

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 1)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 1 - Definitions	General comment, no change requested	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	"Adulterated" definitios far to vague. What specific contamination should be considered adulterated? Paraphernalia list should be only items specifically for cannabis. Envelopes and other items with non cannabis uses should be removed from this list.	Chapter 2, Section 1 - Definition	Reject	Statutory change required, see 7 MRS § 483
Jared Bourassa	Email	Patient		I am and have been a medical patient in the state of Maine for over 3 years now. There is a lot of legalese to unpack in the proposed changes, but from what I can read is that this will be detrimental to the smaller independent growers and caregivers and beneficial to large agro. There are many reasons we don't want to become Massachusetts again. It's difficult to be articulate when these changes will directly impact my mental health, the affordability of a medication that helps me stay away from alcohol and handcuffs, and makes me a better person. Moreover, this is clearly a states rights issue and if there is one thing New England should be known for would be it's own ability to use it's police powers. There are no effective arguments against this beyond pearl clothing (again, I'm sorry). If you can buy fake "whiskey" in the form of fireball in every gas station in Maine next to some cigs down the road from a gun store, I would like controlled access to my drug if choice. Some choose methadone, nicotine, sugar. Me? A medicated candy bar so I can go to bed not drunk and not in an existential panic.	General	General comment, no change requested.	
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	Recorded security footage should be stricken, as this should not be a requirement. I recommend loud motion detector alarms instead. This is effective, as demonstrated by the car industry. Ive used them for years. The costs are very reasonable for compliance, and they are effective deterrence.	Chapter 2, Section 1 - Definitions	Reject	Unclear which provision this comment is referring to
Susan Meehan	Email	Maine Cannabis Union		In general, OCP needs to REVIEW application sections and deadlines of The Act. Many changes here, and many areas in which these proposed rules conflict. Additionally, definitions defined in the Act, if contained in the Rule, must mirror the Act's definitions. Good example of Bonafide Medical ..."	General	Reject	Unclear which provision this comment is referring to
Susan Meehan	Email	Maine Cannabis Union		Definition of Caregiver versus Dispensary. a Caregiver ought to have a mirrored Definition to Dispensary. Even though Title 22 Ch 558C ntroduces the term Caregiver and utilizes it throughout the act, 558c does not explicitly define Caregiver in the list of definitions introduced in 2421 of the chapter. Regardless, 2423A, subsection 2, clearly defines the actions a caregiver may perform. these actions mirror those of a Dispensary within a Caregivers licensed plant count ranges. This needs to be addressed via statute amendment; however, it would be prudent that OCP in the meanwhile, define the term caregiver appropriately in Rule based upon the very clear section of the Act.	Chapter 2, Section 1 - Definitions	Reject	Statutory change required, see 22 MRS § 2422(11)
Susan Meehan	Email	Maine Cannabis Union		p. 17-23; All definitions contained in RULE that are defined in THE ACT need to be identical to the definition contained in THE ACT.	Chapter 2, Section 1 - Definitions	Reject	Department retains discretion to provide additional clarity through rulemaking
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 1 - Definitions	General comment, no specific change requested.	
Kelly Moores	Online		Devil's Lettuce	18. Paraphernalia, A. Kits used for planting, propagating, cultivating or harvesting cannabis plants. This is to broad of a definition and should be narrowed down or taken out. I utilized may of the "grow kits" you are referencing in growing veggies and flowers hydroponically, I also utilize some of the harvesting equipment for when I am harvesting other medicinal herbs such as mint and chamomile. with this in the rules will I now have to show ID to prove I am 21 or older to purchase leaf trimmers or shovel as these are also tools used in growing cannabis? Will children in the 4-h program now be in trouble because they utilized a grow tent for some of the veggies they were growing?	Chapter 2, Section 1 - Definitions	Reject	Statutory change required, see 22 MRS § 2422(17)
Steven Robinson	Online		Robinsons of Maine LLC	Dwelling unit was defined, but I couldn't find where it was used to understand why this concept is used.	Chapter 2, Section 1 - Definitions	General comment	See § 10(2)(A) of rule for use of this term
Daniel Katz	Online			Seedling definition should allow for large scale plant selection for medical cannabis registrants to select for desirable medical characteristics by allowing for flowering seedlings by deleting "A. Not flowering" from the seedling definition.	Chapter 2, Section 1 - Definitions	Reject	Statutory change required. See 22 MRS sec. 2422(14-B)

