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**Testimony in support of LD 1242, “An Act To Ensure Appropriate Oversight of  
Maine's Medical Marijuana Program”**

**Joint Standing Committee on Veterans and Legal Affairs**

**April 23, 2020**

Good morning Sen. Luchini, Rep. Caiazzo and honorable members of the Committee on Veterans and Legal Affairs, my name is Ned Claxton and I’m honored to represent the folks of Senate District 20 – Auburn, Minot, Mechanic Falls, Poland and New Gloucester. Thank you for the opportunity to speak in support of LD 1242, “An Act To Ensure Appropriate Oversight of Maine's Medical Marijuana Program,” parts of Senator Pouliot’s bill, LD 1319, and to offer my thoughts about elements of other bills you will be hearing this AM.

I apologize that my printed testimony is not available to the committee, but it wasn’t until last night that I decided to testify and only just finished writing it this morning. My aide is working to get it posted later today.

My testimony is based on my experience on the Health and Human Services committee last session and on my years of work in primary care as a family physician. I am not here this morning to advocate for medical marijuana. I am here to advocate for a fair and open process for establishing rules and for equitable access to medical marijuana.

I’ve always been a believer that the best solutions come from involvement of all of those involved. This applies here. Last year, it was clear that the medical marijuana community did not feel that they had had a seat at the table when the then proposed rules were being developed. I’m not convinced that has changed in the last 2 years. To come up with reasonable rules, there needs to be a public process that includes input from those with medical marijuana cards and their providers. That is also why I support the requirement that rules changes should be considered Major Substantive and trigger a legislative hearing. If you are changing the rules for a whole industry, the interested members of the public should have a chance to have their voices heard. That is also why I support a moratorium on rules, as presented in LD 1319, to give stakeholders an opportunity to work together to craft rules that all parties can live with.

The state-approved medical marijuana industry has been around since 1999. During that 2 decades time, patients, providers and the state have benefited from its presence. Many patients have felt better, approximately 3000 providers have been able to build relationships that benefit

themselves and their patients, and the state has received substantial tax dollars in the process. During that time, there have been no reports of substantial harm to the public and no apparent need to protect Mainers from this product. In HHS last session, we heard from 1 patient who had a bad reaction to a batch she had purchased. Her solution: find another provider. That's how this cottage industry should work – based on personal relationships with providers and trusting the market forces to direct users to better products and providers. In HHS, we didn't hear about consumer problems and the need for protection. There was no indication of measurable use of the emergency departments or hospitalizations related to medical marijuana.

At the time, the then proposed rules seemed to be a 'solution in search of a problem'. And as my medical partner of 30 years often said: The biggest cause of problems is solutions.

We have had lengthy discussions in Health and Human Services this session about how much Lead to allow in drinking water and about what to do with the forever chemicals known as PFAS. Here there is documented risk, whether lead is getting to our kids in their water or the PFAS chemicals are getting to us from the wells in Fairfield. Regulation is needed there, not on an industry with few documented injuries.

The other issue I will address before I conclude my testimony, is equity, a major topic in our committee this session. Some of the proposed rules will add to the cost of each batch of marijuana. For a small cottage industry, that could be crippling. The small providers will be hard pressed to pay all of the new expenses and will have to pass most of their costs along to their patients. Adding a few dollars to the cost of a bag won't affect those with adequate financial resources; it will affect those with fewer resources and will make it unaffordable for many. The alternative? Consumers will find their way to black market pathways that are more unregulated and riskier. This is not what we want for our residents.

LD 1242 sets forth a reasonable expectation of what needs to be done to assure fair rules are put in place and I hope the committee can support its major elements.

Thank you for your time and attention. I will be happy to try and answer any questions.