

Dear Members of the Veterans and Legal Affairs Committee:

Thank you for this opportunity to share a number of points that underscore my support of the Bill before you, L.D. 1242.

These points are among many submitted by people who - like me - have been learning and working across the numerous aspects of Maine's thriving MMP since its launch. As with so many others, I urge you to embrace the intent of L.D. 1242 as stated below:

Before adopting or amending rules governing the medical use of marijuana, the department must establish a process to include caregivers, registered caregivers and patients and physicians and certified nurse practitioners with significant knowledge and experience certifying patients under the laws governing the medical use of marijuana in the development of these rules or amendments and must consult with caregivers, registered caregivers, patients, physicians and certified nurse practitioners.

Please allow the time to hear and learn with all of these expert perspectives. Together, they can inform the foundation upon which Maine builds its next generation of MMP rules and law.

I am a family physician who has been practicing in Maine since 1990. Early on in my tenure, I became aware of the the many uses of medical cannabis through my patients and have since been an enthusiastic supporter of its use.

Today, I am a volunteer member of the Seed2Health Learning Health Alliance and serve on the Advisory Board of Seed2Health, LLC. This research-stage company is helping us to pioneer a new approach to health - called *learning health*. Today it is managing a group of volunteers who share a view of learning health that we are shaping into consensus standards. We see these standards as being open and transparent - needed to inform various supporting "learning health" services.

While launching with medical cannabis as the learning health catalyst, we share a vision that together we can grow a shared, trusted and transparent understanding of what's working and what's not. This will emerge with therapeutic cannabis as an integrative health component among the use of all plant-based medicines - hence Seed2Health.

My desire today is to advance the use of medical cannabis as part of a holistic approach

to wellness. My thinking is informed by a professional medical career that allowed me to learn, teach and engage with medical cannabis on many levels:

- Among the first registered medical providers, certified over 2,000 patients between 1999 and 2019. (I still would be certifying patients were it not for my current employer's stance on cannabis.)
- Practiced at the Maine Dartmouth Family Residency in Augusta, where I became the Director of Integrative Medicine and offered certifications for medical cannabis while developing training on the benefits of medical cannabis for family medicine residents and provided an evidence-based approach to its clinical application.
- Testified before Maine's DHHS committee on medical cannabis;
- Assisted Gordon Smith, Esq. on the Marijuana Task Force that wrote the rules for medical cannabis in 2010.
- Lectured on medical cannabis throughout Maine at medical staff meetings, at the annual meetings of the Maine Hospice Council, the Maine Medical Association annual meetings, and the Maine Pharmacy Association.
- Presented at national conferences and meetings addressing cannabis and other plant medicines.

With regard to the Preliminary Draft rules proposed by OMP, I submitted a number of key points to OMP for consideration. These suggestions do not appear to have been reflected in the Formal Proposed Rules that followed. As I understand, a new draft is in development - once again without engagement with me or others in the Medical Provider community with whom I have spoken. These people are professionals that have served as Medical Providers for many years.

Why is this experience-based expertise not being sought by OMP?

Each of the points addressed below ask for a better understanding to inform better rule-making - an understanding that should come from those of us in the MMP. Who better to ask for guidance?

Importantly, this needed information - while protecting patient confidentiality and other sensitive matters - if known by all participants especially the OMP ***as new rules and laws are developed*** would facilitate education, compliance and other MMP goals. While an economic impact study on small businesses as required by law will be helpful, it is not the breadth of information that all stakeholders should know and understand.

- **Certification for the Use of Cannabis: an Understanding that is Essential to Continued MMP Access and Growth.**

Patient certification can now be provided by physicians, nurse practitioner (as of 2014) and physician assistants (as of 2018). Between 2010 and 2014, certifications were done

by a small group of physicians - more precisely, about 10% of the roughly 6,000 physicians then registered in Maine. And among these, a far smaller percentage certified 80% of medical cannabis users.

In a rural state like Maine, whenever telemedicine is not easily accessed or acceptable for purposes of certification as determined by a clinician's judgement and not administrative rule, certification access becomes more difficult as one lives further away from population centers. Travel time, cost of certification, and knowledge about how to approach the medical cannabis market in these instances are each barriers to access.

What we do know from OMP's Open Data site is that there are 621 registered Medical Providers providing certifications across Maine's 16 counties. We also can deduce that that some of these providers must be providing certifications in multiple counties. (The site suggests that Maine's 16 counties are served by 721 providers as of April 30, 2021.)

Would it not be useful to know information provided by medical providers and patients alike about their hopes and needs for improving certification before rule making and law making?

- **Use of Medical Cannabis by Maine's Older Citizens; a Population Eager to Learn**

In my twenty years of experience, I have noted that more and more elderly Mainers reached out to me to understand how to use cannabis and access it in the marketplace. Frequently, these people are seeking to overcome the stigma of cannabis. They are searching for health solutions - sometimes in desperate situations - that address relief from pain, loss of appetite, depression, and many other clinical conditions.

Would it not be useful to gather de-identified information from Maine's older citizens about their experiences and hopes for using medicinal cannabis and what they would like to see improved before rule-making?

