

Tammy Smith
Detroit
LD 1847

Subject: Opposition to LD 1847 — Caregiver and Patient Care Concerns

Members of the Veterans and Legal Affairs Committee,

My name is Tammy Smith, and I am a registered medical cannabis caregiver in Maine. I am writing in strong opposition to LD 1847 and respectfully urge an Ought Not to Pass report.

LD 1847 fundamentally restructures the medical cannabis program by imposing adult-use testing, tracking, and THC potency limits on a system that was created specifically around patient care.

When I first heard that the newest amendment would remove the dosage cap—allowing caregivers to continue providing high-dose edibles for patients who require and are accustomed to them—I was encouraged by the willingness to listen to the medical cannabis community. Unfortunately, that optimism changed after reviewing the addendum requiring new high-dosage packaging and labeling rules.

These proposed packaging requirements would effectively eliminate a caregiver's ability to provide edible products over 10 mg per serving or 200 mg per package. For small caregiver businesses, the cost would be astronomical. The most commonly relied-upon products for patients are chocolate bars and gummies. Caregivers already comply with child-resistant packaging requirements; layering on additional, expensive, non-biodegradable packaging is unreasonable, unfeasible, and unnecessary. It also creates significant additional waste for our landfills.

The requirement for blister packaging of individual doses would necessitate custom packaging for each product size. Based on quotes I received today, manufacturers require a minimum order of 10,000 units at approximately \$0.85 per package. That equates to \$8,500 per product. My company alone produces 12 different high-dose products. This single requirement would be devastating to a small caregiver business.

When combined with the additional costs of mandatory testing, monthly METRC subscriptions, and METRC tags, the overregulation proposed in this bill threatens the survival of Maine's medical caregiver system.

Many of the patients I serve—including individuals with cancer, severe chronic illness, neurological conditions, and PTSD—require consistent, higher-dose THC formulations to maintain symptom control. These patients often have long-established tolerance and rely on carefully calibrated products. A blanket cap of 10 milligrams per serving and 200 milligrams per package does not meet their medical needs and destabilizes care.

Forcing high-dose patients to rely on multiple low-dose products increases cost, increases consumption burden, and reduces dosing precision. This is not safer for patients.

LD 1847 also mandates extensive testing and tracking requirements without addressing testing capacity, cost, or administrative burden on small caregivers. Implementing these requirements before fixing system failures will reduce access and drive caregivers out of the medical program entirely.

For these reasons, I strongly urge the committee to reject LD 1847.

Respectfully,

Tammy Smith
Registered Medical Cannabis Caregiver
Maine