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 1)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Asher Putterman	Online	Maine Craft Cannabis Association; Seed to Health		<p>As there was nowhere provided on this form for open testimony i'll add a few words here. I want to say I'm very proud of our amazing legislature who has taken the time year after year to listen to the small businesses and patients involved in this program and who have protected the program from being derailed by unelected officials that may or may not have conflicts of interest. As I've watched news of many elected officials in other states, get caught up in the corruption that is rampant in regulating cannabis and awarding limited licenses, Maines elected officials have acted honorably while standing by the program participants and fellow community members and sought to the needs of those operating within the program. They've stood against great pressure from corporate lobbyists and unelected politicians within OCP who have used the program as a revolving door to enter into the industry that they were only recently regulating. I'm so proud of our Elected officials and proud to be a Mainer participating in the best medical cannabis program in the country and an example being used now to protect small businesses in other states as states now look to us as an example of how to successfully roll out a cannabis market that protects small businesses. These new rules proposals have become an annual event for participants and it seems, very year OCP returns with the same problematic rules as if they have not listened to any of the testimony of previous years. I was happy to see many of those rules not proposed again this year by i am still concerned about the media narratives still driven by the department that seem to be at odds with the desires of participants and the legislature. Hopefully some of this can be put to rest and not now and not just be brought forth again and again until forced through. Thank you to all who have worked within the legislature as well as OCP to meet in the middle and find a way for this program to serve the diverse needs of its many participants.</p> <p>"Organic" definition conflicts with Mofgas 3c program developed to certify organic cannabis, as USDA will not get involved with Cannabis</p>	Chapter 2, Section 1 - Definitions	General comment, except re: "Organic"	See revised definition of "organic certification" and footnote 1 re: MOFGA 3C certification program
Mark Barnett	Online	Maine Craft Cannabis Association		<p>P.18 Bona fide relationship - this definition does not align with statute which provides no requirement for 'ongoing responsibility' for care and treatment. This is simply an obstacle to finding a prescriber. Strike. It is not the Department's purview to regulate the relationship of a medical practitioner and a patient.</p> <p>P. 18 - cardholder - this definition cannot include patients given how it is used in the rest of rule. Patients' info should remain confidential and anonymous and off of any government list. Further, the OCP may not impose requirements on patients they would on a business registered in the program. Patients must be defined separately.</p> <p>P. 19 Dwelling unit - Maine law already provides a definition in Title 22 Ch 252 for 'dwelling': 'Dwelling. "Dwelling" means a structure, all or part of which is designed or used for human habitation, including a dwelling unit.'</p> <p>This new proposal would permit unlawful searches and seizures within a Maine resident's dwelling. It's not up to the OCP to perform warrantless searches and seizures unless the same actions that allow for warrantless searches apply in the specific case.</p> <p>P. 19 Medical cannabis - medical cannabis does not include seeds. Seeds of any type of cannabis are fully federally legal and do not fall under the scope of the Act. Strike all references.</p> <p>P. 22 Registered caregiver - this definition does not acknowledge that caregivers can 'Be organized as any type of legal business entity recognized under the laws of the State'. The emphasis on 'natural person' is a construct to dismantle the caregiver model which is a small-scale vertically-integrated business model. Needs more detail, the Department cannot use this definition to dismantle caregiver businesses entities.</p> <p>P. 23 Trip ticket - this definition adds a form for caregiver-to-patient transfers that was solely intended for caregiver-to-caregiver or caregiver-to-dispensary transfers. OCP should not be adding layers of bureaucratic red tape. We have seen the OCP use 'forms' to create new policies that are not authorized in law. Caregivers are already required to record and keep records of all transfers to patients. There is no need for our patients' confidentiality to be compromised or for new expenses to registrants.</p>	Chapter 2, Section 1 - Definitions	Reject	Statutory change required, see generally 22 MRS, ch. 558-C
Nova Dawn Grosz	Email	Hashery; Patient		<p>Hi there. I am an owner of The Hashery. We have been tirelessly following the ever-changing rules to still not have clarity or accountability for this industry.</p> <p>People that follow the rules are being fined, looked at and questioned. Meanwhile places like JAR Co that find grey spots in the rules get to play both sides of a Rec and Medical. Meaning places like Kind Farms built it right per requested and spent a ton of money.</p> <p>The issue here is over regulation. Stop making it harder for people to follow the rules or the black market is going to grow. Stop messing with people that are looking forward with regulations with respect. Clarity for the rules will help people follow them. We need them sustainable and friendly for small businesses or Maine is going to turn into something WE are not proud of. Please. Listen.</p> <p>We are all waiting. I am available to help if you need to understand more about these matters.</p> <p>We are all frustrated and need you a part of the team.</p>	General	General comment, no change requested.	
Chris Grigsby	Email		MOFGA Certification Services, LLC.	Please find attached general comments for the OCP's proposed Medical Use of Cannabis Program Rule, 18-691 CMR, Chapter 2. We have focused our comments on the misuse of the term 'Organic' within both the Medical and Adult Use cannabis programs in Maine, and current allowances in both regulatory schemes. We invite the opportunity to discuss our comments and suggestions further with members of the OCP, and look forward to future dialogue in this area.	General	Accept	See revised definition of "organic certification" and footnote 1 re: MOFGA 3C certification program

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Chris Grigsby	Email		MOFGA Certification Services, LLC.	Strike the paragraph on p. 20 beginning with: "Organic means certified by an accredited organic certifier in the State of Maine as being in compliance with the United States Department of Agriculture..."	Chapter 2, Section 1 - Definitions	Accept in part	See revised definition of "organic certification" and footnote 1 re: MOFGA 3C certification program
Chris Grigsby	Email		MOFGA Certification Services, LLC.	Strike the paragraph on p. 28 beginning with: "Organic certification. Cannabis for medical use may not be labeled "organic" unless the cannabis plants and cannabis or cannabis products for medical use prepared cannabis are produced, processed and certified..."	Chapter 2, Section 1 - Definitions	Accept in part	See revised definition of "organic certification" and footnote 1 re: MOFGA 3C certification program
Thomas Falby	Email			<p>When this medical program first started the focus was on patients and what is best for the patient. One of the agreed-upon criteria was that the more choices that the patient had the better. There was a broad recognition that no single cultivator of cannabis could help everybody. There was also a broad recognition that the people cultivating cannabis were not industrial scale farmers. As small scale farmers the hope was that they would maintain high standards of cultivation.</p> <p>On the patient side it was widely recognized that they were very capable of advocating for themselves. They had inevitably been through multiple doctors and multiple attempts at alleviating their condition before arriving at cannabis. They were very accustomed to having mainstream medical practices not being able to help their condition. They were very accustomed to searching out alternatives from what was recommended by the mainstream. As a result they are very strong advocates for themselves.</p> <p>Recognizing these two factors, that the wider choice is best for the patient to find what will help them as well as the fact that patients are strong self-advocates, the outlook is that the buyer of cannabis can ascertain on the market what is best for them. If they want to find cannabis that is tested they can go to a caregiver that has tested cannabis. If they happen to find a strain that works very well for them, but is not tested, they still have alleviation of their condition with that strain as well as the personal relationship with the cultivator as to whether or not their cannabis is at a quality that they find acceptable</p> <p>These recognitions in this system is what has worked well for the medical program for the last nearly 15 years. There have been very few complaints. I would actually be interested to see the ocp log of complaints that have been lodged specifically against caregivers. As a caregiver for the last 12 years I have patients who come to me specifically for strains that I grow. They are no longer popular strains. They may not have the greatest yield. Those two factors are what is driving the adult use market and increasingly the medical market. The search for the most outlandish strain with the highest THC level is typically what drives cultivation choices. In addition the yield of said strain is also a strong consideration.</p> <p>If a cultivator wants to portray the fact that they grow clean cannabis that is certified by a private third party they can go to Maine organic Farmers association. They will pay \$800 for an annual certification. This choice is much more attractive than having to pay testing per harvest which would far exceed that.</p> <p>In closing I say, if it's not broke don't fix it. This program has helped many people over the years. Increasingly I talk to patients who cannot find the relief they need as a result of lack of strain diversity. There is a real danger of forcing to the margins the very marginalized people for whom the medical program was initiated. Onsite, in store sample collection for testing at random seems the most fair way to progress if there must be some sort of testing.</p>	General	General comment, no change requested.	
Andelena Henderson	Written Comment	Patient, caregiver	West Paris Provisions	<p>Senator Craig Hickman, House Chair Laura Supica and other distinguished members of the committee of Veteran and Legal Affairs and the new Medical Cannabis Sub-Committee. I am speaking today against the proposed re-write of the Maine Medical Cannabis Act.</p> <p>My Name is Andelena Henderson, of Paris Maine. I am a medical cannabis patient, Founder of West Paris Provisions, a woman business owner, and Navy Veteran. I am on the Planning Board for the town of West Paris, as well as a 13 year volunteer for Maine Adaptive's and Veterans No Boundaries. Also a member of West Paris Baptist Church, The VFW and American Legion.</p> <p>Being in the Medical Industry, and volunteering with disabled Veterans, this proposal is a direct attack on shops like mine and medical patients. OCP is hiding behind claims of this being beneficial for the health and safety of Mainers, when in reality it's a means to achieve their agenda which is the death of medical cannabis in Maine. Because this is such an extensive bill, I have picked a few key areas of concern.</p> <p>1st and foremost I am disgusted with the time frame and lack of access to people to testify. The new language was made public on Sept. 6, with the public hearing today only 20 days later with changes added as well. I am dyslexic and work 60-80 hours a week, am a parent and the sole provider for my home and now I had 20 days to read this? to digest this? To take time out of my busy life to verbally fight against a bill that would be the death of my livelihood! On top of that the removal of access to testify via zoom for this has cut off the voice of so many disabled patients whom this bill would directly impact that couldn't make it here today or have the ability to read the proposed changes? An unfair tactic to silence medical patients who would speak out against these changes.</p>	General	No specific change requested	

