

Dear Honorable Co-Chairs and Committee Members,

I was one of the initial members of the ACMM, serving for 10 years, 2.5 years as Chair. I am appalled by the way the OHA has been unresponsive to advice from the ACMM. The ACMM represents concerns of the patients, with suggestions to improve patient access and service to their own program, which they fund.

I work daily with patients and understand the frustration they feel while trying to follow the rules so they can legally access their chosen medicine. Patients have been denied access to dispensaries, while waiting for the tardy ID cards. The cards are being issued in a timely manner now, but I expect, as in the past, this type of wait will happen again. The patients have been forced to hold over an hour to get through on the phone. There is no face to face contact. Patient service is lacking and funding to properly staff the Program is often insufficient.

The OHA has been slow to adopt changes in forms and to supply information to patients about changes in rules, sometimes taking months to change a simple form. Incorrect information has been repeatedly posted to the website, confusing many. There is periodic tardiness in issuing cards, sometimes forcing patients to wait for as long as three months to get their ID cards. This wait rises and falls with no consistency in meeting the 30-day mandate to issue cards.

The OHA takes huge amounts of money from the OMMP Fees, yet the service to the patients doesn't improve. One would think that for such a lucrative program everything would be done to make it run as smoothly, efficiently and effectively as possible, while meeting patient needs.

OHA has historically neglected issues important to patients using medical cannabis. I had hope when OHA took over the Program, that harm reduction would be addressed, but that has yet to materialize. It has been obvious since 2010 that the fees demanded of the patients did not go to better service or addressing patient concerns. OHA has been funding several other OHA Programs, all the time demanding more and more money from the patients.

HB 2198 addresses these shortfalls by developing a long-term strategic plan for ensuring the OMMP will remain in place for future patients and ongoing for those now in the program. HB 2198 will also require biennial reports back to the legislature on important issues like patient access to medical cannabis, the efficacy of different strains on different conditions establishing a low-income patient fund, patient needs that are on probation or parole and the impact of federal regulations on medical use of marijuana.

I support HB 2198 and urge the committee to move the bill to the floor.

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