

Good afternoon Chair Patterson. For the record, my name is Anthony Taylor, Legislative Director for Compassionate Oregon here today in support of SB 567. Full disclosure, I also serve on the Oregon Cannabis Commission (OCC) as the patient member and as its Vice-chair. My comments today are the views of Compassionate Oregon and do not reflect the positions of the OCC or the Governor's office.

SB 567 was brought to my attention recently and as I read it a thought occurred to me. As I said, Compassionate Oregon supports this bill as written but would like to ask the sponsors to take it one step further towards protecting a group of Oregonians that would not likely have been considered when drafting this bill. My recommendations are twofold.

As some of you know, Compassionate Oregon advocates for Oregonians using cannabis as a part of their daily healthcare options. Because of this work I have been included in the work being done on HB 3112, the Cannabis Equity bill. Although my input has been quite limited, as a someone who uses cannabis daily, I can easily identify with being denied beneficial treatment because of my cannabis use. Compassionate Oregon is also addressing some of these same issues as they related to patient equity in SB 758, amending the Oregon Medical Marijuana Act.

Oregonians using cannabis under this Act have never been treated as any other Oregonian using any other medication. Oregonians using cannabis therapeutically have to register their addresses, their medical condition, ask permission from the state to use cannabis, risk our employment, our housing options, and our healthcare options for using a substance that provides relief often when western medicine has failed to do so.

We should consider the cannabis patient who is placed on a waiting list for an organ donation but later receives a diagnosis of cannabis abuse disorder and is disqualified from the transplant program. We should consider the cannabis patient that is denied opioid pain medications because they are also using cannabis. We should consider termination of care for a person under a pain management contract who tests positive for cannabis or any other use of a non-prescribed substance. We should consider the cannabis patient hospicing in a residential care facility that won't allow the use of cannabis under any circumstances, but the hospice organization is allowed to be a cannabis caregiver under statute.

You may be thinking cannabis does not belong here but the bigger issue I want to bring to the attention of committee members is this.

In our recent election Oregonians have now allowed for and permitted under supervision, psilocybin therapy. We also decriminalized possession of all controlled substances. This is going to present bigger issues for providers and insurers alike as these new policies take effect. The stigma around the use of cannabis, psilocybin, or riskier substances such as methamphetamines or cocaine will not dissipate easily but should not be used as an excuse to deny access to equitable health care and it forces us to reconsider how we provided unbiased and competent care for these populations.

Our first recommendation would be to ask the sponsors of this bill and the members of this committee to consider today amending this bill to include the use of controlled substances as allowed under Oregon's recognized public health programs and initiatives in the protections afforded others in this legislation.

Our second recommendation for this committee's consideration is to address the issue of coding for therapeutic use of controlled substances. It is an appropriate amendment under the relating clause and

will be an important factor in accurately reflecting how patients are using these substances and how that use, and the stigma associated with that use is taken into consideration. Provisions should be considered in this legislation to adopt standard practices for coding for therapeutic use of controlled substances rather than the current practice of using abuse codes when no evidence of abuse exists.

I know these are bold suggestion but not without merit. When Oregon long ago passed the medical cannabis program and recently added psilocybin to the behavioral medicine tool kit, these programs were passed under the premise that they would offer assistance to vulnerable communities and to no longer marginalize them. And I for one, am glad they did. We should honor this approach by extending to them the protections in this bill.

Thank you for the opportunity to present these progressive concepts and I am happy to answer any questions members may have.