Patricia Hymanson
34 High Pine Road
York, ME 03909
Phone: (207) 363-8353
patricia.hymanson@legislature.maine.gov

HOUSE OF REPRESENTATIVES
2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002
(207) 287-1400
TTY: MAINE RELAY 711

Testimony of Representative Patty Hymanson in Opposition to LD 1242, "An Act To Ensure Appropriate Oversight of Maine's Medical Marijuana Program" and LD 1319, "An Act Regarding Registered Dispensaries and Rules under the Maine Medical Use of Marijuana Act and the Definition of "Resident" in the Marijuana Legalization Act"
April 23, 2021

Good morning Senator Luchini, Representative Caiazzo and members of the Veterans and Legal Affairs Committee. I am Representative Patricia Hymanson and I represent parts of four communities in York County. I have worked as a board-certified neurologist in the Seacoast community for over 25 years and previously served as the House chair of the Health and Human Services (HHS) Committee. My service as chair coincided with significant changes to the state's medical marijuana program, and I appear before you to testify in opposition to LD 1242 and LD 1319.

In 2018, the 128th Legislature's HHS Committee began considering a complete overhaul of the existing medical marijuana program. As a result of weeks of stakeholder meetings, subcommittee meetings, and meetings of the full HHS committee, the model for serving cannabis patients in Maine was fundamentally altered through LD 1539. Caregivers—individuals who register with the state to grow, manufacture, and sell marijuana to certified patients—became commercialized. They could now operate retail storefronts, serve an unlimited number of patients, wholesale product to other registrants and employ as many people as they wished.

The HHS Committee elected to make these changes with the clear understanding that:
1.) The adult use law was in the process of being amended;
2.) Access to cannabis would soon expand in a retail setting in Maine; and
3.) These commercial opportunities were being provided to medical registrants with the clear understanding that they would become subject to a greater degree of regulatory oversight.

We in HHS worked with the Marijuana Legalization Implementation (MLI) Committee to transfer oversight of the medical program to the state's Department of Administrative and Financial Services.

The HHS Committee also introduced inventory tracking to the existing medical program. This requirement was being developed by the MLI Committee for the adult use program, and we considered tracking an important oversight measure, particularly given the opportunity for medical marijuana to be transferred to the adult use program. We have

already seen how inventory tracking can make information available on the amount, value, products, and pricing within the adult use program. Information on market performance, sales growth, and tax revenue estimates is valuable not only to policymakers but to the compliance efforts of regulators.

Similar data in the medical program would be invaluable, particularly as program registrants tout its status as the largest agricultural commodity in Maine. During all of our deliberations, to my recall, track-and-trace was accepted and not debated by any stakeholder at any time during the committee process.

As a medical professional, I cannot stress enough the importance of similar packaging and labeling requirements. The proposed rule-making would update regulations to require standardized labeling for all marijuana products sold to a certified patient in Maine.

On your next visit to a pharmacy or a grocery store, I encourage you to look more closely at the packaging and labeling of many consumer products. You might notice that popular pain relievers like Tylenol and Advil have very clear information on the potency of each dose and warning statements. Additionally, popular food products contain information on the origin of the item, various ingredients and allergens found therein, and batch and lot numbers that can be used to trace the product to its source in the event that a recall becomes necessary.

The Office of Marijuana Policy's rule-making includes these important public health standards. This has been an important process that has solicited and received significant public input, and it should not be delayed or abandoned. Individuals who have financially benefited from the passage of LD 1539 three years ago made concessions in stakeholder meetings and those concessions are now important to uphold.

Rule-making in the medical marijuana program has been routine technical since its inception at referendum in 2009. There are fifteen references to routine technical rules in Title 22, Chapter 558-C. The Legislature has had ample time and opportunity to revisit the categorization of rule-making in the medical program over the last 12 years, and every time they have remained routine technical.

Does that mean there aren't disagreements about the regulations developed via rule-making? Absolutely not. In fact, a lawsuit was filed against the state the last time medical rule-making occurred in early 2018, and I understand opponents are raising funds for litigation now.

The legislative branch has crafted the law and the executive branch is now implementing that law. It is important that we let this long overdue and important process play out as intended, and I urge you to oppose LD 1242 and 1319.

Thank you for your attention and consideration.