



MAINE MEDICAL ASSOCIATION

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TESTIMONY OF THE MAINE MEDICAL ASSOCIATION

IN OPPOSITION TO

L.D. 1062, AN ACT TO ADD CONDITIONS THAT QUALIFY FOR MEDICAL MARIJUANA USE

Joint Standing Committee on Health & Human Services
Room 209, Cross State Office Building
Tuesday, May 14, 2013, 1:00 p.m.

Good afternoon Senator Craven, Representative Farnsworth, and Members of the Joint Standing Committee on Health & Human Services. I am Jessa Barnard, Associate General Counsel for the Maine Medical Association (MMA). I am speaking this afternoon in opposition to LD 1062, *An Act To Add Conditions That Qualify for Medical Marijuana Use*.

The MMA is a professional association representing more than 3800 physicians, residents, and medical students in Maine whose mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.

As you know and have heard this afternoon, Maine has over a decade of history with our medical marijuana laws and how to define qualifying conditions for which marijuana can be recommended. In 1999, the *Maine Medical Marijuana Act* passed as an “initiated bill” and allowed marijuana use for certain qualifying conditions. In 2009, an updated *Maine Medical Use of Marijuana Act* was approved by voters and repealed the 1999 law. It established an advisory board process within the Department of Health and Human Services for adding new conditions. Finally, in 2011, significant amendments were made to the Medical Marijuana Act. One of those amendments allowed for a citizen petition to add to the list of qualifying conditions and a public hearing process for considering the petition. The provision in current law reads:

22 MRSA Sec 2424 (2) Adding debilitating medical conditions.

The department in accordance with section 2422, subsection 2, paragraph

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160th Annual Session • October 4-6, 2013 • Portland, Maine

D shall adopt rules regarding the consideration of petitions from the public to add medical conditions or treatments to the list of debilitating medical conditions set forth in section 2422, subsection 2. In considering those petitions, the department shall provide an opportunity for public hearing of, and an opportunity to comment on those petitions. After the hearing, the commissioner shall approve or deny a petition within 180 days of its submission. The approval or denial of such a petition constitutes final agency action, subject to judicial review. Jurisdiction and venue for judicial review are vested in the Superior Court.

I have attached Section 3 of the Department Rules Governing the Maine Medical Use of Marijuana Program outlining the evidence that is submitted with a petition to add a condition to the list (pages 3-2 to 3-3).

The Medical Association feels strongly that the current law and rules strikes the appropriate balance between allowing conditions to be added to the list of qualifying conditions and weighing current scientific evidence to ensure that Maine is making evidence-based decisions in the best interest of patients and physicians of the state. Our members have stated that the current list of conditions and symptoms cover the vast majority of cases where evidence supports the use of marijuana. In fact, many of our members feel that the list is already too broad and they chose for diverse reasons not to recommend use of marijuana to patients. For those that do participate, they want to ensure that evidence supports the use and that patients are not using the program as a back door way to access recreational marijuana. They are concerned especially that under Section 1(G) of the bill allowing marijuana to be used for “any other medical condition or its treatment as determined by a physician” it will open the floodgates of patients seeking physicians to sign off on marijuana use for recreational purposes.

We are also concerned with Section 2(F) of the bill allowing the use of marijuana for treating opiate or pharmaceutical drug addiction. Not only do our member physicians oppose the use of marijuana to treat addiction but they have great concern about the abuse potential of marijuana. The American Society of Addiction Medicine – an association of physicians and experts in addiction medicine with knowledge specific to the risks associated with the use of substances with high abuse potential - states that

marijuana is widely abused and a major cause of drug dependence in the United States and around the world. In their statement on medical use of marijuana (attached) they state that in order for physicians to fulfill their professional obligations to patients, and in order for patients to be offered the high standard of medical care that we have come to expect in the United States, cannabis-based products must meet the same exacting standards that we apply to other prescription medicines and that these products should not be distributed or otherwise provided to patients unless and until such products or devices have received marketing approval from the Food and Drug Administration. Further, conditions should only be added based upon a careful science-based review of safety and efficacy and standardization and formulation for dosing.

For all of the above reasons, the MMA opposes LD 1062. Thank you for your time and I am happy to answer any questions you may have.