Good afternoon Madame Chair and members of committee and thank you for your time. My name is Kay Allen and I am a resident of Dallas, which is in Polk County. I have been an Oregonian my entire life and a member of the medical cannabis community for almost a decade (now without a card) I have just recently gotten involved with the rule making side of things. I am the President and co– founder of a small nonprofit organization that works to educate, support and encourage the medical marijuana community, we are called Our Green Family. We focus on helping the patient learn how to **be** a patient - meaning, they learn how to recognize their current needs and meet those needs. We help each other along the journey as best we can. There is an indescribable feeling of accomplishment that comes with having the ability to make yourself feel better. Since feelings of accomplishments can be few and far between in most patient's lives, so being able to grow and produce their own medicine, is crucial to their overall health and wellbeing. We had discussed it as a group and planned to come here to ask for relief from the recent passing and implementation of HB3200 – but I had no idea we would need to defend ourselves from so many added attacks on our ability to be self-sufficient and to just exist. I would like to address my concerns individually:

- ***HB 4034*** – **I strongly oppose** – at a time when HB3200 is preventing approximately half of participating patients from growing their own medicine, *in their own homes*, it would be unnecessarily cruel to make any further rules restricting their ability to be self-sufficient. Patients have been going through rule changes so often, most of the people in our community are confused about the actual rules and (honestly) are getting tired of trying to keep up. HB3200 is going to make patient participation plummet – as only a small fraction of management companies say they would sign an Informed Written Consent form for an existing tenant. Many will have to choose their HOME or their MEDICINE. We need to allow time to see how this will change the landscape of the OMMP. Patients are going to be looking to name growers and to block that life line, would be detrimental to a significant group of sick and dying patients. I respectfully ask that the law makers in this state have some mercy for the patients and allow the short session to pass without passing medical marijuana legislative changes, unless they are specifically written to give the OMMP community an opportunity to regroup and evaluate our situation. The OMMP program is in dire need of stability and guidance, which cannot happen in a constant state of change. We need to let the water settle (so to speak) and see where the OMMP stands. In so far as the "declaring an emergency" – the only cannabis emergency in our state is the apparent failing medical program and the abuse of its participants.
- ***HB 4035*** – **I oppose** – The overwhelming consensus is that the OLCC is the wrong agency to govern the medical marijuana program, for a number of reasons. The OLCC has no concept of cannabis as medicine and – through many interactions and reports of interactions with employees of OLCC – the majority of the employees see the OMMP as a joke, and an annoyance. In the past 2 years, more than 5 patients have been told by OLCC inspectors – " ...if you don't like it – just grow your 4 and I won't be back..." while

going over their medical garden in extreme depth. Beyond the inspectors, in 2017 a State report was released declaring that the OLCC had the most vulnerable computer system in the state. That has presented a problem in the past and is only a matter of time before it happens again. Patient's privacy is something that has been a huge topic of discussion since inception of the OMMP – placing them into a known security risk, seems unwise and bound to be a disaster for the patient. We, the patients in my group, have long believed there should be a State Division of Cannabis – that would employ experienced personnel to meet all the cannabis needs of the State but that agency is not the OLCC. Continuing to allow the medical program to be ran by an agency that specializes in "a good time" does an extreme disservice to the OMMP.

