are not seized from a person who is excepted from the criminal laws.

D. Recommendation: An officer should try to determine the applicability of the criminal law “exception” before doing any of the following:

1. Making a warrantless arrest, search or seizure based on probable cause;
2. Seeking a search or arrest warrant;
3. Seizing growing marijuana plants or other property that is likely to deteriorate while in police custody;
4. Destroying marijuana or other property; or
5. Seizing property for civil forfeiture.

II. DETERMINING THE APPLICATION OF THE CRIMINAL LAW EXCEPTION.

A. The criminal law “exception” does not apply if:

1. The person does not have a current, valid registration as a patient or primary caregiver, and does not have a pending application for registration; or
2. Regardless of registration, the person has engaged in certain disqualifying conduct specified in the Act.

B. Statutory Disqualifications: The criminal law “exception” does not apply to any person – even one who is validly registered under the Act – if the person has engaged in any of the following activities:

1. Driving under the influence of marijuana;
2. Using marijuana in a public place, in public view, or in an adult or youth correctional facility;

[“Using” includes merely possessing marijuana. (Section 3(7) of the Act). Literal application of this definition would prohibit a patient or primary caregiver from transporting marijuana from place to place, even though the person is properly registered and the quantity being transported is within the permissible limit. Therefore, in consultation with the appropriate prosecuting attorney, law enforcement agencies should adopt policies for officers to follow if a registrant is encountered while transporting a lawful quantity of marijuana from one place to another.]

3. Delivering marijuana, either with or without consideration, to someone who the person making the delivery knows is not a registrant;
4. Delivering marijuana for consideration to any person, including a registrant;

[See discussion regarding Seeking Evidence of Sales, page 11.]

5. Manufacturing or producing marijuana at an address that is not under the control of the registrant (either patient or primary caregiver) or that has not been provided to the Health Division;

[This disqualifying factor means that medical marijuana must be grown on property in which the grower has a property interest, for example, as an owner, as a purchaser or as a lessee. Marijuana production on public forestland and much private forestland would not comply with this requirement and, therefore, marijuana growing in those locations would be subject to seizure and destruction. This disqualifying factor also means that the grower must provide the Health Division with the address of the growing site. Any change in address must be provided to the Health Division within 30 days. OAR 333-008-0040.]

6. Manufacturing or producing marijuana at more than one address; or
7. Possessing, delivering or producing marijuana in amounts that, between the patient and the primary caregiver collectively, exceed the following limits:

- a. If the person is present at a location at which marijuana is not produced, including any residence associated with that location, one ounce of usable marijuana;

b. If the person is present at a location at which marijuana is produced, three mature plants, four immature plants and one ounce of usable marijuana for each mature plant.

i. Section 7 of the Act does not expressly state whether a different limit applies when several registrants are present at a single location where marijuana is being produced. The Act can be interpreted to limit the total amount of marijuana grown on that location to seven plants. This interpretation is premised on the assumption that each registrant at the location simultaneously possesses the same marijuana.

Alternatively, the Act may be interpreted to permit seven growing plants for each registrant who is present at the growing site. In consultation with the appropriate prosecuting attorney, law enforcement agencies should adopt policies for officers to follow when multiple registrants are encountered at the same location.

ii. Section 7 of the Act does not expressly state whether a different limit applies when one person is the primary caregiver for multiple patients. Under one interpretation, a primary caregiver may not exceed the seven-plant limit on property under his or her control, regardless of the number of patients under his or her care. Accordingly, if the primary caregiver for three patients is growing three mature plants and four immature plants for one patient on property that is under the control of the primary caregiver, the marijuana for the other two patients must be grown on property that is under the control of the patients themselves. Under this interpretation, the criminal law exception does not apply to any growing site that exceeds the seven-plant limit. This was the understanding of the legislative working group that developed the 1999 amendments to the Act.

Under another interpretation, section 7 refers to the relationship between the primary caregiver and a single patient. Since primary caregivers are allowed multiple patients, each caregiver-patient pair is permitted to “collectively” possess seven growing plants.

