



## **Medical Marijuana Authorization Database Rule Stakeholder Meeting Comments**

The Department of Health held stakeholder meetings in September 2015 to receive input from those interested in our rules regarding a Medical Marijuana Authorization Database required under SSB 5052. Below are a summary of the comments organized by topic area.

### **1. Establish a voluntary, confidential medical marijuana authorization database.**

- Want to ensure care and safe access. Ensure proper safeguards to protect the privacy of the patients. Protect information within the health IT system. Comply with HIPAA. HIPAA defines which information is protected and what situations allow the data to be released.
- Administrative, technical and physical safeguards should be in place. Control and limit access to encrypt or decrypt. Guard against improper access. Protect the hardware and facilities that store the information.
- The diagnosis is not needed on the card or in the database then less HIPAA concerns. Feel only consultants should enter a patient into the database. Very sensitive with patient information.
- The authorization system should have state of the art security and encryption, two factor authentication.
- What happens between when the law passed and next July? Concerned about access to products. Current recreational stores don't have what I need or it is too expensive. In the interim we have lost our access. Doesn't sound voluntary if you have to have the card to get medical marijuana.
- If I am authorized and then have a retail clerk put in my information, what if I have 15 plants that produce more than is allowed for possession? Doctor does not know how much I need.
- Registration scares me. My picture on a card to get a plant? This makes no sense to me. I am against the registration in any shape or form. Databases are broken into all the time.
- Who will have access and collect data are concerns? Will cooperatives be in the database?
- Patient must be notified when anyone accesses their file. Allow designated provider to be changed in an emergency. Allow for changes at any time for patients and designated providers. Patients should have a grace period for renewal. People given ample time to reauthorize.
- Registries are demeaning. For a relatively safe substance a registry serves no purpose.
- Prefer the database be based on the PMP. Ensure identifying information is minimalized to ensure they are a legitimate patient. Would like the employer or a consultant to enter the data. Use same security as PMP. Do not release identifying information for aggregate release.
- Removal at the patient's request if a designated provider gives the patient time to transfer to a new designated provider.
- Don't make criminals out of people who are giving medicine to sick people.



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- Allow the doctor can just confirm the patient has a qualifying condition without specifying the condition.
- Different groups of patients have provided feedback that they do not want to join the database for fear of losing other benefits like food stamps, housing, veteran services, etc. Being involved in these programs should not preclude you from receiving your medicine.
- Secure patients from adverse effects, especially with law enforcement access. Access should only be to confirm validity of a card.
- Cost is a concern. Sales tax is not there but excise is there.
- Invasion of privacy concerns.
- Worried about veterans who won't want to be in the registry. Any change of system operations to a third party is scary.
- Not wanting to go to a recreational store to get medicine.
- Keeping law enforcement accessing in check is a big issue.
- Keep the line of communication open with advocates. It seems like a mandatory voluntary change.
- Store clerks should not be able to enter patients unless they are a (Department of Health) consultant certificate holder.
- If patients are required to lose legal protections and other rights if they don't have a card how is that not voluntary?
- Why is it necessary in the first place to have a registry of patients when you can go into a store and buy anything you want if you are 21? Why do we not also have then a registry for recreational users?
- We should have notice if anyone tries to access our data.
- Biggest concern is with employer access. No one should have access without a warrant.
- What is the reason for the database? What does the state plan to use it for? What is its purpose?
- Does HIPAA allow a state to require a patient to provide medical information?



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### 2. Create a process for producing recognition cards for qualifying patients and designated providers.

- What output does the system have to create? Then take a minimalistic approach and only collect the info needed to produce the outputs.
- Will it be anyone in the store that can enter someone in the database?
- People must be properly trained to enter data. Need a system to verify with the stores. Names and conditions must be kept private. Ensure system cannot be abused.
- Would like to see cards with pictures and pertinent information only.
- Card should be tamper-proof. Not just paper. Laminated and have holographic properties. Healthcare facilities should be the ones taking photos and creating cards. Costs for new card should not be egregious.
- Ensure stores are not liable for losing or fraudulent use of cards. Ensure cards can be tracked and turned on and off.
- Minimize impact on patients for pictures and costs for stores. Minimize cost for stores to remit fees.
- Lowest impact on the patients – cost wise and inconvenience wise.
- Cost concerns, availability and ease of use.
- Mobility opportunities for all. Able to access the system remotely. Should be easy to use for all user groups. If it is not easy medical providers especially won't use it. Don't want to deter providers from authorizing.
- Applaud card cost of only a dollar.
- Card should only have a number and an expiration date.
- Concern about areas that do not allow recreational stores. How will patients in these areas get access to a card for more plants?
- The Washington \$1 fee makes folks nervous. Access points for the card are different. Oregon has a mail-in program. Washington should do the same.
- Does not want the picture on the card. You could provide their Department of Licensing number instead on the card.
- Entering info should be as easy as possible.
- Need a mail-in system.
- No photos on cards.



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- There should be legal language that protects the retail store from liability of using the application.
- Have as little info on the card as possible. HIPAA rights ensured.
- Medical personnel should be entering the information. If (Department of Health) is licensing the consultants that is one thing but not others who have taken just any training.
- How do we get a mail-in option for getting a card?
- What equipment will be required at the stores for entering someone into the database? Camera? Printer? Who pays for it?
- What security features will the card have?