Testimony of Maine Public Health Association in Support of:
LD 104: An Act to Protect the Health of Medical Cannabis Patients and Streamline the Mandatory Testing of Cannabis
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

Joint Standing Committee on Veterans and Legal Affairs
State House, Room 437
Monday, May 5, 2025

Good morning, Senator Hickman, Representative Supica, and distinguished members of the Joint Standing Committee on Veterans and Legal Affairs. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association.

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 850 individuals and 70 organizational members across the state, and our mission is to advance the health of all people and places in Maine.

MPHA supports LD 104: "An Act to Protect the Health of Medical Cannabis Patients and Streamline the Mandatory Testing of Cannabis" and 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."

These bills would require mandatory testing in Maine's Medical Cannabis Program, just like there is the Adult Use Program. LD 104 makes minor changes to the Adult Use Cannabis Program testing model. LD 1847 does not make changes to the Adult Use Program but establishes testing parity between the two cannabis programs. LD 1847 includes other provisions:

- Establishing a potency cap on the maximum THC content in edible products in the Medical Cannabis Program, similar to what's already in place for the Adult Use Program.
- Requiring that edible gummies sold in the Adult Use Program that aren't stamped or embossed with the Universal Symbol be sold in blister packaging to reduce accidental ingestion.
- Directing a portion of the current Adult Use cannabis taxes toward public health and safety awareness and education.
- Forming a study group to examine youth cannabis use and evidence-based ways to prevent and reduce high-risk use.

Product Testing
Out of more than 30 states with medical cannabis programs, Maine is the only one that does not require testing. Both of these bills close that gap. The required testing includes potency and contaminants, like mold, lead and arsenic; LD 1847 adds required testing of perfluoroalkyl and polyfluoroalkyl substances (PFAS). PFAS exposure may reduce antibody responses to vaccines[1,2] and infectious disease resistance,[3] as well as alter metabolism[4] and fertility,[5] reduce fetal growth, and increase the risk of developing overweight or obesity.[6] PFAS exposure has been associated with several chronic health problems, including increased cholesterol levels, liver dysfunction, and increased risk of testicular and kidney cancers.[7]

Cannabis is a bioaccumulator, and can absorb PFAS from various pathways, including soil and water. Testing consumable products – any product, and especially ones being used for health purposes – is a basic tenant of public health and safety. At the national level, the U.S. Food and Drug Administration tests and publicly shares testing results in the food supply. The FDA can encourage a voluntary recall, order a mandatory recall, order an administrative detention to prevent the product from being distributed, and/or issue public warnings to alert consumers to the potential danger (examples: cinnamon, applesauce). Alcohol is also tested for safety. Yet no such requirement exists for a product more than 110,000 Mainers use to manage health conditions: medical cannabis.

Potency Cap

Currently, there is no potency limit on edible products in the Medical Cannabis Program like there is for the Adult Use Program. Research published in 2024 found that today's cannabis products can contain levels of THC as high as 90%, compared to the 2-3% THC concentrations typical of cannabis in the 1970s.[8] Higher potency cannabis can increase the risk of adverse reactions, especially among adolescents because their brains are still developing. Youth can access medical cannabis if they're 18 years of age or older, and pediatric patients under 18 years old can access it with parent consent. Cannabis use can alter a young person's brain development, and increase the risk of anxiety, depression and other Serious Mental Illness like schizophrenia and bipolar disorder.[9,10] Youth who regularly use cannabis are more likely to attempt suicide compared to their peers who don't regularly use cannabis.[11] These mental health problems associated with cannabis use have caused alarm among pediatricians and psychiatrists across the country.

There are also no benchmarks for consumers when it comes to potency. On the nutrition facts panel, for example, there are percentages to indicate how much toward nutrient Daily Values a given food or beverage contributes; that's not true for cannabis products. That gap in information is especially problematic for youth who can access medical cannabis, even without parent permission. For these reasons, we believe establishing a cap, which can restrict, to some extent, how much THC is consumed in one sitting, supports public safety.

