

January 29, 2019

**Testimony before House Health Care Committee
Anthony Taylor, Compassionate Oregon**

Good Afternoon Mr. Chair, members of the Committee.

My name is Anthony Taylor and I am testifying here today on behalf of Compassionate Oregon. In the spirit of transparency, I also serve at the pleasure of the Governor as the Vice-Chair on the Oregon Cannabis Commission. My comments today do not represent those of the Commission. Thank you for the opportunity to testify in support of HB 2687.

The language in ORS 97.972(b)* was adopted in 2016 and came about after the passing, of Jim Klahr, a leading cannabis activist at the time who had been on the transplant list for nearly ten years awaiting a liver. During this time he was prohibited entirely from using cannabis. Mr. Klahr passed before he could receive his new organ but graciously, not before he witnessed Oregon legalize cannabis in 2014 just a few days before he passed.

(ORS 97.972(b) A transplant hospital may not deny a recipient from receiving an anatomical gift exclusively on the basis that the recipient is a registry identification cardholder as defined in ORS 475B.791.)

The intent of this statute was to prevent a medical cannabis patient registered with the Oregon Medical Marijuana Program from ever being denied receiving an anatomical donation simply because the person had a medical cannabis card.

Then earlier last year, as you have now heard, things got complicated. What we did not take into consideration were organizations and licensed facilities requiring any person holding a card being considered for an anatomical gift, although placed on a list, remain cannabis free while waiting and in most instances long after the transplant has taken place.

This bill, House Bill 2687, is an effort to address this complication and ensure medical cannabis patients that it will not be a requirement that cannabis use be discontinued and that suspension of that use be maintained to remain on a waiting list and throughout the process up to and including after the gift is received. What this says is you may have a card during this process no matter how long it takes but you cannot use cannabis during that time. What if you are using cannabis to control seizures or migraines or to manage other chronic illnesses or pain? Should you be required to suspend using the medication that is mitigating these conditions?

Cannabis is treated in these instances not as statute requires, as medicine, but as an illicit substance. Surgery is a complex business and certainly pre-surgical protocol should be followed but that protocol should be modified to accommodate medical cannabis use during this process. Patients are often required to suspend medications like Coumadin or pain medications prior to surgery, and cannabis may well fall into this category. However, it should not be a requirement that use is suspended for the entire length of the time a patient is on a waiting list or any extended period post-surgery.

Oregon has come a long way with cannabis. We have exercised caution at nearly every turn and have been successful at minimizing public health and safety concerns around its use. The next step we must take in

bringing cannabis back into the health care landscape where and when appropriate is ensuring we are on our way to ending discrimination in the health care system for those Oregonians that use cannabis therapeutically.

I have provided statues and proposed language from other states for the committee to consider to. We would respectfully ask the committee to consider making this adjustment to the anatomical gift statues.

Thank you.

Current Oregon Statute:

ORS 97.972(4)(b) A transplant hospital may not deny a recipient from receiving an anatomical gift exclusively on the basis that the recipient is a registry identification cardholder as defined in ORS 475B.791.

Washington State - Suitability for organ transplant

A qualifying patient's medical use of cannabis as authorized by a health care professional may not be a sole disqualifying factor in determining the patient's suitability for an organ transplant, unless it is shown that this use poses a significant risk of rejection or organ failure. This section does not preclude a health care professional from requiring that a patient abstain from the medical use of cannabis, for a period of time determined by the health care professional, while waiting for a transplant organ or before the patient undergoes an organ transplant.

Suggested Language, California

A hospital, physician and surgeon, procurement organization, or other person shall be prohibited from determining the ultimate recipient of an anatomical gift based solely upon a potential recipient's status as a qualified patient, as specified, or based solely upon a positive test for the use of medical marijuana by a potential recipient who is a qualified patient, except to the extent that the qualified patient's use of medical marijuana has been found by a physician and surgeon, following a case-by-case evaluation of the potential recipient, to be medically significant to the provision of the anatomical gift.

New Hampshire

"For the purposes of medical care, including organ transplants, a qualifying patient's authorized use of cannabis in accordance with this chapter shall be considered the equivalent of the authorized use of any other medication used at the direction of a provider, and shall not constitute the use of an illicit substance."