Caveat: Even if a person is engaging in one of these disqualifying activities, the person may still raise the choice of evils defense if the person has taken a substantial step to comply with the Act. Therefore, if the person is either a registrant or an applicant, it is advisable to also seek evidence relating to this anticipated defense. See discussion regarding Anticipating Other Medical Marijuana Defenses, page 10.

C. Determining Registration Status. If none of the above disqualifying factors is present, the only means for determining the applicability of the criminal law “exception” is to ascertain whether or not the person holds a current, valid registry identification card issued by the Health Division or has a pending application for a card.

1. Seeking Warrants and Seizure Orders. Before seeking an arrest or search warrant, or a civil forfeiture seizure order, an officer should first (if possible) check the Health Division registry to determine whether the person under investigation, or another closely associated person, has applied for or been issued a registry identification card. The Health Division registry can be contacted by telephone at (503) 731-4011 x640. The regular hours for the registry are 8:30 a.m. to 5:00 p.m., Monday through Friday. Be aware, however, that only one staff person is available to manage all aspects of the Division’s responsibilities under the Act and the 1999 amendments.

a. If the Health Division registry indicates that the person under investigation is currently registered or has an application pending, or that the place where marijuana is being grown is listed as a medical marijuana growing site, no warrant or seizure order should be sought, unless evidence exists of conduct that would disqualify the person from the criminal law exception (see factors described above).

b. If it is necessary to seek a warrant at a time when the registry cannot be contacted, the supporting affidavit should explain why registration status cannot be determined and why the application must be made before that determination can be made.

2. Stops and Encounters – Warrantless Arrests and Searches. Before making a warrantless arrest or issuing a citation for a marijuana offense, or making a warrantless search or seizure based on probable cause, an officer should first ask the person why he or she is growing or possessing marijuana. (This should be an open-ended question that does not suggest a response.)

a. Non-registrants: If the person claims medical use, but has not applied for or obtained a registry identification card from the Health Division:

- i. The criminal law exception does not apply and, if probable cause exists, the officer may take action appropriate to the circumstances, e.g., arrest or citation.
- ii. It is recommended that the officer also conduct additional investigation for evidence relevant to a potential affirmative defense or choice of evils defense. See discussion below regarding Anticipating Other Medical Marijuana Defenses, page 10.

b. Registrants: If the person presents a registry identification card, as either a patient or primary caregiver:

- i. Valid card. A person who “holds” a valid, current registry identification card is excepted from the criminal laws of this state relating to marijuana possession and manufacture, and is not subject to arrest, citation or search for those offenses, unless the person has engaged in disqualifying conduct described above. See discussion of Statutory Disqualifications, page 3.

[It is unclear whether a registrant must be in physical possession of his or her registration card to be excepted from the criminal laws. Therefore, when a person under investigation claims to be a registrant, but is unable to present a registry identification card, it is recommended that an officer make every reasonable effort to verify the person’s status before an arrest, search or seizure.]

- ii. Expired card. The expiration date is printed on the card. A registrant is required to annually update the registration information on file with the Health Division. This includes submitting “[w]ritten documentation to reconfirm the person’s debilitating medical condition.” OAR 333-008-0040. If the registrant fails to comply with this requirement before the expiration date, the card is deemed expired. (Section 4(7) of the Act; OAR 333-008-0040).

A person who is relying on a registry identification card that has expired is a non-registrant and is, therefore, subject to arrest or citation. In such cases, however, an officer should conduct additional investigation to determine whether the person has engaged in conduct that would eliminate or support a potential affirmative defense (see discussion of Statutory Disqualifications, page 3) or evidence otherwise relevant to a potential choice of evils defense. See discussion below regarding Anticipating Other Medical Marijuana Defenses, page 10. An officer should also determine whether the person is an applicant for a new registry identification card. See discussion of Applicants below, page 8.

[In many cases, a person who has previously qualified for a card probably will be able to successfully assert the affirmative defense or the choice of evils defense.]

- iii. Accurate Identifying Information on the Card. A registrant must give notice to the Health Division within 30 days of a change of name, address or primary caregiver. OAR 333-008-0040.