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Amy McFarland	Written Comment	Patient, caregiver	Liberate Maine Cannabis	<p>Good Day Ladies and Gentlemen of the Office of Cannabis Policy. My name is Amy McFarland.</p> <p>I am a medical cannabis patient and farmer, as well as the co-director of Liberate Maine Cannabis (a grassroots political action committee). Today I am submitting testimony against the proposed medical rules as many items presented within these pages need correction.</p> <p>For instance, on page 22 a Registered Caregiver is defined as a "Natural Person" who is registered by the dept. Pursuant to MRS 2425-A. A Registered Dispensary is defined as "An Individual or Business Entity". Also listed within the registered dispensary's definition is the authorized conduct.</p> <p>A Registered Dispensary is authorized to acquire, possess, cultivate, manufacture, deliver, transfer, transport, sell and supply harvested cannabis, and cannabis plants to patients and caregivers. This authorized conduct was omitted from the definition of a Registered Caregiver as well as the allowance of a caregiver to be a LLC or a C-Corp.</p>	Chapter 2, Section 1 - Definitions	Reject	Statutory change required, see generally 22 MRS §§ 2422(11) and 2423-A(2)
Susan Meehan	Written Comment	Maine Cannabis Union		Terms defined by the Act and do not need further contradictory definitions in rule, for example Bonafide Provider Patient Relationship. Any definitions in the Rule that are also in the Act, need to align with the Act.	Chapter 2, Section 1 - Definitions	Reject	See 22 MRS § 2423-B(2-C)

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 2)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 2(1) and (3)	General comment	
Dan Marsh	Online	Patient		Violent felons shouldn't be allowed to operate cannabis companies. I think the federal justice system would frown upon this. Why it was allowed is beyond crazy why is there even a background check if you allow rapists and dv felons to operate.	Chapter 2, Section 2(2) - Scope and Protected Conduct; Criminal history record check	Reject	Statutory change required. See 22 MRS §§ 2422(4) and 2425-A(3)
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	I see no use in making many changes here. Its confusion for no gain that I can see. Caregiver IDs should also remain unchanged. There should be no annual inspection without cause. This could be problematic for the State in terms of court cases involving search and seizure laws. I see no use in making many changes here. Its confusion for no gain that I can see. Caregiver IDs should also remain unchanged. There should be no annual inspection without cause. This could be problematic for the State in terms of court cases involving search and seizure laws.	Chapter 2, Section 2(1) - Scope and Protected Conduct; Protections: legal medical use of cannabis	Reject	Not enough specificity regarding change requested
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	I have opinions on this in general, and would like to see this revisited in detail at a later date. Crimes of a certain nature should be barred from entry to cannabis license. Crimes of violence and armed robbery, perhaps fraud, sex offenders, all are more likely to engage in unlawful acts than someone who sold cannabis during prohibition. I understand this is a large debate, I think its worth having.	Chapter 2, Section 2(2) - Scope and Protected Conduct; Criminal history record check	Reject	Statutory change required. See 22 MRS §§ 2422(4) and 2425-A(3)
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	Within the annual report I would like to see the details of how you come to your proposals, including feedback and suggestions that make it into the report, and who made the suggestions. This being included would add transparency, and credibility, while encouraging best practices of policy making.	Chapter 2, Section 2(3) - Scope and Protected Conduct; Annual Report	General comment	Information regarding rulemaking process and sources considered in rulemaking is included in rulemaking filings, including basis statement.
Susan Meehan	Email	Maine Cannabis Union		p.24 proof of authorized; how exactly does one "verify proof of authorized conduct?" How does a pharmacy or an agency liquor store do this?	Chapter 2, Section 2(1) - Scope and Protected Conduct; Protections: legal medical use of cannabis	Question	Proof of authorized conduct is indicated by the possession of a patient certification for patients, a registry identification card for caregivers, assistants and officers and directors, and a registration certificate for all other registrants.
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 2(1) - Scope and Protected Conduct; Protections: legal medical use of cannabis	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 2(2) - Scope and Protected Conduct; Criminal history record check	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 2(3) - Scope and Protected Conduct; Annual Report	General comment	

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 2)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Mark Barnett	Online	Maine Craft Cannabis Association		P. 24 - trip ticket, change to 'a caregiver or cardholder (not including patients) transporting cannabis, not 'authorized to' as that implies an open-ended requirement of paperwork present at all times for all activities including the medical use of a patient's cannabis, and is an unacceptable and nebulous burden for all participants. Trip tickets or a similar documentation should only be mandatory for business-to-business transfers.	Chapter 2, Section 2(1) - Scope and Protected Conduct; Protections: legal medical use of cannabis.	Reject	Statutory change required. See 22 MRS § 2430-J(2)
Susan Meehan	Written Comment	Maine Cannabis Union		OCP's reference to compliance with federal law in several areas of the Proposed Rule is problematic. The program is contrary to federal law.	Chapter 2, Section 2(1) - Scope and Protected Conduct; Protections: legal medical use of cannabis.	General comment	
Susan Meehan	Written Comment	Maine Cannabis Union		Also in regard to patient confidentiality, trip tickets are required of a " ... registered caregiver, registered dispensary, cannabis testing facility and manufacturing facility" must have a label that contains the following information ... A retail sale does not need to be accompanied by this label or "trip ticket" as they are known -one does not require OCP permission to travel from the storefront to home or wherever.	Chapter 2, Section 2(1) - Scope and Protected Conduct; Protections: legal medical use of cannabis.	Reject	Statutory change required, see 22 MRS §2430-J(2)

