

Madam Chairs, Esteemed Legislators, Members of the Public,

My name is Kris McAlister, and I am of the Springfield area.

I am a former member of the Board of Directors for the Compassion Center, as well as a 7 qualifying condition patient, grower, and caregiver.

I say former, because our nonprofit clinic, one of two known in the state, and a business that kept its doors open, its fees paid, and its employees taken care of, for nearly 16 years, closed, directly due to actions preventable by this body.

I am here before you, because there is nowhere else to go.

Section 1, and 2, of Article II, in the ACMM Bylaws says;

The Advisory Committee on Medical Marijuana is established subject to Senate Bill 1085, that was passed in the 2005 legislative session and became effective January 1, 2006, and is incorporated into the existing statutes for the Oregon Medical Marijuana Program (OMMP), ORS 475.300 to ORS 475.346. The advisory committee will exercise and carry out all powers, rights and privileges that are expressly conferred upon it.“

“The mission of the Committee is to advise the Director of the Oregon Health Authority (OHA) on the administrative aspects of the Oregon Medical Marijuana program (OMMP), review current and proposed administrative rules of the program, and provide annual input on the fee structure of the program.”

As a member of the protected class, established in 1998, I am told I am able to speak to the Advisory Committee on Medical Marijuana, established 2006, and it is from this body I reference the minutes from the meetings;

Ms. Cheryl Smith, June 15, 2016 (the last updated ACMM minutes),
Mr. Todd Dalotto, December 2, 2015,
Ms. Cheryl Smith March 11, 2015,

speaking to the resistance of the OHA to represent the interest of the patients in the same manner the Committee members are pledged to, upon assuming their advisory role, as well the issues revolving around pricing and the processing times of patients' applications, in the wake of legislative changes, the past several years, tying up the hands of the program, tying up the resources of the existing infrastructure deemed for some of our sickest, and at a cash rate to the state that no other medication or herbal practice is mandated.

As of this date, this Joint Committee this year, has met twice as much as the ACMM will, and in combination with the previous two sessions', will have over 15 "ACMM years" of meetings worth of affecting the medical cannabis program, before it is through. As referenced in previous meetings, there is a lot of experimentation in this new era. I have lost 7 patients, since the date this joint committee first met, including my mother this last December.

My mother was waiting for clarification on her id and residency, with signed papers, alongside her hospice paperwork, and reduced phone hours, recreational focused mandates from this body to the detached OHA, and lack of understanding of the real time needs of our patient load led to her prolonged misery, as she sought to try and stay within the law, as to not jeopardize those helping her, while we worked on trying to save her, to aid her, in legal limits, through legal markets, with legal rights due to her condition. Money was not the issue holding her back, unlike so many, it was time.

SB 1057 has a couple of gems in it, but they are very few and belong under the ACMM, not the OLCC, and they would serve the mandated function of health and safety, as stated by Administrator Wagner, in the aforementioned minutes, more so than the bulk of the bills passed by this Committee, in regards to the medical program. Your staff have asked our sick to come testify, and we do, only to see it not reflected in the Committee ordered drafts that come before you in public hearings and worksessions such as this, while the beneficiaries of your previous actions call for further measures that would be deemed unethical if coming from our appointed representatives.

We now have hundreds in our county without access to nonprofit clinics with care as their main focus, while many more are exploited in recreational high shops that replaced the medicinally knowledge directed dispensaries, placed further in jeopardy as efforts to combine the programs put the sick more at risk from our federal administration, of which a large amount of the deconstruction of the medical program, the past two years, was justified to prevent.

Our people need leadership. If our Governor, our legislators, our program administrators, and our tasked committees can't take responsibility for our protected class, who will?

Respectfully,

Kris McAlister
Springfield

I bear issue with Sections 1, 3, 4, 5-6, 16-17, 18-28, 34-36, respectively.