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Sent: Friday, May 19, 2017 4:59 PM
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Subject: HB 2198 Addendum

Co-Chairs Lioninger, Members of the Committee,

I would like to offer the following comments as an addendum to those submitted previously. I will focus primarily on the -17, -27, -28 and -29 amendments posted on OLIS as of 5/19/17.

I would like to begin by suggesting that we reduce the notable complexity surrounding plant limits. One could see notable facial strains as LC attempted to describe the dizzying array of plant counts last week, so this should alert us to potential problems down the road.

We should therefore ask why we are regressively enacting immature plant limits in the first place? If there is a legitimate diversion concern then shouldn't we create limits that are straightforward and as easy to enforce as possible? Confusion helps no one except perhaps those few who are abusing the system. If a cap is needed, we might establish a uniform 6 immature plants per mature plant limit.

I support the intent of both the -28 and -29 amendments but precluding medical patients themselves from growing four additional plants as per M91 again complicates matters unnecessarily. The provision allowing for two card holders sharing the same address to produce 12 plants is otherwise commendable. I'm not sure that allowing them to grow 4 additional M91 plants poses a credible diversion concern.

I believe that allowing OMMP growers to have limited access to the OLCC market as provided for by the above referenced amendments would be good for the industry, especially long standing smaller businesses that now have nowhere to turn but the black market. I think it is fair to say that the problem was created by the legislature so it is up to the legislature to fix it.

Notably, the "bump-up" legislation was a mistake and provided an additional path for market monopoly and increased canopy sizes. I believe most OMMP growers do not fall to the level of abuse that some of the largest OLCC producers had taken as former OMMP registrants. Most OMMP growers are not intent on flooding the market but alternatively providing genuinely high quality product that is hard to find on today's market.

Jan. 1 was too soon to effectively deny all market access to medical growers. Alternatively, the legislature might repeal the bump-up provision and disallow medical sales at OLCC outlets? This would restore the market viability of OMMP dispensaries as well as the vast number of legitimate OMMP growers who used to support them. Most importantly, it would be the single biggest disincentive to black market participation. The amendments proposed would certainly accomplish the same objective.

Thank you for your consideration of these comments.

Les Helgeson
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