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 3)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 3(1) - Cultivation of Cannabis for Medical Use; Cultivation of cannabis for medical use	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 3(3) - Cultivation of Cannabis for Medical Use; Access to a cultivation location	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 3(4) - Cultivation of Cannabis for Medical Use; Packaging and Labeling	General comment	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	As as Tier 1 caregiver, this one rule change would put me out of business. Full stop. I cant operate at a loss. Fence requirement is very burdensome financially to small, and large farms. I disagree even with the need to hide legal plants from view, and the security/commercial grade fence requirement is silly. They provide no real deterrence, a simple ladder or cutter gains entry. Building a wall around my garden is dumb. Keep the regulation as is, or drop fencing entirely.	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	Reject	Statutory change required, see 22 MRS § 2422(3)
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Drop this rule and allow us to take part in open farm weekend events and other activities, with only proof of age to enter.	Chapter 2, Section 3(3) - Cultivation of Cannabis for Medical Use; Access to a cultivation location	Reject	Statutory change required, see generally, 22 MRS, ch. 558-C
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Ok, some real talk about child proof packaging. It doesn't work. As any parent knows, you must keep dangerous things out of reach, and preferably locked. So, why do we pretend instead of inform? Requirements 1,B, and 2, B and D should also be dropped. these statutes are far to vague and onerously restrictive. Consider simply applying alcohol packaging design rules instead.	Chapter 2, Section 3(4) - Cultivation of Cannabis for Medical Use; Packaging and Labeling	Reject	Statutory change required, see generally 22 MRS § 2429-A
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	There is no need for messing around with local and state building inspectors. If wiring installations and changes are made that require an inspection by state building codes, than fine. But inspecting existing homes with no electrical alterations is unacceptable. My home passed inspection before I moved in for instance, and I made no changes from what my licensed electrician did prior to inspections. There is simply no need to have a inspector in my house. Im ok with requiring a inspector on new wiring, or altered wiring.	Chapter 2, Section 3(1) - Cultivation of Cannabis for Medical Use; Cultivation of cannabis for medical use	Reject	Statutory changes required. See generally 32 MRS, ch. 17
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	The proposals for security upgrades would put many small farms out of business immediately. This is a fix that does much more damage than the suggested problem it fixes. Instead I suggest motion detection audio alarms. Loud ones. They are low cost and very effective deterrence.	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	Reject	Statutory change required, see 22 MRS § 2422(3)

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 3)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	Please remove all discriminatory packaging to be inline with tobacco and alcohol rules.	Chapter 2, Section 3(4) - Cultivation of Cannabis for Medical Use; Packaging and Labeling	General comment	Not enough specificity to respond
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	Get out of patient doctor relations, and make no changes to telehealth.	Chapter 2, Section 4(1) - Medical Provider Written Certification; Authorized conduct by a medical provider; written certification	Accept in part	See revised § 4(1)
Susan Meehan	Email	Maine Cannabis Union		p.27 2 (A) & (B); Fence. An enclosed outdoor cultivation area must have a commercial or security grade fence at least 6 ft high that obscures the view of the cannabis. NO WHERE in THE ACT does a cultivation area even require a FENCE for qualifying patients. "Snow fence is considered commercial grade. Adequate privacy fence. Same goes for commercial-grade locks- adequately locked to deter theft and unauthorized entrance. Additionally, this does NOT APPLY to qualifying patients. ""Title 22, Ch 558C, §2422. Definitions 3. Cultivation area. ""Cultivation area"" means an indoor or outdoor area used for cultivation of mature cannabis plants, immature cannabis plants or seedlings in accordance with this chapter that is enclosed and equipped with locks or other security devices that permit access only by a person authorized to have access to the area under this chapter. A cultivation area may include multiple indoor or outdoor areas, whether contiguous or noncontiguous, on the same parcel or tract of land. [PL 2021, c. 662, §2 (AMD); PL 2021, c. 669, §5 (REV).]"	Chapter 2, Section 3	Accept in part	Patients struck from these requirements in revised rule
Susan Meehan	Email	Maine Cannabis Union		p. 28; OCP please re-read the section of THE ACT regarding municipal authority. Municipal Authority does not apply to qualifying patients any more than it applies to a patient with a prescription for hydrocodone. Municipal authority applies to dispensaries, manufacturing facilities and caregiver store fronts. Saying this in RULE does not make it so.		Accept in part	Patients struck from these requirements in revised rule
Susan Meehan	Email	Maine Cannabis Union		p. 28 (B) Locks; Locks. Enclosed, locked facilities and enclosed outdoor areas must have commercial grade locks sufficient to prevent theft and unauthorized entrance. This statement is impossible to achieve. Current 2018 rule states: "Locks. Enclosed, locked facilities and enclosed outdoor areas must have locks sufficient to discourage theft and unauthorized entrance." One CANNOT PREVENT theft nor unauthorized entrance. Again, OCP is creating a hostile environment in which participants are afraid to even report being a victim of theft.		Reject	Statutory change required, see 22 MRS § 2422(3)
Susan Meehan	Email	Maine Cannabis Union		p. 27; Qualifying Patients who are not caregivers nor dispensary owners are not Registry identification cardholders. They are not subject to registering with OCP, nor demonstration of compliance with electrical code TO OCP, security measures implemented by ocp, etc. Excepting the legible tag on plants, this section does not apply to patients who are not required to (and would be foolish to voluntarily do so) register with ocp.		Accept	Patients struck from these requirements in revised rule
Susan Meehan	Email	Maine Cannabis Union		p. 28; Qualifying Patients are not subject to municipal authority. §2429-D. Local regulation Pursuant to the home rule authority granted under the Constitution of Maine, Article VIII, Part Second and Title 30-A, section 3001, a municipality may regulate registered caregivers, caregiver retail stores operating pursuant to section 2423-A, subsection 2, paragraph P, registered dispensaries, cannabis testing facilities and manufacturing facilities. [PL 2019, c. 217, §5 (AMD); PL 2021, c. 669, §5 (REV).] A municipality may not: [PL 2017, c. 452, §18 (NEW).] 1. Registered caregivers. Prohibit or limit the number of registered caregivers;		General comment	Not enough specificity to respond
Susan Meehan	Email	Maine Cannabis Union		p. 28; impossible criteria for locks. Even commercial grade locks do not prevent theft and unauthorized access. locks are a deterrent, not by any means a prevention. additionally, patients are still not subject to ocp inspection to ever verify these criteria.		Reject	Statutory change required, see 22 MRS § 2422(3)
Susan Meehan	Email	Maine Cannabis Union		p. 27 B Indoor cultivation.; No basis in statute for electrical inspectors to inspect qualifying patient homes, nor any non-commercial grow room. While we can recommend a citizen verify electrical code compliance, this is not in OCP's scope. A commercial operation?		Accept	Patients struck from these requirements in revised rule
Susan Meehan	Email	Maine Cannabis Union		p. 27-28 fence; There is no statutory requirement for a fence. The Act requires that any cultivation area access is restricted to authorized persons. The Act makes no mention of plants visibility or invisibility, fences, nor fences opacity.		Reject	Statutory change required, see 22 MRS § 2422(3)
Susan Meehan	Email	Maine Cannabis Union		p. 27 packaging and labeling; Please refer to the Act, subchapter 2423-F 9, and 2429-A. This is unclear, erroneous application of rule that is not encompassed in the Act.		General comment	No specific change requested, rule cites to 22 MRS § 2429-A
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 3(1) - Cultivation of Cannabis for Medical Use; Cultivation of cannabis for medical use	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	General comment	