An officer should ask the registrant if the registrant’s name and address, and the name of the primary caregiver listed on the card are current. An officer should also compare the registry card information with the registrant’s ODL or other ID. If this information is not current, an officer should ask when these changes occurred, whether the person notified the Health Division, and, if so, when

The law provides no specific penalty for failing to provide timely notice of these changes. But if the address or the primary caregiver has changed, and notice has not been given to the Health Division, an officer should investigate whether the registrant, or the current or former primary caregiver, is disqualified from the criminal law exception. [Remember that a person cannot rely on the criminal law exception if he or she is growing marijuana at an address that has not been provided to the Health Division.] A person who is disqualified from the criminal law exception is subject to arrest or citation.

See discussion of Statutory Disqualifications, page 3. In any event, an officer should note any changes and submit them to the Health Division.

iv. Registry Verification. In every case, it is advisable to verify the status of the registry identification card with the Health Division, either at the time of the encounter with the registrant or at a later time. The results of that verification may require a follow-up interview with the registrant.

v. Suspended Card. If the registry identification card is suspended, the officer should try to establish whether the registrant is aware of the suspension.

A person who is relying on a registry identification card that is suspended is a non-registrant, and, therefore, is subject to arrest or citation. In such cases, however, an officer should conduct additional investigation to determine whether the person has engaged in conduct that would eliminate or support a potential affirmative defense (see discussion of Statutory Disqualifications, page 3) or evidence otherwise relevant to a potential choice of evils defense. See discussion below regarding Anticipating Other Medical Marijuana Defenses, page 10.

c. Applicants: Copies of documentation submitted to the Health Division to apply for a registry identification card have the same legal effect as a registry identification card until the person receives notice that the application has been approved or denied. (Section 4(9) of the Act). In other words, a person who presents copies of application documents is excepted from the criminal laws governing marijuana possession and manufacture, and is not subject to arrest or citation, unless it is determined that the person has received notice of denial or has engaged in conduct that disqualifies the person from the criminal law exception. See discussion of Statutory Disqualifications, page 3.

i. If the person presents copies of application documents, the officer should check the Health Division registry to determine the status of the application. [Remember that an application can be filed with the county health department, which is required to forward it to the Health Division. (Section 4(4) of the Act). Applications filed in this manner may not appear on the registry for a significant length of time after filing.]

ii. Copies of application documents should be treated as a valid registry identification card unless:

Health Division records indicate that the person has received notice of denial;

The person admits that the Health Division has denied the application;

The application was submitted less than six months after a previous application was denied (Section 4(5)(b) of the Act); or

The application is more than one year old. [A registry identification card is deemed expired if the registrant does not annually submit updated registration information to the Health Division. (Section 4(7) of the Act).]

iii. If the person claims to have filed an application for a registry identification card, but does not present copies of application documents, the person is not excepted from the criminal law relating to marijuana production and manufacture, but may still claim the affirmative defense or the choice of evils defense.

In such cases, an officer should conduct additional investigation to determine whether the person has engaged in conduct that would eliminate a potential affirmative defense (see discussion of Statutory Disqualifications, page 3) or evidence otherwise relevant to a potential choice of evils defense. See discussion below regarding Anticipating Other Medical Marijuana Defenses, page 10.

This investigation should include a check with the Health Division registry for evidence of an application.

d. Persons with Forged Documents: A person who makes or knowingly tenders a false registry identification card or application documents should be investigated for the crime of forgery. ORS 165.002-165.022.

Additionally, the officer should notify the Health Division regarding these false documents. The Health Division may deny an application for a registry identification card if the application contains falsified information. (Section 4(5); OAR

333-008-0030). It may also suspend a registry identification card if the card was obtained by fraud. OAR 333-008-0070(3)(a).

III. ANTICIPATING OTHER MEDICAL MARIJUANA DEFENSES.

A. Seeking Evidence Regarding Medical Condition.

[Investigation of this issue may not be necessary if the suspect presents a valid registry identification card or a copy of a pending application for a card.]

