

To Co-Chairs Burdick, Lininger and Members of the Joint Marijuana Regulation Committee:

I am writing to you this day, to share my concerns regarding SB 1057, and the issues that will, and may, arise, respectively.

I believe the following are the most damaging and problematic items, that are housed within this piece of legislation, as a patient, caregiver, and grower for our Medical Cannabis program and system.

**Section 1:** I find exception to the changing of the title to include medical use, as much of the change within, goes counter to both the majority of public testimony submitted over the past three legislative sessions, as well as the lacking of representative outreach to those in the program, or taking into consideration the findings of the OHA rules listening tour that directed needed changes back to the legislature, or unable to proceed based on legislative restriction.

**Section 3:** I find it hard to have a clear bearing on this, without a clean slate offered to all legal adults over the age of 20 years and 364 days, moving forward, regarding possessing, delivering, manufacturing, in manners not affecting a child under the age of 18, upon the establishment of clear, and plainly written statutes governing this topic matter. Given the fact that patients have paid fees or suffered undue interference on behalf of responsible adult use policy, I suggest that the state provide expungement for current or cards provided over the past five years, so that they may qualify to return to their program, and continue to provide their own relief, free of market pressures or government overreach without consolatory action.

**Section 4:** Without clearly defined rules, boundaries, and application of law in this state, regarding the controlled substance, I feel this section risks creating vehicles of entrapment, predatory enforcement, and potential right to privacy violations. The removal of outlets, through statute, originally intended for medicinal access, but turned into adult shops by the Committee, makes this section particularly problematic, in regards to ability to provide and care for patients left vulnerable in this process.

**Section 5-6:** It is hard to tell whether the medical portions are affected in the statutes altered here, due to the blending of medical and responsible adult use, by statute over the past three years. If so, several portions of this could needlessly jeopardize persons who have no clear means to understand the rights and powers possessed by both the specialist, and the investigated.

**Section 16-17:** This prohibits or does not offer options for medicinal flower or products not produced under OLCC guidelines, but still of value, and possibly an outlet for material consider as asset forfeiture, as a vehicle for distribution to sick and infirm.

**Section 18-28:** Medical Cannabis, under no circumstance, belongs under the direction of Liquor Control Commissioners. The premise, consumer needs, and culture are in no means served in this body's setup, purpose, or function.

Subsection 4 is unrealistic, unless other statutes instituted in the previous three sessions are altered, to provide a meaningful reporting agency, as well as outlets for legally maintained product, without excessive and prohibitive accesses, to be able to maintain this mandated percentage.

Medical cannabis, as elected in 1998, was a statewide law, and as a health benefit, should not be allowed to deny eligible patients holding residence in this state, for political reasoning. Modifications to continue this allowance, with no meaningful way to appeal or address issues surrounding access, privacy, and personal security, have been put by the wayside, for consideration of those not affected by the ailments allowed under the OMMA. Privacy on health issues was already setback by the opening of restricted access to dispensaries to general public 21 and over, while the state sorted out vice use outlets.

**Section 34-36:** This section concerns me due to the apparent lack of understanding and information regarding growing needs, and issues, especially in regards to medicinal delivery systems. I feel this section above almost all, is representative of how patients have not been considered, but rather abused, by posturing for better revenues and protection of vice markets, for future revenues.

In Summary, this bill is bad for patients, ignorant of the needs of the most drastically affected, and similarly conceived as almost every other bill that affects the medical cannabis program, without patient program participants being contacted, consulted, or heard when coming to Salem, in spite of their ailments, to speak to those who affect their program, for the gain of those who do not hold their medical interest at heart.

Respectfully,

Kris McAlister