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 3)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 3(3) - Cultivation of Cannabis for Medical Use; Access to a cultivation location	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 3(4) - Cultivation of Cannabis for Medical Use; Packaging and Labeling		
Carl Hagan	Online		Green Xtrax Farms	(c) Tagging is redundant and unnecessary when there is already an established plant limit. It shouldn't matter which purpose a plant is designated for as long as it is within the rule of 30 plants or 500 square feet maximum per license holder. All transactions have to be recorded after harvest anyway; OCP has the right to check harvest or transaction logs at any time to determine who/what/where that cannabis is designated for, making tagging redundant.	Chapter 2, Section 3(1) - Cultivation of Cannabis for Medical Use; Cultivation of cannabis for medical use	Reject	Statutory change required, see 22 MRS § 2430-J(2)
Carl Hagan	Online		Green Xtrax Farms	(B)+(C) A "commercial" lock and fence, as well as a fence that "obscures the view", are unnecessary burdens for cultivators who's gardens are surrounded by unincorporated or uninhabited woodlands. I have seen many outdoor cultivation areas in the middle of woods hundreds of yards, if not miles, from public access points such as residential housing or roads. I would argue these outdoor facilities in the middle of the woods, with or without fencing, are more secure than indoor cultivation facilities or storefronts in urban areas.	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	Reject	Statutory change required, see 22 MRS § 2422(3)
Carl Hagan	Online		Green Xtrax Farms	The wording here can be simplified and rewritten to only say "Access to cultivation areas is restricted to anyone under 21 unless they are a registered card holder."	Chapter 2, Section 3(3) - Cultivation of Cannabis for Medical Use; Access to a cultivation location	Reject	Statutory change required, see 22 MRS § 2422(3)
Carl Hagan	Online		Green Xtrax Farms	(a) I strongly support enforcing organic labeling and think more should be written in order to enforce this rule. There should be language that says organic growing, processing, and labeling needs to be verified by an approved agency, like MOFGA. There should be enforcement actions and consequences for violators explicitly written as well, unless that is already covered in section 10. I also think OCP could do more verify and enforce organic claims, like random testing.	Chapter 2, Section 3(4) - Cultivation of Cannabis for Medical Use; Packaging and Labeling	Accept in part	See revised definition of "organic certification"
Jordan Smith	Online			Requirement of a security fence could be too much of a Financial burden for patients. Plants should however be kept from public view. many propertied in Maine are remote and a fence is not necessary for this. Furthermore A fence isn't stopping anybody that wants to get past it even if its "commercial grade"	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	Accept in part	Patients struck from these requirements in revised rule
Jordan Smith	Online			It is currently the responsibility of the shop or the person making the final sale to ensure labeling is compliant. many stores offer "deli style" options and will supply "exit packaging" with proper warnings, tamper evident packages etc. There is no reason to change the way this is now.	Chapter 2, Section 3(4) - Cultivation of Cannabis for Medical Use; Packaging and Labeling	Reject	Statutory change required, see 22 MRS § 2429-A
Steven Robinson	Online		Robinsons of Maine LLC	There is no legitimate reason that members of the same family are limited to only two members of the family. What if the family is more than two people? This concept is not needed.	Chapter 2, Section 3(1) - Cultivation of Cannabis for Medical Use; Cultivation of cannabis for medical use	Reject	Statutory change required, see 22 MRS 2423-A(1-B) and (3)