1. Why is the person growing or possessing marijuana (This should be an open-ended question that does not suggest a specific answer.)
2. If the person claims medical use, an officer should ask:
 - a. Has the person submitted documentation to the Oregon Health Division
 - b. Has the person ever been diagnosed with a “debilitating medical condition” (which includes cancer, glaucoma, HIV positive status, AIDS, cachexia, severe pain, severe nausea, seizures, and persistent muscle spasms) What condition or conditions When was the diagnosis made

[To establish the affirmative defense, the person must prove by a preponderance that he or she has been diagnosed with a debilitating medical condition within 12 months prior to the arrest. (1999 Or Laws ch 825, § 4(1)(a)). The choice of evils defense does not specifically require this showing; but a person who raises that defense must show that he or she has taken a substantial step to comply with the Act. 1999 Or Laws ch 825, § 4(3). Arguably, this means, at a minimum, that the person has obtained a diagnosis of a debilitating medical condition.]

- c. What is the name of the person’s doctor(s) How long has the person been treated by the doctor What is the name and address of the clinic, hospital or health organization where the doctor is employed Has the person’s doctor indicated that marijuana may mitigate the effects of the person’s condition
- d. Will the person sign a waiver to release his or her medical records
- e. How long has the person suffered from the condition What are the symptoms for which the person uses marijuana Why does the person prefer to use marijuana instead of other medical practices

B. Seeking Evidence Regarding the Amount of Marijuana Grown or Possessed.

How much marijuana does the person use What volume does the person use on a daily, weekly, monthly and yearly basis Did the person’s doctor say that this amount was necessary

[If the amount of marijuana manufactured or possessed exceeds the presumptive limits established by the Act (see page 4), the person cannot establish the affirmative defense unless the person proves by a preponderance that “the greater amount is medically necessary as determined by the person’s attending physician to mitigate the symptoms or effects of the person’s debilitating medical condition.” 1999 Or Laws ch 825, § 4(1)(c).]

C. Seeking Evidence of Sales.

The criminal law exception and the affirmative defense are not available to a person who has delivered marijuana for consideration. Additionally, however, evidence that the person has been selling marijuana should be relevant for rebutting the choice of evils defense.

1. Is there evidence that the person has been engaging in the sale of marijuana: scales, packaging materials, records of drug sales, cash

2. Is the size and sophistication of the grow operation consistent with personal use Is the person using an amount of electrical power that greatly exceeds the amount necessary to grow seven plants

3. Financial Resources.

a. Is the person (or person's spouse or partner) employed With whom How long What is the person's (spouse or partner's) monthly or yearly income from this employment

b. Does the person have other sources of income: rental property, stocks, bonds, legal settlement, inheritance How much What is the name and address of the source Did the person declare this income when filing state and federal tax returns

c. What are the person's (or person's spouse or partner's) debts Does the person (or spouse or partner) own his or her own home, vehicle(s) or business Is the person's home or business mortgaged Does the person have any other outstanding loans or debts: car loans, credit cards, judgments, unpaid taxes What is the name and address of the person's lenders and other debtors What is the rate of repayment

D. Seeking Evidence Regarding Other Relevant Circumstances.

1. Is the person in possession of other unlawful controlled substances

2. Has the person committed other offenses

3. Does the person have a history of arrests or convictions for marijuana offenses

IV. SEIZURE AND DESTRUCTION OF MARIJUANA PLANTS.

As stated above (page 2), the Act prohibits law enforcement officers from harming, neglecting, injuring or destroying any property connected with the medical use of marijuana. It also provides, however, that “[a] law enforcement agency has no responsibility to maintain live marijuana plants lawfully seized.”

Assuming that all the requirements of an otherwise lawful seizure have been met (e.g., search warrant or an exception from the search warrant requirement), the seizure of plants found at a grow that exceeds the presumptive limits under the Act is a “lawful seizure,” and officers are not required to maintain the live plants. However, under some circumstances, such as when multiple registrants are residing at the same growing site, or when a person who is producing marijuana claims to be the primary caregiver for multiple registrants, it may be difficult to ascertain whether the number of marijuana plants at a particular location is within or is in excess of the limits established by the Act. See discussion above on pages 3-4.

