

Weed: New rules will take effect at the beginning of 2016

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"The co-chairs' intent is to change that residency requirement, but they also understand we can't ignore it," said commission Chairman Rob Patridge. "They are worried about people losing their place in line for the application process. The compromise in this draft is if Legislature acts they won't lose their place in line."

The provision is one of a series of temporary rules the

commission adopted Thursday that address license eligibility requirements, grow sizes, security requirements and other aspects of recreational marijuana.

The new rules take effect Jan. 1 and must be replaced with permanent rules by the end of June.

The Oregon Legislature earlier this year barred nonresidents from growing or selling recreational marijuana. Growers, processors, wholesalers and retailers are required to

have Oregon residency for at least two years.

Critics of the restriction said the statute could hamper development of the industry and may be unconstitutional.

The co-chairs of a joint legislative committee on implementing legalized marijuana wrote in an Oct. 9 letter to the commission that they want to pass legislation in 2016 to lift that restriction.

"Our own thinking on these issues has evolved over time," the letter stated. "We

now believe that broad residency requirements and significant limits on outside investment could do more harm than good."

The letter was signed by Sen. Ginny Burdick, Sen. Ted Ferrioli, Rep. Ann Lininger and Rep. Carl Wilson.

The temporary rules answered some but not all of the concerns of both industry and public safety. For instance, the rules allow retailers to deliver up to \$1,000 of marijuana to primary residences.

Meanwhile, retailers are prohibited from selling both recreational and medical marijuana out of the same retail location because different agencies regulate each type.

Grow operations are limited to 10,000 square feet indoors and 40,000 square feet outdoors, but local governments may request a variance from the commission to allow a larger or smaller grow operation.

"Local government beyond that could come to com-

mission with a plan," Patridge said. "I think that would alleviate some of the grower gripes about having the opportunity to grow a larger production."

The rules also trigger a mandatory 30-day license suspension for selling marijuana to minors and require stringent security measures such as video surveillance.

The Capital Bureau is a collaboration between EO Media Group and Pamplin Media Group.

Research: Fitzpatrick wants people to have a healthy fear of cancer

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numerous other surgeries and treatments, however.

Even after being diagnosed cancer-free, she stays on top of preventative measures and screenings to this day.

"I try to do everything I need to do, so if it comes back, we catch it early," she said.

In 1997, while working as a lobbyist for the Montana Library Association, Fitzpatrick was asked to testify on two state bills related to cancer. She did so as a private individual. From there, she joined the American Cancer Society and switched to the American Cancer Network after its creation in 2001.

Since becoming involved, she said, "I have been working actively on changing public policy, changing legislation and protecting the lives of people and trying to help them live."

Fitzpatrick moved to Seaside in 2009 after retiring and went to the Cancer Action Network's headquarters in Portland to resume her work in Oregon. She is active in Salem and in Washington, D.C.

Education and advocacy

About four years ago, Fitzpatrick became the lead ambassador from Oregon for the Cancer Action Network, a nonpartisan liaison organiza-

tion to the American Cancer Society. Funds received by the network are not tax deductible, which allows the group to advocate on different issues and lobby for legislation. The network does not endorse political candidates but occasionally conducts surveys on cancer issues with candidates and then publicizes responses on the organization's website.

The group stays neutral because the affects of cancer transcend political party, Fitzpatrick said, adding cancer "doesn't care if you're Republican or Democrat, rich or poor, young or old. It will attack anyone at any age."

Educating the public and officials is a big part of her work. As a former librarian and college professor, she firmly believes information is power.

"I saw too many people that didn't understand the journey and were terrified; they didn't understand there were things that could be done, that we can take charge of our lives," she said.

She wants people to have a healthy, not debilitating, fear of cancer — a fear that motivates them to get screened regularly and to seek treatment as early as possible.

"It's when you don't act on it, and you could've acted on it, that's when you have the regrets," Fitzpatrick said.

Not only did her own ex-

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Lois Fitzpatrick

cancer research advocate

perience empower her as an advocate, but she also experienced the death of her father to lung cancer when she was 17.

She said it has inspired her work. "I was determined people were not going to die anymore of this horrible disease and rob children of their parents and parents of their children," she said.

Areas of focus

During the network's annual leadership summit and lobby day in Washington, D.C., more than 700 volunteers from across the country petitioned their legislators on three key issues.

First, the volunteers lobbied for Congress to appropriate \$6 billion over the next two years to the National Institutes of Health, with \$1 billion going specifically to the National Cancer Institute for cancer research.

"I'm alive because of research that happened 30 years ago," Fitzpatrick said. "There is a lot of research that is literally right on the cusp and it

may not be funded. We're really sure so much could happen if we could get that money to NCI and NIH."

During this year's leadership summit, she said, they heard from scientists who expressed concern about the difficulty in drawing young people to the profession, and also having young scientists move to other countries, because of a lack of funding in the U.S.

Secondly, the lobbyists asked for support for the Removing Barriers to Colorectal Cancer Screening Act of 2015. The legislation would amend the Social Security Act to waive coinsurance under Medicare for colorectal cancer screening tests, regardless of whether therapeutic intervention is required during screening.

Currently, there is a loophole in Medicare, Fitzpatrick said. Screenings are free, but if doctors detect and remove polyps — or abnormal growths — as a result of the test, the procedure then gets billed as diagnostic, which burdens pa-

tients with copayments and coinsurance.

Fitzpatrick said she hopes fixing the loophole will prompt more people to be screened, especially since colon cancer is preventable.

Lastly, the volunteers focused on promoting the Palliative Care and Hospice Education and Training Act.

Palliative care treats the symptoms, side effects and emotional issues experienced by patients with serious illnesses and their caregivers in order to give them the best possible quality of life. Palliative care is given alongside curative care, and is not hospice — a distinction Fitzpatrick said is important to make.

"It could turn into hospice care, but we would prefer it didn't," she said. The purpose of palliative care "is to give people back their lives, to make them enjoy whatever it is they enjoyed before, whether it's sitting and knitting, painting, running marathons, teaching."

Fitzpatrick emphasized caregivers because she believes the disease sometimes can take an even greater toll on them, as she saw through her own experience.

"I was so busy doing treatments, fighting for my life. They had to watch it, and they were helpless," she said of her family.

The legislation would

amend the Public Health Service Act to increase the number of palliative care faculty at medical and nursing schools to promote education and research on the topic and to support the development of careers in academic palliative medicine. The bill also would set up grants and fellowships for doctors and nurses to study the topic.

Fitzpatrick said the Oregon delegation was supportive of the legislation. Each advocate focuses on the representatives from his or her congressional districts and state, but Fitzpatrick said "hearing from my colleagues through the country, it sounds like we made a lot of progress this time."

"We hope when these things come up, they will vote in support," she said. "They need to know the story of cancer, the face of cancer. They have to understand this is human beings — that it's children, that it's grandmas, that it's young people."

The Cancer Action Network group in Oregon now is planning for a research forum on palliative care in November. Additionally, they are looking ahead to what they want to do next legislative session, Fitzpatrick said.

"There are so many different things we need to work on in Oregon that just would make people's lives better," she said.

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