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 3)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Steven Robinson	Online		Robinsons of Maine LLC	This section should recognize that different growing environments require different security measures to achieve the same result and a goal for such security should be established, if at all. With the prevalence of theft in some areas, growers have all the motivation they need to protect their crops. As growers in a rural area, if we installed a chain link "commercial security grade" fence, we would in effect be posting a large sign for thieves to see. Outdoor grows are only vulnerable to theft at the time the plants are in their final week or two of their lives. The rest of the year, they are of no use, nor are they of any danger to anyone.	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	Reject	Statutory change required, see 22 MRS § 2422(3)
Daniel Katz	Online			Security (A) Fence: these changes from "privacy fence" to "commercial or security grade fence" should not be implemented at all because it sets too high of a barrier on the cost of compliance for caregivers to require a specific security grade of a fence. The fence itself is never going to keep a determined thief out and the increased burden will lie heavily on small operators who need to replace their fence to comply with the commercial or security grade standard. The privacy fence is more than sufficient to protect the public's safety. (B) the addition of commercial grade is not a change that should be enacted because this is an extensive cost burden on small operators and the locks aren't going to keep a thief out of a fenced in area any ways.	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	Reject	Statutory change required, see 22 MRS § 2422(3)
Asher Putterman	Online	Maine Craft Cannabis Association; Seed to Health		Commercial or security grade fence is vague and could be depending on how interpreted a significant cost to refit, Any secure fence 6' fence should be adequate and many states don't have fence requirements, I watch large commercial cannabis businesses across many states that show fields of cannabis with no fence in sight. As an outdoor grower I've found the fencing rules do be one of the biggest burdens and instead of increasing security it almost labels you a place that has something worth taking. The cost of fencing has also caused us not to be able to rotate our crop around our farm as we do with all other crops which has increased disease and bug pressure, making repeated cultivation more difficult. The cost of a fence large enough to surround an outdoor cultivation area and strong enough to hold fence screen or privacy panels as required is astronomical and it must be built even larger than the required area or it stifles air flow and increases disease in the crop. The cost difference between 9ga and the standard 11.5ga chain link fence is 3-\$400/50 ft. and that's just the cost of the chain link, that doesn't include posts which range between 40-\$80/post, and hardware, gates, installation and site work. Same sentiment as above for commercial locks, its an unnecessary upgrade that is costly. Theft and break ins has not been a large problem in our industry.	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	Accept in part	See further clarification of "security grade" in § 3(2)
Mark Barnett	Online	Maine Craft Cannabis Association		P. 27 Fencing - the requirement for a 'commercial grade' fence is unacceptable and extremely burdensome for outdoor cultivation. If anything, these rules should be relaxed from the 6' high requirement and simply be left up to the cultivator. There is no rationale whereby a fence makes cannabis more secure--intense fencing makes it all the more obvious that cannabis is present from far away. This rule would be extremely expensive and unreasonable for most cultivators--patients or caregivers--to comply with. Outdoor cultivation is already regulated in the total canopy or plant count and the majority of these cultivation operations would be unable to comply with a 'commercial or security' grade requirement. Let farmers farm and make their own decisions about how to protect their crops, which only have value for a tiny period of the growing season anyway. It's unclear why this is such a focus for the OCP except to make outdoor cultivation both for personal patient use or commercial production less viable.	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	Reject	Statutory change required, see 22 MRS § 2422(3)
Andelena Henderson	Written Comment	Patient, caregiver	West Paris Provisions	3rd, the extreme financial costs these proposed changes would bring is a sure fire way to knock out the medical industry. Starting with fencing changes, under what grounds, as far as I can think of, have there been any recent concerns brought up in previous bills about fencing requirements? Aren't proposals like this supposed to reflect the past session concerns? and who, especially patients, can afford commercial fencing for the allotted 6 plants to treat their terminal cancer? And the big one is mandatory testing? This one infuriates me. OCP is hiding behind fake care -yes we all want clean safe medicine, but the costs for testing everything is outrageously expensive and would put us in the red and all small grows and stores .. California the 1st state to require testing made a loop hole for small growers like me Are not required to test. I would be more than okay to have OPC come into my store one to two times a year and pick one thing to test. What you do not realize the smaller the grow the safer the medicine! Making testing mandatory it would guarantee the death to small business establishments. These changes disguised as care are really about lining their own pockets with money.	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	Accept in part	Patients struck from these requirements in revised rule
Amy McFarland	Written Comment	Patient, caregiver	Liberate Maine Cannabis	Next we have the fencing issue, requiring patients to install costly commercial or security grade fencing along with a commercial grade lock is overstepping the department's authority. (Maine residents over the age of 21 growing for personal use do not have these requirements.)	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	Accept	Patients struck from these requirements in revised rule
Susan Meehan	Written Comment	Maine Cannabis Union		Patient Inspections? The department may not conduct inspections of a qualifying patient or caregiver operating under §2423-A, subsection 3, C. OCP Proposed Rule makes reference to electrical code for patient cultivation areas and fencing requirements. Per the Act, OCP doesn't inspect patient homes.		Accept	Patients struck from these requirements in revised rule
Susan Meehan	Written Comment	Maine Cannabis Union		Fences and Locks DETER (do not prevent) THEFT. OCP language in the Proposed Rule indicates a registrant may be concerned reporting a theft because their security system failed. There is nothing in the Act that indicates that cannabis must be obscured from view by a 6 foot opaque fence. In some areas of Maine, this immediately signals thieves that one is growing cannabis.	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	Reject	Statutory change required, see 22 MRS § 2422(3)
Susan Meehan	Written Comment	Maine Cannabis Union		Overall, OCP continues to create an environment in which participants are afraid to even report being a victim of theft, for fear they will lose their license or face extraordinary fines for not preventing the said theft.	General	General comment	
Susan Meehan	Written Comment	Maine Cannabis Union		Municipal Authority, Patient Confidentiality, trip tickets OCP will need to review the Act, subparagraph 2429-D in regard to municipal authority and to whom/what municipal authority applies in the program. There is NO basis in the Act in regard to inspections of patient homes electrical systems, fences or locks. (Any qualifying patient who voluntarily registers with OCP is not making a wise decision)Patients are NOT subject to OCP inspection to ever verify compliance with electrical code. This is out of OCP's scope. Patient confidentiality and very explicit language in the Act protect patients from OCP inspection of their homes.		Accept in part	Patients struck from these requirements in revised rule
Susan Meehan	Written Comment	Maine Cannabis Union		Additionally, the Act makes no mention of plants visibility or invisibility, nor a fence's opacity or "commercial" designation. Will we be opening up all Maine citizens to random electrical code inspections if we suspect they grow medical or adult use cannabis?		Accept in part	Patients struck from these requirements in revised rule, statutory change required re: fencing see 22 MRS § 2422(3)

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 3)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Susan Meehan	Written Comment	Maine Cannabis Union		<p>Because municipalities explicitly may not limit the number of caregivers, if a caregiver is not operating a storefront within a municipality, OCP does not need to require proof of municipal authority for a caregiver application with no storefront store to their home in either an Adult Use or Medical sale. In regard to QUALIFYING PATIENTS, the Act is clear: "D. The department may not conduct inspections of a qualifying patient or caregiver operating under section 2423-A, subsection 3, paragraph C." OCP has no authorization to inspect qualifying patient homes, cultivation areas or electrical circuits.</p> <p>Municipal authority granted per Title 22, Chapter 558C indicates the following, "3. Municipal authorization needed. Authorize caregiver retail stores, registered dispensaries, cannabis testing facilities and manufacturing facilities that are not operating on the effective date of this section ... [PL 2019, c. 217, §5 (AMD); PL 2021, c. 669, §5 (REV).]"</p>		Accept	Patients struck from these requirements in revised rule
Susan Meehan	Written Comment	Maine Cannabis Union		<p>Cultivation Area (Fences and locks)</p> <p>The Act:3. Cultivation area. "Cultivation area" means an indoor or outdoor area used for cultivation of mature cannabis plants, immature cannabis plants or seedlings in accordance with this chapter that is enclosed and equipped with locks or other security devices that permit access only by a person authorized to have access to the area under this chapter. A cultivation area may include multiple indoor or outdoor areas, whether contiguous or noncontiguous, on the same parcel or tract of land. [PL 2021, c. 662, §2 (AMO); PL 2021, c. 669, §5 (REV).]</p> <p>The Act is clear that OCP shall implement security measures (to be approved by the legislative committee of oversight, currently the Veterans and Legal Affairs Committee). To require that fences be "commercial grade", fencing is just not Maine - many of us do it ourselves. Chain Link fencing covered with opaque material? A wooden frame fence? The fence must deter access to unauthorized persons, permitting access only by a person authorized to have said access. Locks, fences and any security measure can be defeated - perhaps unless they are protected by the 20k soldiers who protect Fort Knox. As is commonly heard, "locks keep out honest people." We can require fences and locks, but even the second best of systems can be defeated. Anything controlled electronically can be hacked, even government databases such as OCP. The language on p. 28 in regard to locks is impossible to attain. "... commercial grade locks sufficient to prevent theft ..." perhaps DETER theft, rather than PREVENT theft may be more appropriate language. No lock can 100% prevent a determined thief. One cannot PREVENT unauthorized access or theft no matter the lock or fence within the boundaries of the law. May I install an electric fence, for example? This language needs to be realistic using terms like deter rather than prevent. Additionally, none of these provisions are subject to OCP inspection or verification on private patient-only property (not a caregiver). OCP is creating an environment in which participants are afraid to even report being a victim of theft, for fear they will lose their license or face extraordinary fines for not preventing the said theft. Additionally, there is nothing in the Act that indicates that cannabis must be obscured from view by a 6 foot opaque fence. In some areas of Maine, this immediately signals thieves that one is growing cannabis .</p>	Chapter 2, Section 3(2) - Cultivation of Cannabis for Medical Use; Security	Accept in part	Statutory change required, see 22 MRS § 2422(3)

