

Good morning Chairperson Senator Louis Luchini and Chairperson Representative Chris Ciazza and the Veterans and Legal Affairs Committee.

My name is Susan Meehan from Sweden, Maine in Oxford County. I am also Secretary of the Maine Cannabis Coalition and a founding member of Maine Children for Cannabis Therapy. I moved to Maine in 2013 to access the best medical marijuana program in the country to treat my late daughter Cyndimae. Cyndimae is a legacy, a champion of patient access in several states—google her name, Cyndimae. In my daughter's honor, I am a Medical Marijuana Caregiver currently non-cultivating, who delivers medicine to pediatric patients across Maine. I am in complete opposition to LD881, LD882, and LD1029.

LD 882, SP 0296, Senator Luchiani, Health Access, Delivery MMJ

I am opposed to this bill. This bill contains some very strong language all not in favor of protecting our small businesses and patients. It reads similarly to OMP Draft Rules utilizing language such as “without limitation,” and potential fines in excess of \$1000 per minor violation in which a slew of violations could easily result in an insolvent business operation. Anytime the Department can easily place a caregiver business in jeopardy, they place patient access to affordable medicine in jeopardy. Again, Maine Medical Marijuana does NOT have seed to sale inventory tracking but only tracking of transfers/sales. It seems the goals are to eliminate businesses rather than to help them come into compliance. I would love to be involved to develop a more mutually beneficial plan to assist a business to come into compliance. When the industry is over regulated and it is too difficult to comply, the black market will thrive.

I want to talk more about the recent complaint filed by a Maine medical lab regarding marijuana that the LAB owner tested for pesticides – this is a fine example of how our businesses are SELF POLICING. The Lab owner tested and retested this batch prior to processing because it is the LAB OWNER's SOPS and because the lab owner cares about the safety of his patients. Ask OMP Inspectors about this Bowdoinham lab – this is the premier example of a lab with excellent operating procedures in full OMP compliance. This product was disgustingly contaminated with pesticides and it was a very large batch. Once pesticides are processed through a lab's ethanol supply, the ethanol is contaminated with those pesticides, so more than one batch can be contaminated. This lab tests every single batch that comes to his lab PRIOR to processing. This is a minimum of a \$200 lab test. We have been self-policing this program since inception, since way back when in 2013 when the closest testing lab was in Providence, Rhode Island. When the Boston hospital tested all 6 of my dying daughter's medicines for every contaminant under the sun, the only positive was her THC tincture and her THC rescue tincture which appropriately tested positive for THC. The incident in Bangor was a big news story – and amazingly, the product tested clean. The user did not even know what product (Shatter vs Wax) he was in possession of – user error. To reiterate, Acadia's product in Bangor tested clean. I am opposed to the merger of Medical and Adult Use.

I was present at these Stakeholder meetings Nov 12, 2020 in which Director Gunderson testified about, and there was NO CONSENSUS. When the present Caregivers would not agree to removing RESIDENCY requirements for Board members of Maine marijuana businesses, the other side basically walked out. When we would not agree to releasing the residency requirements, all communication and all compromise was removed from the table and Hannah King and Dan Walker indicated that we were wasting their time and all discussion ended. We are finished with deals with the lobbyists that only serve to eliminate caregivers to further their monopoly. We built this industry despite paid lobbyists.

The program, the Department of Agriculture already polices this and requires cultivating caregivers to pass a stringent pesticide application class and test. A few bad players do not have to make the good ones suffer. Education is key – not excessive fines and holding licenses. Hold more classes!

LD 881 DAFS Bill

24” was not a random number. As Director Gunderson said, we discussed this last year at the Stakeholder Meetings and we in no way agreed that we should change from the 24” current rule of law. This is an annual event, an attack on Maine’s second largest industry built by Maine caregivers. AS we said last year and the year before, change Adult Use Law to align with the successfully operating Medical if you wish.

The Committee should really review testimony from LD1539 (2017-18). The definition of seedling was argued to be appropriate at 24” because this is an approximate size in which a grower can sex, prune and clone a plant. Prior to this, a plant is not clearly male/female, is not large enough to prune and clone and is basically a baby, ie a seedling. Until the plant can be sexed and cloned, it is unable to reproduce and it is clearly a seedling. Year after year, Caregivers must defend the same argument in our State House. Per proper English, using the word in its own definition is taboo to say the least. Would we define a human child as “A human child is a human child that is not a mature human child?” The bill proposes that we define an Immature marijuana plant as follows: 4-N. Immature marijuana plant. "Immature marijuana plant" means a marijuana plant that is not a mature marijuana plant or seedling. "Immature marijuana plant" does not include hemp as defined in Title 7, section 2231, subsection 1-A, paragraph D. I strongly oppose this bill. This bill and its language and content is a fine example of how the Department wishes to whittle away at the Medical Marijuana Program as the Department attempts to merge medical and adult use. Please kill this bill in committee deeming it ought not to pass.

