

Co-Chairs Burdick and Lininnger, Members of the Committee.

For the record my name is Anthony Taylor. I am a resident of Yamhill County and I am a co-founder of Compassionate Oregon, a political action committee dedicated to protecting the rights of Oregon's medical marijuana patients, their families and the communities that serve them.

Thank you for the opportunity to present for this committee a brief overview of the Oregon Medical Marijuana Program. Not sure we can condense 16 years of history and policy into ten minutes but we are going to give it a shot.

Even before Measure 91 was approved by voters, many of us begin searching for the answer to the question we knew would be asked: "Now that marijuana is legal, why do we need a medical marijuana program?" We hope the information we provide the committee today, even in its brevity, will provide some insight into that answer.

- The OMMP is a completely self-funded program, relying on *no* taxpayer dollars to support the program or its staff of nearly 30 people. To date it has generated over \$10M in the current biennium resulting in a revenue surplus of over \$7M and provided approximately \$9M in additional funding for six other OHA programs.
- 44% of all OMMP patients are low-income Oregonians who benefit from the current patient-grower model and obtain high quality medications for little or no cost.
- The needs of medical marijuana patients are distinctly different than those of recreational users. The amounts allowed for cultivation and possession are greater than those established in Measure 91 as many patients require access to larger quantities to produce cannabis-infused products such as edibles and topicals to facilitate the sustained levels of titration needed to adequately mitigate their symptoms. Strains high in CBD with decreased THC and concomitant psychoactive properties will likely be unavailable in retail stores because recreational users will have no desire for them.
- The OMMP also allows patients under 21 to obtain and use medical marijuana for medical conditions and with oversight and control by a parent/guardian, for pediatric patients as well. Merging the two programs would leave that population unprotected. A population that includes children with conditions such as Dravet Syndrome (a condition of uncontrolled seizures), which is only manageable with cannabis, and those with pediatric cancer(s) who are undergoing chemotherapy and need it for nausea, vomiting and pain.
- Congress recently passed the Hinchey Amendment as part of the budget bill, defunding DOJ enforcement efforts in those states with medical marijuana programs effectively making medical marijuana legal under federal law. Adult use, under Measure 91, is illegal under federal law and is merely tolerated under the current Justice Department's Cole memo as a matter of policy. Merging the two programs could adversely affect this protection.

- **As my final point before moving to our slides, I want to point out that the OMMP is absolutely vital to our Veterans.** In the 2013 session this body added PTSD to the list of qualifying conditions. Veterans who use medical marijuana concurrently with a VA health care plan are only allowed to do so if they are part of a state-sanctioned medical marijuana program. While the DVA is a federal agency, its policy regarding the concurrent use of marijuana with other treatment plans has been moving in the right direction and we encourage the Oregon health care community to look to this policy when they finally begin to integrate cannabis into day-to-day health care for all Oregonians. (I would also add here that the only time there have been modifications to the list of conditions or any other administrative changes to the program have come not from the OHA but by this body.)

At this time I would like to switch to our power point presentation. This presentation provides the current statistics for the OMMP and a flow chart of how it actually works.

We politely encourage this Committee to stay mission-focused on the task of implementing Measure 91. As you are beginning to see, it is nuanced and touches nearly every aspect of government policy. Oregonians voted for a ballot measure that expressly stated the OMMP would not be affected.

We would also urge this committee and the body as a whole to neither forget nor compromise the needs of those patients who will continue to use the medical marijuana program long after session ends and retail sales to adults is the norm. We urge this body to take the opportunity to strengthen the OMMP, making it easier in the long run to integrate the needs of the medical marijuana community into the primary Oregon health care system rather than keeping it at arm's length on the outside looking in.

It is up to the Legislature to ensure that no Oregonian is left without access to safe products whether medical or recreational. Ultimately, the Legislature must ensure that all Oregonians have continued protection from prosecution when the final federal response to the question of states allowing marijuana use is finally written.

In the final analysis there is no reason these two programs cannot co-exist. In time Oregon may want to reconsider this choice but for now we should err on the side of patients and the will of the voters.