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 4)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 4(1) - Medical Provider Written Certification; Authorized conduct by a	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 4(2) - Medical Provider Written Certification; Bona fide medical provider-patient relationship	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 4(3) - Medical Provider Written Certification; Retain and maintain records	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 4(4) - Medical Provider Written Certification; Minor patient; consent	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 4(5) - Medical Provider Written Certification; Incapacitated adult patient consent.	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 4(6) - Medical Provider Written Certification; Proof of authority to act for another	General comment	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes to current approved rules and statues. Scrap all your proposed changes, they are not needed and burdensome.	Chapter 2, Section 4(1) - Medical Provider Written Certification; Authorized conduct by a medical provider; written certification	General comment, no specific change requested	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes to current approved rules and statues. Scrap all your proposed changes, they are not needed and burdensome.	Chapter 2, Section 4(2) - Medical Provider Written Certification; Bona fide medical provider-patient relationship	General comment, no specific change requested	

Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes to current approved rules and statues. Scrap all your proposed changes, they are not needed and burdensome.	Chapter 2, Section 4(3) - Medical Provider Written Certification; Retain and maintain records	General comment, no specific change requested	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes to current approved rules and statues. Scrap all your proposed changes, they are not needed and burdensome.	Chapter 2, Section 4(4) - Medical Provider Written Certification; Minor patient; consent	General comment, no specific change requested	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes to current approved rules and statues. Scrap all your proposed changes, they are not needed and burdensome.	Chapter 2, Section 4(5) - Medical Provider Written Certification; Incapacitated adult patient consent.	General comment, no specific change requested	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes to current approved rules and statues. Scrap all your proposed changes, they are not needed and burdensome.	Chapter 2, Section 4(6) - Medical Provider Written Certification; Proof of authority to act for another	General comment, no specific change requested	
Joanie Couture	Online			If you get rid of remote medical certificates you will doom us all. It takes a long time to get into a doctors office and it's expensive. Maybe if the state paid the fee for these in person exams that might work.	Chapter 2, Section 4(2) - Medical Provider Written Certification; Bona fide medical provider-patient relationship	Accept	Telehealth permitted
Pierre Renaud	Online			i think the current accessibility of medical providers to medical cannabis patients is sufficient. the state of maine has no business dictating medical provider relationships.	Chapter 2, Section 4(1) - Medical Provider Written Certification; Authorized conduct by a medical provider; written certification	General comment	
Pierre Renaud	Online			i think then current accessibility to a medical cannabis card is sufficient. the state of maine should not be dictating doctor/medical provider relationships.	Chapter 2, Section 4(2) - Medical Provider Written Certification; Bona fide medical provider-patient relationship	General comment	
Pierre Renaud	Online			again. the state of maine is requiring access to medical provider and patient confidential medical records which are protected under the federal HIPA act.	Chapter 2, Section 4(3) - Medical Provider Written Certification; Retain and maintain records	General comment	

Pierre Renaud	Online			again. stay out of peoples medical requirements. the sate of maine is not a medical provider.	Chapter 2, Section 4(4) - Medical Provider Written Certification; Minor patient; consent	General comment	
Pierre Renaud	Online			stay out of peoples medical requirements.	Chapter 2, Section 4(5) - Medical Provider Written Certification; Incapacitated adult patient consent.	General comment	
Pierre Renaud	Online			stay out of peoples medical requirements.	Chapter 2, Section 4(6) - Medical Provider Written Certification; Proof of authority to act for another	General comment	
Susan Meehan	Email	Maine Cannabis Union		p.30-31, # 62 A--E; 2-C. Bona fide provider-patient relationship. A written certification may be made only in the course of a bona fide provider-patient relationship after the provider has completed a full assessment of the patient's medical history. If a patient has not provided a medical provider who is not the patient's primary care provider with the name and contact information of the patient's primary care provider, a medical provider shall conduct an in-person consultation with the patient prior to providing a written certification. " Replace ocp rule definition with statute language regarding bona fide medical provider relationship, eliminating A-E OCP's interpretation of a doctor-patient relationship.		Accept	
Susan Meehan	Email	Maine Cannabis Union		p 31, (E) (4); It is NOT OCP's job to define what needs to be contained in a patient record. Eliminate Section E on p 31.		Accept	
Susan Meehan	Email	Maine Cannabis Union		p. 30-32; This seems it would be the appropriate area in the rules to mention that per the Act, §2423-B. Authorized conduct by a medical provider, subparagraph 9, Telehealth is specifically permitted as means of patient certification. This section of the proposed rule needs a lot of work to bring it in alignment with the current language of the Act, especially in that telemedicine is explicitly and specifically indicated as a manner in which a person can receive their patient designation. The legislative intent is very clear here -- there was zero intent of encumbering a patient's access to the widely accepted practice of telehealth. "***Imperative that rule aligns with the Act and EXPLICITLY ALLOWS TELEMEDICINE!"9. Telehealth. A medical provider who provides written certifications for the medical use of cannabis under this section may use telehealth services to consult with a patient subject to the following conditions: A. A medical provider using telehealth services to consult with a patient seeking a written certification for the medical use of cannabis under this section shall engage in a synchronous encounter with a patient before providing a written certification or renewal of a written certification; and [PL 2021, c. 662, §21 (NEW); PL 2021, c. 669, §5 (REV).] B. A medical provider who provides written certifications for the medical use of cannabis and uses telehealth services to consult with patients shall operate within the standards of practice determined by the licensing board for that medical provider. [PL 2021, c. 662, §21 (NEW); PL 2021, c. 669, §5 (REV).]"		Accept	Telehealth permitted

