



# MEDICAL CANNABIS RESOURCE CENTER

## Oregon's Medical Marijuana Law Under Attack! Please help protect Oregon's patients

**Kevin Mannix, a powerful well connected Republican, has filed an initiative that would repeal the OMMA here in Oregon and replace it with an synthetic-marijuana system.** This would abolish Oregon's Medical Marijuana Program, instantly making criminals of over 16,000 sick Oregon patients. Mannix, an insurance defense attorney and former chairperson of Oregon's Republican Party, even plans a tax-payer-funded-gift to the pharmaceutical industry by requiring the state of Oregon to purchase less-effective prescription drugs, like Marinol, for Oregon's medical marijuana patients, who he intends to treat like criminals.

This is a very serious threat to OMMA. If it passes all patients would be forced at gunpoint to switch to marinol or other pharmaceutical synthetics allowed by him and the other Prohibitionists – whether or not they work or even harm people. Mannix nearly was elected Governor and authored Measure 11 that gave Oregon long mandatory minimums for crimes. We will have to rise to the occasion, work together, and crush this attempt – and all like it - to return medical cannabis in Oregon to the dark ages.

This terrible initiative also has national implications because if the right-wing Republicans, insurance companies, and Big Pharma manage to dismantle the Oregon Medical Marijuana Program, they will be emboldened to kill the programs of all of the other medical marijuana states. This is an important time for our movement and all of us, especially sick patients, need us to move forward, not back to a time where grandmothers stricken with glaucoma and cancer are treated as drug dealers.

The full text of Kevin Mannix's Act can be read at:

<http://www.sos.state.or.us/elections/irr/2008/104text.pdf>

### **The Text of Interest; WHAT IT IS GOING TO DO:**

Sec 1 This Act shall be known as the Oregon Crimefighting Act. The purpose of this Act is to reduce all types of crime in Oregon, thereby better protecting our people and stimulating economic growth through improved and aggressive prevention, early intervention, investigation, prosecution, accountability, and rehabilitation. Drug abuse and addiction are heavily associated with crime, and these problems are important targets of criminal justice laws. To fight crime, this Act:

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b. establishes Meth Strike Forces, to focus on drug crime, and a Coordinated Grant Program to improve funding for drug prevention and treatment programs;

c. allows tax credits for contributions to Meth Strike Force and drug prevention or treatment programs;

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g. replaces the Medical Marijuana Act with a more medically appropriate Marijuana Derivative and Synthetic Cannabinoid Prescription Program to focus help on those with legitimate needs

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Section 10. In order to reduce abuse of the system currently in place, the people hereby replace the "Medical Marijuana Act" with the following Marijuana Derivative and Synthetic Cannabinoid Prescription Program.

a. Cesamet and marinol are synthetic cannabinoids which are approved by the Food and Drug Administration for treating loss of appetite and for treating nausea.

b. The provisions of this section, relating to Cesamet and Marinol use, may be expanded to include other drugs approved by the Food and Drug Administration that include cannabinoids, their



derivatives or synthetic cannabinoids, if such drugs are to be used for purposes covered by this section. Such extension shall be by way of rules established by the Department of Human Services, which is authorized to make such rules.

c. When an attending physician or nurse practitioner determines that a patient will likely benefit from use of prescribed Cesamet or Marinol for a diagnosed debilitating medical condition, so as to prevent or mollify decreased appetite or severe nausea, or for control of intractable pain or other symptoms of the condition, and the patient does not have health insurance which covers the cost of such medication, the patient may apply to the Department of Human Services for provision of that part of the cost which is not covered by insurance. The Department of human Services shall promptly process the application and, upon confirming that the application meets the requirements of this Act, shall pay or reimburse the amount necessary to ensure delivery of Cesamet or Marinol to the patient.

d. The Department of Human Services shall establish rules for carrying out this Program. The Department may use the Oregon health Plan as a process for carrying out this Program, if the Department finds this will be efficacious.

e. The purpose of this program is to ensure the availability of Ceasmet and Marinol to patients who need such medication, regardless of coverage by health insurance. Because this is a benefit for Oregonians, at the expense of Oregon's government, no patient is eligible for participation in the Marijuana Derivative and Synthetic Cannabinoid Prescription Program unless the patient has been a legal resident of Oregon for at least one continuous year immediately preceding application for coverage under the Program.

f. The attending physician or nurse practitioner shall monitor the patient's use of Cesamet and Marinol on the same basis as other controlled substances.

g. For purposes of this section:

i. "Attending physician" means a Doctor of Medicine or Osteopathy licensed in oregon under ORS Chapter 677.

ii. "Controlled Substance" has the meaning given in ORS 475.005.

iii. "Diagnosed debilitating medical condition" means a condition diagnosed by an attending physician or nurse practitioner who determines that the practice is cancer; multiple sclerosis; glaucoma; positive status for acquired immune deficiency syndrome; or any other condition where the attending physician or nurse practitioner believes that a prescription for the use of Cesamet or Marinol is a preferred form of treatment or a preferred form of necessary palliative care.

iv. "nurse Practitioner" has the meaning given in ORS 678.010.

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**Note that dealing with Mannix - and this method of getting rid of OMMA - is not a one shot deal.** If he gets this idea on the ballot what we will need to do is engage in a campaign to defeat the measure. This will mean writing letters, registering voters, raising money etc. If not, then we'll likely see this or something like it later by some other path. We must be ever vigilant. It's not something any of us can do once and think that is enough.

**SO, WHAT'S NEXT?** Mannix, et al, have filed this initiative for the November 2008 ballot. If approved, they must collect the required signatures by July 3, 2008 for the measure to appear on the ballot. If they collect sufficient signatures then the measure would be voted on at the November 2008 general election.

There are several possible desirable outcomes. Soundly defeating the measure at the 2008 election would be one. Convincing Mannix, et al, to refile their initiative without the repeal OMMA portion would be another. Them failing to get enough signatures would mean that there would be no vote and nothing would happen.

MERCY intends to resist these Prohibitionist assaults on OMMA. We will be gathering more information and will report back on a regular basis. PLEASE let us know if you or your group find out anything, get feedback from Mannix, etc. We REALLY need to Watchdog, Lobby and Network on this Folks! To stay in the loop, stay tuned to:

[mercycenters.org/action/alert.html](http://mercycenters.org/action/alert.html)