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Again, I am speaking with great candor; again I ask for you to listen with a thinking heart and feeling mind. LD 1319 like 1242 makes a mockery of the word emergency. Further, this and other bills heard today make me think about a correspondence I had with a legislator earlier this session. In this correspondence I suggested that maybe legislators should be required to participate in a critical thinking seminar at the beginning of each session. Maybe the seminar could include a test with the results sent to constituents to consider for future elections.
Such analyses usually begin globally, and the global message of this bill, like 1242, is the legislature doesn't trust itself. No wonder citizens have so little faith in their systems of governance – we elect people who don't even trust themselves. Less than three years ago, the legislature created the OMP and charged it with updating rules for the medical marijuana program. Presumably competent people were hired, and all evidence that I'm aware of suggests that the staff is doing what they were told to do on behalf of the taxpayers paying their salaries.
Worse than suggesting that you folks don't trust your own work, this bill could also be described as representative of an irrational thought loop. An entity that doesn't trust its own judgment wants to micromanage a new office it created despite of its lack of faith in its own judgment. Unfortunately, patients would be stuck in this industry-driven loop with you, and we could be waiting for safety measures as long as my mentally ill peers have been waiting for competent crisis services.
LD 1319 fares no better on content level critical analysis. The idea of further delaying rules lacks justification or assurances of current levels of safety. The language is vague, at best, and language around safety standards for medicine really shouldn't be vague. The decision to delay should be based on data that would give legislators confidence in the safety, efficacy, and overall quality of the medicine a significant number of Maine citizens are purchasing.
The problem is, this data probably can't exist because the legislature has failed to require any testing in the over 20 years the program has been in existence. To be useful, that data would need to represent a cross-section of product over an extended time. Sadly, after years of what was supposed to have been appropriate oversight of the program, the legislature has failed to accrue any data at all.
LD 1319 suggests its sponsors are confident about the safety, efficacy and overall quality of the medicine available through Maine's program. My actual experience doesn't instill such confidence. There are caregivers doing amazing work with incredibly high standards for themselves and their product; and our small, home-based caregivers are a critical part of access for many patients. However, not every caregiver enterprise is conducting themselves with the high standards necessary to keep patients safe and properly medicated – thus the need for improved regulation, now.
Again, there would be more people willing to testify similarly, but they fear the backlash. I hear things like, you're so brave or that it's better just to stay quiet. These kindred spirits include medical professionals, patients and even members of the caregiver community itself. I will not relinquish my First Amendment Rights out of fear, though, and I will always speak up when I find myself in the middle of a situation where vulnerable populations are being further discounted and compromised.