

Testimony in support of SB 758 by John Sajo

I have been an advocate of medical marijuana and of replacing marijuana prohibition with a legal regulated system for over 40 years. I helped draft both the Oregon Medical Marijuana Act, passed by voters in 1998 and Measure 91, legalizing adult recreational use, in 2014. I am proud to have been an early and outspoken advocate of these ideas. I am happy that Oregon no longer arrests thousands of people for possessing, growing and selling marijuana. I am happy that the now legal regulated cannabis market has provided millions of dollars in tax revenue for important government services like education, drug treatment and law enforcement. Overall, I believe that Oregon continues to have the best model of legal marijuana among all the states that are experimenting with cannabis as laboratories of democracy.

Unfortunately, there is a group of Oregonians for whom legalization has had a negative impact – low income patients who benefit from the use of medical cannabis. In my video testimony, which is footage from a documentary a journalist produced a few years ago, I say legalization has thrown these patients under the bus. What do I mean by that?

First, let me be clear. Patients who can afford to pay for their medical marijuana needs by shopping at OLCC stores are better off than ever. They can choose from literally thousands of different products that are now tested for potency, are labelled and quality controlled so they are consistent from batch to batch. Patients who are not so well off and can't afford to buy their cannabis products now have the option of just growing four plants if they are healthy enough to do so and live somewhere where they can have a garden. But the sickest, poorest patients can't afford to buy their medical marijuana and are not physically able to grow their own. These patients have been able to designate a grower since the beginning of the Oregon Medical Marijuana Program.

The rules for patients designating growers started out very simple. Patients and the caregiver and grower they designated to help them are exempted from criminal prosecution within the rules set out in the program. The rules have changed many times since 1998. This red tape, which becomes just another business expense for OLCC growers, has become a near impossible hurdle for growers engaged in the non profit assistance to the low income patients. Most designated growers have dropped out of the OMMP. Many have become licensed OLCC producers and no doubt some have become illegal growers. The number of registered patients has dropped from 77, 155 in 2016 to 22,578 in 2021 and the number of OMMP growers has dropped from 46,812 to 8,537 (most of these growers are patients growing for themselves). Many low income patients have dropped out of the OMMP because their grower dropped out and they no longer have a convenient affordable supply of medical marijuana.

Why do low income patients need to be able to designate an OMMP grower? Because health insurance, medicare and other programs that assist these patients with all their other health care needs do not cover medical marijuana. The Oregon Health Plan has provided hundreds of thousands of dollars in health care, hospital stays and prescribed drugs to some patients I have worked with but it does not cover one dollar of expenses to obtain medical marijuana. That is in spite of the fact that patients' use of medical marijuana can save the OHP money by reducing some of these other health care costs.

The OMMP was a program based on compassion, legalization is a program based on revenue. Under the OMMP anyone growing marijuana is required to provide it to the patients it is grown for. To divert the

marijuana anywhere else was a felony. But under the OLCC it is now a felony for marijuana farms to provide marijuana directly to patients. We have gone from requiring compassion to forbidding it.

Marijuana is medicine. A vast majority of Americans believe this. The OMMP translated this belief into law two decades ago. The challenge is to create a system that can get medicine to the patients that benefit from it in spite of the fact that federal law continues to prohibit marijuana and makes only a complicated exception for medical use. That ultimately is why insurance doesn't cover medical marijuana and creates many other problems in banking and other areas. The OMMP designated grower system doesn't fit neatly into the elaborate system of rules regulating the OLCC system but it does provide sometimes lifesaving medicine to thousands of patients who otherwise would go without.

I urge the committee to stop the decline in the OMMP. This decline is because policies enacted into law have focused primarily on generating tax revenue from cannabis and have forgotten the roots of providing medicine to people who benefit from cannabis but can't afford to pay for it. Eventually insurance should cover this but that is a long way off. Other state programs could accomplish the goal of providing for low income patients. I have proposed requiring OLCC producers to provide for patients as a condition of having a commercial cannabis license in Oregon, but such a program is challenging to create. The best available solution is to continue the quirky but effective system of designated growers.

SB 758 contains many provisions which will strengthen the OMMP and I urge you to support this bill.

Section 2 would allow OMMP designated growers to transfer to any registered OMMP patient (with the consent of the patient that owns the plants). This would assist patients that can't afford OLCC store prices. And it would help the remaining OMMP gardens survive.

Section 2 also calls for this transfer to be tracked under ORS 475B.895. As a grower I would welcome this tracking requirement and I say that as someone who thinks the current Metrc tracking should be completely reevaluated, particularly with regards to OMMP gardens. The Metrc tracking currently requires me to report the wet weight of harvested plants and the weight of the waste...but it does not require reporting the actual medicine patients receive. Explaining this is a bit complicated, but briefly, the current tracking requires reporting the yield of plants owned by a particular patient in a garden of multiple patients but doesn't track when that patient shares some of that harvest with other patients, or if one patient's caregiver produces an edible or an extract that is then shared with other patients.

The amendment to the statutes proposed by Section 2 would be a step towards making the tracking system for OMMP growers actually track the most important thing – exactly what medicine did the patient receive from the grower they designated. This should be the basis for holding OMMP growers accountable, not collecting irrelevant information that is extremely time consuming to collect and report.

SB 758 is a good first step in repairing the damage done to the OMMP and providing low income patients with better access to medical marijuana. I urge you to pass this bill and consider other changes to protect and enhance the OMMP.

