5JA20

Testimony to the House Committee on Economic Development against HB4035

HC Committee Chair Lively, Committee Members, medical professionals and their patients that are watching this Committee Hearing.

I am Michael D. Rochlin, RN, a Cannabis Nurse and public safety & health and patient rights advocate.

- President & Founder of **Confidential Therapeutics**, a medical consulting firm
- Director of the new **Oregon Cannabis Clinicians Group (OCCG)** , a private not for profit association of licensed clinical healthcare providers serving Oregon patients
- Board member of the **American Cannabis Nurses Association (ACNA)**, a national not for profit professional Nursing Specialty Practice organization.

HB 4035 is premature, and if passed, may finish off the ONLY basis for a legitimate Oregon state medical cannabis program with legal precedent: OMMP. The Oregon state adult use program managed by OLCC cannot stand on its own, without the State medical program; state medical cannabis use programs have been upheld in the 9th Circuit Court. Medical use continues to have new legal precedents set across the USA, most recently in New Jersey.

Patient rights with Oregon providers of Medicare, Medicaid and other payer programs are being impacted, patients and providers are discriminated vs other medical/pharmaceutical treatments that may be less effective and potentially more harmful. Patients need to be informed of all available treatment options, and Nurses are willing to provide the information; however, the state nursing board (OSBN) recently opined that Cannabis is a Controlled Schedule 1 drug, and stated in a reply to policy inquiries that Nurses cannot talk with their patients about cannabis. Other Clinicians have also recently joined our Oregon Clinicians Group (OCCG) with similar Licensing Board prohibitions. This license action essentially prohibits licensees from any medical discussion about treatment with patients. Why prohibit discussion of something that is legal in Oregon, medically defensible if a patient is authorized legally with registration, used by a large part of the retail store population for self-medication, and needs to be part of the normal clinical conversation about treatment?

The VA allows providers to discuss cannabis with their patients, and they are Federal, so why this backwards step in Oregon? Is it fear? Confusion? If the Healthcare licensing authority is confused or fearful, then the stigma continues and normal medical care is prohibited for cannabis. We are exploring this with the boards, but meanwhile, Other licensed healthcare provider boards, eg, Chiropractors, Licensed Massage Therapists et al, have also prohibited discussions and/or treatment >note: topicals - can be used safely by a licensed healthcare provider, without blood absorption/intoxication)

All licensed HC providers should be able to discuss cannabis with their patients in a non-punitive, nonjudgmental manner; however, if institutions, universities and licensing board policies prohibit this meaningful dialog, then Oregon Legislature needs to provide state policy safety and health research by the Oregon Cannabis Commission (OCC) Research Subcommittee, scheduled to meet next week. Rationale policy can inform, especially if ALL stakeholders, like patients and medical professionals are at the table, as they are in the OCC.

Prohibition and institutional resistance has and will continue to harm the patient/provider relationship, built on trust. It is not safe, confidential or probably not legal for a licensed medical provider to tell patients to talk to a budtender (without a medical license) about patient medical needs.

As the House Health care Committee addresses the inequities of safe and affordable mental health treatment vs physical health fee for service medicine, the science of the endocannabinoid system (eCS) science continues to be ignored because of the stigma.

Providers of Healthcare need to learn about how the eCS works with the human physiology, and research indicates that the eCS is the master regulator of the human body. Phytocannabinoids (the plant that contains most of the cannabinoids and terpenes) can help restore balance to the eCS, if lifestyle, mobility and diet are addressed through patient education. Not a quick fix (unlike pharma commercials);it takes commitment by the patient and a willing provider, to be sustainable. Not to mention appropriate reimbursements for outcomes not fee for silo services that are less than effective and escalating in cost. The costliest: pharma drugs. The cannabinoids have been shown in preclinical studies to reduce need for single molecule drugs that interact and cause the need for other drugs to counteract adverse effects (eg, opioids cause constipation, so they get drugs for that. How about evaluating medical records to see how effective opioids vs cannabinoids are to for benefits vs costs (including cost of lost work, disabling medical from adverse effects, etc.)? The OCC has a research Subcommittee to address priority issues to inform policy makers and needs to be funded.

Committee members asked Monday why Cannabis Regulation was given to OLCC? Former OLCC Chair Rob Patridge said, on record at an OLCC Commissioners meeting ~ 2015, that OLCC was the fair haired child, bringing in Billions in Revenue to the State (in alcohol revenue, also similar to gambling) but, Commissioner Patridge said that can also "change on a dime."

