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07/28/2021

To: Oregon Legislative Leadership

From: Oregon Cannabis Commission

Re: Request for Subcommittee on Cannabis and Health within Healthcare Subcommittee

Over our first four years, the Oregon Cannabis Commission (OCC) established as an advisory board to the OHA/OMMP and the OLCC as it relates to the medical cannabis program and its cardholders, to create a long-term plan to ensure cannabis remains available as a therapeutic option and that it remain affordable, and to monitor and study federal laws, regulations and policies regarding marijuana.

The OCC was also to determine a possible framework for the future governance of the OMMP and its role in that framework and that the framework include a strong research component.

The Commission also submitted our [OCC 2019 Legislative Report](#) and our findings and determinations in our review of the OMMP. Our [Recommendations](#) to the Oregon Health Authority and the Oregon Liquor Control Commission (OLCC) on increase patient access, public safety and oversight. There has been some success with the provide recommendations, notably passage of [HB 3369](#) in the 2021 session which expands the list of medical providers who may sign Attending Provider Statement forms, which was recommended in both of the OCC recommendations linked above. OCC also recommended the creation of a state reference lab for the cannabis industry that has begun moving forward.

The Commission also created four standing committees to provide support for the work of the Commission and how to best meet our goals. Over these four years with the many hours of in-depth review of every aspect of the Oregon Medical Marijuana Program (OMMP) from every perspective, by these committees, it has become clear that—with each session and each change relating to cannabis at the federal, state, or local level—if the state is going to continue to support its public health program around medical marijuana, it needs to reconceptualize the program from the ground up. These issues are complex and affect everyday quality of life for Oregonians who have integrated cannabis into their healthcare. These issues are not easily resolved and are overshadowed by the focus on addressing the ongoing issues confronting and of regulating the adult-use industry.

The OCC recognizes that these are complex issues that go far beyond the prevailing theory and commonly held belief that since anyone can now go to a store and get what they need, the problem has been solved. The actual fact is that even this simple act is often challenging for, and beyond the means of, many in the patient community. The prevailing theory also holds that bringing OMMP growers who have been designated by multiple patients under the authority of

the OLCC will solve these issues. This overlooks just how demanding the production of cannabis for a patient can be. and how difficult it can be to meet those needs on an ongoing basis. Ultimately, any effort to meld these programs any further will cause further reduction in growers with multiple patients, and be quite damaging to the patients who depend on this infrastructure without disruption.

These misconceptions have also led OMMP registrants to be under an ever-present threat of losing their growers because their growers can no longer meet the financial and regulatory burden of providing for patients *and leave the program*. Whether they are under OHA or OLCC authority, this is the primary reason these growers continue to decline in numbers. This has been the case over the last three years for thousands of OMMP growers with multiple patients, as the OLCC has played an ever-greater role in aspects of OMMP production where it relates to inventory tracking and reporting.

All these factors combine to leave the OMMP and its registrants in the position of an outlier, stuck between two agencies and unable to get either agency or legislature to take up their issues with the same enthusiasm and dedication that they approached creating the adult-use program with. .To work through what it takes to give the medical program participants relief from an unsettled program that no longer meets their needs will take a collaborative effort and guidance such a committee would provide.

In our work with interim committees and the legislature, medical cannabis as a specific topic of discussion has suffered a noticeable decline in bandwidth, and as a priority area of oversight by the legislature, it seems to have fallen out of favor.

To this end, the OCC is requesting that the Legislature and its leadership create a select subcommittee on Cannabis and Health within the healthcare committees. The goal of this subcommittee would be to bring these important issues to the forefront and begin the dialogue and process of working with the OCC in reconceptualizing and creating a public health program for cannabis that works on every level.