

March 13, 2017

Testimony regarding HB 2198

Co-chairs Lininger and Burdick, Members of the Committee:

My name is Cheryl K. Smith. I am currently Chair of the Advisory Committee on Medical Marijuana (ACMM); Director and Founding member of Compassionate Oregon, and former Executive Director of Compassion Center, a Eugene medical marijuana clinic, for more than four years. I am here as a patient advocate

I am testifying regarding HB 2198—predominantly the aspects that relate to patients and address the Oregon Medical Marijuana Act (OMMA).

This bill, and others, came about because of dissatisfaction by nearly everyone with the OHA management of the OMMP. OHA has never supported the medical marijuana program, and for probably the past decade, it has been used as a cash cow to fund other admittedly valuable OHA services, such as safe drinking water and EMTs.

We have an almost 20-year-old medical cannabis program, yet research is virtually nonexistent, patients and their growers are being gouged, and the OHA has not made any effort to bring the program into the mainstream medical system.

We have a heroin and opioid abuse epidemic. Numerous studies have shown that in medical cannabis states, the death rate for this has decreased. So where is the OHA and Public Health? When it comes to medical cannabis, the OHA is MIA.

I support the Medical Use of Cannabis Board. My understanding is that the Medical Use of Cannabis Board (MUCB) proposed by Section 10 of this bill will replace the OHA in oversight of the OMMP; but I couldn't find a part of the bill where ACMM was removed (which would be redundant). We support this new model. While this board is still under the OHA, it will statutorily have more clout than the ACMM, which for many years was ignored and silenced by the OHA. We need a board of individuals who are interested in furthering the medical cannabis program, and are not undermined by higher management in the agency. As an example, for years the pleas of the ACMM to reduce excessive fees have fallen on deaf ears, despite repeated requests with data to back up our requests.

I support putting all growers under the Department of Agriculture. Moving all growers—medical, recreational and hemp—to the Department of Agriculture is the most logical and reasonable solution. It is an agricultural product, after all. This

alternative is preferable to merger of the program into OLCC—a regulatory agency with no connection to medicine and health care or the other cannabis—hemp.

In light of the recent pronouncements by the 45th president's administration that recreational cannabis programs are at risk of prosecution, medical cannabis should be as clearly separate and insulated from recreational cannabis as possible, to ensure that patients can continue to use this valuable medicine and not go to jail or prison. (I will not enumerate all the evidence that cannabis is a valuable medicine, as I believe this committee is already convinced of that.) Patients' health and lives are at stake here.

A couple of other areas worth mentioning:

- I support **Section 16**, believing that it is important to explicitly allow a patient to process his or her own medicine from homegrown plants.
- **Section 60**—it is unclear to me why OLCC would be responsible for best practices for producing and propagation of plants. Isn't this an issue for the Dept of Ag?

Please consider passing this bill as it stands and continue to improve and strengthen our medical marijuana program. Patients are depending on you.

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