- **The Bona Fide Medical Provider Relationship**

This concept was introduced in 2010. Essentially this clause suggests an outline for the clinical relationship that includes: 1) a review of medical records, 2) a focused physical exam, if necessary, 3) recommendation for the medical use of cannabis with a discussion of the risks and benefits, 4) continued access to the clinician, and 5) the maintenance of a medical record.

Some of the rules proposed by OMP with regard to *The Bona Fide Medical Provider Relationship* are onerous...and contribute little or no value to the patient, the Medical Provider or the MMP. Furthermore, OMP - a financial and administrative oversight body - has no jurisdiction in matters medical and is not able to enforce medical compliance.

Perhaps most importantly, OMP's expanded concept of the *Bona Fide Medical Provider Relationship* will impede access to certifications, impose restrictions on certifiers that are unnecessary and raise costs to patients. It is important here to stress that some of these costs are not covered by general health insurance for patients. These are people who often do not have sufficient savings and/or income to acquire medicinal cannabis - let alone pay additional costs for unnecessary procedures.

These rules are a huge departure to those written in 2010 which have served Maine residents very well.

- First, the requirement by OMP of an annual physical exam is not necessary. Nor is it appropriate. The clinical judgment of the certifying provider dictates what physical exam, if any, is necessary. Certainly a board of non-clinicians like OMP should have no involvement.
- Second, a urine-tox screen is not necessary. Is OMP alleging here that each Maine resident seeking certification is a potential substance abuser? For the record, I always ask questions about substance use like coffee, alcohol, tobacco, street drugs and make an assessment. When appropriate, I rely on my clinical judgment to decide if a urine test is necessary.

Would it not be important to understand from registered Medical Providers what they feel needs improvement prior to making new rules? How best should the rules support - not infringe upon - the clinical judgment of the healthcare provider? Should the retention of medical records associated with Medical Provider certifications be improved for patient convenience and quality assurance? If so, which medical oversight body should be consulted and engaged?

- **National Best Practices**

I am told that national standards are being applied in the OMP rules. This is a mystery since the rules on Medical Cannabis in Maine have been used as a model of effective and well-conceived cannabis guideline by many states.

As mentioned before, to my knowledge there has not been one physician or nurse practitioner who has been involved in certification over the last 22 years of medical cannabis policy in Maine who has been asked to assist OMP in its rule making.

Should we not take advantage of the huge body of medical cannabis expertise in

Maine before making rules?

- **Why are Mainers Turning to Medicinal Cannabis and How Much Is It Costing**

I suspect that most Medical Providers would agree that the MMP registered patient, a Maine resident, is turning to medical cannabis to relieve pain and suffering. In doing so, these people want to reduce dependence or reliance on pharmaceuticals because they do not treat their symptoms adequately, they cause significant side effects, and they can be very expensive when not covered by insurance.

Many of these agents like narcotics, tricyclic anti-depressants used for adjuvant pain therapy, muscle relaxers, mood stabilizers, anti-depressants, anti-emetics, and appetite stimulators are potentially treated instead by medical cannabis.

Medical cannabis users are family members, friends, and colleagues who want to suffer less and lead productive lives.

In my experience, all insurances paid for the consultation I provided to patients whether the person was my own primary care patient or someone who sought consultation.

In two cases, Workman's Comp actually paid for medical cannabis because it was effective both for medical and financial reasons. A urine-tox screen, if beneficial, was an out-of-pocket expense.

Would it not make sense to reach out to the Workers Comp provider and underwriter community to learn from their experiences what they would like to see improved and available to them before rule-making?

- **Building on the Patient Centered Medical Home**

The last salient point I wish to share is that the tradition of the medical provider, the client and the caregiver working together is one of our nation's few cases wherein the "patient centered medical home" is working. This has been a center piece of healthcare reform and has organically taken shape in the MMP. How this works out on a daily basis has been an unwritten rule, but realistically it allows the patient to direct their own care to achieve the best outcome.

The relationship between all three parties is important to understand here. It combines shared management between the patient and medical provider, and it allows the client to work closely with knowledgeable caregivers who help them select and adjust their cannabis products. The burgeoning recreational cannabis market is an entirely different industry where these relationships do not exist.

Would it not be helpful to learn from MMP what is working and what is not within this valuable and effective health services model before adjusting program rules

or laws?

In closing, the FDA has maintained a hands-off policy in Maine because our governing bodies have monitored and enforced our medical cannabis policies. And, yes, when there problems involving physicians in the first five years of the program, they were fined and their privileges to practice medicine revoked because of infractions in medical practice. These included both the lack of keeping adequate medical records and practice outside their scope of practice.

In short, the existing policy on medical cannabis has been tested and stood up to scrutiny. Let's make sure that we don't fix what we know is working. We have a well-designed medical cannabis policy already. Making vast changes to the rules and combining it into the recreational market will severely lessen the medical benefits that have been achieved for so many residents of Maine.

John Woytowicz, MD, ABIHM

email: hawthorn57@gmail.com
jw@seed2health.net

cell: 207 592 0692