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May 9, 2025

The Honorable Senator Craig Hickman  
Senate Veterans and Legal Affairs Committee  
132nd Maine Legislature  
24 Wingate Street  
Augusta, ME 04330

Re: Opposition to LD 1847, "An Act to Institute Testing and Tracking of Medical Use Cannabis..."

Dear Senator Chair Hickman and Members of the Committee:

I write as a Maine medical-cannabis patient/caregiver/industry stakeholder & concerned citizen to respectfully oppose LD 1847. While I fully support robust safeguards for patient health and product integrity, sweeping testing, tracking, packaging, and study-group mandates in this bill would impose unworkable costs and operational burdens, ultimately reducing access for the patients it aims to protect.

### **1. Duplication and Cost-Burden of Adult-Use Testing Regime**

LD 1847 applies the full adult-use testing and tracking framework to medical-use operators, even though the scale, purpose, and risk profile differ substantially between medical and adult markets. Medical caregivers and small dispensaries lack the economies of scale to absorb these costs. At an estimated \$200–\$300 per full-panel test, mandatory testing of every batch (flower, trim, concentrates, edibles) threatens to inflate patient prices by hundreds per month.

### **2. Logistical Strain and Access Delays**

Mandating testing for PFAS, microbial contaminants, residual solvents, pesticides, potency, full METRC-style tracking will overwhelm Maine's limited accredited labs and regulatory staff. Multi-week backlogs are inevitable, leaving vulnerable patients without timely medicine. Unlike adult-use retailers, medical providers cannot buffer these delays through diversified product lines—they simply run out of supply.

### **3. Overreaching Packaging and Blister Requirements**

Requiring blister packaging or individual stamping of every edible serving (including gummies) imposes significant machinery, materials, and packaging-line investments on small producers, many of whom operate on razor-thin margins. These costs will be passed directly to patients, pricing some out of their essential medication.

#### **4. Recordkeeping and Administrative Overload**

Extending record retention to six years, daily uploads of exhaustive test and tracking data, plus the formation of a 13-member study group with multiple public hearings, creating an administrative labyrinth. Small caregivers lack compliance staff; many will cease operations rather than risk costly violations, shrinking patient access.

#### **5. Unintended Gray-Market Growth**

Over-regulation of the legal medical channel drives patients to unregulated sources without testing or labeling guarantees. Experience in other states confirms that burdensome regimes spur underground markets, not safer outcomes.

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#### **Alternative, Balanced Approach**

To protect patient health without sacrificing access, I urge the Committee to:

1. Create a third-party audit system for randomized sample testing at the dispensary level, with the focus on Pesticides and Heavy Metals, as well as Salmonella, Ecoli and total Coliforms. Do not institute microbial testing; it is convoluted, inaccurate, and does not represent any present danger to the patient or producer.
2. Carve out small-batch exemptions or sliding-scale subsidies for caregiver operations under a defined annual production threshold.
3. Maintain current four-year record retention, and allow weekly reporting for providers under the subsidy threshold. METRC will never be necessary, it is a dead system with no purpose beyond the state level. Once Federal legalization is enacted, a simple retail barcode system and a company's choice of its internal inventory tracking will be all that is necessary; look to any other industry for examples of this.
4. Align blister-pack mandates only with products specifically destined for adult-use retail, not medical dispensaries.
5. Charge the study group with evaluating cost impacts and recommending data-driven expansions, rather than tying funding and implementation to the enactment of this bill.

These calibrated measures will enhance safety while preserving affordable, timely access for Maine's medical-cannabis patients.

Thank you for your service and consideration. I welcome the opportunity to work with you on crafting a practical, patient-centered solution.

Respectfully,

Matthew Gilbert



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Please see the attached PDF detailing my opposition to LD 1847 in its entirety, and my recommendations for proper steps to help safeguard patients, stakeholders, and citizens in the state of Maine.