

Testimony of Maine Public Health Association in Support of: LD 94: An Act Regarding the Use of Medical Cannabis by Minors

Joint Standing Committee on Veterans and Legal Affairs State House, Room 437 Wednesday, March 29, 2023

Good morning, Senator Hickman, Representative Supica, and distinguished members of the Joint Standing Committee on Veterans and Legal Affairs. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association.

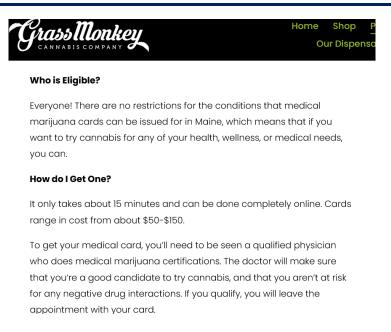
MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 700 individual members and 60 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities, and we take that responsibility seriously.

MPHA is in support of LD 94: "An Act Regarding the Use of Medical Cannabis by Minors." This bill proposes changes in definitions and requirements under the Maine Medical Use of Cannabis Act.

We are supportive of the nine goals outlined in the proposed amendment, including distinguishing between qualifying patients by age, distinguishing types of caregivers, and establishing qualifying conditions. We are also supportive of adding a definition of "medical cannabis" to statute and adding continuing medical educational requirements for medical providers.

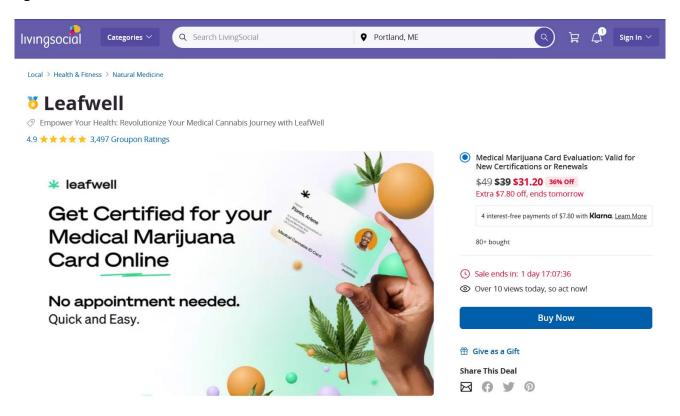
Current Criteria for Maine Medical Cannabis Cards

Current criteria to receive a Maine medical cannabis card are very <u>broad</u>, and indeed, are marketed that way by medical cannabis retailers. For example, on Grass Monkey's <u>website</u>:



Since Maine also has an adult-use program, these broad criteria really serve to increase access to persons under 21 years of age who can't otherwise buy cannabis in the adult use program. Given that, we would be supportive of adding a requirement for a face-to-face (or telehealth) visit for medical cannabis prescriptions.

Currently, discount websites are selling medical cannabis cards. For example, on LivingSocial, Leafwell is offering medical cannabis cards for \$30:

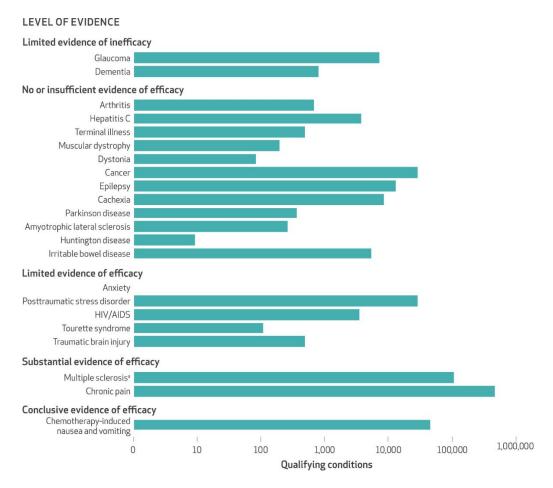


While there are discounts for other drugs (<u>such as insulin</u>); those drugs are regulated by the U.S. Food and Drug Administration (FDA), which means manufacturers have to provide clinical data to demonstrate safety and efficacy, study adverse health effects, and conduct ongoing monitoring. We would support provisions to prohibit non-medical discount websites from selling reduced-price medical cannabis cards.

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Qualifying Conditions

A <u>2019 Health Affairs article</u> assessed the evidence of cannabis' treatment efficacy across different conditions. We propose including the health conditions with the strongest evidence (i.e., "Conclusive evidence of efficacy" and "Substantial evidence of efficacy" – see below) to inform the list of approved qualifying conditions, with the opportunity to add qualifying conditions as efficacy data become available (e.g., epilepsy).



Medical Provider Training

There is emerging evidence about adverse interactive effects between cannabis and other drugs. For example, new recommendations and guidelines from the American Society of Regional Anesthesia and Pain Medicine (ASRA) state that all patients who undergo procedures that require regional or general anesthesia should be asked if, how often, and in what forms they use because data show patients who regularly use cannabis may experience worse pain and nausea after surgery and may require more opioid analgesia. Training requirements for prescribing medical providers will help ensure these health professionals are educated about these interactions. We would also be supportive of adding continuing education about the physical and mental health risks of cannabis use among 18-25-year-olds. This training already exists and could easily be provided to the medical community. In 2020, in Maine, there were 5,625 cannabis-related emergency department visits, a 21% increase from 2019. Rates were disproportionately higher for males and for people ages 18 to 25 years old. Training about the physical and mental health risks associated with cannabis use could help address – and prevent – some of these adverse health impacts.

One recommendation from the 2019 *Health Affairs* article was the creation of a nationwide patient registry to facilitate better understanding of trends in medical cannabis use and its potential treatment efficacy. We would be supportive of creating such a registry in Maine. Using this registry, we could also analyze medical provider prescribing patterns (e.g., number of prescriptions, patient ages, qualifying conditions), which would be helpful for identifying potentially risky prescribing patterns.

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We would also ask the committee to please consider requiring prescribing medical providers to disclose if they receive compensation from the cannabis industry (e.g., CMS' Open Payments, which provides information about payments made by drug and medical device companies to physicians, physician assistants, advanced practice nurses and teaching hospitals.).
We believe the provisions in this amendment will strengthen existing regulations and be more protective of public health. Thank you for considering our testimony.
¹ Marijuana Use Dashboard. Maine State Epidemiological Outcomes Workgroup.
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