

**Testimony on SB 281**  
**Oregon House Healthcare Committee, May 15, 2013**

Chair and Committee,

Thank you for taking the time to consider SB 281 which would add Post-Traumatic Stress Disorder (PTSD) to the list of qualifying medical conditions under the Oregon Medical Marijuana Act.

I serve as Chair of the Oregon Health Authority's Advisory Committee on Medical Marijuana, which unanimously supports the addition of PTSD to the list of qualifying conditions in the OMMA. I'm a horticultural scientist and public policy consultant, specializing in medicinal cannabis at CAN! Research, Education & Consulting in Corvallis, Oregon. I'm a constituent of Senator Brian Boquist, who introduced SB 281 bill at my request, as well as that of Co-Chair Jim Thompson.

So we don't take up too much of this committee's time this morning, we've only arranged for one medical expert testimony, so I strongly encourage each of you to listen to the audio archive of the February 7, 2013 hearing before the Senate Healthcare and Human Services' Committee where a wealth of very compelling medical evidence and patient testimony was presented in support of SB 281.

The Oregon Health Authority is charged by statute (ORS 475.334) to adopt rules for evaluating petitions for particular diseases or conditions to be included among those that qualify as debilitating medical conditions under ORS 475.302.

The Department of Human Services, which administered the OMMP from its inception in 1999 until 2009 promulgated such rules (OAR 333-008-0090), which involved convening an expert panel to review the petition and make recommendations to the Department regarding approval or denial. Minor changes have been made to these rules since the OMMP moved to the Oregon Health Authority.

Unfortunately, these rules have proven to be inadequate for ensuring a fair review and decision-making process for the following reasons:

- Lack of protection against bias, prejudice & conflict of interest in both panel selection criteria as well as the decision to approve or deny petitions.
- Lack of requirement for decision to be based upon objective scientific evidence
- Meetings of the expert panel are not public meetings
- Lack of consideration for the effective Federal ban on clinical research on the benefits of medical cannabis by the Drug Enforcement Agency (DEA), The Food & Drug Administration (FDA), and the National Institute on Drug Abuse (NIDA), which strongly support only research into the potential harms of cannabis use.

These serious flaws amount to a review process that fails to ensure petitions to add debilitating medical conditions will be reviewed fairly. This was manifest on both occasions (2000 & 2009) when expert panels were convened to review petitions to add Post-Traumatic Stress Disorder (PTSD) among other psychiatric conditions. The composition of both seven-member panels included three advocates of medical cannabis, three unwavering opponents of the use of medical cannabis, and the State Public

Health Officer, who sided with the opponents and thus denied petitions for all conditions except that to add Aggravated Alzheimer's Disease.

In June, 2012, the Public Health Division was finally convinced that these flaws necessitated an overhaul of the review process. Thus, a Rules Advisory Committee, which I was appointed to, was convened to recommend changes to OAR 333-008-0090 with the goals to:

1. Establish protections against bias, prejudice, and conflicts of interest (not met)
2. Enhance accountability and transparency (partially met)
3. Establish clear criteria for decision-making (partially met)
4. Establish fair selection criteria of experts (partially met).
5. Streamline the process for greater efficiency and cost savings (met with this rule change).

The Oregon Health Authority's Advisory Committee on Medical Marijuana (which I serve as Chair), the Rules Advisory Committee (which I was appointed to), and most people who testified during the public comment period all strongly recommended that the above-goals be met with the finalized rule.

In the finalized text, as noted previously, only one goal was fully met, most were partially met, and the most important goal – to establish protections against bias, prejudice, and conflict of interest – was not met at all.

Because the new rule will not ensure an objective review of future petitions to add debilitating medical conditions, and due to the bias that existed in the prior two petition processes, patients who suffer from PTSD and other debilitating conditions are *still* unable to rely upon the administrative process to consider their condition fairly. Therefore, addition of debilitating conditions by statute is the only remaining way to ensure people suffering from medical conditions that are safely & effectively treated with medicinal cannabis can be protected for their use of medicinal cannabis.

As much as I support intelligent approaches to cannabis policy reform, the dash-5 amendments proposed by Rep. Olson to create a workgroup to study the regulation of marijuana is an inappropriate amendment for this bill, as it does not relate to the treatment of PTSD, and will likely delay or prevent the passage of this bill, thus putting those who suffer from PTSD at risk of losing another opportunity to be protected from arrest & prosecution for the safe & effective treatment of their serious medical condition.

Please support SB 281 with a 'do pass' recommendation without amendments so Oregon can become a place where returning combat veterans and others suffering from horrible trauma can feel more safe and protected. I am happy to be available for any questions you may have.

Healthfully,

A handwritten signature in blue ink, appearing to read "Todd Dalotto", with a horizontal line extending to the right.

Todd Dalotto  
Philomath, Oregon