

To: The Honorable Senator Ginny Burdick, Co-Chair
The Honorable Representative Ann Lininger, Co-Chair
Joint Committee on Marijuana Regulation

From: Anthony Taylor, President
Compassionate Oregon

Subject: SB 1057 and amendments.

Database:

This database already exists. The only component that needs to be added is the mechanism for inter-agency sharing of information contained in this database.

It cannot be emphasized enough that the sharing of this information makes patients very nervous. When this first came up in the workgroup it was posed as a way to verify OMMP cardholders when making purchases in OLCC retail stores. It seems to have expanded from this concern to allow access by a broader range of agencies and agency personnel.

Patients are concerned this information may be accidentally disclosed or improperly shared. This was a major concern when the registry was first opened up to law enforcement searches through the LEDS system and improper access was discovered on more than one occasion. For instance, what is to prevent the Water Resources folks from investigating every grow site for water resources violations rather than discovering such violations through complaint or during the course of normal day-to-day activities.

We encourage the state to proceed with great caution in creating this mechanism

Plant Limits:

SB 1057, Section 36 and Pg. 2 lines 23 – 27 in the dash one amendment.

Plant limits always hurt patients. In fact, everything industry does affects patients in one way or another and we cannot support this further restriction on production limits for patients. Limits affect patient access to growers and needed medicines and often results in a patient losing their grower entirely thereby forcing them into purchases at dispensaries they can ill-afford or finding product in other ways.

The plant limits set for medical growers in HB 3400 resulted in nearly 17,000 patients unable to find a grower. The effect here will not be as dramatic but will adversely affect patient nonetheless.

Limiting plants by household rather than by how many patients reside at any particular address will be no different. This limit affects any situation where two people now grow for themselves at their own residence.

Limiting immature plants is less troubling but still concerning. This is not required of anyone else in industry or larger medical growers and is not necessary here. This committee is already familiar with why larger numbers of immature plants is necessary. These include start and clone loss, males, plant loss after planting, and maintaining vegetative plants for specific strains. These factors apply to any grower and those growing at their own residence should be extended the same opportunity. I remind the committee that when this issue came up during the workgroup, consensus was reached that any limit on immature plants for growers at this level should be determined by a factor of six with respect to the number of mature plants, meaning six mature would allow thirty-six immature. That seems the appropriate limit should the Committee decide to proceed with these efforts

Finally there are obvious workarounds with this language. Any address where two patients reside can designate each other as their grower and their primary residence becomes a designated grow site and the six plant limit is defeated. Or even easier, they simply notify OHA of their intent to sell their excess by creating an online growers account which makes them a designated grower and designated grower site under OHA. Both of these conditions would require each grower to pay grow site registration fees, create an online account with OHA and begin monthly reporting but a small price to pay to avoid these proposed limits.

We urge the committee to reject adopting these limits.

Reporting into METRC

SB 1057 -2 & -3 amendments

Compassionate Oregon has supported a single reporting system for both recreational and medical growers. We have, however puzzled over just what this would look like. Would METRC meet the demands of both OLCC producers and OHA growers? How would poorer patients afford the cost of reporting, RFID tags, Training, or state certified scales? Is it better or easier than the OHA reporting system, does it capture everything that is produced,

Defining tracking for medical growers will be tricky because, as illustrated by this slide, OHA's definition of a designated grower, which this amendment uses as criteria for who shall report, is pretty broad.

Tracking through the METRC system will be a burden for many patients that are unable to grow their own medicine at their primary residence. These circumstances require a patient to find

another location to grow their cannabis and that makes the patient a designated grower and required to report to OHA and now under this amendment, into METRC.

In addition, at a grow site with multiple patient-growers each of those growers are considered a designated grower and are required to create an online account with the OHA and begin monthly reports regarding activity at the grow site address. Not all activity, just the activity around their six plants. These patients will also be required to report into the METRC system even though they are just growing six plants for their personal medical use albeit at a remote address.

These patients may not be able to grow their own plants at their primary residence for a variety of reasons, they live in an apartment or in federally subsidized housing or they simply live in an area, especially a residential area, where growing cannabis is a security risk to persons, plants and property. But they are required to report based solely on the fact that they have a remote grow site.

We cannot support required reporting for this specific circumstance where a patient's only option is to grow at a remote address even if that grow site has more than 12 plants and would ask the committee to address this situation.

An additional factor is the requirement of a Department of Agriculture certified scales and the time and money involved in reporting. Less than half of all OHA growers required to report into the OHA tracking system and I suspect OLCC will have face the same problems.

We can support the dash two amendment tracking for medical growers through the METRC system if the \$480 annual fee for using the system and the cost of a state certified scale is fully subsidized i scales and more importantly that it provides a clear path for medical growers to the adult use market.

Thank you for the opportunity to present our concerns to the Committee.