OLCC is about economics, NOT health and safety. Even the "Marijuana Fund" they are provided is named "Control & Enforcement"

OLCC is the major recipient of consumer sales tax dollars, primarily for regulatory enforcement purposes. The retail sales taxes, paid for by consumers, are going to OLCC for the "Control & Enforcement Fund." There are NO retail sales taxes currently provided for sound policy and medical research. The OCC is already established and is

actively working on this: OCC has asked for an ODA rep to participate with OCC Subcommittees, and a DOR rep should also be on the Governance Subcommittee to help with this critical issue. It should be much easier and faster to add State Agency reps on existing Subcommittees, in order to add credibility for transparent policy discussions.

We heard Monday in this Committee that the retail "marijuana" taxes are NOT constitutionally bound, so the main reason that I have heard from Legislators why they have NOT addressed the tax revenue distribution issue appears to be that the" distribution" is political. The voters passed an initiative to allow Adult use, BUT also voted to NOT disrupt/change/harm/impact the OMMP patients, growers and providers. The voters and consumers want safe & healthy products; our patients and providers want objective and informed policy, so what better message about public health & safety than to fully fund the OCC Research, state-run lab request, and dedicate FTEs to manage these efforts in order to facilitate OCC mission is more timely manner?

Note, OLCC Director Steve Marks recently told a CBD Conference in Portland that OLCC supports a state-run reference lab (for sampling & testing reliability & safety).

The retail sales tax distribution had one recent Legislative adjustment, re: addiction treatment (a late stage of disease treatment), not prevention, to provide funds directly to treatment; have the tax funds managed for policy research questions that are still unanswered. Research, testing and sound policy data can more accurately inform the state about public health & safety of cannabis benefits and needed regulation.

OLCC only has only closed system market data for OMMP purchases (of those that can afford it); OLCC does not have other medical data, and cannot, because they don't have that mission, expertise.

OCC was formed by the Legislature to work on modernizing a medical program that would help meet patient needs. OHA did not support OMMP patients, providers and others that paid fees, medical data was not researched except at a very cursory level that is not useful. OHA does not have expertise to support cannabis for medical use, and essentially handed over medical use program to OLCC, staff without any knowledge or expertise to deal with the healthcare complexities.

The OCC has a Legislative role and expertise to manage these issues, but needs full support with funding research for policy makers. An interagency agreement could be reached through the current OCC established Framework and Governance Subcommittee.

The priorities for the OCC Subcommittees were agreed to by OCC, including OLCC and OHA OCC Commissioners, for the 3 Subcommittees (Framework, Research & patient/social equity):

https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/MEDICALMARIJUANAPROGRAM/Documents/commission/**OCC Priority Guide** for Subcommittees.pdf

Patient stigma and harm has been demonstrated and documented; This Committee can help Oregon Legislature with a major improvement on policy, to help rectify the harm by following the Governor's appointed Cannabis Commission Legislative Report from Jan. 2019. Note: the HB2198 Report recommendations have been embedded in SB 1561. See below..

https://www.oregon.gov/oha/ERD/Documents/Legislative-Reports/**HB2198OregonCannabisCommissionReport.**pdf

The Oregon Cannabis Clinicians Group supports SB1561, with OCC Recommendations from HB2198 Oregon Cannabis Commission Report.

HB 1561 is sponsored by Sen. Prozanski & Rep Helm, and is assigned to the Senate Committee On Judiciary:

https://olis.leg.state.or.us/liz/2020R1/Measures/Overview/**SB1561**

The initial Legislative report (one year ago) was issued and OCC recommendations are included in SB 1561. The OCC Jan. 2019 Legislative report to the Legislature needs to be acknowledged and the bill to implement sound medical safety & health policy must be passed, not in a redundant agency-only forum (as per HB 4035), that will in effect give OLCC all cannabis regulation;

We need to finish the Legislative mandate on medical use, in concert with Agencies as in OCC: OLCC, OHA, adding the Agricultural expertise of ODA and tax expertise of DOR, and include medical stakeholders, and manage the process by the OCC.

The OLCC Adult use (aka "recreational use") program has had a negative impact on patient rights, safe and reliable access, and provider/patient stigma to name a few issues.

Consumers need to be informed that their tax money will be going to protect them and patients, especially since the "vape" crisis is not fully understood, vs police & OLCC enforcement, and overregulation (yes even the industry is complaining),

1. **Please do NOT pass HB 4035, as it is redundant with the OCC, and potentially harmful to medical users.**

Thankyou for your consideration on this matter.

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