Janet T. Mills
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Senator Hickman, Chair
Representative Supica, Chair
Members, Joint Standing Committee on Veterans and Legal Affairs
100 State House Station
Augusta, ME 04333-0100

Re: 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*

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

Thank you for the opportunity to provide information in support of 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.*

LD 1847 makes several changes both to the Maine Medical Use of Cannabis Act and the Cannabis Legalization Act. This bill requires the Department of Administrative and Financial Services (DAFS) to establish a testing program for harvested cannabis and cannabis products in Maine's Medical Use of Cannabis Program (MMCP), requiring registered dispensaries, caregivers, or assistants of caregivers to submit the cannabis or cannabis product to a licensed testing facility. LD 1847 establishes a potency cap for cannabis edibles in MMCP of no more than 10 milligrams of THC per serving, and no more than 200 milligrams of THC per package. It also establishes tracking provisions for MMCP which align with the tracking provisions in the Adult Use Cannabis Program (AUCP). Additionally, the bill requires that in AUCP, a package of gummies that is not stamped or embossed with the universal symbol on each individual serving of the product to be blister packaged with a clearly marked universal symbol on each individual serving. LD 1847 also requires a minimum of 25% of the funds deposited into the Adult Use Cannabis Public Health and Safety and Municipal Opt-In Fund to be expended on public health and safety awareness and education programs, initiatives, campaigns, and activities relating to the sale of adult use and medical use cannabis and cannabis products. Finally, this bill establishes a Study Group to examine youth consumption of medical use and adult use cannabis.

Licensed testing facilities are accredited pursuant to the International Organization for Standardization's standard ISO/IEC 17025, DAFS - Office of Cannabis Policy and accredited by the Maine Center for Disease Control and Prevention (Maine CDC). Required testing outlined in LD 1847 includes, at a minimum, testing for residual solvents, poisons, and toxins; harmful

chemicals; dangerous yeasts, molds, and mildew as specified by rule; harmful microbes; pesticides, fungicides, and insecticides; THC potency, homogeneity, and cannabinoid profiles; and perfluoroalkyl and polyfluoroalkyl substances (PFAS)- all of which are tested for in the Adult Use Cannabis Program (AUCP) with the exception of PFAS. The purpose of required testing is to ensure the cannabis does not exceed the maximum level of allowable contamination for any contaminant injurious to health, as well as to ensure accuracy of labeling. The potency cap for edibles in this bill aligns with the current potency cap in AUCP.

Blister packaging of edible gummies in AUCP is a useful strategy to minimize access to gummies that appear very similar to fruit gummies frequently intended for children. Among 0 to 5 year olds, most general unintentional poisonings reported to the Northern New England Poison Center (NNEPC) are due to exploration, and less than 1.5% of overall reported general unintentional poisonings in this age group result in a moderate or major medical outcome; however, of the 178 cannabis exposure cases reported to NNEPC from 2020 to 2024 for Maine children ages 0 to 5, 44% of these cannabis exposure cases resulted in a moderate or major outcome. Limiting access to look alike products, especially gummies, adds a layer of protection for Maine's young children and is an additional tool to reduce these exposures. The development of a study group to examine youth consumption of medical and adult use cannabis among individuals under 21 years of age and the related outcomes will enhance data coordination throughout the state, allowing for enhanced data-informed decision making- an important tool for both public health and for policy development. Additionally, ensuring sustained funding for cannabis public health education and awareness initiatives by requiring a minimum of 25% of the fund be spent on public health and safety will allow for priority health and safety issues to be addressed.

Currently, MMCP has no standards for mandated testing for contaminants, putting medical cannabis patients in Maine at an increased risk of potential exposures to contaminants such as yeasts, molds, and mildew, heavy metals, pesticides, microbials (such as E. coli and salmonella), residual solvents, and other filth/foreign materials. Exposures to each of these contaminants poses health risks varying in severity. Consistent and reliable testing for THC potency, homogeneity, and cannabinoid profiles is important to ensure consumers can make informed decisions around the potency of products to prevent accidental overconsumption resulting from inaccuracies in labeling.

DAFS is required to establish by rule processes, protocols and standards for mandatory testing of cannabis and cannabis products. Any changes to existing test methods and standards will incur costs. If enacted, the Maine Laboratory Accreditation Program (MeLAP) anticipates an increase in the volume of samples for accredited cannabis testing labs. Additionally, there are currently no standards set by Maine CDC-MeLAP to test cannabis samples for PFAS, and cannabis testing labs are not universally equipped to do so. The cost for laboratory equipment to test cannabis samples for PFAS is estimated to be in excess of one million dollars, though, according to the proposed language, PFAS testing could be temporarily waived if there is no lab in the State that has PFAS testing capacity. MeLAP may need to develop standards for its accreditation process depending on what is required.

In conclusion, Maine CDC supports the several efforts outlined in LD 1847 to enhance health and safety standards in both AUCP and MMCP.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,

Puthiery Va, DO
Director
Maine Center for Disease Control and Prevention
Maine Department of Health and Human Services