

Learning What Works Together...and What Doesn't

Members of the Veterans and Legal Affairs Committee and the many people who tirelessly work to shape and advance Maine's Medical Cannabis Program, thank you.

My name is Andrew Thacher. I am a registered medical patient in the Program and cofounder of Seed2Health LLC, a self-funded firm that supports volunteer members of Seed2Health Learning Health Alliance. The Alliance is evolving as an open forum rather than a legal entity among people who share a common vision. We call this vision "learning health". Our office is at Tech Place in Brunswick on the former naval base.

I am speaking today as a registered patient and a member of the Alliance. This weekend, a few of us met to discuss our enthusiastic support for LD 1819, An Act to Create the Maine Medical Cannabis Advisory Commission and the Medical Cannabis Alternative Health Board. We concluded with a few language suggestions that we hope will make this Bill even better.

The research potential that will be funded under this Bill is exactly what the state needs to illuminate the unique qualities that Program stakeholders - especially its registered patients - are learning. Bringing this learning together through funded research will continue to position Maine as the leading market for advancing medical cannabis and the making of tomorrow's beneficial plant science. We see cannabis science as a catalyst for this work.

With regard to the Research Fund, the fluid and dynamic nature of this rapidly evolving understanding must be served by an equally dynamic research agenda - one that is not shaped in law today but one that is adjusted over time by a competent Board as new understanding ebbs and flows.

To build on the metaphor of a rising tide that lifts all boats, our language suggestions - we hope - seek to assure that research funded by the Board illuminates qualities of a "tide" - Maine's unique capabilities among all US States - to lift our nation's understanding of all beneficial plant "boats".

The research findings we envision under this program will inform what we all need to know - findings that should be accessible under a form of creative commons copyright allowing open source use without added costs for use or access. To be clear, our position is that Maine's public funds should not fund research that advances proprietary interests and benefits.



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What might be researched? Our shared vision of learning health is about health that learns from our collective experiences. The Alliance is creating an open source and trusted "mark" that will convey qualities and enable capabilities upon which we can rely when using cannabis—or any beneficial plant—for our own health maintenance or health recovery.

Learning health is learning what works together...and what doesn't. When you see this mark, you will know that learning health is at work - safely, confidentially, securely, and as cost-effectively as we - together - can achieve.

To shape Learning Health, we have been researching and meeting here in Maine for years. We now see whole plant and whole person health as a valued complement to any medical, spiritual, dietary and health discipline. Nearly 50 meetings and 1,000's of hours together, we are considering everything from seed to health - our eye always on how to add value and lower cost. Cannabis is medicine that the sickest among us can least afford.

Topics of our research include aspects of testing and how to optimize the benefit of test results for consumers who want to know and understand the meanings of these tests and implications to their health. These tests are paid by us - the consumer - when we pay for cannabis products. The results should be meaningful to us **and** those upon whom we rely for regulating and cultivating/providing the products we are consuming.

Through our research, we are crafting an open-source and generative "consensus guidance" for what we've been calling "intelligent testing." Questions we seek to answer ever more usefully through learned experience include:

- What do we want to know about the 50+ terpenes that our labs can now determine?
- How do we want to see and learn about this information and, as well, toxicity and "potency" results - not just THC and CBD, but the other 100+ cannabinoids that contribute differently to health balance within our Endocannabinoid Systems/"ECS".
- Which detection limits are best for what plants and products?
- When can one-size-fits-all reporting and labelling be useful and when might it not?



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Beyond testing, we are asking and researching questions about labelling, educating, growing and other aspects of cannabis and ECS health. To facilitate consistent ways of characterizing cannabis and Endocannabinoid System health - we also are developing a type of dictionary that ultimately will serve as an open-source ontology. We need this globally as an open-source resource for cross-markets learning with rapidly evolving emergence of tomorrow's "semantic web".

Thank you for this Bill and the work that you are all doing to bring it forward.

