

Melissa Parkerton
Seed2Health Learning Health Alliance

To the Members of the VLA Committee,

My name is Melissa Parkerton. My husband, William Parkerton, and I are both registered caregivers with the state of Maine and have run our small business, M3 Grower Consultants, LLC, for 6+ years on the island of North Haven. We are volunteer members of the Seed2Health Learning Health Alliance and the Medical Marijuana Caregivers of Maine.

We support LD 1242 and LD 1319 and any other bills that call for the inclusion of MMMP stakeholders in the development of rules governing this program. The rules must facilitate, not limit, access to safe medicine for patients, and improve upon safety and best practice standards for caregivers. Who better to consult with than all parties actively participating in the current thriving market?

Running any business on a small, isolated island like North Haven has its unique challenges. Our caregiver business is not exempt:

Business operating costs and basic living costs such as energy bills, heating oil, and added freight charges, to name a few, tend to be much higher on the islands than elsewhere. We also have a very limited clientele base. North Haven's year-round population is about 350 people, which triples in number during the summer months. Most island businesses survive only because of this summer increase. Our caregiver business does not have this luxury as only a very few summer visitors possess medical marijuana cards from their home states. We currently have twenty year-round island residents with medical cards who obtain their medicine from us. Only twenty. That is our patient base. The rest of our income must come from our one wholesale buyer - an MMMP licensed caregiver storefront. Our island community is very tight-knit—we are very much like one big family. Our patients are so much more to us than just a customer walking in the door. It is from this unique perspective that I am addressing some aspects of OMP's proposed rules.

SECURITY

By its nature, North Haven is not easily accessible to would-be off-island "cannabis thieves." In our 6+ years in business, we have not had a single incident of anyone, islander or off-islander, attempting to break into our facility. Not one. The security measures being asked of us in these proposed rules are overkill for our small, isolated island business. The added cost of this kind of system would be severely burdensome and would render us unable to offer medicine at reduced, or no cost, to our sickest patients who often are unable to hold jobs due to their illnesses. We may not be able to stay in business at all, which would force our patients to obtain their medicine from unfamiliar mainland stores or the black market, neither of which is optimal for their health.

We are a home-based caregiver business. Our grow facility is 70 feet from our front door and clearly visible at all times. Because of the location, a security camera outside its front door would also pick up most private activity happening in our front and surrounding yards. This is a breach of our privacy! One camera indoors monitoring the entry door would be acceptable. We are requesting that a tiered approach, exemptions, and/or waivers, be developed for caregivers in remote and isolated locations where expensive and complex security systems are not needed and do not make sense.

Cannabis plants are photosensitive, which means they need a certain number of hours of darkness to flower. Any light flashes during the dark period can cause severe problems with the plants and ruin entire crops. As far as I know, most video cameras have blinking lights and would be detrimental if installed inside a flowering room. Even a motion sensitive camera would cause the same issues, as it would be triggered to come on constantly by the plants moving in circulated air. Security lights inside a flowering room would cause the same unacceptable problems.

SEED-TO-SALE TRACKING

This too makes no sense for a small, island caregiving business with 20 patients and one wholesale account. This tracking system is designed for much larger entities, like many of those in the recreational market. How could we justify adding the fixed costs of another employee plus software licensing fees to the prices our patients already pay? Again, this would make it impossible to supply our most needy patients with medicine at low or no cost. And most likely would force us to close our doors - we would be operating at a loss. The state of Maine would lose our sales tax dollars. Who will benefit from this? We are requesting that a tiered approach to tracking be developed. This would be a fair system which considers the size, location and clientele base of each Caregiver, a system that will support them, not drain the lifeblood from their ability to care for their patients. We feel the patient transaction logs we

currently maintain are sufficient for our tiny business.

EACH CAREGIVER MUST FORM SEPARATE BUSINESS ENTITIES

Since the beginning of our LLC, my husband and I have operated our business as one entity. This LLC has handled sales and income taxes for both of us, as well as our expenses. We've kept one patient transaction log. This has been a simple, effective and above-board way to run our business. The new proposed rules will force us to operate two separate caregiving businesses: pay sales and income taxes separately, track and trace separately, keep separate expense accounts, separate patient transaction logs, etc. This would double the paperwork for us, the Maine Revenue Service, and the IRS.

Currently, we flower our plants in separate rooms, every plant in each room is tagged with the correct caregiver ID number, and all inventory is kept separately and marked with the correct caregiver ID number as well. All this is done in one building on our property. Does it really make sense for us to be forced to run two completely separate entities when we have been successfully operating as one for over six years? Does it really make sense for a business with only 20 regular clients and one wholesale account to divide in two? The costs of doing so will trickle down to our patients, some of whom are sick and on limited fixed incomes. Mightn't a more fair, uncomplicated approach be better for all?

We are requesting that the very successful family-based caregiver model of common ownership be preserved. At a minimum, there must be some kind of 'grandfather' clause for home-based caregivers who have been operating as we have for so long.

A Caregiver's time and money is better spent doing their utmost best to grow clean medicine, and to spend genuine time with their patients, helping them navigate their health journeys while using cannabis therapeutically.

In closing, we would like to point out that, while running our caregiver business on North Haven Island is unique, Caregivers in many small, remote towns in Maine face similar challenges as well as have comparable tight-knit, safe communities which make the security and track-and-trace requirements of these proposed rules unnecessary and burdensome.

Wouldn't it be prudent to first gather data to determine the number of Caregivers currently operating in small remote towns, and the number of home- and family-based caregiving entities there are within the MMMP, before adopting rules to govern them? Clearly, the 'one size fits all' is an erroneous approach to many of the participants in this industry, and could be detrimental to them.

Thank you for your time in reviewing these matters.