Gummy Packaging

As this committee deliberated last session on LD 2147 (and LD 40), we shared the simple reality that cannabis edibles pose unique risk to children who may mistake them for food or candy. Gummies, in particular, are attractive to kids, and given there's no potency caps in the medical program, they pose a significant risk if accidentally consumed. Unlabeled gummies can also be accidentally consumed by adults who don't realize they contain cannabis. Blister packaging was an option discussed last year, which responds to the industry complaint that gummies, especially sugar-coated ones, are difficult to emboss, while also preventing unintentional consumption by a child. And, if consumed by a child, it's easier for a parent to tell that one of their gummies is missing if it's blister packaged. Blister packaging can also help legal adult users keep track of how many gummies they have eaten, helping to prevent unintentional over-consumption. Child-resistant packaging is standard practice for drugs, and with smaller consumables, like gummies, blister packaging is a safe option.

Public Health & Safety Education Funding

We need to invest more in education programs for youth and young adults. Data from the 2023 Maine Integrated Youth Health Survey (MIYHS), show that nearly 1 in 5 Maine high schoolers currently use cannabis.[12] In 2020, in Maine, there were 5,632 cannabis-related emergency department visits, representing a 21% increase from 2019. Rates were disproportionately higher for males and for people ages 18 to 25 years old.[13] Indeed, the Maine Recovery Council and MPHA's Alcohol, Tobacco, and Other Drugs (ATOD) Member Section have both identified the 18–25-year-old population as a priority age group to focus substance use prevention efforts, as this age group has higher rates of substance use and risk behaviors than other age groups. The ATOD Section is currently working with universities and colleges across Maine on programming aimed at reducing unsafe substance use.

Youth Use Study Commission
Data from the 2023 MIYHS are sobering – in terms of use rates, attitudes, and social norming of youth cannabis use. This Study Commission would be charged with conducting work to understand these data better, including talking with youth, school staff, healthcare providers, prevention specialists, and others; and identifying strategies to prevent high-risk cannabis use among children and strategies to support treatment for children who are already using cannabis. The fact is that with a 30-fold increase in the THC content of some current cannabis products, there's a new set of risks associated with youth cannabis use that we need to address.

Youth Cannabis Use in Maine
<u>High School</u>

- 32% report having used cannabis at least once; 19% used in the past 30 days.
- 19% started using cannabis before age 13.
- 30% report vaping THC, cannabis, or hash oil.
- 54% report it would be "sort of easy" or "very easy" to get cannabis.
- 22% report their parents or guardians would feel it would be "a little bit wrong" or "not wrong at all" for them to use cannabis.
- 54% report their friends would feel it was "a little bit wrong" or "not wrong at all" for them to use cannabis.
- 61% report there's "no risk" or a "slight risk" to harming themselves (physically or in other ways) if they use cannabis once or twice a week.
- 18% report riding in a car or other vehicle driven by someone who had been using cannabis at least once in the past 30 days.
- 10% report driving a car or other vehicle when using cannabis at least once in the past 30 days.

<u>Middle School</u>

- 9% report having used cannabis at least once; 5% used in the past 30 days.
- 22% started using cannabis before age 11.
- 18% report vaping THC, cannabis, or hash oil.
- 22% report it would be "sort of easy" or "very easy" to get cannabis.
- 8% report their parents or guardians would feel it would be "a little bit wrong" or "not wrong at all" for them to use cannabis.
- 21% report their friends would feel it was "a little bit wrong" or "not wrong at all" for them to use cannabis.
- 38% report there's "no risk" or a "slight risk" to harming themselves (physically or in other ways) if they use cannabis once or twice a week.
- 21% report riding in a car or other vehicle driven by someone who had been using cannabis at least once in the past 30 days.

Lastly, attached to my testimony is a sign-on letter generated and distributed by the Alliance for Responsible Cannabis in Maine (ARC-ME). You'll see that more than 80 people across Maine support the policies found in these bills, including several of your constituents. I have also attached ARC-ME's fact sheet so you can learn more about the Alliance, including our members.

The proposed changes in these bills are commonsense guardrails; many of the proposed changes to the Medical Program are already in place for the Adult Use Program. These provisions protect public health and safety, while also ensuring transparency and accountability. We believe these bills are protective of public health and respectfully request you to vote LD 104 and LD 1847 "ought to pass." I am happy to answer any questions and will be available for the work session. Thank you for your consideration.

