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170 US Route 1, #200
Falmouth, Maine 04105

March 29, 2023

Re: LD 94 An Act Regarding the Use of Medical Cannabis

Position: Oppose

Dear Senator Hickman, Representative Supika, and the esteemed members of the Committee On Veterans and Legal Affairs:

My name is Dustin Sulak. I am an osteopathic physician with 13 years of clinical experience treating thousands of patients with cannabis and serve as the medical director of Integr8 Health, a private medical practice in Falmouth, an internationally renowned expert and educator in the field of medical cannabis, author of several peer-reviewed scientific journal articles and a textbook for clinicians, author of online continuing education modules on the topic of medical cannabis, the medical director of a cannabis product company, a resident of Durham, and a husband and father of three children.

The proposed amendment to LD 94 has several serious problems that will have direct negative impact on the health of thousands of patients in this state, as well as a negative impact on public health.

Section 1 prohibits the use of cannabis concentrates. Cannabis has an unusually broad safe and effective dosage range, with some patients requiring as little as 2 mg total cannabinoids, the active constituents in the plant, daily, and others effectively using more than 2,000 mg of cannabinoids daily. Cannabis concentrates allow those who require high doses an affordable and practical method of administration.

Section 1 also prohibits the inclusion of hemp products in medical cannabis products. Varieties of cannabis with very low levels of THC are considered hemp; most of these varieties produce high levels of cannabidiol (CBD). When formulating medical cannabis products, a common strategy is to combine CBD from hemp with THC from medical cannabis because CBD is well-known to counteract the adverse effects of THC. The combination of THC and CBD is often better tolerated than THC alone. Prohibiting the inclusion of hemp products would drastically change the availability of effective medical products in Maine.

While I do not specifically oppose the provisions in sections 2, 3, and 4, I cannot clearly see what benefit they would provide to the medical cannabis program.

Section 5 arbitrarily seeks to revoke the capacity of physician assistants to provide patient certification for medical cannabis. Physician assistants, nurse practitioners and physicians all have similar training in pharmacology and clinical medicine, and are licensed to prescribe the same medications. I see no reason for this provision.

Section 6 proposes to increase the requirements for continuing medical education (CME) for clinicians who providing a written certification to a qualifying patient to 4 hours in the preceding 24 months and 1 hour each year. As an author and course director of cannabis-related CME content, I accept this suggestion. I, however, am not aware of any specific cannabis education content for dual diagnosis, which may be more clearly stated as “dual diagnosis of mental health and substance use disorder.” One example of an industry standard cannabis CME course can be found at www.cannabisclinicians.org/medical-cannabis-courses/

Section 7 proposes abolishing the currently functional system of production of medical cannabis certificates, which is performed by medical practitioners or their staff. Requiring the department to provide this function jeopardizes patient privacy and delays treatment. Unfortunately, employment, housing, and social discrimination against patients who are certified to use medical cannabis still occurs; a government registry increases the risk of both data leak and discrimination. The department could easily collect anonymous data on patient age, gender, diagnosis, zip code, and other information that may be relevant for the evaluation of the medical cannabis program without collecting protected healthcare information.

Section 8 proposes the reinstatement of a narrow list of qualifying medical conditions for which cannabis can be used to treat. Due to its interaction with the endocannabinoid system, a master controller of physiology in every bodily tissue and organ, cannabis is a highly versatile drug that can literally treat hundreds of conditions. An arbitrary determination that cannabis could be used, for example, for one inflammatory bowel disease (Crohn’s disease) but not another (ulcerative colitis) makes no sense. I have many cases of rare neurologic and genetic disorders that are effectively treated with cannabis; none of these patients could use cannabis legally if we reinstate a list of conditions. Insomnia is one of the most common indications for medical cannabis and is not included in the proposed list. Lawmakers should not be expected to compile a list of indications for medical cannabis because it is impossible to do so without discriminating against individuals with rare conditions. Please maintain the autonomy of trained clinicians and allow us to exercise our clinical decision making regarding in which patients the potential benefits of a cannabis trial outweigh the potential risks.

Thank you for considering these comments. I urge you to vote ought not to pass on LD 94.

Sincerely,

A handwritten signature in black ink, appearing to read "Dustin Sulak". The signature is fluid and cursive, with the first name "Dustin" being more prominent than the last name "Sulak".

Dustin Sulak, D.O.