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SB 1598 Amendments

Committee Co-Chairs and Members:

This testimony is an attempt at sharing with you my perspectives as founder, and now 17 years later, the coordinator of a co-op assisting patients in residential care facilities and patients on end-of-life (hospice, palliative) care. In the rush to implement the legalization of cannabis, Ballot Measure 91, the Joint Committee on Marijuana Legalization addressed with broad brush strokes the Oregon Medical Marijuana Act, attempting to "fit a square peg in a round hole". "Medical use" is NOT "social (recreational) use", and it should not be treated as such. While M-91 had a directive to implement legalization rules by a deadline, M-91 also stated, in three (#) places that passage of M-91 would NOT impact the OMMA. Legislators have tried to place some of the same requirements upon small, NONcommercial gardens (like my 220 square foot medical garden) that a 40,000 square foot OLCC garden would have. Lately, since M-91 passed, it seems the significant access by (well) paid lobbyists and people with financial interests in exploiting cannabis for profits very significantly outweigh patient perspective in laws that will profoundly impact the quality of life for OMMA patients.

- 1) SB1598-15 Searches While I can understand warrantless searches of large (i.e. 40,000 square feet) OLCC gardens and medical gardens involved in COMMERCE (like selling to dispensaries), warrantless searches of peoples' homes goes overboard. While the large OLCC production gardens and large plant commercial medical gardens selling to dispensaries have an opportunity to recoup the expenses of renting large building to accomplish their endeavors, smaller altruistic medical gardens and those of co-ops that are not involved in commerce are unable to recoup the expenses of renting large buildings; they are typically in an extra room in someone's home. This proposes warrantless searches with no "probable cause". I have had friends and family die protecting my U.S. and Oregon Constitutional right to privacy (in my home) and my protection from warrantless search with no probable cause. Law enforcement already has the authority, training and experience to obtain and execute search warrants. Should there be "probable cause" for a search, there is already a system in place for that. Without making people who grow patients' medicine second class citizens with no U.S. and Oregon Constitutional protections from warrantless searches and invading their protected privacy.
- 2) SB 1598-18 Fees While this Amendment is a step in the right direction, it also expands the authority of the OHA by allowing them to collect fees for "enforcement". This flows into the above #1, as well. When "We The people" passed the OMMA back in 1998, it was written to be

self-funded, NOT a cash cow to fund OTHER OHA programs or to help balance the State of Oregon General Fund Budget. It was also supposed to simply be an easy to follow law allowing exemption from prosecution. Somehow, the OMMA has turned into 280 pages of legalese even the lawyers cannot understand! The OMMA was written to be simply a registration of patients, their growers and OMMP caregivers for exemption from prosecution if they are compliant. This Amendment expands this to include OHA enforcement, which was never the intent of the OMMA. Again, we already have agencies whose job it is to enforce laws, trained to do this, with expertise the OHA does NOT have. AND the OHA wants to bill patients for this! Patients in residential care have typically only Social Security as an income, and almost all of that goes to the residential care facility for their care/room/board. These patients, quadriplegics, the sickest of the sick (advanced MS, ALS, AIDS, etc.) and dying simply cannot even afford to, as the law used to allow, reimburse for "utilities and supplies", let alone more "fees". My colleagues and I work full time jobs and do this as "volunteer work...it is an altruistic endeavor, and we are hard pressed to cover these extra expenses. I sincerely appreciate the elimination of fees in addition to those necessary to register patients.

- 3) SB 1598-24 Sadly, after last Oregon Legislative Session, some local governments took the directive of "time, place and manner", and tried to ordinance even medical gardens out of existence. I sincerely appreciate this Amendment 24.
- 4) Please return the limit of 4 patients' number of plants per grower, and eliminate the limitation of only 12 plants in areas zoned "residential". Some areas are zoned Ag/residential, or Timber Residential. The nearest neighbor is a quarter mile away! This is SO OVER restrictive! Instead of broad brush strokes legislation, have you considered mediation of problems in residential areas?
- 5) Please consider low income patients' access to a medicine their doctor recommends. More than 40% of OMMP patients are low income. They simply cannot afford to go to OLCC stores or dispensaries to purchase therapeutic cannabis. Our approach since I, 17 years ago phoned Our House of Portland, a residential care facility for people living with advanced AIDS (who we still serve), asking, "How can we make the OMMA work for those who need it the most, who, otherwise would fall through the cracks?" Things like "gifting" therapeutic cannabis are the foundation of how this works for many since the OMMA's first days, and today, as well. Broad brush strokes attempt at combining laws surrounding legalization and medical severely limit patient access. Making providing free medicine to the most physically challenged (like our quadriplegic patients), the sickest OMMP patients like the MS patients, ALS patients, Alzheimer's patients and those dying cost prohibitive (OHA "fees") and cumbersome (reporting) and, especially, necessitating surrendering one's U.S. and Oregon Constitutional rights (or privacy, i.e.) and from warrantless searches will significantly limit patient access. I work a 40 hour paid job, and do an additional 40 hours a week of this volunteer work. Now I must incur the extra work and expense of "reporting"? I have notified our patients that I will no longer be able to assist them with OMMA implementation, because I refuse to give up my U.S. and Oregon Constitutional rights. Ask the Directors of Nursing at Our House of Portland, MacDonald Residence Assisted Living(operated by Catholic Charities of Oregon) , the quadriplegic patients at Meyers Court, and the care Coordinator at Emerson House(a Memory Care facility) about the

professional approach by "The Co-Op" and how patients there benefit. Then ask yourself if you want to make it impossible for us to continue.

Sincerely,

Clifford Spencer, MA, MS

"The Co-Op" Coordinator