Madams Co-Chair, Esteemed Legislators,

For the record, my name is Kris McAlister.

As a patient, caregiver, and grower, in Lane County, I find myself in an interesting role that I did not see myself in, 10 years ago. As our former police chief said a couple of years ago, we find ourselves in roles we are not expected to, by the law. He was referencing the need for law enforcement to do social work and mental health care, for inmates and community calls.

When I started providing my own medicine, and growing my own flower, it was due to lapses and gaps in our medical system, and the complex nature of my condition not being a priority to the local illicit “provider”.

I, now, find myself doing duties that were not on the application.

I find myself, through statute and experience, acting as a crude clinician, medical botanist, homeopathic producer, patient advocate, case manager, and rogue scientist.

This was not by intention, but rather by being called to duty, when I found those who are ill, dying, or in need of something that is not being presented by others, and being willing to learn and advance, as to not leave them worse than they would be, going without, or through profit based systems.

I support elements of these bills, because they make sense.

That said, if there is to be a social lounge, as described in SB 307, there needs to be medical program equivalent, as there are still legally protected discriminations, in housing and work practices, and unlike the average consumer, patients have to pay for their access, on top of their product.

If HB 2198 -17 is to improve the Commission layout, and the focus is to cover patient program needs, there needs to be more patients, with more conditions represented, or a subcommittee that is predominantly patients; should rulemaking powers extend over program participants, as opposed to the current layout of the ACMM, or OCC.

If -20 is considering the potential loss of patients through the OHA bulletin, I request an adjustment to aid in the recovery of cards lost through HB 3400, with the removal of 2 cards, within the city limits, while increasing by double, rural card ability.

I find my time is used more in trying to help people understand the law, as it continuously changes, and not usually for the betterment of their condition or care, due to market and prohibition measures and needs driving legislation, these past couple years.

This is while having to make up the needs, with less than half the resources needed, for the patient load that is underserved by recreational needs at maximum profit margins. Fees and taxes are used as justification for the gouging of the sick.

As it stands, today, 5 of the biggest, local dispensaries have no clones, with predominantly one provider for them, while others are only willing to sell those that their partners are interested in

growing, leaving my patients with specific terpene profiles, different plant needs, resorting to black market or expensive foreign options, or attempting to go hundreds of miles to maybe get what they are expecting, usually only discernible upon harvest. There was better access, and better quality before the dispensaries went rec, with fewer gaps and issues.

We need the tools to serve, so that the citizens of Oregon do not have to pay for extra services or worsening conditions, as we are unable to provide fully, in these current climates, and those who can, charge at what the market will yield.

Please consider the following;

Allow medical affiliated service centers

Reduce patient fees

Reduce grower fees for patients unable to grow for self

Restore 24 plants, or 4 cards, to urban growers serving patients

Allow science to determine maturity of plants, not measuring sticks

Establish expedited card system for emergent patients, such as cancer, dementia, hospice, patients or patients starting chemotherapy.

Thank you for your time and consideration.

Respectfully,

Kris McAlister
Springfield