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April 23, 2021

Testimony of Representative Teresa S. Pierce opposing 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

Before the Joint Standing Committee on Veterans and Legal Affairs

Senator Luchini, Representative Caiazzo and members of the Veterans and Legal Affairs Committee, I am Representative Teresa Pierce, representing House District 44, a part of Falmouth. Thank you for the opportunity to submit this testimony in opposition to both LD 1242 and LD 1319.

As you may know, I served as the House chair of the Joint Select Committee on Marijuana Legalization Implementation (MLI) during the 128th Legislature and currently serve as chair of the Legislature's Marijuana Advisory Commission. It is with this experience as context that I am opposing these bills.

In recent years, marijuana-related policy initiatives have received overwhelming, bipartisan support in the Maine Legislature.

On the adult use side of the policy discussion, the 17-member MLI Committee met to amend and enact the voter-approved Marijuana Legalization Act. Understanding that no single existing regulatory framework would be adequate to replicate for Maine, we spent two years seeking to learn from the best and brightest in this emerging field. This process involved soliciting public feedback to develop a regulatory system that worked for all interested stakeholders—industry, public health, public safety, and our towns and cities.

The resulting product was a 16-1 majority ought to pass report that established the regulatory framework which resulted in the beginning of adult-use sales late last year.

At the same time Maine's adult use program was being developed in the MLI Committee, the Health and Human Services (HHS) Committee was considering a complete overhaul of the existing medical marijuana program.

The MLI and HHS committees worked closely together to ensure that where necessary and practical, the regulations for these two programs would be similar. These areas of similarity included standards around packaging and labeling, advertising, and inventory tracking.

The policy reasons for these decisions vary. For one, having requirements as similar as possible across both programs reduces the burden on business owners choosing to operate in both programs. To consumers and/or patients choosing to avail themselves of Maine's laws on cannabis access, it ensures they can make informed choices about the products they choose to consume from the regulated industry. These standards also aim to reduce the likelihood of accidental ingestions and limit minors from being exposed to advertisements related to a federally illegal product.

Standardizing consumer and patient protections across both of the state's marijuana programs are commonsense measures designed to protect public health. Inventory tracking will provide information on the size and volume of Maine's medical program, providing my colleagues and regulators at the Office of Marijuana Policy with critical data which will inform future policy decisions.

To postpone these initiatives and more by further delaying rulemaking in the state's medical marijuana program would be a shortsighted policy decision. Finally, to repeal the inventory tracking requirement—as LD 1242 proposes—would be a step backward following the Legislature's past decision to introduce this much-need accountability and transparency tool to the state's medical program.

Our state's medical program has a long and positive history. We should continue to work to ensure that both programs – medical and adult-use – are robust and align in appropriate ways while remaining separate programs.

Thank you for your consideration. Please feel welcome to contact me with any questions.

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