Opposition of LD 1847 H.P 1231

My name is Diego Torres, a graduate of the M.S. in Medical Cannabis Science and Therapeutics from the University of Maryland with a background in medical cannabis testing in Florida. I'm testifying against LD 1847 which would drastically alter the medical program that patients rely on due to this legislation that mimics policies that have failed medical patients in other states. LD 1847 will increase costs for everyone in the medical program, cut out small businesses, and strip the medicinal value of the plant from patients.

The increase in costs across the program resulting from LD 1847 will be a result of labor and administrative overhead, track-and-trace hardware/tag costs, software integration and upkeep, and mandatory testing fees. For accurate tracking to occur, cultivators must implement practices such as data entry/report generation and tag tracking. Compiling data, generating reports, and tagging plants/product, takes hours of labor away from production to be spent dealing with the software.[1] Implementing this practice not only incurs a loss of time but also comes with a price. Obtaining the hardware is a direct upfront cost to producers, and when it comes to upkeep of tags, cultivators need to purchase tags from the track-and-trace provider which cannot be reused or recycled.[2] Maintaining the software comes with a monthly price as well, where the tracking system is a backend software that needs to be integrated with another third-party frontend software, piling on more costs. The track-and-trace systems are contractual agreements between a company and the state, which must be renewed, ultimately leaving the chance for the prices to rise in new agreements as it has in Massachusetts.[3] The testing fees associated with complying with mandatory testing can account for upwards of 10% of a sale price in regulated markets such as California.[4]

Now you may be thinking that these are reasonable costs to ensure safe cannabis, and with this assumption we overlook the fact that to account for the rise in operational costs, the price of medical cannabis needs to increase as well.[5] Medical patients in Maine have the privilege of not overpaying for their essential medicine, whereas in Florida, I could be spending nearly double the amount of money as you would in Maine for flower that I know will serve its medicinal purpose. Following rising prices, it is likely that price-sensitive consumers will go seeking unlicensed cannabis as it has been found to occur in California.[6] Forcing Mainers to resort to black market purchases will be a major threat to the state's public health and safety.

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[1] https://thecannabisindustry.org/committee-blog-re-thinking-cannabis-track-and-trace-models-how-state-mandated-track-and-trace-integration-capability-is-failing-the-cannabis-industry/

[2] https://www.distru.com/cannabis-blog/complete-guide-to-metrc-tags#:~:text=Metrc%20Tag%20Costs&text=Metrc%20charges%20$0.25%20per%20package,to%20licensees%20by%20the%20state.

[3] https://masscannabiscontrol.com/2024/12/bulletin-metrc-fee-increases-december-23-2024/

[4] https://pmc.ncbi.nlm.nih.gov/articles/PMC7179872/

[5] https://pmc.ncbi.nlm.nih.gov/articles/PMC7179872/

[6] https://pmc.ncbi.nlm.nih.gov/articles/PMC7179872/

Referring to the additional operational costs that would be forced upon the medical program, another aspect being overlooked is the fact that the legislation applies these regulations to small cultivators and caregivers. It is difficult to fathom how a caregiver will be able to remain operational if faced with higher operational costs and need to form a compliance department when they can only have 30 mature plants, must raise the cost of their product, and will be losing patients due to the increase in price of the product. Managing the increase in operational costs will force caregivers to give up their practice, and companies with larger capital will ultimately overtake the market. Cutting out the small cultivators and caregivers will allow larger companies to essentially control the medical program, ultimately changing the small, craft, and patient forward aspect of the current state of the medical program. LD 1847 does not suggest how it will protect small cultivators from this happening and therefore should not pass on the notion that it needs more detail to propose equitable measures or incentives to protect the small businesses of the Maine medical cannabis program.

The final reason for my objection to LD 1847 is the ability it has to strip the medicinal value away from the plant for patients. Mimicking the regulations set for in the adult use market will essentially make a second adult use market, minus becoming a registered patient. What makes the Maine medical program so unique from the rest of the medical programs across the country is the ability for patients to access medicine from cultivators that tailor to their needs. With the aforementioned hindrances to small cultivators, the only legal cannabis patients will likely be able to acquire, is from larger scale operations. This will significantly decrease the variety of medicine available, which will also be influenced by the proposed testing regulations and potency limitations.

