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

My name is Will Feetham, I serve as the vice president of the Oregon SunGrowers Guild. We represent medical marijuana growers and patients and promote sustainable practices for all cannabis producers. We have been active here in the capitol for years advocating for low income medical patients and rural family farms, both of which are affected by the legislation being considered today.

There are elements of this bill which are wise and needed, such as the ability for Oregon recreational licensees to convert to medical only status to preserve access in the event the federal enforcement landscape changes. It's important to remember, though, that there is already a medical system which has been serving patients for 17 years. Small family farms which produce cannabis, and patients who receive pure clean medicine free or for very low cost, stand to lose if we don't recognize and protect the system which has helped us get this far.

Our specific concerns about SB 1057 and its amendments are:

SB 1057

Section 36

A 12-plant limit on non-mature medical plants will harm patients and does not make sense as a diversion control measure. Immature plants have no value as intoxicants, though some patients juice them as a source of non-psychoactive CBD. The primary effect of such a limit would be to reduce the number of cultivars that are available to patients. Different cultivars have dramatically different effects, and many offer exceptional control of specific conditions. The most important reason to allow patients to keep more than 12 immature plants is to allow different cultivars to be kept, in a vegetative state, and flowered as need to provide the relief from different symptoms of illness. There is a dearth of research about cultivar specific treatment, but it cannot be overstated how important it is that patients have access to as many types of cannabis as possible. The 12-plant limit will block access to this biodiversity and easing identification of non-compliant growsites is not a sufficient compensation to justify the suffering that will result.

Section 30

We have serious reservations about releasing medical patient data to Oregon Liquor Control Commission, the Department of Revenue, the Water Resources Department and the State Department of Agriculture. The data contemplating being shared with these agencies includes specific medical diagnoses of individually identified medical patients. There is no plausible reason these agencies need access to that information. As a law enforcement agency, OLCC already has access to the database that

police have been using to check compliance for years. Revenue, Water and Agriculture are not law enforcement and have no need for this information.

Section 71

This section regarding liens against property presents a huge problem for landlords and tenants of all types in Oregon. By removing the stipulation that landowner collusion in lawbreaking must be proved, and including medical marijuana in the offences for which property can be seized, the legislature will be setting the stage for cannabis business and families using medical marijuana to be evicted. Cannabis is legal in Oregon, we should be increasing protections for users of this commodity and the landlords where activity takes place, not giving latent prohibitionists tools to punish community members engaged in this benign activity. Collusion to break the law must be proved to allow seizure in other crimes, and that should be the standard here as well. Medical marijuana is a godsend to so many families. Don't set families up to choose between medicine for a sick family member and shelter for the entire family.

Section 6:

We are concerned about the ability for OLCC regulatory specialists to seize property beyond cannabis, cannabis products and specific equipment used to create cannabis or cannabis products. We've seen law enforcement agencies suffer mission drift when the perverse incentives of asset forfeiture were part of the equation in making enforcement decisions. Oregon has moved to correct that problem in other law enforcement agencies and we feel OLCC's role in creating a successful and safe cannabis industry is too vital to jeopardize with perverse incentives. The continued cooperation of OLCC with local and state law enforcement is a successful model to create a regulatory body focused on industry success with the teeth needed to ensure compliance.

Section 32

We support labeling authority being consolidated under OLCC control. One vital element not reflected in this language is the differentiation between medical and recreational dosage and potency. Many medical users find that therapeutically effective dosages of cannabis are far beyond what a casual recreational consumer would want to tolerate. We recognize the key role of OLCC in ensuring recreational consumers can consume cannabis safely, and that dosage control is an important part of that task. If OLCC is going to take charge of medical potency and dosage it is absolutely vital that they also accept the mission of ensuring medical patients have access to the dosages that are therapeutically effective for their conditions.

Amendments -2 and -3

We think requiring medical growers under the OMMP to convert to seed to sale tracking under the OLCC is fundamentally inappropriate. The small scale of medical marijuana production at this point does not justify the amount of work and cost that is required to operate METRC. The annual fee for access to METRC is $480, requires trade certified scales and dedicated computer equipment that normally cost thousands of dollars, and hours of additional staff time to learn and maintain a system that is not user friendly. If our goal is to reduce diversion and increase compliance with the tracking system we need to make the system more accessible not less accessible. The vast majority of medical producers long to participate in the legal marketplace, but are looking at the METRC tracking system with clear eyes and

realizing that compliance will be difficult if not impossible for them. The current OMMP system, which uses a monthly snapshot model rather than a daily reporting model, captures all the same information to evaluate program effectiveness and detect diversion, but requires much less effort on the part of users. Plant counts, harvest amounts and transfers are all reported, but it takes growers 5 hours per month rather than 5 hours per day. We would recommend allowing this new system to develop and mature, making improvements as needed to accomplish the state's objectives for a strong and accountable system.

I'll close with a statement about diversion, which we all want to prevent, but the focus of the -2 and -3s misses the mark. Preventing access to the OLCC market for medical growers may drive a portion of the diversion, but law enforcement resources would be properly applied going after the producers that are not a part of the system, not targeting and mischaracterizing small medical farmers as the problem. Several grows in the 15,000 - 25,000 plant range are eradicated each year on public land in Oregon, and resources are not dedicated to finding them all. Each one of these operations by Drug Trafficking Organizations is roughly equivalent to 1000 medical growers. That is a way larger "diversion" into the black market than excess medical. The state should redouble its efforts to crack down on these massive illegal grows and carefully weigh the urge to merge tracking systems against the unintended consequences for our medical marijuana program which has been the bedrock for legalization in this state.

Thank you for the opportunity to comment today.