



March 29, 2021

In Support of LD 939: An Act To Support Maine's Medical Marijuana Program and Ensure Patient Access

Senator Luchini, Rep Caiazzo, members of the VLA committee my name is Alysia Melnick. I am an attorney at Bernstein Shur, and I am speaking on behalf of the Maine Craft Cannabis Association, a group of independent Maine marijuana business entrepreneurs focused sound cannabis policy and fostering an authentic craft cannabis industry in the state. I am also an appointed member of Maine's Marijuana Advisory Commission and have worked alongside patients, caregivers and Maine lawmakers over the past decade, to develop and improve Maine's medical marijuana program and to create rational laws and policies related to medical and adult use cannabis. I urge you to pass LD 939, which makes non-controversial, common-sense improvements to the MMMP to support patients and small businesses.

Medical marijuana gives patients –in consult with their health providers and caregivers – an alternative to pharmaceuticals and improves the lives of nearly 65,000 Mainers, including significant numbers of Maine veterans, seniors, and even pediatric patients. Marijuana has become [Maine's most valuable cash crop](#), with medical marijuana generating the bulk of revenue. The industry is thriving, providing more than 7,000 direct jobs and thousands more ancillary jobs, and generating tremendous revenue to the state – all without assistance from the federal government such as PPP relief, earned income credit or FDIC banking privileges. And over the course of decades and significant expansion, we have heard of no major public health or safety incidents related to the production or consumption of medical marijuana in Maine.

This has been accomplished through the hard work and commitment of small independent growers working throughout Maine's 22 year-old Medical Marijuana Program and the growth has continued despite an [extended state of emergency](#) that has devastated or destroyed so many Maine farmers and businesses owners and put thousands out of work. The changes within LD 939 support patients and caregivers at the heart of this this vital Maine industry.

Annual authorization for caregiver assistants. This change addresses long waits for caregiver employee cards and reduces the administrative burden on OMP by giving assistants an annual authorization to work rather than requiring re-application and approval every time an assistant works for another approved employer. Small businesses with limited employees have been sharing their frustration for more than a year with OMP about the long waits for employee approval - many reporting 3-5 weeks for an assistant card to come back. These business owners - deemed essential enough in the pandemic to have been granted approval from Governor Mills to operate without interruption - have repeatedly expressed concern about the turnaround for employee certifications from the Department and the tremendous burdens this wait creates. Some talked about losing great candidates to other opportunities as the weeks drag on, and others talked about the fatigue and frustration when they finally get someone approved and



in the door, only to quickly realize they aren't a good fit and they will have to find some way to fill in the gaps while waiting another several weeks to approve a replacement.

To make front line employees wait several weeks to be approved and receive paperwork, especially in a pandemic, is untenable - and is especially unnecessary when some of these employees have worked in the industry and have been recently vetted by the Department. And this begs the larger question - what risk do these employees pose to patients or to the public at large that necessitate them being subject to a level of investigation beyond that many other more dangerous or sensitive jobs and industries? In what other retail or agricultural business does the state impose such burdensome, repetitive, costly and time-consuming governmental involvement in a business owner's decision on who they can employ?

Removes the arbitrary requirement for caregivers to sell at least 25% of their crop retail. This common-sense change supports caregivers who do not have a retail outlet, who choose to focus their time and expertise on cultivation and/or who don't want to care for patients directly, due to discomfort about having people in their home or concerns about meeting them in a public place. The current law also directly contradicts some municipal approaches to medical cultivating caregivers – which prohibit them from selling directly to patients and placing them in an impossible catch 22. As is, the requirement is both arbitrary and difficult to comply with, and opens caregivers to potential economic and criminal repercussions, as evidenced by the fact that state inspectors have told registrants they “might be” committing crimes if they are not in strict compliance.

Even within the marijuana industry – medical cultivators are the only ones in the supply chain still required to be vertically integrated. Left unchanged, this unworkable, arbitrary requirement could result in alleged violations, registration revocation, and potentially, criminal charges. It's pretty simple – farmers who grow cannabis should be able to specialize in their craft and focus on the plants – just like they can if they grow hemp, or tomatoes, or potatoes.

Permits caregivers to employ an adult family member who is 18-20 years of age. Caregivers should be able to employ adult children to work for them in their family business – even if it's cannabis. To put it into context, Maine law permits non-family employees 17 years or older to sell and serve alcohol when someone at least 21 years of age is supervising and even 15 year olds may handle alcohol. To further contextualize any purported risks to “public health and safety”, according to DHHS, in 2016–17, [65,000 \(6%\) Mainers 12 and older qualified as having an alcohol use disorder](#), and in 2018, alcohol was found in a quarter of overdose deaths, and Maine law permits 18 year olds to work as pharmacy assistants, dealing with highly addictive, deadly medications such as opioids – which continue to kill Mainers at an alarming rate. Meanwhile, marijuana has no lethal dose.

And for those who believe that legalizing cannabis increases youth use or overall use, recent data published in the journal *Substance Abuse* concluded *no evidence* that medical marijuana laws



were associated with heavier overall or adolescent use. In fact, teens in states with MMLs had significantly lower rates of past 30-day use compared to those without medical marijuana laws.¹

Fixes a drafting error in previous law, allowing for a separate fee structure for plant canopy. LD 939 allows for a rational fee structure of using canopy to cultivate by aligning it with the fee structure for cultivating by plant count. We appreciate the work the legislature did previously to provide an option for cultivators to be licensed by canopy size rather than plant number and support OMP's agreement to fix to the unintentional impact of the law which has created an unequal fine structure, ultimately punishing canopy-style cultivation.

LD 939 also:

- **Relaxes duplicative and burdensome recordkeeping rules** that are unnecessary and stricter than required for other highly regulated industries (as laid out by Rep Pluecker).
- **Explicitly permits marketing to customers who have opted into** the messages.
- **Gets rid of costly, mandatory seed to sale tracking**, while continuing to permit oversight and labeling allowing regulators to track and notify retailers and patients of contaminated or concerning products and address any issues with producers. Caregivers are not opposed to rational, reasonable oversight in line with true norms and [best practices](#) in related industries and/or which are directly related to clear public health and safety data.

If this Committee does explore increasing regulation, oversight, and cost, we hope you will seek clear justification and data to support the need for such a change. In particular – evidence of *real, documented* risks to public health or safety. We too, hope that this new committee of jurisdiction over Maine's medical marijuana program will explore, research and understand the therapeutic benefits of medical use of cannabis for those suffering from seizure disorders, cancer, Chron's disease and more. Now that it is within your oversight, we hope you will find time to visit a medical marijuana provider within your community and talk with some of the thousands of individuals and families whose lives have been transformed, or even saved because of this plant.

It has been more than twenty years since we legalized medical cannabis in Maine. We urge you to pass LD 939, and make rational, common sense adjustments to the law that reduce regulatory burdens, barriers and costs without risking public health or safety, and streamline, where appropriate, licensing and regulatory processes for this legal, non-lethal agricultural product. **Please vote "ought to pass" on LD 939.**

¹ Johnson, Julie K et al. "Medical marijuana laws (MMLs) and dispensary provisions not associated with higher odds of adolescent marijuana or heavy marijuana use: A 46 State Analysis, 1991-2015." *Substance abuse*, 1-5. 22 Mar. 2021, doi:10.1080/08897077.2021.1900986