## Suggestions on the Draft Bill Language

Language suggestions below are provided following a cursory review of the Bill. These suggestions will be reviewed and revised further for review during the VLA work session.

Language suggestions - not reflected below but discussed - addressing topics including respective roles and membership of the Commission vs the Board will be provided at the work session.

[Proposed new text is italicized and bracketed].

Proposed deleted text is in red with strikethrough.

## Text of the Bill (beginning with Bill Summary text)

## **SUMMARY**

This bill makes changes to the medical cannabis and adult use cannabis laws, including:

1. Creating the Maine Medical Cannabis Advisory Commission with membership consisting of stakeholders in the medical cannabis industry in the State to study, analyze and report findings about the administration

[cultivation, regulation, safety, efficacy and other qualities of medical]

and medical use of

[cannabis to the Legislature and to]



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make recommendations for improvement and nominate members to the Medical Cannabis Alternative Health Board;

Of note: Comments about the distinct roles of the Commission vs the Board and need for inclusion of complementary perspectives/expertise are not reflected in this testimony.

2. Creating the Medical Cannabis Alternative Health Board to collect and provide information and administer grants to support objective scientific research on the

[safety and efficacy health effects]

efficacy of harvested cannabis as part of

[complementary health and]

medical treatment and the health effects of harvested cannabis used as part of medical treatment. The board's staffing and activities are funded by the Medical Use of Cannabis Fund;

**5. Medical cannabis research grant program established.** The medical cannabis research grant program, referred to in this subsection as "the program," is established within the department to provide grant money to support objective scientific research, including observational and clinical trials and existing research, on the

[safety and efficacy health effects]

efficacy of harvested cannabis as part of

[complementary health and]

medical treatment.

**1. Commission established.** The Maine Medical Cannabis Advisory Commission, established in Title 5, section 12004-I, subsection 52-D and referred to in this section as "the commission," is created for the purposes of studying, analyzing and reporting findings about the



[cultivation, regulation, safety, efficacy and other qualities of]

administration of and medical use of cannabis under this chapter and making recommendations for improvement.

## §2430-J. Medical Cannabis Alternative Health Board

- **1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.
- A. "Complementary health plant-based medicines and practices" means a range of

[health and medical therapies using plant-based medicines that complement]

medical therapies using plant-based medicines that are beyond the scope of conventional medicine but may be used alongside traditional medicine and practices in the treatment or prevention of disease or ill health.

B. "Ingestion modality" means the manner in which cannabis has been ingested or introduced into a person's body, including inhaling combusted cannabis, inhaling vaporized cannabis, through internasal spray, buccal administration and administration by topical

[, vaginal]

or rectal methods.

C. "Institutional review board" means a federally funded committee that

[has been formally designated to review and monitor biomedical research involving human subjects and]

is responsible for overseeing research involving human participants and ensuring that human research participants are not mistreated and that their rights are protected.

[D. Harvested cannabis means cannabis that has been grown in the State of Maine by a currently registered licenses within Maine's Medical Cannabis Program].



**6. Duties.** The duties of the board are to carry out the purposes of the medical cannabis research grant program under section 2430, subsection 5, including:

A. Administering the medical cannabis research grant program by soliciting, reviewing, evaluating, approving and awarding grants governed by subsection 7 to promote research, conduct studies, perform analysis and evaluate complementary health plant-based medicines and practices, including the safety, effectiveness, proper use and best practices in

[cultivating, testing, labeling]

manufacturing, administering and using the medicines; and

**7. Grants.** Grants awarded by the board are governed by this subsection.

A. A grant may be awarded for objective scientific research, including observational and clinical trials and existing research, on the efficacy of harvested cannabis as part of medical treatment and the health effects of harvested cannabis used as part of medical treatment, including:

(1) The

[cultivating, testing, labeling]

manufacture, processing, safety, effectiveness, administration or use of complementary health plant-based medicines and practices;

(4) Collaborate with researchers, institutions and governments in other jurisdictions and internationally. Note: While a good criteria best left to the Board to determine, not law.