

Senate Health Care Committee

Testimony in support of SB 758.

The OMMP has served over 300,000 Oregonians over the last two decades but the numbers are down these days. Patient numbers have fallen from a high of 80,000 patients to the current level of just under 23,000.

What these numbers reflect though is those Oregonians now registered with the program truly suffer from debilitating conditions that cannabis helps with and in many cases, it is the only thing that helps them with their conditions. Those that once hid behind the program to grow and use cannabis have fallen away and what remains is a population that actively uses cannabis as part of their health care plan, and that use continues to present them with health care issues far beyond just simple access to cannabis.

Maybe more importantly these numbers reflect a program that has become too expensive to participate in. Although nearly 60% of registrants do not pay full price for enrolling in the program, the peripheral costs and barriers to finding a physician to sign an authorization form be overwhelming.

Barriers to employment, housing and patient rights also continue to exist. HUD recipients for example are not only prohibited from using cannabis in the residence, they are prohibited from even having an OMMP card. This is a federal issue of course but Oregonians face similar issues at the state level. Applicants for daycare certificates or licenses face the same issue. If you have a card you cannot apply. In 2011, following the Emerald Steel decision stated on their Civil Rights Division webpage, "Civil Rights Division will not investigate employment or housing claims of discrimination pertaining to the use of medical cannabis." This is not how we should treat one of our most vulnerable population.

The medical boards put pressure on members to keep cannabis patients at arm's length and clinic policy often prohibit doctors from even discussing cannabis with patients. They often cite the risk to their license, even though statute clearly protects them from disciplinary action for recommending cannabis. If you dig a little deeper, it is often the underwriters of medical liability insurance and other private insurers unwilling to cover any costs associated with the use of cannabis. In fact, ORS 475B.794 holds that the OMMA does not require them to meet any of the costs associated with the use of cannabis.

This wall of opposition patients face prevents them from having honest conversations with their doctors. This use also presents correct charting and coding issues. Anesthesiologists needing to know of your cannabis use pre-surgery, appropriate prescription medications denied because of cannabis. Hospitals and long-term care facilities falling back on the 'we get federal funding' argument to prevent cannabis use within these facilities. This is especially important because hospice and palliative care organizations can be designated caregivers for cannabis patients. Most have no issue with cannabis use but most hospice care is provided in assisted living and memory care facilities that prohibit cannabis use altogether.

These are tough questions but as cannabis use becomes more and more a part of our world, the health care complex must address them. This bill points us in that direction.

SB 758 increases access for patients and streamlines the registration process for those growers with multiple patients and will reduce some costs to the program.

- Reinstates an OMMP grower's ability to transfer excess cannabis to any OMMP patient or caregiver.
 - Increasing the patient population
 - increases revenue for administrative costs.
 - Provide an outlet for much of the excess product that is produced.
- Creates a process to provide permanent cards for conditions that will never improve.
- Adds SSDI to the category of reduced fee cards.
- Extends the tax-exempt purchasing for patients from other state medical programs and removes the residency requirement to become a patient in Oregon.
- Removes the requirement for a patient to register the address of a personal medical grow site.
- Removes the reporting requirement for designated growers at a grow site with 12 plants or less.
- Establishes urban grow site canopies for those patients within city limits or urban growth areas with limited space to produce cannabis.

SB 758 also takes another big step in helping patients by expanding the list of those licensed healthcare professionals that can sign an authorization form for a person applying to the OMMP. This is long overdue and will help patients especially in rural and outlying areas where access to MD's can be limited.

This bill requires the OHA and other agencies that abut the regulatory system to update their webpages to reflect the status of cannabis today. While OHA warns of the risks to children and how we must protect them from the harms of cannabis, it does not inform the public that cannabis is required to be treated as any other medicine used by any other Oregonians or that there is access to cannabis for minor children or how to go about it becoming a patient.

This bill will require the OLCC to implement a patient care and accommodation plan as part of the licensing process to better serve patients including patient sections, outreach and resource information on cannabis and how to become a patient. Pathways already exist for licensees to provide no-cost cannabis to patients but to date there has been no conversation on how to reach this goal between the OLCC and there licensees. This is a disservice to patient.

The retail model does provide access to cannabis but for patients who have lost their growers or caregivers, this model is unsustainable. Not only are program costs driving patients away, the high cost of product in the retail market place force patients to seek other sources outside the regulated markets and that is not a position that state should put this vulnerable population in.

Finally, we redirect 4% of the current, retail sales revenue allocations to supplement the funding of the OMMP while efforts continue to bring cannabis as medicine into the 21st century and rebuild our patient population continue.

Thank you.

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