

Testimony in support of Section 16, HB 4139

Good afternoon, Chair and Vice Chairs.

My name is Anthony Taylor, and I am the Legislative Director of Compassionate Oregon. I also hold the OMMP patient seat on the Oregon Cannabis Commission and currently serve as its Chair.

Frankly, I am not sure how or if this legislation will move beyond this committee, but should the committee decide it is worthwhile, I am here today to express **support for Section 16** of this bill.

While Section 16 may appear somewhat out of place at first glance, its inclusion is the result of interim outreach by **Mr. Bovett**, who engaged other stakeholders while developing an omnibus cannabis proposal for this session. As a long-time advocate for patient access and for expanding the ability of healthcare providers to responsibly recommend cannabis, I appreciate the opportunity to speak in support of this provision.

Section 16 represents a measured and important step forward. It allows licensed healthcare professionals to recommend cannabis for the purpose of qualifying a patient for enrollment in the Oregon Medical Marijuana Program when, in the provider's professional judgment and based on scientific evidence, cannabis would be beneficial for that patient.

Importantly, this section **does not eliminate the existing list of debilitating medical conditions** in statute. That list remains intact and continues to serve as guidance. What Section 16 does is provide appropriate clinical flexibility, allowing providers to recommend cannabis for conditions that may fall outside the statutory list—such as **sleep disorders, anxiety, or other conditions**—where cannabis may offer therapeutic benefit. Many of these conditions can be functionally debilitating, even if they are not explicitly named in statute.

The Legislature has taken similar, thoughtful steps before. In 2021, under HB 3369, you expanded the list of licensed healthcare professionals authorized to recommend medical cannabis beyond MDs and DOs to include physician assistants, nurse practitioners, and naturopathic physicians. That change recognized the realities of modern healthcare delivery and improved patient access, particularly in rural and underserved communities.

Section 16 is the next logical step. Medical research advances every day, but statutory lists of qualifying conditions are slow to change. Limiting treatment decisions to what is fixed in statute constrains the exercise of a provider's clinical judgment and empowers their ability to apply the most current scientific evidence in the treatment of their patients. Allowing providers appropriate discretion ensures they can practice within their scope, exercise professional autonomy, and recommend the treatment they believe is most appropriate for their patients while maintaining proper guardrails.

For these reasons, I respectfully urge your support for **Section 16**. Thank you for the opportunity to testify, and I am happy to answer any questions.