[1]Grandjean P, Heilmann C, Weihe P, et al. 2017. Estimated exposures to perfluorinated compounds in infancy predict attenuated vaccine antibody concentrations at age 5-years. *J Immunotoxicol*,14(1):188-195.
[2]Looker C, Luster MI, Calafat AM, et al. 2014. Influenza vaccine response in adults exposed to perfluorooctanoate and perfluorooctanesulfonate. *Toxicol Sci*.,138(1):76-88.
[3]National Toxicology Program. 2016. Monograph on immunotoxicity associated with exposure to perfluorooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS). Research Triangle Park, NC: National Toxicology Program.
[4]Liu G, Dhana K, Furtado JD, Rood J, Zong G, Liang L, Qi L, Bray GA, DeJonge L, Coull B, Grandjean P, Sun Q. 2018. Perfluoroalkyl substances and changes in body weight and resting metabolic rate in response to weight-loss diets: A prospective study. *PLoS Med*,15(2):e1002502.
[5]Bach CC, Vested A, Jorgensen K, Bonde JP, Henriksen TB, Toft G. 2016. Perfluoroalkyl and polyfluoroalkyl substances and measures of human fertility: A systematic review. *Crit Rev Toxicol*,46(9):735-55.
[6]Braun J. 2017. Early-life exposure to EDCs: Role in childhood obesity and neurodevelopment. *Nat Rev Endocrinol*,13(3):161–173.
[7]Agency for Toxic Substances and Disease Registry. 2022. What are the health effects of PFAS?
[8] Wilson J. Marijuana's evolution has outpaced U.S. regulation. *Harvard Public Health Magazine*. December 12, 2024.
[9] National Academies of Sciences, Engineering, and Medicine. The health effects of cannabis and cannabinoids: the current state of evidence and recommendations for research. Washington, DC: The National Academies Press; 2017.
[10] Volkow ND, Swanson JM, Evins AE, et al. Effects of cannabis use on human behavior, including cognition, motivation, and psychosis: a review. *JAMA Psychiatry.* 2016;73(3):292-297
[11] Flores MW, Granados S, Cook BL. US trends in the association of suicide ideation/behaviors with marijuana use among adolescents ages 12-17 and differences by gender and race/ethnicity. *Front Psychiatry*. 20235;13:1057784.
[12] Maine Department of Health and Human Services & Maine Department of Education. 2023. Maine Integrated Youth Health Survey Results.
[13] Cannabis Use Dashboard. Maine State Epidemiological Outcomes Workgroup.

This letter was written and shared by members of the Alliance for Responsible Cannabis in Maine. FMI contact Dr. Rebecca Boulos, Maine Public Health Association (rebecca.boulos@mainepublichealth.org).

Support Efforts to Reduce Youth Cannabis Use and Increase Transparency and Safety in Maine's Medical Cannabis Program

We, the undersigned public health professionals, healthcare clinicians, educators, and parents support proposed changes to Maine's Medical Cannabis Program that will reduce high-risk youth use, protect patient health, and promote transparency.

High potency cannabis use impacts youth mental health.
Nearly 1 in 5 Maine high schoolers currently use cannabis (MIYHS 2023), which can alter adolescent brain development, and increase the risk of anxiety, depression, and other mental illnesses like schizophrenia (US CDC 2024). Youth who regularly use cannabis are more likely to attempt suicide compared to their peers who don't regularly use cannabis (Flores et al., 2023), and pediatricians and psychiatrists warn that they're seeing an increase in people experiencing significant mental illness that may be associated with cannabis use (*The New York Times*, As America's Marijuana Use Grows, So Do The Harms).

Out of more than 30 states with medical cannabis programs, Maine is the only one that does not require testing.
In Maine, there are 110,500 people who access cannabis through the Medical Program, including pediatric patients (OCP, 2024 Annual Report). Yet, unlike the Adult Use Cannabis Program, medical cannabis is not required to be tested for harmful contaminants like heavy metals, pesticides, and toxic types of mold. According to the 2023 Maine Office of Cannabis Policy's report *Harmful Contaminants in Maine's Medical Cannabis Program*, 42% of medical cannabis tested had at least one contaminant that would have failed testing in the Adult Use Cannabis Program. Furthermore, there is no potency limit on edible products in the Medical Cannabis Program like there is for the Adult Use Program.

Testing cannabis is a matter of safety. It is necessary to reassure patients that the product they are consuming is contaminant-free and has accurate potency.

