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LD 1847
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Testimony in Opposition to LD 1847

Senator Hickman, Representative Supica, and Members of the Joint Committee of Veterans and Legal Affairs.

Thank you for the opportunity to provide testimony on 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. I am writing to respectfully express my opposition to this bill, which seeks to impose additional regulatory and financial burdens on the medical cannabis program in this state.

Applying the same testing and tracking requirements to medical cannabis as those used for adult-use cannabis ignores the fundamental distinction between patients and recreational users. Medical cannabis is used under the guidance of healthcare providers to treat specific health conditions. Imposing commercial-grade tracking and testing systems on medical cannabis will increase costs for patients and caregivers without providing commensurate benefits in safety or efficacy. Patients already face high out-of-pocket costs, and these changes could further restrict access to needed medicine.

Directing adult-use cannabis tax revenue toward public health and safety campaigns specifically targeting medical cannabis use is misleading and stigmatizing. Medical cannabis is a therapeutic treatment for many individuals, and conflating it with public safety risks sends a confusing message to the public. Education and outreach efforts should clearly differentiate between recreational and medical use, and any funding for medical cannabis education should come from a framework informed by healthcare, not criminal justice or general public health risk.

While the intent of requiring blister packaging for edible adult-use gummies may be to prevent accidental ingestion, this provision will significantly increase packaging waste and cost without clear evidence of efficacy. There are already child-proofing standards in place that can be enhanced without resorting to excessive and environmentally harmful packaging.

The proposal to study youth consumption of cannabis is commendable in principle; however, lumping both medical and adult use into this initiative risks conflating two very different forms of access. There is no evidence of significant youth diversion from the regulated medical market. Conflating these issues may lead to policy recommendations that unjustly restrict access for legitimate medical patients under the guise of youth protection.

In conclusion, while I support responsible cannabis regulation and the need to protect public health, this bill introduces measures that may unnecessarily burden patients, misallocate public funds, and perpetuate misconceptions about medical cannabis. I urge the committee to reconsider or amend this bill to more appropriately address the unique nature of the medical cannabis program.

Respectfully,
Arleigh Kraus