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LD 1847

****Subject: Testimony Opposing LD 1847 – An Act to Institute Testing and Tracking of Medical Use Cannabis and Cannabis Products Similar to Adult Use Cannabis and Cannabis Products****

To the Joint Standing Committee on Veterans and Legal Affairs,

My name is ****Adam Blais Jr.****, and I am writing to express my ****strong opposition to LD 1847**** – ***An Act to Institute Testing and Tracking of Medical Use Cannabis and Cannabis Products Similar to Adult Use Cannabis and Cannabis Products, Dedicate a Portion of the Adult Use Cannabis Sales and Excise Tax to Medical Use Cannabis Programs and Create a Study Group.***

This bill is a ****massive overreach**** that fundamentally misunderstands Maine’s successful medical cannabis program, which is rooted in ****patient access, caregiver autonomy****, and a ****sustainable, organic cultivation model****. Rather than protecting patients, LD 1847 would hurt them by ****raising costs****, ****limiting access****, and introducing ****corporate systems**** like Metrc that have already proven to be failures in other states.

I strongly oppose the following aspects of the bill:

1. **Excise Tax on Medical Cannabis is Unjust and Counterproductive**

****Medical cannabis is not a luxury****, it is a ****necessity for patients**** dealing with ****chronic pain, cancer, PTSD, epilepsy, and other serious conditions****. It is medicine — just like insulin or antibiotics. Introducing an ****excise tax**** on medical cannabis would place an ****unfair burden**** on patients, many of whom already struggle with the high cost of healthcare and medicine.

We do not tax ****life-saving medications****, and we should not tax the medicine that ****so many Mainers rely on to manage their health****. Taxing medical cannabis is a step toward treating it as a commodity, not an essential treatment for people in need. Once this precedent is set, there is no going back, and ****patients will bear the brunt**** of higher prices.

2. **The Metrc System Has Failed Elsewhere — It is Corrupt and Inadequate**

Metrc is a ****corporate track-and-trace system**** that has been implemented in ****California**** and other states, and it has ****failed miserably****. In California, ****Metrc-tagged cannabis has been found in illegal markets across state lines****. Despite its promises of transparency and security, ****Metrc has been manipulated****, allowing ****diversion****, ****fraud****, and ****corruption****.

****Catalyst CEO Elliot Lewis**** filed a lawsuit after exposing how Metrc has ****enabled fraud and diversion**** within California’s legal cannabis system. The system ****fails to prevent illegal trafficking****, making it easy for operators to ****launder product****, ****misreport yields****, and ****manipulate testing results****. Metrc’s flaws are well-documented, and ****it does not belong in Maine****.

Introducing Metrc into Maine would create a ****bureaucratic nightmare****, driving up costs, pushing out ****small, sustainable growers****, and failing to protect patients or the market.

3. **Increased Testing and Tracking Will Drive Up Costs for Patients**

Requiring ****batch testing****, ****RFID tags****, ****tracking software****, and compliance with an inefficient, expensive system like Metrc will place ****financial strain**** on caregivers, who will inevitably ****pass these costs onto patients****. Many patients already struggle to afford their medicine, and ****raising the price**** of that medicine

****is not the solution**.**

Forcing caregivers to adopt ****corporate, compliance-heavy systems**** will only ****disrupt their ability to provide affordable, clean, high-quality medicine****. Patients will have fewer options, higher costs, and ultimately ****fewer opportunities**** to access the medicine they depend on.

4. ****THC Caps Are Arbitrary and Harmful to Patients****

LD 1847 includes a ****study group**** that would explore potential ****THC caps**** on medical cannabis products. This is a deeply ****problematic proposal**** that would limit access to ****high-potency products**** that many patients rely on for relief.

****Arbitrary potency limits**** are not based on ****scientific evidence**** or the needs of medical cannabis users. ****THC is a vital component**** in many effective ****tinctures, oils, concentrates, and edibles**** used to manage chronic conditions, including cancer, pain, and anxiety. ****Limiting THC potency**** would eliminate essential products from the market and force patients to ****consume more product**** to get the relief they need, ****raising costs**** and ****reducing the quality**** of their medicine.

This is ****not a safety measure**** — it is a ****restriction**** that would harm patients, particularly those who depend on higher-potency products for ****effective symptom management****.

5. ****This Bill Facilitates Corporate Control and Hurts Small Growers****

Maine's medical cannabis program is built on ****small-scale cultivation****, ****local caregivers****, and ****direct patient relationships****. Many of Maine's medical cannabis growers follow ****regenerative and organic farming practices****, using ****living soil**** and ****closed-loop systems**** that benefit the land and eliminate the need for harmful chemicals.

LD 1847's ****requirements for tagging every plant with plastic RFID tags**** and adhering to ****Metr's corporate compliance system**** would ****undermine**** the sustainable, ****organic farming practices**** that ****many of Maine's small growers**** are committed to. These practices do not fit within the rigid framework of ****corporate agriculture**** that Metr and testing mandates encourage. This bill would ****push out small producers**** in favor of large, corporate entities that prioritize ****profit over patient care****.

6. ****This Bill is a Trojan Horse for Corporate Interests****

LD 1847 isn't about ****protecting patients**** — it's about introducing corporate-driven policies that prioritize ****profit over people****. ****Metr****, ****testing mandates****, and the ****excise tax**** are all part of a larger effort to consolidate the cannabis market and push out smaller caregivers in favor of ****large corporate operators****.

This bill would create ****barriers to entry**** that force caregivers to either comply with ****expensive, corporate systems**** or exit the market altogether. That means fewer options for patients, higher prices, and the loss of the ****diversity of products**** that make Maine's medical cannabis program unique.

In Conclusion

LD 1847 would harm patients, caregivers, and small growers alike. It introduces an ****excise tax****, ****Metr's failed corporate compliance system****, ****arbitrary THC caps****, and expensive testing requirements — all of which would raise costs, limit access, and force Maine's medical cannabis program to ****conform to the corporate-driven adult-use model****.

This bill threatens to ****undermine the integrity**** of Maine's medical cannabis program, which has been a model of ****patient access, caregiver autonomy****, and ****sustainable cultivation****. If we truly care about Maine's patients, we must ****reject LD 1847**** and ensure that the system remains focused on ****care, not profit****.

****Please vote NO on LD 1847.****

Sincerely,

****Adam Blais Jr.****

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