We urge you to support policy proposals to improve patient safety and youth mental health, including:

- Aligning Maine's Medical Cannabis Program with the current testing, tracking, and tracing requirements in the Adult Use Cannabis Program, mandating testing for contaminants like pesticides, heavy metals, and mold.
- Establishing a potency cap on the maximum THC content in edible products in the Medical Cannabis Program, similar to what's already in place for the Adult Use Program.
- Prioritizing efforts to reduce youth cannabis use through evidence-based strategies.
- Requiring that edible gummies sold in the Adult Use Program that aren't stamped or embossed with the Universal Symbol be sold in blister packaging to prevent accidental ingestion.

The time is now to enact reasonable guardrails on Maine's cannabis industry.

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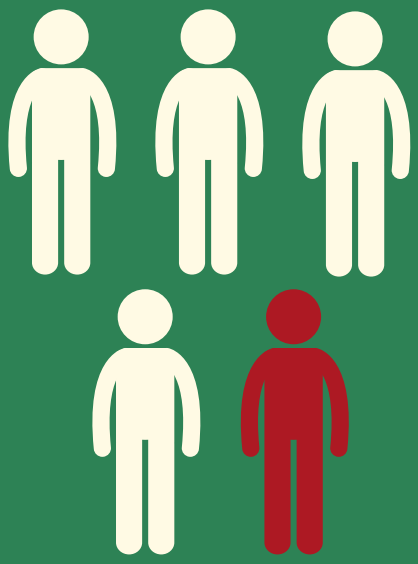
The Alliance for Responsible Cannabis in Maine (ARC-ME)

A multi-sector coalition working to prevent youth cannabis use, protect patient health, and ensure safety, accountability and transparency in the cannabis industry.

Nearly 20%

of Maine high schoolers currently use cannabis



High potency cannabis use in adolescence alters brain development, and increases the risk of anxiety, depression and severe mental illness, including schizophrenia and bipolar disorder.

Unlike adult-use cannabis, medical cannabis, which can serve pediatric patients, is not tested for harmful contaminants.

In a recent audit, 42% of medical cannabis tested had at least one contaminant that would have failed testing in the adult use program.

ARC-ME Members

Maine Medical Association

Gardiner Area Thrives

Maine AAP

Maine Association of Psychiatric Physicians

Maine Children's Alliance

Healthy Acadia

Building vibrant communities for over 20 years

Maine Osteopathic Association

SEED

STUDENTS EMPOWERED TO END DEPENDENCY

Healthy Androscoggin

PROMOTING GOOD HEALTH

A COMMUNITY COALITION

ADCARE EDUCATIONAL INSTITUTE OF MAINE INC

MPHA

Maine Public Health Association

CHCC

Coastal Healthy Communities Coalition

healthy communities OF THE CAPITAL AREA

Maine Council of Child and Adolescent Psychiatry

Sources:

U.S. CDC, *Cannabis and Mental Health*, Feb 2024; Maine Office of Cannabis Policy, *Harmful Contaminants in Maine's Medical Cannabis Program*, Fall 2023; Maine CDC & Maine Dept. of Education. *Maine Integrated Youth Health Survey*. 2023

The Alliance for Responsible Cannabis in Maine supports common-sense, evidence-based policy solutions, including:

Restricting cannabis marketing that appeals to youth.

Labeling and packaging edible cannabis products to reduce accidental ingestion.

Testing cannabis in the medical and adult-use programs for potency and contaminants, like heavy metals, pesticides, and mold.

Capping potency on edible products in the medical program - like adult use.

Tracking & tracing cannabis throughout the supply chain.

Funding education and treatment programs.

Citations: Barry RA & Glantz SA. Marijuana Regulatory Frameworks in Four US States: An Analysis Against a Public Health Standard. *Am J Public Health*. 2018; Cao Y, et al. Point-of-Sale Marketing in Recreational Marijuana Dispensaries Around California Schools. *J Adolesc Health*. 2020; D'Amico EJ, et al. Planting the Seed for Marijuana Use: Changes in Exposure to Medical Marijuana Advertising and Subsequent Adolescent Marijuana Use, Cognitions, and Consequences Over Seven Years. *Drug Alcohol Depend*. 2018; Fischer B, et al. Lower-Risk Cannabis Use Guidelines (LRCUG) for Reducing Health Harms from Non-medical Cannabis Use: A Comprehensive Evidence and Recommendations Update. *Int J Drug Policy*. 2022; Kannarkat JT, et al. Improving Drug Supply Chain Security. *JAMA Health Forum.* 2024; Smart R & Doremus J. The Kids Aren't Alright: The Effects of Medical Marijuana Market Size on Adolescents. *J Health Econ.* 2023.