



HOUSE OF REPRESENTATIVES

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*In Support of LD 94
An Act Regarding the Use of Medical Cannabis*

Greetings Senate Chair Hickman and House Chair Representative Supica and members of the Joint Standing Committee on Veterans and Legal Affairs. For the record my name is Representative Walter Riseman of Harrison. Thank you for the opportunity today to bring forward testimony for this important legislation.

No doubt the cannabis industry has proven to be a major economic driver in Maine. However, policy makers and accompanying legislation must assure the people we represent that the best interests of all our citizens are foremost. The time was right and the peoples' referendum passed to legalize cannabis. It was a huge task to write and implement an entirely new system. We have had a few years now to digest the current outcomes. Reflecting on the the laws, rules and regulations governing oversight of the cannabis regulations are very complex and at times overwhelming for both regulators and policy makers to understand. At present, the responsible state agency for the program is the Office of Cannabis Policy, under the umbrella of the Department of Financial Administration. The Cannabis program consists of two distinct and separate operational activities.

- First, recreational or adult use cannabis activity is codified under Title 28-B and primarily provides oversight of the cultivation, manufacturing, distribution and sales of product sold by a cannabis establishment to persons who must be at least 21 years old, as authorized by the Cannabis Legalization Act. By description this is a typical commercial for-profit business that has been established to provide wholesale or retail products to the public.
- Second, the medical use program was authorized by the Medical Use of Cannabis Act which was codified under Title 22 Chapter 558-C. This statute essentially allows the use and/or sales to individuals who can be under the age of 21 and allows it under certain medical conditions. Among them, the individual must be issued a Medical Use Card and it also requires the existence of a bona-fide provider-patient relationship. Many professionals in the medical field have expressed concerns whether or not current statutes properly regulate the conditions for the program. Some have even doubted cannabis should be defined as medicine.

My concern lies with aspects of the medical program. Now that the medical cannabis program has "come of age," it is time to recognize that a review of the program should be undertaken. As for myself, I have done a limited review of the regulations and find that many of the provisions need clarification or revision.

Some of my immediate concerns about the medical program include:

- Co-mingled rules exist between programs,
- Some key definitions are unclear or new provisions need to be included in statute,
- Regulations to manage the patient-provider relationship need to be strengthened,

- Definitions of qualifying patients and qualifying conditions for the use of medical cannabis need review,
- There appears to be some significant abuses in the program that need to be corrected.

The purpose of this legislation is not to end or destroy the current program but to start a dialog about how we can make the program better. Because of its nature which I described earlier, it is time to separate out the rules and regulations of the Medical Cannabis Program from the Adult Use program so it can be managed more efficiently, provide better guidance and is designed to be fair to qualified users and providers.

Ultimately what we need is a complete study with recommendations for the program. Unfortunately, I don't sense any real urgency to make changes on the part of the Office of Cannabis Program (OCP). Citing insufficient staffing, lack of resources and an inability to come to consensus over certain rule making with producers, it means needed changes are not forth coming in a timely manner. We need to start sooner than later to make some reasonable adjustments.

My legislation strives to provide much needed guidance to:

1. Distinguish patients by age group for certain provisions of this Act: under 18 years of age; between 18 years of age and under 21 years of age; and 21 years of age or older,
2. Distinguish types of caregivers,
3. Distinguish types of cardholders,
4. Require, if not already in statute, that a caregiver must be located in the State,
5. Establish minimum standards for the patient/caregiver relationship,
6. Require certain dispensing caregivers to have written credentials or proof of training verifying knowledge of cannabis management,
7. Reestablish qualifying conditions for use of medical cannabis (for persons over the age of 18 and under 21,
8. Recognize dual diagnosis conditions,
9. Stop certain abusive activities happening in the program,
10. Clarify powers and responsibilities of court-appointed guardians.

Let's stop kicking the can down the road on this large but important issue that effects the health of many of our citizens. Take action now on these limited changes to the statutes to show our commitment to improving the program. I also suggest we create a study group with a limited scope of reviewing just the Medical Cannabis program with a required report back set for one year from now.

I urge you to unanimously vote this bill OTP. Thank you. I will try to answer any questions you may have.