

Hi,

A few quick points.

1) The OHA has not been very responsive to the ACMM. It is not in touch with the patient community. It does not represent us at all. It uses the OMMP like a cash cow to fund other programs without using any funding to make the OMMP better AND more accountable. It doesn't understand patient needs as is directly shown in the testimony I include below! Sad concept when the head of the group acts like a patient should have the same amount of concentrated medicine as any adult user. Completely shows the lack of direct knowledge on the topic. The reality is an ounce is NOT even a months worth for many patients.

2) Oregon has a lot of extra cannabis here now. It took people \$\$\$ and energy to make it. If the rules are to stringent it will NOT stop the production of cannabis. It will direct people now willing to be legal to shy away and keep up business as usual. This will NOT stop the black market but actually increase it. The best way to stop the black market in Oregon is to make it easy for small time OMMP growers to sell to Medical and Adult use cannabis shops. By allowing the current OMMP shops to sell to adult use in July would start the flow of otherwise UNDECIDED cannabis into a REGULATED flow pattern. If you allow unlimited plant counts for adult use manufacturers you will also increase the black market. If the small farmers already growing are run over by big business they will go back to the old way of black market exchanges for their product.

3) To try and track every OMMP garden is just not real. It is a waste of \$\$\$ and time. If any Oregon tax lot in Oregon can have 4 mature cannabis plants, and a plant can weigh 1 to 10 pounds that is a lot of potential cannabis available for the black market that can NEVER be tracked so,,,,,, I would think if the GOAL is to create a sustainable system of cultivation, storage, sales and use for cannabis in Oregon trying to count every bud is NOT the solution. If it was a simple quarterly reporting system that could show amount of cannabis produced per grow and where that cannabis ends up would seem workable. It would allow the OHA to get a clue on the amounts produced and also where they end up. This would give them some teeth to show they actually are running the program.

4) Respect the will of the voters and implement M91. Do not mess with the OMMP. You all have enough to do already. Plenty of time to fix things over time WITH OUT causing harm like a "monkey with a gun"!

respectfully Jeff Costello
OMMP patient, caregiver, grower, Oregon citizen

Current OHA stand =

"Possession of Concentrates Concentrate production yields can vary depending on the strain used. If product (flower amount) is tracked to a processor to be made into concentrate, then the end product should be tracked as to where it goes. Unless a patient relinquishes his or her rights to the marijuana transferred to a processor, the patient should authorize any transfer to a dispensary. (Typically concentrates are sold in half gram and one gram quantities in dispensaries.) Without a possession limit for concentrate on patients, a single patient could receive concentrate processed from the marijuana released by other patients. It would be legal for a single patient to receive and possess large quantities of concentrate; that patient could not be investigated for diversion. Possession limits for concentrates should allow a patient to receive all of the product produced from his/her plants but should not allow for the transfer of additional product. Under Measure 91, you can possess up to 72 oz. of a marijuana product in liquid form

and 16 oz. in a solid form and it's unclear whether a concentrate would fall into those categories. Oregon Department of Justice has asked the Joint Committee to create a definition of concentrate (non-dangerously made substance) and that the legislature set a limit on how much can be possessed. It may be that a 1 oz. cap should be placed on it, given that under Sec. 79 of Measure 91, possession of more than one oz. of extract would be a crime. If possession limits are restored, different procedures could be required for transferring personal use amounts to patients, versus transferring a larger (or potentially any) amount to another processor or a dispensary. Regardless, processors should track the transfer of marijuana products. "