

To: Senator Hancock and Representative Perry and members of the Taxation Committee  
Fr: Dr. John M. Jemison, Jr. – Extension Professor, University of Maine  
Re: Act to Create Parity in the Taxation of Medicine

I am writing today to express my support for the “act to create parity in the taxation of medicine”. I have four primary reasons for supporting this legislation: 1) pharmaceutical medications are not currently taxed in Maine; 2) cannabis is the source of a prescription medication available in Maine for children with Dravet’s syndrome; 3) ten other states with medical cannabis programs do not tax medical cannabis sales; 4) those adults maintaining their medical cards after adult-use legalization do so seeking medical relief not recreation.

I appreciate the efforts on the part of Ann Fredericks and others to bring this bill forward to the taxation committee. I am a professor at the University of Maine, and I have worked with cannabis conducting resinous hemp research over the past few years. I also teach a cannabis short course PSE 262 at the University of Maine titled “An Introduction to Cannabis Production and Science”. I strongly believe in the value of cannabis as medicine and maintain a medical cannabis card. I teach my students to respect the plant’s medicinal value, and how cannabinoids and terpenes and other plant compounds function together to treat specific medical conditions.

Today medications are not taxed in the state of Maine. I'm very supportive of this as medications prescribed by doctors aren't voluntary. People need these for their health, and as such our citizens shouldn't be taxed to remain healthy. Why should medical cannabis be taxed if we don't tax pharmaceutical medications? If one is buying cannabis at a medical dispensary, the purpose is for medical relief, and a medical card is required to enter the establishment. Otherwise, a person can go to an adult-use storefront and purchase recreational cannabis. To obtain a card, you must have a qualifying condition, and reapply annually. I get my card from the Cannacare Docs of Maine at \$75/year, but with this I get medical advice and direction about what cultivars are better for specific medical issues. So, I'd argue that cannabis purchased from a medical grower or dispensary is medicine; it really seems unfair to tax this source of medication and not pharmaceutical medication.

Children with chronic/untreatable seizure disorders such as Dravet’s syndrome have received very positive medical outcomes using cannabis (CBD) medication. This drug has received pharmaceutical approval from FDA, and the medication is called Epidiolex. Cannabis is grown in greenhouses, the flowers harvested, and the medication is extracted, purified, and dissolved into a sesame oil with strawberry flavoring for the patient’s medication. We don't tax Epidiolex purchased at a pharmacy; we should not tax cannabis purchased at a dispensary.

Ten states: MA, VT, NH, CT, MD, MN, OR, SD, UT, and VA do not tax medical cannabis, and of those ten, four do not have an adult-use/recreational cannabis market to tax. I have to believe their state taxation committees went through these types of discussions and determined it would be unfair to tax medical cannabis and not prescription drugs. Lastly, since medical

cannabis requires a provider certified card, the cost of which is borne by the patient and taxed by the state, to tax medical cannabis purchases seems to be a double hit. We should rely on recreational sales for taxation purposes.

Lastly, in many states, people seeking adult-use recreational cannabis have taken over most of the cannabis market sales since legalization. People seeking recreational cannabis don't need cultivars with specific combinations of cannabinoids, terpenes, and flavonoids to treat certain medical conditions. People growing for the medical market do so because they want to produce medicine for their patients. Many of our medical growers growing at the smallest scale select cultivars to grow specifically for a patient's personal need. Other medical patients, looking for treatment of specific ailments, obtain their medical card, and go to medical dispensaries where they can find medical growers and staff that are much more knowledgeable about cultivars containing specific cannabinoids and terpenes for a given medical conditions. Budtenders at adult-use stores do not regularly have this kind of training and information. I think Maine has developed a fair taxation protocol for adult-use cannabis sales; since most cannabis sales will likely go through adult-use store fronts, I believe the state will not lose appreciable tax dollars by not taxing medical cannabis. If the committee were concerned that this would happen, I doubt there would be uproar if the tax on adult-use recreational cannabis were increased a small amount to make up any potential loss of tax income.

Thank you for your time reading this. If you have any questions, please don't hesitate to contact me. [Jemison@maine.edu](mailto:Jemison@maine.edu) 2079449190.

John Jemison  
Orono  
LD 541

I wish only to submit my thoughts to this bill and not testify. thank you ... Please find my opinions in the attached file.