

Date

To: The Honorable Peter Courtney
The Honorable Tina Kotek
From: Oregon Cannabis Commission
Re: Subcommittee on Cannabis and Health
Efforts to transfer authority of OMMP growers to OLCC

Mr. President, Madame Speaker,

To meet the goals established for the Oregon Cannabis Commission in advising the Oregon Health Authority (OHA) and the Oregon Liquor and Cannabis Commission (OLCC) as it relates to the Oregon Medical Marijuana Program (OMMP) and its registrants and growers, we are proposing two things:

- Create a subcommittee on Cannabis and Healthcare.
- Suspend any further attempts to transfer authority over the designated grower program within the OMMP from the OHA to the OLCC.

Create a Committee on Cannabis and Healthcare.

- Develop public awareness around cannabis issues in Oregon's healthcare system.
- Ensure Oregon is keeping pace with the rapidly developing and expanding issues around cannabis as medicine.
- Develop Oregon's research opportunities and Oregon's cannabis research community.
- Robust approach to creating an outcome-based public health program for cannabis.
- Address issues of equity and including and removing systemic biases and discrimination for those Oregonians who benefit from the use of cannabis.

To accomplish the goals set for the Oregon Cannabis Commission four standing subcommittees were created: Research Leadership, Framework and Governance, Patient Equity, and Health Equity. The work of these subcommittees over the last two years in reviewing Oregon's medical cannabis program has been to recognize the complexity of resolving cannabis use as medicine within Oregon's healthcare system.

The overall consensus among these subcommittee members points to a need to reconceptualize the OMMP from the ground up, and additionally, that this work cannot be done by the Cannabis Commission alone. To reconceptualize a state health program for cannabis that is outcome focused, equitable and inclusive and that meets the states requirement that cannabis must be treated as any other medicine will require the same robust approach and ongoing review and evaluation given the adult-use program.

This new committee would serve to facilitate our work as a Commission in advising the OHA and OLCC and its other duties. The committee would help to bring forward and raise public awareness of new developments in cannabis research, policy changes at the national and international level and how recent rulings and policy shifts there will affect cannabis policy here in Oregon.

Cannabis research and policy continue to expand rapidly in scope. How to integrate cannabinoid therapy into today's healthcare systems, its use in addiction treatment and services and other important aspects of cannabinoid therapy will require a public debate about how Oregon moves forward in addressing these issues. In the long-term,

the committee should facilitate the development of a cannabis use program that is patient-centric, outcome driven and protective of a cannabis patient's right to be treated as any other Oregonian using any other treatment option.

A committee on Cannabis and Healthcare will allow these issues to be addressed independently and outside the issues facing the adult-use program. Issues of dosing, use of cannabis in licensed healthcare facilities, areas of research to be considered for Oregon's cannabis research community, and bringing these issues into the public awareness all need to be done in an atmosphere where they are not confused or take a back seat to the adult-use conversations. Creating this committee would make this possible.

Changes on the national and international level relating to cannabis are already beginning to have an effect on Oregon's medical cannabis policy. The United Nations and World Health Organization's recent changes to scheduling of cannabis for research and medical use will reshape cannabis research. Research restrictions are already beginning to ease and recent cannabis-friendly rulings and federal policy decisions are moving this research forward. Oregon should be preparing for these changes with the same approach they are taking to prepare for the eventual interstate commerce of retail cannabis. This committee will ensure that readiness for cannabis as medicine moves forward.

Lastly, a committee with this focus would bring other issues to the forefront for other committees to address such as cannabis use in housing, employment and drug testing, pain management contracts and many other issues still facing those using cannabis as a daily part of their healthcare plan.

Suspending efforts to bring OMMP growers with three or more patients under the authority of the OLCC.

To ensure the Cannabis Commission can meet our goal of providing long term access to cannabis for those who benefit from its use, *we cannot ignore the important part the designated grower program within the OMMP plays in this effort.* The ongoing efforts to transfer authority over this program from the OHA to the OLCC complicates this goal.

- Legislation for this concept has failed in three attempts
- Falls short of resolving important issues of growing for patients and caregivers
- Does not bring growers fully into the OLCC
- Transfers authority for fines and sanctions
- Removes OHA protection
- Creates trauma for patients and caregivers
- Impact of previous consolidation for tracking
- Predictable results

The effort to bring OMMP growers with 3+ patients under the authority of the OLCC has proved unsuccessful in three attempts. The legislation introduced during the last two sessions does not actually bring these growers fully into the OLCC and it falls short in answering many questions presented by this effort. Jurisdictional issues, water and land-use issues, which OHA/OMMP rules, if any, would remain in effect during and after the transition and the timeline if those rules sunset are important questions that have not been resolved.

The essence of this concept is to transfer authority over these growers from the OHA to the OLCC. This will allow the OLCC to fine and/or sanction these growers directly without having to report violations to the OHA for enforcement action as they are currently required to do under OAR 845-025-2150(2).^{*} This rule provides a certain

level of protection for these growers from overzealous enforcement by the OLCC for Cannabis Tracking System (CTS) violations. Fines can be devastating to a small grow site providing for patients and sanctioning a medical grow site from transferring cannabis to its patients, for instance, for any length of time seems inappropriate.

In 2017, when the legislature required this subset of designated growers to transition from reporting grow site and transfer activity into the OHA monthly reporting system to the OLCC real-time tracking CTS system, this population of growers declined by two-thirds within the first year. Reporting requirements and other associated costs have overwhelmed these growers and their population continues to decline resulting in an ongoing decrease in the remaining number of growers available to OMMP by another two-thirds over the last three years. (See attached slide)

Most importantly for the patients these ongoing efforts puts them under the constant threat of losing their grower which creates unnecessary trauma for some of our most vulnerable Oregonians using cannabis on a daily basis and who depend on these growers for these products. Growers with multiple patients have been leaving the medical program steadily for various reasons over the last three years and is an indication of just how complicated and expensive it has become to provide for multiple patients. If the effort to move them under OLCC proves successful it is predictable that many of these growers will disappear altogether and patients will lose the benefits of these growers.

Lastly, there is consensus among our subcommittee members and a fundamental disagreement among the patients, caregivers, and designated growers of the OMMP that a program that benefits those using cannabis to mitigate a debilitating medical condition should not fall under the authority of law enforcement in any way. Unless this fundamental issue is addressed openly and in good faith designated growers providing for multiple patients under the OHA/OMMP will disappear altogether.

The Commission recognizes OHA's desire to end its oversight over the production of cannabis even for medicine and that putting this under the OLCC makes sense on a certain level, but the commission also recognizes the devastating effect the OLCC can have on the medical program and how it serves its patients.

We request the effort to bring these growers under the authority of the OLCC to be suspended indefinitely.

Cc: JR