- ***HB 4088*** **– strongly disagree and take offence** - the exclusion of the medical community in this "social Equity" bill is a perfect example of how we are not taken seriously – while I fully support opening up the doors to peoples who have been shut out of participation in the legal market – it is absolutely appalling to me that this sort of forward thinking has not included the medical community. Since June, I have watched the states ONLY medical cannabis processor come to every OCC meeting and ask the powers that be for some relief. The constantly changing rules, masses of paperwork required and the fee's - were eating him alive. That processor is now out of business. Which means, by written law, that the only way for the 3 remaining medical dispensaries (which benefit the OMMP not OLCC) to continue doing business – is to be owned and operated by a NON PROFIT ORGANIZATION. It sounds like the medical community is in a life or death situation – and this bill offers a lifeline... to the **recreational** community. Which generates millions upon millions of dollars in revenue monthly. Between, 5-7 million dollars is spent BY PATIENTS in recreational dispensaries each month, many thinking they are in a "medical dispensary" – not a dime of that money go into the OMMP. If you are going for Social Equity, it must include patients and be aimed at reviving the medical portion of our states cannabis culture.
- And finally, my reason for being here – ***HB3200*** – we *strongly encourage suspension of enforcement and/or amending the bill to exclude growers who are not required to report to a CTS, meaning patients growing for themselves, at their homes with12 plants and fewer.* *Enclosed you will find documents I prepared to illustrate this point* ~requiring landlords to sign a document condoning breaking federal laws is placing them and ALL of their tenants in jeopardy. ~Allowing patients to maintain their privacy and security is imperative to their wellbeing. I have drafted a rough legislative concept and took it to my mental health provider, for input and encouragement – as this whole process terrifies and challenges me greatly – she brought the medical aspect to my attention and I set out to incorporate that perspective into my forecast of HB3200 fall out. My personal story is included and I can tell you that I will always be a patient, but my card is currently out of reach. I – like so many other patients – can afford to water a plant. I

heal as my medicine grows and I grow as my medicine heals. Please do not take that away from us.

I appreciate your service to our state and hope and pray that hearing about the suffering of thousands of sick people in our communities, will help form your plan of action this short session. There have been so many things that patients have adapted to, give us this short time to see what survival looks like under this new, restrictive and choking law. Please – refrain from passing any marijuana legislation that does not also benefit the medical community this short session. The people need time to adapt and decide if the OMMP is even "worth" the hassle. Sadly, a large portion see the program as having no real benefit but a lot of unnecessary hassle. Thank You for your time and have a wonderful afternoon

Sincerely, Kay Allen - Citizen and OMMP believer and President, Our Green Family

Talking Points – LC 247

- Reduces overall patient access by 75%.

  Reduces **from eight patients to two,** the number of patients a medical grower may provide for. – "LC 247, Section 7 (2)(a), Section 54 (2)(a), SB 1561"

  OLCC licensed producers are allowed to provide cannabis to any patient provided the transfer is reported into METRC. – "OAR 845-025-2550 Requirements for Producing and Providing Marijuana for Patients."

- Reduces patient access in 12 plant gardens.

  OHA will no longer register an OMMP grow site with 12 plants or less more than two patients after **April 1** of this year. OHA will no longer register grow sites that produce for more than two patients. (Section 12, LC 247, Section 58(2) your bill).

- Eliminates OMMP multiple patient growers

  This legislation will require OMMP growers transitioning to OLCC to prove **legal water access** which will eliminate over 90% of these growers who will not be able to meet the costs of satisfying this requirement.

- Operative date **June 1, 2020**, Requires all OMMP growers now reporting into METRC, to become fully licensed in OLCC by **September 1, 2020.**

  There are no options for these growers except to drop to 6 or 12 plants or get out. Ultimately, if this happens these growers will leave the program and thousands of patients will lose access to no-cost medicine.

- Affects grower and patient confidentiality

  Creates exemption for sharing data with law enforcement
  Section 5 (1)(b) Treat information related to medical marijuana grow sites registered under section 3 of this 2020 Act in the same manner as the information described in ORS 475B.541.*

- Does not meet "Pilot Program" criteria

  Under language adopted in last session's HB 2098, any pilot program established **must expand access for patients** specifically, and that there be **a three year sunset** on any pilot program.

  > HB 2098 Section 5(2)(g) To establish pilot programs, of not more than three years in duration, to expand access to marijuana for medical use for registry identification cardholders and designated primary caregivers, as defined in ORS 475B.791.

- Doubles OLCC inspection caseload

  Assuming any of these OMMP growers go for this, OLCC's caseload will double **adding 576 new grow sites** to the 639 already awaiting inspection. Again, this is based on the erroneous assumption that these growers will move over, - it is not likely to happen. This is state's endgame.

Proposed Legislative Concept **Amend HB3200** proposed by Kay Allen 1/13/2020

In regards to HB3200, we believe this law (as written) will not only compromise patient privacy but also will create undue hardship on a significant portion of OMMP patients, as well as creating a barrier for new OMMP patients.

