Testimony regarding HB 3395
Submitted to the House Committee on Economic Development

From John Sajo, OMMP Metrc License # 220-22436

I submit the following testimony is support of HB 3395. Please vote yes and move this bill.

I have been an advocate for reforming marijuana laws for over three decades. I worked on both Measure 67, which created the Oregon Medical Marijuana Program in 1998 and Measure 91, which legalized recreational marijuana in 2014. When we drafted Measure 91, one of our goals was to protect the OMMP. That program was very successful in helping tens of thousands of patients, at no cost to taxpayers. For most of the life of the program, some patients grew their own marijuana, but most patients relied on designating a grower who was better able to produce marijuana. In 2013 the legislature created dispensaries where patients could buy marijuana and this greatly expanded the choices available to patients.

Legalization, passed by voters in 2014, has led to even more stores where patients now can find an even wider variety of quality controlled medical marijuana products. For patients who can afford to purchase these products this is progress. Unfortunately about half the patients registered with the OMMP qualify for low income discounts and many of these patients can't afford to buy their medicine and continue to depend on designating a grower to produce their marijuana for them. The problem is that legislative changes to the OMMP system of designating growers has made complying with OMMP/OLCC regulation much more expensive and difficult. The number of growers willing to assist patients has dropped dramatically. Thousands of patients have lost their growers who dropped out and these patients can't afford to shop at the OLCC stores. The OLCC has made several attempts at creating programs to assist these low income patients but these have all failed miserably, buried in over regulation.

The Oregon Cannabis Commission, created by HB 2198 last session, formed a Patient Access subcommittee to address the issue of how to ensure that low income patients have access to medical marijuana. I served on that subcommittee and suggested that OLCC farmers be required to donate a percentage of their inventory to patients. This could easily take care of all the patients in need and would also reduce the huge surplus inventory the OLCC reports. However, it looks like it will take a long time to develop a program like this.

In the meantime, designated OMMP growers continue to take care of thousands of OMMP patients. I am the designated grower for 8 patients, the maximum number allowed by statute. For most of the twenty years the OMMP has existed, designated growers could share the excess over what their patients needed with other OMMP patients. Recent legislative changes now require designated OMMP growers to pay thousands of dollars annually in new fees and be tracked in the Metrc tracking system just like OLCC producers but the law now prohibits OMMP growers from transferring medicine to any patient except the maximum of 8 that designated that grower. This makes no sense at all. For twenty years when there was no tracking growers could give medical marijuana to any patient, but now that every transfer is tracked in great detail, including the exact amount of marijuana, what strain and exact plant it came from, and even the route taken to meet with the patient, growers are now prohibited from helping the patients who need it the most.

I have excess marijuana sitting on the shelf, all tracked with the appropriate Metrc tags, and I regularly run into qualified OMMP patients who do not have any. I am willing and able to do all the necessary tracking of medicine that I transfer to patients. Please pass HB 3395 so that this simple act of compassion is not a crime.

I hope you support creating a system where patients who cannot afford to purchase medical marijuana can obtain it. The system of designated growers providing for patients is not perfect but it functions very well to address this need. Please pass this bill to support low income patients.

Thank you

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