Les Helgeson

April 19, 2017

TO: Joint Committee on Marijuana Regulation
RE: HB 2198 -7

Thank you for your continuing efforts to improve Oregon's cannabis regulations. The improvements offered in HB 2198 -7 make sense overall but I have a couple of concerns.

While it may be desirable to house a Cannabis Commission within an existing agency for obvious reasons, state agencies are unfortunately too often embedded with a cultural rigidity that is perpetuated by commissioners who place primary emphasis on rubber stamping staff decisions. It is the norm for public comment to be ignored unless extreme protest is evident.

Indeed, OHA rubber stamps their own decisions which makes matters worse. Clearly staff has failed both OMMP and their cannabis testing responsibilities. As a former OHA RAC member concerned with implementing HB 3400 I can assure you first hand that the agency's failures have been significant but avoidable.

So, how does the establishment of a Commission within such a failed agency bring about needed change and leadership if precedent has it that commissioners are nominated and confirmed based upon their willingness to maintain the status quo? The status quo at OHA is horrific.

Also, does working staff answer first to OHA administrative staff or the Commission? How will inevitable conflicts be addressed?

Section 14

While it is commendable that Sec. 14 provides for the limited sale of medical product, it is unclear why such sales would limited to wholesalers and processors.

Such a restriction severely impacts the income potential for OMMP growers who in many cases are better suited to providing retail outlets with high quality medical product at a better price and thus lowering costs for consumers. Why require that proverbial "middlepeople" have a monopoly, which also adds an additional layer to the tracking regimen being proposed?

Additionally, does the legislation allow for "micro-wholesalers" to participate if indeed there is a legitimate reason to restrict sales to "wholesalers"?

Finally, thank you for increasing the number of medical plants at a given residence (not subject to tracking) to 12 as per Sec. 14(a)(2)(a). Presumably this number is in addition to the general limitation of 4 for a total of 16?

Please increase the number of immature plants allowed at any medical grow, as well. Many growers provide plants for other growers free of charge or engage in plant improvement programs that benefit patients. Growers (or their caregivers as per this bill) might be capable of growing a mature plant but often rely on others to produce cuttings for them since this takes additional space, equipment and expertise.

It's not uncommon for a grower to provide rooted cuttings to several other grower/patients who have no immature plants, so restricting everyone to 2x the number of mature plants is unkind and would seriously impact the elderly, sick and dying patients who would otherwise like to grow their own medicine.

Perhaps allowing 24 - 48 immature plants per 6 mature plants might be a reasonable number to consider if imposing a limit is indeed a priority?

Thank you

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