

Good morning Chairperson Hickman and Chairperson Supica and honorable members of the Veterans and Legal Affairs Committee. My name is Susan Meehan from Sweden, Maine, and I am a registry identification cardholder who has been involved in Maine medical cannabis since 2013 as advocate, caregiver, consultant, formulator, patient, and parent of a patient – the late Cyndimae Meehan. My passion to protect the program stems from my daughter's valiant battle against Dravet Syndrome Epilepsy and how much cannabis helped her to live, love and laugh and enjoy her last 3 years with us in our Maine home sledding the hills and swimming in the cold mountain streams.

At the end of 2012, after a comprehensive review of Cyndimae's medical records with his entire team, our Boston pediatric neurologist Dr John Gaitanis, Chief of Pediatric Neurology at Tufts Children's Hospital, let us know there was nothing much left in our toolbox. He advised we seek a legal state in which we could trial medical cannabis. Cyndimae had a devastating seizure condition that caused seizures originating from all areas of her brain. We had exhausted combinations of 23 anti-epileptic drugs (aeds), specialized diets, two surgical procedures to implant a vagus nerve stimulator, and several holistic options. On 5 prescription aeds, Cyndimae was still seizing nearly continuously. In 24 hour EEG recordings at "baseline," her eeg recorded over 24000 myoclonic spikes (correlating with a clinical myoclonic jerk), several violent generalized tonic clonic seizures and a host of other seizure events. There was no time period of normal on her eeg ever – until cannabis. Within a month in Maine, weaning the barbiturates, anesthesia drugs and benzodiazapenes, and using tinctures including 160mgs of thca a day, 80mgs of thc and 1mg of cbd, Cyndimae had an over 95% reduction in seizures. Cyndimae was utilizing only cannabis when her only normal eeg ever was recorded in January 2016. From 2003 to 2012 her parents knew nothing of cannabis and seizures.

Imagine if the 1930s US government had not silenced anything good about cannabis, but had instead embraced cannabis as having significant medical value, and had not bastardized the plant. Imagine if all our neighbors had a craft garden to choose from and knew how to make cannabis based tinctures. Imagine if cannabis had been the first medicine Cyndimae had trialed instead of the phenobarbital that rapidly brought our once normal 10 month old to a developmental 2 month old. Or instead of Trileptal, the first pharmaceutical that stopped Cyndimae's breathing on July 21, 2003 when my then 5 year-old said, "Mommy, Cyndimae is not making breath." Imagine if in October 2012, when our good friend Jason was providing "the breath of life" to our daughter in an illegal state– imagine if it were not a crime to grow cannabis for medical purposes and imagine the police had not destroyed the only strain of cannabis we ever had that 100% controlled Cyndimae's seizures for 92 days. Imagine if Cyndimae had been able to suffer hundreds of thousands fewer seizures a month. Imagine if her heart and body hadn't been so exhausted by literally countless seizures that maybe March 13, 2016 could have been just another day to build sand and snow castles. Imagine if there were searchable, medical databases of patient and doctor case histories of cannabinoids and medical use for many ailments. Just imagine.

Imagine that you have the power to make it so.

Title 22 Chapter 558C has been law since 2009 and has included a paragraph stating that program funds shall fund research in the program.(see.below) This bill which I and many others from the Cannabis Council of Maine worked diligently on – this bill is simply a beautiful long overdue mechanism of action by which we make this so and we make it right. I implore this honorable committee to send ld1819 to the chambers with a unanimous Ought to Pass designation. Thank you for time and thank you for considering this important legislation.

Reference

Title 22, Chapter 558C §2430 5.

5. Medical cannabis research grant program established. The medical cannabis research grant program, referred to in this subsection as "the program," is established within the department to provide grant money to support objective scientific research, including observational and clinical trials and existing research, on the efficacy of harvested cannabis as part of medical treatment and the health effects of harvested cannabis used as part of medical treatment. The program must be funded from the fund. The department shall adopt rules necessary to implement the program, including, but not limited to, required qualifications of persons conducting the research; determining the scientific merit and objectivity of a research proposal; criteria for determining the amount of program funds distributed; criteria for determining the duration of the research; procedures for soliciting research participants, including outreach to patients, and for obtaining the informed consent of participants; and reporting requirements for the results of the research and evaluation of the research results. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A, except that, beginning July 1, 2021, rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.