Moreover, even when the criminal law exception does not apply, any person charged with manufacturing or possessing these plants may later establish the affirmative defense or the choice of evils defense. This may include proof of a medical need to grow marijuana in amounts that exceed the presumptive limits of the Act.

Accordingly, each law enforcement agency should develop a policy governing the destruction of live marijuana plants when a growing site exceeds the seven-plant presumptive limit.

The following are policies that agencies may wish to consider:

A. Seize only enough small cuttings of marijuana to conduct confirmatory testing. Document the extent of the grow through photography or videotaping. Do not harvest or otherwise destroy growing plants and do not seize or destroy the growing equipment.

B. If there are more growing plants than the number specified in Section 7(1) of the Act (three mature plants and four immature plants), harvest all plants in excess of the specified number, but do not seize or destroy the growing equipment.

[This was the preferred policy within the legislative working group that developed the 1999 amendments to the Act (1999 Or Laws, ch 825)].

C. If there are significantly more growing plants than the number specified in Section 7(1) of the Act, harvest all growing plants (on the assumption that medical use defenses are not valid as to any part of the grow).

[This policy may seem justified when the number of growing plants greatly exceeds the presumptive limit established by the Act, when other unlawful controlled substances are also being possessed or manufactured, or when there is evidence that marijuana is being sold.]

It is always prudent to obtain consent from the appropriate person before destroying live marijuana plants.

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Updated: 07/19/2000

OREGON MEDICAL MARIJUANA ACT

AFFIRMATIVE DEFENSE NOTIFICATION FORM

Note: This form, or another written statement, must be filed and served upon the prosecuting attorney not less than five (5) days before the trial.

**This form serves notice on the District Attorney of _____
County of the undersigned patient’s intention to use the Affirmative Defense
as provided for in the Oregon Medical Marijuana Act.**

**I, _____, hereby serve upon District Attorney
_____, this notice of intention to use the Affirmative
Defense in my pending trial.**

The specific reasons why I am entitled to use this defense are as follows:

_____.

**The factual basis for this defense includes the following studies, which
demonstrate that my medical condition is helped through my use of
cannabis: _____**

_____.

Additionally, the benefits of my cannabis use include: _____

_____.

Patient Signature: _____

Date Submitted: _____ Trial Date: _____

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OREGON MEDICAL ASSOCIATION GUIDELINES

(Adopted April 25, 1999)

WHEN PATIENTS WANT TO USE MARIJUANA FOR MEDICAL

PURPOSES - HOW PHYSICIANS SHOULD RESPOND

Oregon's medical marijuana law was passed by the voters in November, 1998. It exempts certain persons from state criminal penalties for the production, possession, delivery, or administration of marijuana or paraphernalia used to administer marijuana provided they comply with very detailed requirements. Oregon's law is unique in that the state health division is charged with creating a means by which candidates for exemption from prosecution are given registry identification cards so that state law enforcement officials can readily determine their exempt status. Oregon physicians figure into the law because unless the patient has the required "written documentation" from their "attending physician," they are not eligible for this exemption.

This law poses several important legal dilemmas for members. Physicians who comply cannot be prosecuted criminally by state authorities. However, nothing prevents the federal government through the Drug Enforcement Administration from taking action against physicians for "aiding and abetting" the commission of a federal crime. To underscore the seriousness of this situation, consider this February 27, 1997 response of federal officials to a request from the California Medical Association regarding that state's medical marijuana law:

"...Physicians may not intentionally provide their patients with oral or written statements in order to obtain controlled substances in violation of federal law. Physicians who do so risk revocation of their DEA prescription authority, criminal prosecution, and exclusion from participation in Medicare, and Medicaid programs."

In a March 8, 1999 letter, OMA asked these officials for clarification of the above statement. OMA's letter poses the following question:

"Do statements in patient charts that the person has been diagnosed with a debilitating medical condition and that the use of medical marijuana may mitigate the symptoms or effects of the

When Patients Want to Use Marijuana for Medical Purposes ***Page two***

debilitating medical condition constitute written statements in order to enable [their patients] to obtain controlled substances in violation of federal law?”

