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Senator Craig Hickman, Chair
Representative Laura D. Supica, Chair
Members, Joint Standing Committee on Veterans and Legal Affairs
100 State House Station
Augusta, ME 04333-0100

Re: LD 94, *An Act Regarding the Use of Medical Cannabis by Minors*

Dear Senator Hickman, Representative Supica, and Members of the Committee on Veterans and Legal Affairs:

This letter is to provide information about LD 94, *An Act Regarding the Use of Medical Cannabis by Minors*, and the potential impact of the proposed legislation, if enacted.

LD 94 is a concept draft that proposes to require approval from a minor's primary care provider before that minor may be issued a certification for cannabis for medical-use. Maine CDC appreciates the opportunity to provide information in response to this concept as you consider this bill.

At present, minor patients in Maine are permitted to obtain medical-use cannabis certifications from a physician, a certified nurse practitioner or a physician assistant with whom the minor has a bona fide relationship, but who is not required to be the minor's primary care provider. This medical provider must inform the parent or guardian of a qualifying minor patient under the age of 18 years old about the potential risks and benefits of using cannabis and must be available to the minor for consultation at all times. (22 MRS 2423-B.) There is no exclusive list of qualifying conditions, and, if the patient's primary care provider is not known to the certifying provider, the provider, who must complete a full assessment of patient's medical history, is to also conduct an in-person consultation before issuing a certification for medical-use cannabis.

In some cases, a minor's primary care provider may not be aware that their patient is being treated by another medical provider and using cannabis to address a condition or symptom, interrupting the continuity of care. Without the knowledge of use, the minor patient's primary healthcare provider is not able to identify potential adverse medication interactions or discuss general or individual risks based on the patient's health history. This is a particularly concerning gap in the current system as there are known potential drug-drug interactions between delta-9 THC and/or cannabidiol (CBD) and numerous other medications prescribed for a variety of medical conditions. In 2020, the Penn State College of Medicine evaluated existing drug information to identify 139 medications which may be affected by compounds in CBD and THC, 57 of which can pose a health risk if not corrected^{[1](#)}. All controlled substances prescribed and dispensed in Maine are required to be entered into the Prescription Drug Monitoring Program, with information about the date, quantity, dosage, and more- however, there is no system in place within the Maine Medical Use of Cannabis Program (MMCP) to enter and track any such health information regarding recommended dosage or instructions for use. Additionally, there is no system in place to monitor whether recommendations for dosage, product, or potency are followed by a patient after the certification card is provided, which has the potential to increase risk of drug-drug interactions. While providers are obligated to obtain a health history prior to writing patient certifications for medical-use

cannabis, two-way transparency with primary healthcare providers is necessary to ensure risks are addressed and considered when pharmacologic treatment options are considered for other health conditions.

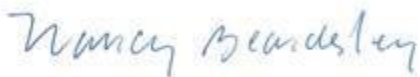
While there are certain conditions with evidence to support medical-use cannabis for minors, sustained use of cannabis products containing high potency THC is tied to an increased risk of mental health issues including psychosis, schizophrenia, depression, and anxiety for individuals whose brains have not completed development, a process which is not complete until a person reaches roughly age twenty-five^{[2],[3]}. Cannabis use is also linked to increased risk of issues with brain development for minors, including difficulty with critical thinking, memory and learning, and maintaining attention. Seriously weighing potential benefits with risks such as these when recommending cannabis for medical use and when developing policy around the engagement of a minor patient's primary care provider is an important consideration.

While the concept draft for LD 94 has potential to address gaps in healthcare coordination, adding the *requirement of approval* by a patient's primary care provider before accessing medical-use cannabis could also have unintended negative consequences. Not all Maine citizens, or even minors, are seen by or assigned to a primary care provider. The saturation of Maine's primary care workforce differs drastically between geographic locations throughout the State, making it difficult at times to find an accessible PCP. In 2021, the Health Resources & Services Administration updated its map of "Health Profession Shortage Areas" specific to primary care in Maine, and identified 74 areas throughout the State that were in a primary care shortage, either based on geography or population-specific factors such as income^[4]. If LD 94 is enacted as written, a minor may look to access cannabis by other means if a primary care provider does not approve medical cannabis certification, which creates a situation where there is potential for the use of THC or CBD products with no oversight from any medical provider at all.

The Committee could consider adding a requirement of notification to a minor patient's primary care provider rather than requiring approval from them.

Thank you for your consideration of this matter. We understand this is a concept draft and look forward to seeing additional details for this proposal. The Maine CDC is available to provide additional details for the Committee's consideration that may be helpful in determining whether to enact LD 94.

Respectfully,



Nancy Beardsley, Acting Director
Maine Center for Disease Control and Prevention

^[1] Kocis P, T, Vrana K, E: [Delta-9-Tetrahydrocannabinol and Cannabidiol Drug-Drug Interactions](#). Med Cannabis Cannabinoids 2020. doi: 10.1159/000507998^[2] National Academies of Sciences Engineering and Medicine, "The health effects of cannabis and cannabinoids: Current state of evidence and recommendations for research," Washington, DC, 2017.

^[3] Volkow ND, Swanson JM, Evins AE, DeLisi LE, Meier MH, Gonzalez R, Bloomfield MA, Curran HV, Baler R. Effects of Cannabis Use on Human Behavior, Including Cognition, Motivation, and Psychosis: A Review. JAMA Psychiatry. 2016 Mar;73(3):292-7.

^[4] <https://data.hrsa.gov/tools/shortage-area/hpsa-find>