Marijuana Policy Project
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Re: Feedback on HB 2612

February 28, 2019

Dear Sen. McCortney and Rep. Echols,

My name is Karen O'Keefe. I'm an attorney and the director of state policies for the Marijuana Policy Project, the largest marijuana policy reform organization in the United States. MPP has been working with patients and their loved ones to enact compassionate and sensible marijuana policies for more than 20 years. We played a leading role in drafting and enacting about half of the existing state medical marijuana laws.

We appreciate your hard work to add some important provisions to Oklahoma's medical cannabis framework, including by ensuring patients have access to laboratory-tested medical cannabis products. However, there are a number of areas where we urge that HB 2612 be revised while it is under consideration in the Senate. In its current form, some provisions undermine important patient protections that were enacted by voters when they passed SQ 788 last June.

- **Patients Should Be Allowed to Vaporize Medical Cannabis at Home**
  HB 2612 seems to allow landlords to prevent patients from smoking and even vaporizing medical cannabis at home. (p. 31, lines 4-14) Even if landlords are permitted to ban cannabis smoking at home, they should not be allowed to prohibit patients from vaporizing at home, particularly if the cannabis cannot be smelled in others' homes. Inhalation allows rapid, emergency relief, which is important for spasms, oncoming seizures, nausea, and other symptoms. We recommend revising the bill to specify that patients who are tenants may not be prohibited from vaporizing medical cannabis at their homes.

- **Patients Should Not Be Fired for Positive Drug Tests**
  HB 2612 would create exceptions to SQ 788's ban on firing patients who test positive for cannabis but who are not impaired at work. Under HB 2612, employment protections would no longer apply to those with broadly defined "safety sensitive" jobs, which includes firefighters, anyone who drives while working, and child and healthcare workers. (p. 33, lines 3-14; p. 34, line 10 to p. 35, line 11) It would also limit the relief available to employees whose rights are willfully violated. (p. 34, lines 5-9.) SQ 788 recognized that patients should not have to lose their jobs to use medical cannabis off-hours, when they are never impaired at work. The exceptions and the limit on relief should be eliminated.

- **Patients Should Not Need Their Landlords' Written Consent to Cultivate** HB 2612 would require patients to obtain written permission from the property owner to cultivate on any property the patient does not own. This means a patient who rents could not cultivate at their home unless their landlord agrees in writing that they consent to a federal felony being committed on their property. Some landlords may prefer to be more discreet and to have an informal understanding that won't put them at risk under federal asset forfeiture laws. If there must be a landlord-related exception, it should instead say a patient may *not* grow if the landlord has *prohibited* medical cannabis cultivation in writing. (page 39, lines 4-8; section 12(A)).

- **Patients Should Not Be Prohibited From Making Out-of-State Purchases** HB 2612 prohibits cannabis purchased from out-of-state. While most patients would prefer to buy their medicine in-state, if a specific product from another state works better them, Oklahoma state law should not stand in the way of them getting relief. (p. 39, line 23 to p. 40, line 2; Sec. 13(A))

- **Ensuring Adequate Time for a Transition to Mandatory Lab Testing** While we strongly support lab testing, it is important that patients have continuity in medical cannabis access. The provisions requiring all cannabis to be lab-tested should kick in only after both there are enough operational, approved labs and there has been enough time for them to test products. (p. 64, lines 17-24; Sec. 17(U))

Thank you again for your work, and please let me know if you have any questions.

Sincerely,

Karen O'Keefe
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