FINDINGS:

- OMMP participants are guaranteed confidentiality as a part of the application process. Informing some landlords could open the patient up to negative repercussions and compromise their right to privacy in their own home.
- Based on a sample group of 50 patients – 20 are home owners, 5 live with relatives and 25 are renters. (50%) Using this formula to calculate the number of renters in the OMMP – it can be guesstimated as follows :
    - There were approx. 25k patients at last reporting, so it can be figured that approx. half of them are renters, 12.5k. Allow a margin of error – 10k is a viable number. Meaning, *approximately 10,000 patients are potentially effected by IWC rules.*
- Typical demographic of the effected patient population are as follows :
    - 52% of OMMP patients are on Social Security, I am on SSI and an ex patient
    - My SSI monthly payment is $781 - My rent is $525, phone $55, lights $100... I'm down to $100 before buying any pet supplies, household supplies, gas for my car or car insurance, much less medicine.
- Recently, I conducted a phone survey of local property management companies. Reading from a script- I asked 37 companies questions about their policy in regards to HB3200. The results are as follows :
    - All but 2 of the companies, I spoke with, were unaware of any law changes. The 2 companies have training scheduled on the topic of HB3200 implementation.
    - The majority of companies already have rules in place regarding marijuana use. All but 3 being a "zero tolerance" policy – as per federal guidelines. Those 3 operate on a case by case basis.
    - When pressed on whether they would sign an Informed Written Consent Form for an existing tenant, in good standing, only 4 said yes. All of them quickly added "if our attorney says we have to"
    - The explanation for denial was the same across the board, federal funds and HUD/SEC8 participation could be withdrawn if they sign a document that condones breaking federal law. That would cause all tenants on those programs to have to move, as the assistance of rent payments would cease, even for those with nothing to do with the OMMP.
- No alternative, for growing medicine, was offered for patients effected, legislation was passed (this year) to forbid collective gardens.

Proposed Solution: *Amend HB3200 to exclude patients whom are NOT required to report to the state tracking services. IE: Single patient growers with 12 plants or less.*

Proposed Legislative Concept **Amend HB3200** proposed by Kay Allen 1/13/2020

Discrimination is defined as the unjust or prejudicial treatment of different categories of people or things, especially on grounds of race, sex, religion or disability.

- With this in mind, it can be said that the passing of measure 91 in 2014 – without applying existing OMMP rules and policies to recreational use – created a discriminatory environment within our state

- It can be further stated that every rule change and new rule implemented for OMMP only – beginning in 2014 and continuing today – are also acts of discrimination by the state

- HB3200, as written, is a blatant case of discrimination. To require OMMP participants to acquire permission to grow 6 medical plants, while recreational growers are allowed to grow 4 plants – without notifying anyone – is ridiculous.

Given these examples, it could be argued that every person who was / is a registered OMMP participant, from 2014 to present day, have grounds to sue the state/OMMP/OHA/OLCC ect for ongoing discrimination, among other things.

Proposed Solution: ***Amend HB3200 to exclude patients whom are NOT required to report to the state tracking services. IE : Single patient growers with 12 plants or less***

Proposed Legislative Concept **Amend HB3200** proposed by Kay Allen 1/13/2020

Potential Impact to the Medical System with HB3200 implementation

Considering how few property management companies are open to signing an Informed Written Consent Form, close to ten thousand OMMP patients could be made to choose between their medical marijuana and their housing. Many will be forced to re–enter the conventional medical system. That influx of patients, on an already taxed system, threatens to be catastrophic and wide spread.

Potential outcomes from HB3200 implementation (as written) include:

- Thousands of patients returning to opioid use to manage chronic pain (UNACCEPTABLE OPTION) – at a time when we are battling an opioid epidemic it seems counterproductive to further restrict access to a substance that helps free the body of opioid dependency

- Oregon Health Plan costs skyrocketing due to increased use of services including but not limited to : office visits, scans, tests, counseling, emergency care, crisis intervention and medications

- Wait times to see a medical professional will increase drastically. There are a limited number of OHP providers and current wait times, to see a specialist, can be up to 6 months. Seeing your primary care provider can take a month. Adding a large amount of patients will increase those times and cause undue suffering to many patients. Some will experience crisis.

Proposed Solution: ***Amend HB3200 to exclude patients whom are NOT required to report to the state tracking services. IE : Single patient growers with 12 plants or less***