

HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION AUGUSTA, MAINE 04333-0002 (207) 287-1440 TTY: (207) 287-4469

Ann Fredericks 1603 Main Street

Sanford, ME 04073 Phone: (207) 401-4141 Ann.Fredericks@legislature.maine.gov

Honorable Chairs: Senator Hickman and Representative Supica and the esteemed members of the Joint Standing Committee of the Veterans and Legal Affairs Committee, I am Representative Fredericks of Sanford and urge you to support LD 544 An act to create parity in the taxation of medicine. Customarily patients do not pay sales tax on prescription medication and cannabis patients should have that same uniformity.

It is a financial hardship for Mainers to pay cash for their cannabis medicine with no insurance, Medicare or Medicaid subsidy plus pay the added sales tax. This is not a novel practice, currently there are ten states with no sales tax on medical cannabis: CT, FL, MA, MN, NH, NY, UT, VA, VT and WV.

Many Mainers have distrust in conventional prescription medications due to their side effects and/or long-term harm to kidneys, liver, heart, thyroid and their path toward polypharmacy.

Big pharma manufactures drugs which target one symptom yet may create a secondary, unwanted condition necessitating another drug. This explains polypharmacy; it is rare for a patient to take one medication. For example, if one suffers with having a busy brain, a racing mind flooded with thoughts and associated with difficulty in judgment and controlling impulses which can interfere with learning, maintaining relationships and jobs. That person may be diagnosed with Attention Deficit Hyperactive Disorder (ADHD). Big pharma would have the provider prescribe a schedule II drug Adderall or Concerta for daily use. Resultant from daily Adderall use one may develop a sleep disturbance, insomnia for which Trazadone is added. Unavoidably that patient is likely to manifest weight loss from the nausea caused by the first two drugs and Zofran prescribed. One condition, three lifelong prescriptions.

Yearly more people are skeptics of prescription medications and turning to plant based medicine, herbal medicine and wholistic management and self-care. Cannabis Plant based medicine is utilized for its therapeutic and palliative effects. It is common for a patient to forgo chemotherapy/radiation or discontinue conventional medications prescribed for Chronic Pain, PTSD, Anxiety, ADHD, Depression, insomnia because of the undesirable side effects which include: weight gain, nausea, loss of libido, urinary retention and sensation of feeling out of it, lethargic and initiate medical cannabis.

THC is the compound in cannabis which has brought the stigma, at high dose it can be psychoactive and cause impairment. At the proper dose, THC can be an effective sleep aid, pain reliever, anti-spasmodic agent and anti-anxiety and stimulate appetite without inducing impairment. Medical Cannabis formulations may have some THC, low THC or no THC. There are compounds beyond THC, called cannabinoids which result in no high, no impairment and have healthful effects like CBC, CBD, CBN, THCv, THCa and CBG. Marinol is an FDA approved THC medication often prescribed to cancer patients to treat nausea and stimulate appetite. Epidiolex is an FDA approved prescription cannabis medication to treat a seizure condition. Sativex spray, a cannabis medication to treat the spasticity of Multiple Sclerosis is approved in 29 countries and pending approval in United States. Cannabis is medicine and patients know this. Opiate users are having success transitioning off and off of suboxone, with the help of medical cannabis. Professional athletes are using medical cannabis resulting in their recent policy changes. The National Basketball Association, National Football League, National Hockey League and Major League Baseball no longer either test or discipline for medical cannabis use. The National Institute for Health has a vast array of studies proving healthful effects of cannabis; which explains why people use it as medicine.

The voter age population in Maine is 1.1 Million people, of which: 110, 484 Mainers are certified cannabis patients. Here is the problem. 1:10 Mainers are cannabis patients and pay cash, out of pocket cost with no Medicare, Medicaid or insurance subsidy in addition to the added sales tax for their medicine.

The Maine Medical Cannabis Program (MMCP) sales tax projected is 12.3 Million annually. In addition, (MMCP) raises more than 3.5 M in registration fees. Separately, municipalities generate more revenue from licensing and inspection fees. Behold- there is an addiction to the revenue generated from the Maine Cannabis Industry.

The MMCP will be sustained without the sales tax revenue. I assert this revenue is not a permanent loss for the state's economy. Mainers will NOT go home and stuff their mattresses with this money but put it in their wallets and buy from the current market.

This act is a Win/Win. It aligns taxation of medicines, it cuts taxes for medical cannabis patients, it allows Mainers to return that revenue in goods and services of their choosing and ultimately the Maine economy has no loss of revenue.

Members of the Joint Standing Committee on Veterans and Legal Affairs, place your attention on the needs of our vulnerable Mainers and cut these modest taxes. Taxation without representation was a battle cry of the American Revolution and borne the Declaration of Independence. Medical Cannabis patients are taxed without a say. Say no to this tax.

Please support LD 544.