OMA has not yet received a response. Pending that response, physicians are advised that they are at risk unless they limit their activities to those identified below.

A second and equally serious dilemma arises when physicians provide their patients with a discussion of the possible risks and benefits associated with the use of marijuana for medical purposes. To the extent that such discussions occur, physicians need to know that nothing in the law prevents patients, or their legal representatives if they die, from bringing claims against physicians alleging failure to disclose all the viable alternatives and material risks of using medical marijuana. This is particularly important because patients must be suffering from a “debilitating medical condition” at the time the discussions occur. Patients with already compromised physical conditions make riskier candidates. If they suffer a bad outcome coincidental to their use of medical marijuana, they may try to blame their “attending physician.”

- I. Physicians are not obligated to participate.
- II. If the patient requests it, physicians should do ONLY the following things in order for their patients to benefit from Oregon’s law permitting medical use of marijuana.
 - A. Determine whether the patient suffers from a “debilitating medical condition.” If the patient does not qualify this should be documented in the patient’s chart.
 - B. If they do suffer from a debilitating medical condition, document that fact in the patient’s chart.
 - C. Determine whether the use of medical marijuana “may mitigate symptoms or effects of the person’s debilitating medical condition.” If you tell the patient that its use may not mitigate symptoms or effects, then this should be documented in the patient’s chart.
 - D. If you tell the patient that “use of medical marijuana may mitigate symptoms or effects”, document that this conversation occurred in the patient’s chart.

When Patients Want to Use Marijuana for Medical Purposes
Page three

- E. Perform a PARQ conference and document it in the patient’s chart.
- III. Physicians SHOULD AVOID any of the following:
- A. AVOID providing your patients with information about where they can obtain medical marijuana.
 - B. AVOID talking with anyone by telephone or in person who offers to help your patient obtain marijuana.
 - C. AVOID writing anything in support of the patient’s desire for medical marijuana other than that the patient suffers a “debilitating medical condition” and that “medical use of marijuana may mitigate symptoms and effects...”
 - D. AVOID writing anywhere but in the patient’s chart. This means not supplying the patient with a letter or form signed by the physician.
 - E. ABOVE ALL AVOID writing this information on a prescription.

As long as the discussions and documentation concerning the use of medical marijuana occur just between a physician and a patient in a medical office setting and the information conveyed is no more than that which is required to fulfill the physician’s part in the patient’s process of gaining exemption from criminal prosecution, OMA believes that the risk of federal intervention is minimized. This is because the foregoing actions are consistent with traditional physician functions of diagnosing, and documenting advice and counsel. They also meet the definition of the law’s requirement of “written documentation” of the patient’s debilitating medical condition. At the same time they are inconsistent with the actions described in the federal government’s letter to the California Medical Association. However, unless and until the federal government provides OMA with a response to its March 8, 1999 letter seeking clarification of the government’s position on Oregon’s law, no physician is fully protected.

(Adopted by the Oregon Medical Association House of Delegates, April 25, 1999)

CANNABIS (MARIJUANA) PATIENT DRUG INFORMATION SHEET

Patient Name: _____ **Date:** _____

Dosage: _____

NOTE: Cannabis is classified under Schedule 1 of the Federal Controlled Substances Act. It is prohibited from use, possession, or cultivation by federal law.

Cannabis is the botanical name for the plant made of 2 main strains: *indica* and *sativa* both known for intoxicating or euphoric effects. Cannabis is a woody, annual, dioecious plant which grows outdoors in many countries and is also prized for pulp (called hemp). Cannabis seeds are a valuable nutritional substance containing many beneficial nutritional supplements. Other names for cannabis include Indian Hemp, Marijuana, marihuana, bhang, reefer, ganja, and bud.

Indications: Cannabis has been used for centuries as a medicine for a long list of ailments. More recent research has shown several beneficial medical effects including:

- *intraocular pressure reducing effects benefiting those with glaucoma;*
- *appetite stimulant effects in those suffering from nausea or wasting syndrome;*
- *antiemetic effects in people undergoing chemotherapy or radiation;*
- *anti spasmodic effects in those experiencing muscle spasms or diseases like multiple sclerosis;*
- *analgesic effects which interrupt receptor nerve impulse transmission of pain signals at the location of injury.*

Side effects: Most common side-effects include increased heart rate dry mouth, somnolence, euphoria. Less common include panic symptoms, hyperventilation. There is scant evidence of dosage-related mortality.

