

Hand delivered 2/23/16

Mac Donald Residence (Assisted Living)

605 NW Couch Street

Portland, Oregon 97209

Re. : SB 1598 and Related Legislation Regarding Medical Marijuana

Oregon Senators and Representatives:

We are hand delivering these letters by representatives of our residential care facility to put faces on the impact proposed and recent legislation regarding the Oregon Medical Marijuana Act (OMMA) will have upon us, as patients. Because of new legislation, 4 additional people at our residential care facility need medical marijuana, but were told because of pending legislation they could not be assisted. Basically, new legislation will be taking away from us a medicine our doctors recommend.

In the rush to implement the legalization of cannabis, M-91, the Joint Committee of M-91 addressed with broad brush strokes the OMMA, trying to "fit a square peg in a round hole". "Medical use" is NOT "social use", and should NOT be treated that way. While there was in M-91 a directive to implement LEGALIZATION by a deadline, M-91 also stated in three (3) places, passage of M-91 will NOT affect the OMMA. Legislators have tried to place the same requirements upon small, noncommercial gardens supplying patients like us with therapeutic cannabis at no cost to us (like my OMMP grower's 220 square foot medical garden) with the same requirements (like searches) as an OLCC 40,000 square foot garden. This Altruistic endeavor has improved our quality of life, and recent/proposed changes to the OMMA will remove the availability of this medicine from us. People in residential care like us have only Social Security as income, and almost all of that goes to the residential care facility for our care/room/board; what little is left is supposed to be for clothing and toiletries. We simply cannot afford to purchase cannabis medicine, a medicine our doctor recommends, at OLCC stores or dispensaries. With legislation as it now is being slammed through the Oregon Legislature, our (OMMP) growers and caregivers have indicated they will no longer be able to help us.

- 1) New requirements of added "fees" by the OHA will make it so our growers and we can no longer participate. When the OMMA was passed in 1998, it was supposed to be self-funded, NOT a "cash cow" to fund OTHER OHA programs. The ONLY "fee" required to support the OMMP is an annual \$25 application fee. Additional fees are not in the spirit of what "We The People" passed with the OMMA. Please withdraw legislation allowing the OHA to generate income off the backs of sick, physically challenged and dying patients.
- 2) While we understand large OLCC (i.e. 40,000 sq. foot gardens) should be "inspected", as should larger OMMP gardens involved with commerce (selling to dispensaries), smaller patient gardens sharing at no cost, like co-ops, should not have to endure the same requirements. As the OMMP evolved, before dispensaries were allowed just a few years ago, since the beginning in 1999, "gifting" therapeutic cannabis at no cost was (and still IS) the foundation of making therapeutic cannabis available to low income patients. More than 40% of OMMP patients are low income. Larger gardens involved with commerce can afford to rent large spaces, so they do not produce

cannabis in their homes. Smaller altruistic and co-op gardens are typically a spare room in someone's home. A noncommercial endeavor, making therapeutic cannabis available to people who, otherwise, would "fall through the cracks" should not be required, in someone's home, to surrender one's U.S. and Oregon Constitutional protections regarding privacy or warrantless searches. Should there be "probable cause" for a violation, there is already a mechanism in place, with no additional intrusive legislation necessary. Have "probable cause", go to a judge and get a warrant! Pretty simple!

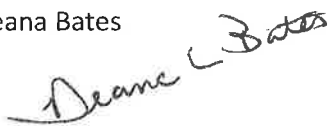
- 3) Restore "24 mature plants" to patient gardens in city limits and especially in rural residential areas. In an area that is zoned "Agricultural/Residential" or "Timber/Residential", larger than "2 patient" (12 plant) gardens should be allowed. This new restriction of requiring, in residentially zoned areas, no more than (2 patients' number of) 12 plants restricts the availability of medicine for patients. Should there be any neighbor concerns, certainly mediation makes much more sense than broad brush strokes legislation taking away patients' medicine.
- 4) It is sad that a new head of the OHA had no clue there was an Advisory Committee on Medical Marijuana (ACMM). This is indicative of the lack of patient and OMMP caregiver perspective in OHA Administrative Rules and OMMA legislation. Lately it seems the significant access by paid lobbyists and people with financial interest in exploiting cannabis for profits very significantly outweigh patient perspective in laws that have a profound impact on patient quality of life. The ACMM should have MUCH more power regarding influence in both legislation and OHA Administrative Rule making. The ACMM should be expanded to include more than 51% of patient and provider participation.

Please consider addressing our serious concerns with SB 1598, and amend it to reflect these; return our medicine our doctors recommend and do not jeopardize our quality of life.

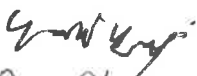
Sincerely,

Daniel LaForce

Deana Bates



Gerald Kiely



Craig Curtis

