



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION**

AGAINST

LD 40, An Act to Amend the Cannabis Laws

Joint Standing Committee on Veterans and Legal Affairs
Room 437, State House, Augusta, Maine
Monday, March 4, 2024

Good morning Senator Hickman, Representative Supica, and Members of the Joint Standing Committee on Veterans and Legal Affairs. My name is Anne Sedlack, and I am the Director of Advocacy for the Maine Medical Association. I am submitting this testimony against LD 40, An Act to Amend the Cannabis Laws. Or, as the title was amended less than one week ago with the addition of 66 pages of statutory changes, 'An Act To Protect Liberty and Advance Justice in the Implementation, Administration and Enforcement of the Cannabis Legalization Act and To Implement Certain Recommendations of the Subcommittee on Non-substantive Changes to the Maine Medical Use of Cannabis Act' on behalf of the Maine Medical Association and the Maine Osteopathic Association.

The Maine Medical Association (MMA) is a professional organization representing more than 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State.

This year MMA and MOA's legislative committees have joined together to advocate from one voice. We have determined that it is important to testify against LD 40 for a number of reasons.

First, we wanted to note our general dismay with this bill. LD 40 is a sweeping overhaul of the Maine Medical Use of Cannabis Act, and includes significant changes to the Cannabis Legalization Act. This proposed legislation includes 119 sections of proposed changes to

statute that have far reaching implications for Maine consumers, public health and safety, and youth justice.

Despite the assigned scope to the Subcommittee on *Non-substantive Changes* to the Maine Medical Use of Cannabis Act, the ensuing recommendations are, in fact, substantive. For example, the bill strips law enforcement access to medical cannabis establishments while on duty and allows the sale of medical cannabis at trade shows and festivals. The legislation also changes the purposes of the Office of Cannabis Policy, including, for example, explicitly charging the director to, "Promote and advance the interests of the licensees in this chapter..." These are just a sample of the many substantive changes proposed in this bill.

The legislation also threatens public health. The bill would allow cannabis facilities to sell non-cannabis food products, delivery of cannabis to hotels without the hotel's permission, and repeal the requirement that delivery servicers undergo training. It also would allow persons under 21 years of age to enter cannabis facilities and repeals several labeling and packaging requirements intended to protect public health and safety and prevent youth use. The bill creates a new chapter and incorporates provisions to penalize minors for cannabis possession, which is counter to advancing justice. It lets businesses off the hook for what should be basic consumer protections and responsible business practices, and redirects that burden to young people--with significant penalties.

These are just some examples of the significant policy changes found in this 66-page proposal. Each of these would merit its own, separate legislation and bill hearing. At this late stage in the short session, there is insufficient time to properly digest, understand and discuss these sweeping changes to our state's critical regulatory infrastructure, especially in Emergency Legislation. The impacts that are known, and potentially unforeseen, are too far reaching.

Second, we wanted to raise two specific concerns. It is important to note that these are just the beginning of our concerns but we only have so much time and can't note each and every single one, which is why it is critical that this committee votes ought not to pass.

As to the changes in the Medical (22 M.R.S. § 2340-I; Section A-13) and Adult Use (28-B M.R.S. §§ 801-802; Sections B-91-92) cannabis statutes about suspension and penalties. We are concerned that LD 40 changes language in the medical statute and adds in language in adult use statute around "major registration violation affecting public safety", "major registration violation" and "minor registration".

We have a several issues with this.

Our first issue is that it narrows the mental states required for reaching a violation. As currently defined as

- "Major registration violation" means an **intentional, willful or reckless** violation or a repeat pattern of minor registration violations.

- "Major registration violation affecting public safety" means a major registration violation that jeopardizes public safety. .

This amendment would shift a major violation to only be "intentionally or knowingly" - these words have meaning and help to clarify the level of culpability for a violation. By removing reckless (defined as "consciously disregards a risk that the person's conduct will cause such a result" 17-A M.R.S. § 35(3)), the amendment removes yet another layer of protection for the public because it allows a person to act recklessly and put the public at risk but not be held responsible for their actions.

Our second issue is that it shifts the current approach of a broad definition to specifically listing certain violations and then prohibiting the Office of Cannabis Policy from taking enforcement actions on violations not expressly listed. We understand the need to provide clarity to the industry so they understand what is prohibited; however, this creates regulatory loopholes because it limits enforcement *unless* they meet a specific requirement. If clarity is needed, then OCP can do rulemaking. Cannabis is an important part of our State's infrastructure but can only remain so if the State can regulate it like any other item in the marketplace.

Our final issue is that in the specific definition of "minor registration violation" it lists misrepresenting cannabis products including its contents; its testing results; or its potency. If we were to specifically define violations in sections then this would clearly be a "major registration violation affecting public safety." Caregivers making false representations about their testing practices should be held responsible for their actions because they can cause real harm to the community including risk of psychosis from high potency cannabis products¹ and long term health effects from contaminants.²

We have and will always be concerned that medical cannabis is not required to meet any testing requirements and will work to rectify that in statute. We understand the critical role that cannabis plays in relieving pain from some of our patients, but if those products don't have to be tested for contaminants or potency then how can we trust that we aren't causing further harm to our patients?

We know that the fines currently in place for violations are hefty. However, we do not think making changes in a 66 page amendment is the way to make those changes. If the industry wanted to work on a proposal for the 132nd Legislature that analyzes the fines in other states to ensure that Maine is in line with its peers, then we would be happy to discuss that and potentially support it.

As to the several provisions in section B that are chipping away at the testing requirements. Testing for contaminants and potency is one of the most important

¹ [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(22\)00161-4/abstract](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(22)00161-4/abstract).

² [https://legislature.maine.gov/doc/10435#:~:text=Some%20patients%20can%20unknowingly%20be,they%20are%20using%20medical%20cannabis](https://legislature.maine.gov/doc/10435#:~:text=Some%20patients%20can%20unknowingly%20be,they%20are%20using%20medical%20cannabis;); <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9472674/>;
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6177718/>.

guardrails in our regulatory system and should be required in both Adult use and Medical. Any step to remove testing, like in Section B-77 which places restrictions on how much product OCP can test and how often they can do it, should be stopped in its tracks.

As stated above, we only chose two of the more than 116 sections that make an unknown number of statutory changes. LD 40 goes above and beyond "housekeeping" and "non substantive" changes. There isn't time to process each and every one of these changes and so we would strongly request that this committee votes ought not to pass.

Thank you for considering the thoughts of Maine's physician community regarding L.D. 40. We urge an "ought not to pass" vote on this bill. I would be happy to respond to any questions you may have.

Thank you,

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