Contraindications: Use not recommended if patient has liver failure, substance dependence issues, cardiac function abnormalities like angina, or respiratory disease like COPD. (Due to inhaling as the route.)

Route: Cannabis can be inhaled (smoked) eaten as liquid or food, elixir or via the rectal route as a suppository. It is smoked in pipes or rolled into cigarette papers, called joints. Pipes deliver a higher level of cannabinoids in relation to combustion by products. Smoking irritates lungs and bronchial mucosa. Eating in food slows absorption and effect making it more difficult to titrate dosage. Wait 2-3 hours after eating. Eating requires double or triple dosage to smoking due to stomach acid metabolism. Eating not indicated for anti-nausea effects. Can be baked in food with moderate loss of potency. Effects are route dependent due to differential metabolism.

Dosage: 3-6 mg by mouth, 2-4 if smoked, (50 mcg/10 kg). Higher cannabinoid content reduces dosage requirements.

Onset/Duration: Inhaling: onset is 2-10 minutes, peak blood level 30 minutes, duration 1-3 hours

Eating: onset is 1 1/2 - 3 hours, peak blood level 2 hours, effective duration 4-6 hours.

Patient teaching: Teach patient to carefully “titrate” dosage of any unknown variety by using small dosage until therapeutic effects are quantifiable. Inspect all cannabis for bugs, debris, or infections like mold. Discard contaminated cannabis. Baking cannabis in oven at 200 degrees for 15 minutes will kill pathogens. Use in conducive “set” and “setting,” —relaxed, safe and comfortable surroundings.

DO NOT operate machinery or automobiles immediately after using cannabis.

Naive users may experience panic symptoms—racing heart and increased anxiety. Treat by drinking 20 oz. of water. Reassure and pay attention to heart rate. Panic symptoms subside in 1-2 hours. Do not use alcohol concurrently with cannabis due to additive effects.

Use smallest effective dose especially with unknown varieties. Eating or inhaling the same variety may result in substantially different effects. Many states have passed laws eliminating criminal and civil sanctions on ill people who use cannabis. These include: Alaska, Washington, Oregon, California and Arizona. Be aware that cannabis use, cultivation and possession remain illegal under federal Law. As with all medicines keep out of the reach of children. Report effects to your health care provider.

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OREGON MEDICAL MARIJUANA ACT-

Designated Primary Caregiver Agreement

NOTE: This document describes an agreement between two people. The “patient” is a person legally authorized under the OMMA to use, possess, transport and grow cannabis for the amelioration of “debilitating medical conditions” and possess a certificate to do so (called a “registry identification card”) issued by the Oregon Health Division. The “Designated Primary Caregiver” is a person who is engaged by the patient to cultivate, possess, deliver and assist the patient with his or her use of cannabis. The caregiver is also issued a certificate by the Oregon Health Division.

There is one critical element, which must exist for this sensitive relationship to work: trust. Each party must enter into the agreement with honest intentions. The caregiver is expected, and required to produce cannabis *at no cost* to the patient. The patient must understand the practical limitations of the law, which may mean that the caregiver is unable to supply the patient’s entire needs.

Termination of Agreement

Each person agreeing to participate in this arrangement acknowledges and understands that either person, for any reason may terminate the DPC/ patient relationship, if the Oregon Health Division and other party are notified. Termination of this arrangement shall require the DPC to return his/her registry identification card to the Oregon Health Division as required by law. Neither person is required to give a reason for withdrawing. No further obligations are required or implied upon termination of the contract.

Liability Release

Each person agrees to hold the other person blameless and without legal or medical liability for individual actions which may result in legal or other problems, so long as those actions are undertaken as a good faith effort to protect the health and safety of the patient consistent with the purposes and protections of the OMMA. It is understood by all parties that the Federal government prohibition of cannabis represents a risk to those who participate in the Oregon Health Division Medical Marijuana Registry Program.

