

Dear Chairman Lively, Vice Chairs Fahey and Wilson, and Members of the House Committee on Economic Development:

Thank you for consideration of my testimonies and accompanying exhibits on HB 4034, HB 4035, and HB 4088 on Feb 3. This letter is to provide you with feedback for the Committee Working Meeting on Feb 12, 2020 on the proposed marijuana bills pending for review.

I still strongly **oppose HB 4034** and request this bill be removed from further consideration.

I now **support HB 4035** with amendments. Thank you for adding patient representation via the OCC on this bill.

I still **oppose HB 4088** as it still omits medical marijuana patients and their families. This is a startling omission in a program designed to help communities harmed by marijuana prohibition. It needs to be amended.

To reiterate from my prior testimony, I am a Eugene / Lane County resident and a five-year participant in the Oregon Medical Marijuana Program (OMMP). I have glaucoma. Right now, cannabis is my only viable treatment as I cannot tolerate conventional glaucoma medicines. One of my reasons for relocating to Oregon is to have safe, affordable access to a therapy that has successfully managed my condition and can prolong my eyesight. Also, in addition to being a direct (and very vulnerable) stakeholder in Oregon's Medical Marijuana Program, I am serving on the 2020 Patient and Social Equity Subcommittee of the Oregon Cannabis Commission. By professional training and career, I'm a scientist, a records and surveillance systems developer, and a retired regulator in the public health field. I consult on matters related to regulatory program management, information technologies, and public health.

I found the Feb 12 meeting materials provided by OLCC (Marks and Owens) posted to OLIS in support of HB 4034 warrants rebuttal. In my professional judgment, OLCC's reliance on CTS is detrimental to the effectiveness of the state's regulated marijuana programs. I also suggest that the liquor law enforcement agency fundamentally is not the appropriate "home" for a medical program. The law enforcement influence on OMMP has favored adopting unproven, expensive surveillance technology over other regulatory measures designed to protect consumer health. OLCC needs to consider that there is a "zero-sum pricing game" in the economics of cannabis pricing: if the price is capped due to market conditions, the costs dedicated to compliance reporting are costs that do not go to product quality itself. I contend it is poor risk planning to compromise access for the sick and disabled program participants in favor of catching the ill-defined "bad actors" that abuse the program.

The report of enforcement actions supplied by OLCC to justify the strategic need to tighten controls on OMMP presumably were generated using Metrc/CTS. The report supplied doesn't support the OLCC claim of OMMP growers contributing significantly to diversion of marijuana. It's a rather disjointed narrative with a disclaimer that states, "A small number of cases are selected here as examples of serious and/or intentional violations related to medical marijuana facilities subject to CTS tracking and inspection by OLCC. This selection is not exhaustive nor necessarily a full list of the most egregious violations." This report and its disclaimer are a problem. Why not provide a representative sample? Or the most egregious violations? If CTS was truly an effective tool, the Committee (and public) should see, in order of severity, and with vetted data integrity, the top OMMP grow site violations. Without good data, sound decision making is compromised.

Let's assume the violator report is indeed representative of "bad actors" in OMMP. In contrast to the OLCC generated "bad actor" report, when I search the Internet news outlets for top marijuana violations in Oregon in 2019, links show multiple incidents of marijuana violations that dwarf the worst of the OMMP "bad actors" identified by OLCC. For example, in the Jan 30 2020 Mail Tribune, an illicit grower operating in Jackson County was arrested in 2019 with +6000 mature plants. His sentence involved no jail time and a \$5000 fine. I contend that medical growers for more than two patients will spend significantly more than \$5000/year/patient in METRC data entry costs (these are independent of the computer and tag associated costs in the OLCC economic analysis) to try to maintain OLCC required METRC reporting compliance for just a handful of patients. Hence, I disagree with the OLCC rebuttal by Mr. Marks that discounts concerns that the current regulatory structure incentivizes the illicit market. I also disagree that HB 4034 will improve patient access to cannabis when the outcome of this bill will be fewer quality growers available to meet patient needs. I also am disappointed that Mr. Marks cites the 2019 OLCC Supply and Demand report to justify tighter controls on OMMP grow sites when this report by his disclaimer lumps all non-OLCC licensed grow sites (medical, personal and illicit grow sites) to make its case that more controls are needed on OMMP growers. Again, that's misuse or misunderstanding of data.

That said, it would be ill advised to increase reporting and add to the OLCC programmatic responsibilities concerning cannabis when it seems the underlying backbone of the program, the CTS, is flawed – expensive, unreliable, and a security risk to patients whose identities are tracked in these systems. For those reasons, I urge you to table HB 4034.

For many of those same reasons, I now support HB 4035. I support marijuana regulation in Oregon that considers the needs of all stakeholders: patients, consumers, producers, law enforcement and regulators, and other taxpayers. Patients are the most vulnerable of these stakeholders and need your support and protection.

Respectfully yours,

Elizabeth Porter, MSSM, GISP

Eugene, OR 97404

2/11/2020