LD 1029, SP 0324, Senator Luchiani, Taxation of Marijuana

This bill facilitates the sale of mj plants, seeds, flower and trim (WHY?) to a licensed cultivation facility. I do not understand why a licensed cultivation facility must be allowed to purchase flower and trim (and then represent this flower and trim as their own cultivated product?). Grow your own or go home.

LD 939, HP 695

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My name is Susan Meehan from Sweden, Maine in Oxford County where we have very temperamental wifi signals. I moved to Maine in 2013 to access the best medical marijuana program in the country to treat my late daughter Cyndimae. Cyndimae is a legacy, a champion of patient access in several states, together we fought for safe and affordable access, for patient's rights to use their non-combustible medicine in hospitals and schools, for patient rights to possess and process their medicine in the safety of their own homes, and many other key legislative points. In my daughter's honor, I am a Medical Marijuana Caregiver currently non-cultivating, who delivers medicine to pediatric patients across Maine. I am also Secretary of the Maine Cannabis Coalition and a founding member of Maine Children for Cannabis Therapy.

Overall this bill supports family businesses and how things often happen. First, when a child becomes 18, they ought to be able to help with the family business. Second, what does it matter if a caregiver sells some or all product in wholesale transactions? Not everyone is cut out for retail and customer service. As long as sales are reported, what does it matter whether these sales are wholesale or retail? Meeting people in back alleys can be dangerous, and we cannot simply add our marijuana to the farm stand cucumbers and tomatoes.

In regard to accepting a digital image to initiate a sale, let's talk about how things work. If I am a caregiver taking on a new patient, as a pediatric caregiver, I often receive a recommendation from the patient's doctor and parent letting me know the child's a new patient and what the doctor recommendations are This communication from the doctor indicates how many milligrams of each cannabinoid per dose the child will start with, and what the titration plan is. This is the way that I know what product and what formulation the child will need. The patient card is not even a concern until a sale is actually happening, but I need to know what the child needs in order to be ready for the sale. Until the point of sale, I do not physically see a card or an id. When I meet a new patient(parent), I inspect the parent's id, the child's birth certificate (required for pediatric patients), and the parent's id. This bill language would clarify that as long as the physical card is present and inspected when a sale is actually made, the law is being followed.

No one knows what annual audit has to happen by whom. This ought to be repealed. Everyone has to do their taxes, many use a bookkeeper, and our books are as required inspected during an inspection.

Overall there are some great housekeeping tasks in this bill. I support this bill, LD 939. Thank you.

LD 525, SP0210, Senator Miramount, Allow medical and adult use in same store in common space

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Any attempt to merge medical with adult use is contraindicated to patient protection.

LD605, HP 0441, Representative Peirce, Amend MJ Legalization Act

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Concept draft with no language. No opinion at this time except that language ought to be available at least a week prior to hearing?

We need a law that mandates that bill language be available at least 7 calendar days prior to a hearing. Thank you.

LD 613, HP 0449, Representative Peirce, Amend Adult USE Mj and other technical changes

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LD 829 Open Container – I oppose this bill. Susan Meehan

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This bill would result in a medical marijuana patient or a PARENT of a pediatric patient not being allowed to bring their medicine anywhere. Many vehicles do not have an area that is locked away from the passenger area (ie a trunk). Would a locked box need to be bolted into a truck, a minivan, an SUV? In 2015, while a family member drove my daughter and I on I-95, my daughter had a seizure. Her THC rescue formulation (a tincture that was nasally or buccally administered) was administered by me (her parent and caregiver) in the car. When State Police stopped behind our pulled over car, the Officer witnessed the end of the seizure, and asked what was in the syringe still in my hand and at the ready for a second dose if needed. As it should be, there was no legal issue. The Officer

was impressed with how Cyndimae's seizure resolved and made sure we were all set, and everyone continued on their way. It is not unusual for a person to have a seizure or an anxiety attack, or pain from a chronic condition for which MJ is recommended. I understand that our VLA committee is rather new to medical marijuana, but there are so many emergency uses from nasal sprays, under the tongue tinctures, inhaled aerosols, vape pens, etc. Many of these methods are used in acute situations such as seizures, panic attacks, PTSD episodes, pain from migraine or other ailments, etc. Just as a patient may use an asthma inhaler in a moving vehicle, so too will a patient in an acute need use their marijuana-based medication. This bill will do little to nothing to improve overall highway safety, and it will harm some of our most sensitive patients.