

Clifford Spencer

Clackamas County

March 8, 2025

TESTIMONY RE.: HB 3214 *meeting date 3/11/25*

Behavioral Health Committee Members,

My name is Clifford Spencer. I write in support of HB 3214, *** with some modifications***.

I am Founder, and now 25 years later the Coordinator for a small co-op that assists patients in residential care facilities and patients on hospice or palliative care with implementation of the Oregon Medical Marijuana Act (of 1999/ "OMMA"). This endeavor has been an evolution over the past 25 years, beginning with a phone call to what used to be referred to as "an AIDS hospice", asking what I could do to help, since their policy was to evict anyone with possession or using cannabis on premises, despite the new (at that time, in January of 2000) OMMA law.

Over the past 25 years my colleagues and I have seen, firsthand, how cannabis can be used effectively in treating symptoms (like severe pain, or muscle spasms), and by doing so significantly improve the quality of life for the patient, as well as cannabinoids being used to ease suffering in death. This perspective is what has kept my colleagues and I doing this volunteer work at our expense. We work with the patient, their direct caregiver, nurses, facility administrators, and the patient's primary caregiver (MD, DO, NP, PA or ND) as a healthcare "team". This has been an evolution over the past 25 years, and we have shown how it can be done effectively.

While HB 3214 does address many of the aspects of what we have been doing, some changes to the bill, from our perspective "from the front lines of this work" are needed, like the amendment eliminating the facility's ability to "opt out". This is a PATIENTS' RIGHTS issue, and the facility's ease, cost cutting, and unwillingness to do any extra "work" should NOT have priority over patient rights and care and comfort. In our work over the past 25 years, we have seen facilities who just do not want to do the required small amount of extra work to ensure a patient's comfort care, and that are more focused on "finances".

I also am requesting that IN THIS BILL (HB 3214) the elimination in the OMMA of a residential care facility's ability to "opt out" of allowing patients to utilize the OMMA be "gutted".

In addition, I am also presenting another aspect in need of consideration. More than 60% of OMMA patients are "low income". Since "The Co-Op" stopped taking on new patients in 2018 because of the high costs of "over regulation", many others who used to do altruistic assistance with patients have also stopped assisting OMMA patients because of the increased costs and requirements. A majority of patients simply cannot afford the costs of buying therapeutic cannabis at a dispensary, even with their exemption of the "tax". Some health insurances allow over the counter benefits ("OTC benefits") with a

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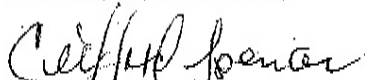
sum of money to be used for over-the-counter drugs, like aspirin, and some allow using these funds for "healthy foods", or even help with utility bills. I am going "on record" to ask that HB 3214 be "stuffed" with a provision allowing insurance companies to use "OTC benefits" to be used to reimburse patients for some of the expenses of therapeutic cannabis, either at a dispensary or from the patient's OMMP Caregiver and/or Grower. Even helping with transportation costs would help OMMP caregivers (the current IRS deduction is .67 per mile).

Residential care facilities have recently been influenced by the "Clean Air Act" to no longer allow the vaporizing of cannabis, despite the OMMA specifically (still) allowing it in the privacy of a patient's room with ventilation. Vaporizing emits much less odor than smoking, and, again, the OMMA requires some ventilation. Relief from symptoms (like severe pain or severe nausea/vomiting) by vaporizing is almost instantaneous, compared to waiting for 45 minutes or more for an oral administration (like a capsule), and in some instances the patient is unable to take this delivery. If you have ever experienced a SEVERE symptom (like severe pain, or nausea/vomiting) you would have the insight of how much this quicker approach to controlling that symptom matters. A "stuff" in this legislation clarifying this overrides the "Clean Air Act" would be very beneficial to hospice and palliative care patients.

Over the 25 years I have been doing this volunteer work with patients in residential care, hospice and palliative care I have seen patients, even those on "hospice care", have to reapply to the Oregon Medical Marijuana Program (OMMP) every year. This is an unnecessary expense and burden to these patients. There should be a designation that the vast majority of OMMP patients would qualify for that their "qualifying diagnosis or condition" will be with them for LIFE, and they should NOT be required to reapply to the OMMP annually. This would save the OMMP a LOT of time/effort/expense.

Thank you for considering our experience over the last 25 years assisting patients in residential care facilities and patients on hospice or palliative care with implementation for the OMMA as it may pertain to HB 3214, as well as our "stuff" suggestions for improving it.

Respectfully submitted,


Clifford Spencer

"The Co-Op" Founder/Coordinator