Jenni Plumstead
Pittsfield
LD 1847

My name is Jenni Plum. I am a medical cannabis patient. In the past, I also worked in the medical cannabis program, so I've seen this system from both the patient side and the operational side. I've supported both medical and adult-use cannabis in Maine, and I believe they can coexist. What I have always been most invested in is protecting medical access, especially as adult-use has expanded.

Patient care matters to me — not just in theory, but in practice. As a patient, I know how quickly access can be disrupted when costs rise or when compliance requirements are designed without considering how patients actually use this medicine.

I want to address milligram limits directly. Hard milligram caps disproportionately hurt patients with higher dose needs, including people with severe or chronic pain and other debilitating conditions. I understand the committee is considering striking or revisiting those limits, and I appreciate that direction. However, it's important to recognize that removing milligram caps alone does not fully address access concerns if new requirements introduce different barriers.

Blister packaging is one example. From a patient perspective, it raises two serious issues. First, it introduces additional costs for caregivers, and those costs ultimately flow down to patients. Medical patients should not have to pay more to access tested medicine, and caregivers should not have to absorb significant new expenses just to continue serving patients.

Second, blister packaging can be physically difficult to open for many medical patients. People with chronic pain, arthritis, neuropathy, tremors, or limited dexterity may struggle with this type of packaging. Patients with higher dose needs may be forced to open many individual packages at once or repackage their medicine just to use it, which creates frustration, waste, and unnecessary burden for sick people.

There is also an important implementation concern around testing. Testing only functions as a meaningful safety tool when there are strong guardrails and sufficient capacity. Maine currently has only four licensed cannabis testing labs. If testing requirements expand or become more central to the medical program, there needs to be a clear plan for lab capacity, backup options, turnaround times, and how small batches are handled. Without that planning, testing can quickly become a bottleneck rather than a protection.

Smaller medical operations operate on thin margins, and they don't have the same ability to absorb delays, repeated costs, or new capital requirements. If implementation is not handled carefully, smaller caregivers will not survive — and when caregivers disappear, patients lose access.

I'm asking the committee to keep medical patients at the center of these decisions and to ensure that any changes are paired with realistic guardrails, capacity planning, and flexibility. Protecting medical access requires more than good intentions — it requires making sure the system actually works for the people who depend on it.

Thank you for your time and consideration.