The way that testing cannabis in the manner that is outlined in LD 1847 will face the state with challenges other cannabis programs have across the country. Traditional potency testing is a continuous threat to the medical cannabis industry across the country, which has left many patients shopping for the highest THC levels in their product.[7] This is a mistaken notion for the therapeutic value of cannabis, which is instead determined by a variety of factors specific to the individual patient. I currently see the consequences of this in full effect in the medical program in Florida. Walking into the biggest dispensary chain a few years ago I could hear patients asking budtenders for their highest THC products, and today, the budtender's first remarks on the product is to state how high the THC percentage is. This is concerning, especially for naïve cannabis users, because it continues to worsen the problem and create a program with patients shopping for the highest THC available.

A market fueled by patients looking for the highest potency cannabis products will also affect the proposed testing sector of the program. In cannabis programs that are indirectly plagued by the THC misconception, laboratory shopping occurs. To satisfy patient shopping preferences,

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[7] https://www.cannabissciencetech.com/view/the-rising-threat-to-the-us-cannabis-industry-how-thc-inflation-and-laboratory-shopping-are-undermining-trust

cultivators are forced to find the lab that gives their product the highest results, and for labs to compete, they must join in by having different instrument methodologies that will set them apart from competition.[8] LD 1847 does not specify how it will prevent this from occurring and leaves it up to future legislation. This is not enough to guarantee that the patients of Maine will still have their tailored medicine and is more reason for LD 1847 to not pass.

LD 1847 also does not specify another scope of the mandatory testing that has caught my attention, which is the yeast mold and mildew testing. The bill leaves it up to future review, which I do not believe is sufficient to protect the program that medical patients depend on. Current TYM tests cannot differentiate between pathogenic, beneficial, and benign yeast and molds.[99,10] Natural forms of biological control can be produced by the plant itself or introduced by organic farmers,[11,12] that prevents the need to introduce harmful pesticides or other chemical-based products. Enforcing testing based on LD 1847 that doesn't require species-specific testing can lead highly therapeutic cannabis to fail. This will leave patients the only option to use medicine that has been treated with sterilizing pesticides, chemicals, and remediation, posing a major threat to public safety. LD 1847 does not ensure that it will maintain the current access to quality cannabis that patients rely on, and it is not safe to assume that patients can receive the same therapeutic value from a small variety of cannabis product produced by larger companies that can comply with the vague regulations set forth in LD 1847.

Cannabis is a personalized medicine, and there is not enough evidence for us to assume that all patients will benefit from the same sources of cannabis.[13] LD 1847 does not account for this in its proposal to limit the THC potency in the medical market. The state of Maine acknowledges at least 17 different qualifying conditions, and it cannot be assumed that all patients can receive a therapeutic response from the same dose range within that many qualifying conditions. In adult use markets this is used to of course protect the public health safety, but in a medical program applying a potency cap can ultimately remove all therapeutic value from a patient's medicine. Patients depend on a specific dose to treat or manage a severe condition which they have found to work for them.

LD 1847 is an attempt to mimic other medical programs that have similar regulations to adult use programs. This bill will completely change the craft, equitable, and patient forward medical program that is the last standing in the country of this nature. Please take this information into consideration and do not allow LD 1847 to move forward. If public safety is a concern, use study

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[8] https://www.cannabissciencetech.com/view/the-rising-threat-to-the-us-cannabis-industry-how-thc-inflation-and-laboratory-shopping-are-undermining-trust
[9] https://medicinalgenomics.com/applications/total-yeast-and-mold/
[10] https://pmc.ncbi.nlm.nih.gov/articles/PMC10294073/#sec23
[11] https://medicinalgenomics.com/applications/total-yeast-and-mold/

[12] https://pmc.ncbi.nlm.nih.gov/articles/PMC10294073/#sec23
[13] https://pmc.ncbi.nlm.nih.gov/articles/PMC10137111/#sec7-cimb-45-00228

groups and guidance from cannabis professionals to determine if the medical program is posing a significant threat to public health and safety. If you still determine that the Maine medical cannabis program needs more regulation, the proposed legislation needs to accurately reflect the needs of everyone in the program. Legislation that has the power to drastically alter the structure of a medical program like LD 1847 needs to be backed with enough evidence and data from individuals and groups with backgrounds in cannabis before introducing regulations of this nature. If not, it is just legislation that does not reflect the needs of the patients in the state and can be subject to influence from unqualified backgrounds and conflicts of interest.