Confidentiality

Each person involved in this agreement pledges to guard the identity of the other and not make public statements or disclosures about actions or behaviors of the other without consent, or unless required to do so by court order or subpoena. Furthermore, each person represents that he/she is not a member of or acting under the direction, control or instance of any law-enforcement agency, and that participation in this agreement is in no way connected to any law-enforcement operations, undercover or otherwise, through local, county, state or federal law-enforcement agencies. Caregivers are also forbidden by Oregon law to divulge sensitive and confidential medical information concerning the patient without proper written authorization.

OMMA caregiver agreement page 2

(Patient complete below)

I, _____ hereby give permission to: _____, to grow, possess, and transport cannabis for my medical use. I am in possession of a legally obtained Medical Marijuana Program registry identification card issued by the Oregon Health Division. I understand that this agreement represents a good faith effort on the part of my designated primary caregiver to produce sufficient quantities of cannabis for my medical use, but understand and acknowledge that my designated primary caregiver may not be able to supply my entire needs.

Furthermore, I release my designated primary caregiver from any and all liability for medical or legal problems which may occur to me as a result of my use of the cannabis I am supplied with, as long as he or she has made a good faith effort to adhere to the provisions of the OMMA and protect my health and safety.

I have read, understand and agree to comply with the above statements.

(Designated primary caregiver complete below)

I, _____ hereby give permission to _____, to register me as a "designated primary caregiver" with the Oregon Health Division's Medical Marijuana Program. I agree to follow all provisions of the Oregon Medical Marijuana Act. I will not request nor expect compensation in any form from the patient for the cannabis I supply. I also will not divert cannabis to any other person without the patient's permission. I further acknowledge that I will make reasonable efforts to ensure the purity and safety of all cannabis I supply to the patient.

I have read, understand and agree to comply with the above statements.

If agreement is invoked in State other than Oregon please note here:

Patient Signature: _____ Date: _____

DPC Signature: _____ Date: _____

Registrant Card Number: _____ Caregiver Card Number: _____

Copies: Patient, DPC

Copyright: Edward Glick RN, Contigo-Connmigo- 1999. Form may be reproduced and used by any patient or Designated Primary Caregiver who is in possession of a valid Registry Identification Card issued by the Oregon Health Division, or another states' valid registry identification card. All other reproduction prohibited without consent of author. Form may be downloaded at: www.or-coast.net/contigo

Oregon Medical Marijuana Act Anonymous
Renewal Questionnaire

Instructions: All medical systems (should) incorporate follow-up information collection in order to improve quality. The Oregon Health Division is no different. Completing this brief survey will assist the Division to document the value of the Medical Marijuana Program and improve its services to you, the patient. Complete and send this survey to the address below. Or, if you are reading the Internet edition, just click on the e-mail link below for easy transmittal to Contigo-Connigo. Use the back of the page to describe any issues. If you are willing to meet with media representatives, write your name in the space provided. Otherwise, do not write your name. Copies of all surveys will be forwarded to the Oregon Health Division. Any confidential information you provide will be protected. Thank-You.

Date: _____ Age: _____ Card Number: _____ Sex: M/F

1. What disease/symptom are you registered for?
2. How does cannabis help you?
3. Do you know the variety of cannabis you use? Identify:
4. How many times a day do you use cannabis?
5. Do you smoke or eat it? How much?
6. Do you have enough to meet your needs?
7. Have you had any theft of your medicine or plants? (Please describe)
8. Have you been contacted by law-enforcement officers?
9. If "yes", were you treated fairly?
10. Has your use of cannabis changed your use of other medications?
11. Have you noticed problems from using cannabis? (Please describe)
12. Is the \$150 fee a hardship for you?
13. Do you have a designated primary caregiver?
14. Is your doctor supportive of your cannabis use?
15. How can the Medical Marijuana Program better meet your needs?

If you are willing to occasionally meet with media representatives for interviews please print your name here: _____

(Oregon Health Division Staff will contact you before passing on your name.)

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Monmouth, OR/97361**