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May 5, 2025

Testimony of Representative Anne Graham presenting

LD 1847: An Act to Institute Testing and Tracking of Medical Use Cannabis and Cannabis Products Similar to Adult Use Cannabis and Cannabis Products, Dedicate a Portion of the Adult Use Cannabis Sales and Excise Tax to Medical Use Cannabis Programs and Create a Study Group
Before the Joint Standing Committee on Veterans and Legal Affairs

Senator Hickman, Representative Supica, and fellow members of the Joint Standing Committee on Veterans and Legal Affairs, I am Representative Anne Graham. I serve the people of North Yarmouth and the majority of Gray, House District 105. I am here to present **LD 1847, An Act to Institute Testing and Tracking of Medical Use Cannabis and Cannabis Products Similar to Adult Use Cannabis and Cannabis Products, Dedicate a Portion of the Adult Use Cannabis Sales and Excise Tax to Medical Use Cannabis Programs and Create a Study Group.**

As many of you know, I have been a longtime advocate for health and public health. As a nurse practitioner, I care deeply about patient safety and transparency in health information, and about supporting the health of our youth. That's why I've brought this legislation forward. I think we can do better to ensure a safer and more transparent medical cannabis program and to prevent high-risk cannabis use for the more than 110,000 patients who access cannabis through Maine's medical program, including pediatric patients.

There are five main sections of the bill, and I'm going to walk through each one.

The first section establishes a potency cap on the maximum THC content in edible products in the medical cannabis program, just like what's already in place for the adult use program.

Currently, there is no potency limit on edible products in the medical cannabis program like there is for the adult use program. Research published in 2024 found that today's cannabis products can contain levels of THC as high as 90%, compared to the two to three percent THC concentrations typical of cannabis in the 1970s. Higher potency cannabis can increase the risk of adverse reactions, especially among adolescents - who can access medical cannabis, and can

access it without parental consent at 18 years old - because their brains are still developing. Cannabis use can alter a young person's brain development, and increase the risk of anxiety, depression and other serious conditions like schizophrenia and bipolar disorder (U.S. Center for Disease Control 2024). Youth who regularly use cannabis are more likely to attempt suicide compared to their peers who don't regularly use cannabis (Flores et al., 2023). These mental health problems, associated with cannabis use, have caused alarm among pediatricians and psychiatrists across the country (The New York Times, As America's Marijuana Use Grows, So Do The Harms).

There are no benchmarks for consumers when it comes to potency and that's especially problematic for youth who can access medical cannabis, even without parent permission.

The second section is focused on aligning Maine's medical cannabis program with the current testing, tracking, and tracing requirements in the adult use cannabis program. Out of more than 30 states with medical cannabis programs, Maine is the only one that does not require testing. This bill closes that gap. The required testing includes potency and contaminants, like mold, lead and arsenic, and adds PFAS to the list. We need to add PFAS to the list because cannabis is a bioaccumulator, and can absorb PFAS from various pathways, including soil and water. The human health impacts of PFAS exposure are well-documented, including altering metabolism and fertility, reducing fetal growth, and increasing the risk of developing overweight or obesity. PFAS exposure can also increase cholesterol levels, liver dysfunction, and the risk of testicular and kidney cancers. For many years, I worked for the American Cancer Society, and I have worked hard throughout my career and during my time in the legislature to do what I can to reduce cancer risk and improve cancer treatment. This is especially true when we're talking about cannabis, knowing that some patients take medical cannabis to help with chemotherapy-induced nausea and vomiting.

Furthermore, we know that Maine has a PFAS contamination problem, and we're still getting a sense of the scope of the problem. But given the widespread nature of these forever chemicals, the bioaccumulator nature of cannabis, and the significant health impacts of PFAS exposure, I think we need to add PFAS to the required testing list.

Testing a product - any product, and especially one being used for health purposes - is a basic tenant of public health and safety. I wouldn't prescribe a patient medication without knowing what was in it, and what dosage it was - medical cannabis should be no different.

The third section of the bill requires that edible gummies sold in the adult use program that aren't stamped or embossed with the universal symbol be sold in blister packaging to reduce accidental ingestion. I understand that this committee deliberated this issue last session, and there was discussion during the work session about the important role that blister packaging plays in preventing accidental consumption - either by outright preventing it (for example, for smaller children, blister packaging is harder to open, and individually-containing the gummies prevents them from falling out of the packaging or a bag), and by knowing how to respond (for example, a parent who notices that more servings are gone than they've consumed).

This provision is needed because edible cannabis, especially gummies, poses a unique risk to children. Unlabeled gummies can also be accidentally consumed by adults who don't realize they contain cannabis. Similar to the protections that we put on drugs - labeling literally any FDA-approved drug, childproofing caps on Tylenol, and blister packaging Sudafed, this is another common-sense measure to prevent unintentional ingestion of a drug by children - or adults.

The fourth section of the bill directs a portion of the current adult use cannabis taxes toward public health and safety awareness and education. We need to invest in education programs for youth and young adults, who are at the greatest risk of high-risk cannabis use. According to the 2023 Maine Integrated Youth Health Survey, nearly one in five Maine high schoolers currently use cannabis. In 2020, in Maine, there were 5,632 cannabis-related emergency department visits, representing a 21% increase from 2019. Rates were disproportionately higher for males and for people ages 18 to 25 years old. This age group – 18 to 25 year olds - has been identified as a priority population for reducing high-risk substance use, especially cannabis and alcohol.

Lastly, I propose forming a study group to examine youth cannabis use and evidence-based ways to prevent and reduce high-risk use. According to the Maine Integrated Youth Health Survey, among high school students, 32% report having used cannabis at least once; 19% used in the past 30 days, and 19% started using cannabis before age 13. More than 60% of high school students report there's "no risk" or a "slight risk" to harming themselves (physically or in other ways) if they use cannabis once or twice a week. Among middle school students - youth ages 11 to 14, 9% report having used cannabis at least once; 5% used in the past 30 days; and 22% started using cannabis before age 11. Just under 40% of middle school students report there's "no risk" or a "slight risk" to harming themselves (physically or in other ways) if they use cannabis once or twice a week.

These trajectories are not good. This study group would be charged with exploring this data further; talking with school staff, youth prevention specialists, healthcare providers, and youth directly to understand what's contributing to these usage rates and low-risk perceptions; and to determine which strategies we can adopt to reduce high-risk youth use of cannabis. Education and prevention campaigns would then receive funding from a portion of the tax revenue from the previous section.

I hope that you will join me in supporting this legislation, which will make our medical cannabis program safer and more transparent, and will help reduce unsafe youth cannabis consumption. Thank you.