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March 24, 2025

Re: LD 1038, An Act to Increase the Maximum Term of a Medical Cannabis Written Certification to 2 Years

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

The Office of Cannabis Policy (OCP) respectfully submits the following comments neither for nor against LD 1038 to inform this committee's consideration of what it means for Maine to have a medical cannabis program.

At its core, this bill is about whether there is a place for a bona fide relationship between qualifying patients and their certifying medical providers in the Maine Medical Use of Cannabis Program. This question is amplified by the consideration of LD 929, a bill that would permit seniors and veterans to bypass the patient certification process altogether by permitting those individuals to use their photo or veterans ID to obtain medical cannabis.

Nationwide, there are a variety of approaches to ensuring patient access to cannabis for medical use that could inform the committee's work on this issue. Some states, like Oregon, permit qualifying patients to obtain cannabis for medical use from either an adult use or medical use retailer. States like Washington and Vermont permit adult use retailers to obtain a "medical endorsement" to sell medical cannabis to patients out of their adult use location.[1] Despite these different approaches and as noted in our testimony regarding LD 929, nearly every medical cannabis program in the country requires a medical provider to certify, at least annually if not more frequently, that a patient has a qualifying condition or would otherwise benefit from the medical use of cannabis. This practice mirrors general prescribing requirements for non-controlled substances and is much less stringent than the prescription requirements for controlled substances.[2] Does this committee believe that medical cannabis requires less oversight than

[1] Oregon Rev. Stat. ch. 475C, sec. 097, available at: https://www.oregonlegislature.gov/bills_laws/ors/ors475c.html (accessed March 18, 2025); Wash. Admin. Code 314-55-080, available at: https://app.leg.wa.gov/WAC/default.aspx?cite=314-55-080 (accessed March 18, 2025); Vermont Stat. Ann., Title 7, §§ 903 and 973 available at https://legislature.vermont.gov/statutes/section/07/033/00907 and https://legislature.vermont.gov/statutes/section/07/037/00973, respectively (accessed March 18, 2025).

[2] 02-392 CMR, ch. 19, section 2, subsection 2, paragraph B reads "No pharmacist may fill a prescription drug order for a controlled substance that is presented to the pharmacist more than **90 days** after the date of the prescription." [emphasis added]. 02-392 CMR, ch. 19, section 5, reads "A pharmacist may fill a prescription drug order for a noncontrolled drug for a period no greater than **15 months** from the date written." [emphasis added].

prescription medications for high blood pressure, ADHD, Type 1 diabetes, or depression? (All of which, coincidentally, can be affected pharmacologically by cannabis use.[3])

Taken together, the absence of qualifying conditions, regular assessment and review by a qualified medical provider, mandatory testing for contaminants, and the use of an inventory tracking system in Maine's medical cannabis program present this committee with a fundamental question: What is the purpose and role of the Maine Medical Use of Cannabis Program? Is it the Legislature's intent that the medical cannabis program serves as a sort of cannabis wholesale club (like Costco, Sam's Club, or BJ's) where a patient certification serves as a sort of "membership card" that grants patients access to tax-free cannabis subject to substantially less regulation than cannabis available in the adult use program? If that is the Legislature's intent, does such a system require the maintenance of the kind of robust, distinct, and State-regulated medical cannabis program that OCP has advocated for, and continues to advocate for, before this committee every year?

Finally, there are two issues regarding the certification of qualifying patients that are necessary to understand for the purposes of this discussion. First, the statute requires that certifying providers issue a written certification "only in the course of a bona fide medical provider-patient relationship after the medical provider has completed a full assessment of the patient's medical history…" and further requires in some circumstance that the certifying provider "…conduct an in-person consultation with the patient prior to providing a written certification." 22 MRS § 2423-B(2-C). Second, in accordance with 22 MRS § 2423-B(4), the Office of Cannabis Policy provides, at no charge to certifying providers, the tamper-resistant certification paper that the provider uses for each patient certification (commonly referred to as a "patient card"). The Maine Medical Use of Cannabis Act does not specify or otherwise limit the fees that a certifying provider can charge a patient seeking certification. In the interest of addressing the policy aims of this bill, it may be advisable to review these subsections of § 2423-B to ensure these provisions are in alignment with any changes made to sub-§ 3.

In closing, we want to reiterate the Office's strong support for a medical cannabis program that is robust and distinct from the state's Adult Use Cannabis Program; but that program must be well-regulated with the mandatory testing and tracking guardrails necessary to ensure the integrity of Maine's longstanding, and constantly evolving, medical cannabis program. OCP and this committee are regularly asked to treat cannabis businesses the same way we would treat any other business. In this case, then, it is critical that this committee consider the necessary public health and public safety ramifications of changes to the patient certification requirements. We thank the committee for its consideration of our comments and concerns and we would be happy to answer any questions you have at the work session.

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[3] *See* U.S. CDC Bulletin: Cannabis and Heart Health, available at: https://www.cdc.gov/cannabis/health-effects/heart-health.html (accessed March 18, 2025); Hernandez M, Levin FR. Attention-Deficit Hyperactivity Disorder and Therapeutic Cannabis Use Motives. *Psychiatr Clin North Am*. 2022 Sep;45(3):503-514. doi: 10.1016/j.psc.2022.05.010. Epub 2022 Aug 1. PMID: 36055735; PMCID: PMC11032069; Gregory L. Kinney, Halis K. Akturk, Daniel D. Taylor, Nicole C. Foster, Viral N. Shah; Cannabis Use Is Associated With Increased Risk for Diabetic Ketoacidosis in Adults With Type 1 Diabetes: Findings From the T1D Exchange Clinic Registry. *Diabetes Care* 1 January 2020; 43 (1): 247–249. https://doi.org/10.2337/dc19-0365 (accessed March 18, 2025); and Health Canada Bulletin: Cannabis and Mental Health, available at: https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/mental-health.html (accessed March 18, 2025).