Susan Meehan	Email	Maine Cannabis Union		<p>p. 32; minor patient rules are NOT in alignment with current language of the Act including consent, after hours contact protocols or instruction, and "proof of authority " to act for another. OCP needs to educate themselves on current law (I suggest re-reading Maine Title 22 Chapter 558-C.) "§2423-B. Authorized conduct by a medical provider Title 22, Ch 558C: 2-A. Minor qualifying patient. A medical provider who provides a written certification to a patient who has not attained 18 years of age shall: A. Prior to providing written certification, inform the qualifying patient and the parent, legal guardian or person having legal custody of the patient of the risks and benefits of the medical use of cannabis and that the patient may benefit from the medical use of cannabis; and [PL 2021, c. 662, §18 (AMD); PL 2021, c. 669, §5 (REV).]</p> <p>B. [PL 2021, c. 662, §18 (RP).]</p> <p>C. [PL 2021, c. 662, §18 (RP).]</p> <p>D. [PL 2021, c. 662, §18 (RP).]</p> <p>E. Provide the parent, legal guardian or person having legal custody of the qualifying patient with a reliable method of communicating with the medical provider at all times, including when the medical provider's office is closed, regarding the proper dosage of and mitigation of any side effects caused by cannabis used by the qualifying patient for medical purposes. [PL 2021, c. 662, §18 (NEW); PL 2021, c. 669, §5 (REV).]"</p>		Accept in part	§ 4(1) of rule references compliance with the Act
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 4(1) - Medical Provider Written Certification; Authorized conduct by a medical provider; written certification	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 4(2) - Medical Provider Written Certification; Bona fide medical provider-patient relationship	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 4(3) - Medical Provider Written Certification; Retain and maintain records	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 4(4) - Medical Provider Written Certification; Minor patient; consent	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 4(5) - Medical Provider Written Certification; Incapacitated adult patient consent.	General comment	

Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 4(6) - Medical Provider Written Certification; Proof of authority to act for another	General comment	
Jordan Smith	Online			It is not the Department's place to control doctor patient relationships. Certification process should absolutely not be controlled by the department. Section should be struck.	Chapter 2, Section 4(1) - Medical Provider Written Certification; Authorized conduct by a medical provider; written certification	Accept in part	See revised § 4
Jordan Smith	Online			This is a step backwards from our current rules. Again its not appropriate for the Department to contro doctor patient relationships. Especially if anyone over the age of 21 can but cannabis from an adult use store. section should be struck.	Chapter 2, Section 4(2) - Medical Provider Written Certification; Bona fide medical provider-patient relationship	Accept in part	See revised § 4
Jordan Smith	Online			It is not the department's place to control doctor patient relationships. Doctors are already required by law to keep patient records so this is redundant and unnecessary. Strike section	Chapter 2, Section 4(3) - Medical Provider Written Certification; Retain and maintain records	Accept	
Kelly Moores	Online		Devil's Lettuce	What happens to those patients who are not incapacitated, do not want to give over their medical right to another person but simply needs a "prescription" picked up? You allow other individuals to go to the pharmacy and pick up narcotic with just a photo ID and the persons name and date of birth they are picking up for, without them having to give up their medical rights while still having them pick up for them. could some thing simply be done where when the Doctor and patient are discussing their plan of care that becomes a regular question of will you need an extra card for a designated person to pick up for you? If they say no and then later on change their mind that is a separate appointment for the patient and doctor to talk about the need for the extra card and who will go on it, then it is between the prescribing doctor and the patient and keeps confidentiality in check, the patient still retains their rights to make their health care decisions and you out of the patients private health. I fear you are forcing people to give up some basic rights to control their health care, and potentially cause more harm than good.	Chapter 2, Section 4(6) - Medical Provider Written Certification; Proof of authority to act for another	Reject	Statutory change required, see 22 MRS § 2423-A(1)(F-1)(3)
Steven Robinson	Online		Robinsons of Maine LLC	The deleted confirmation that telemedicine is authorized for medical provider certification should be reinstated. There is no reason to not allow telemedicine.	Chapter 2, Section 4(1) - Medical Provider Written Certification; Authorized conduct by a medical provider; written certification	Accept	Telehealth permitted

Asher Putterman	Online	Maine Craft Cannabis Association; Seed to Health		I do not believe the government should come between a medical professional and their patient with any added rules of operation. I do not believe an in person exam should be required in a state that is so rural and lacks providers, many in our state rely on telehealth services and cannabis is an extremely safe medicine. I do not believe we should add any obstacles, complexity, or cost to patients being able to access medicine. If anything we should make it easier and more affordable for folks.	Chapter 2, Section 4(1) - Medical Provider Written Certification; Authorized conduct by a medical provider; written certification	Accept in part	See revised § 4
Mark Barnett	Online	Maine Craft Cannabis Association		P. 29 (A) seems to prevent a provider from supplying certification electronically, which is an arbitrary and unreasonable obstacle to obtaining a patient certification. Firstly, it is not the OCP's purview to regulate medical professionals. Secondly, there are many circumstances where an electronic certification is the only available way for a patient to receive it in a timely fashion for their circumstances. Many patients receive their certifications this way in current practice. The OCP needs to step out of the relationship between a medical patient and their certifying medical professional. This section should explicitly protect telehealth to reflect laws that were passed to enshrine and protect access to this avenue of care.	Chapter 2, Section 4(1) - Medical Provider Written Certification; Authorized conduct by a medical provider; written certification	Accept in part	Telehealth and provision of a digital image of patient certification permitted
Mark Barnett	Online	Maine Craft Cannabis Association		P. 30 There should be no physical location requirement for certifications, nor a need for a 'full assessment' of the patient's medical history. Most medical visits of any kind do not require this. It's 2023--this language is the product of propaganda that cannabis is dangerous and of a mentality that people should be forced into the oppressive Adult Use program. Once again, the OCP is attempting to regulate the relationship between a medical patient and a medical professional, which is not its purview.	Chapter 2, Section 4(2) - Medical Provider Written Certification; Bona fide medical provider-patient relationship	Accept in part	Telehealth permitted, statutory change required re: patient-provider relationship, see 22 MRS § 2423-B
Andelena Henderson	Written Comment	Patient, caregiver	West Paris Provisions	2nd, my husband is in remission after surviving stage 4 throat cancer. Part of this proposal would require him to find yet another doctor who supports medical use to obtain a medical card. I know every one of you sitting here knows the medical crisis we're in -our waitlists to get into doctors offices anywhere throughout the state is a minimum of 8 months waitlist! and that's if you even get placed with a provider who is supportive of medical use. This is surely proof that they're trying to get rid of the medical program and go to all rec.		General comment	
Amy McFarland	Written Comment	Patient, caregiver	Liberate Maine Cannabis	Stating a medical provider shall "Facilitate an encounter with the person and conduct a relevant physical examination occurring at a permanent location that is clinically appropriate for medical services" may limit a medical provider from performing their duties. By statute, Telehealth is allowed.	Chapter 2, Section 4(2) - Medical Provider Written Certification; Bona fide medical provider-patient relationship	Accept	Telehealth permitted
Susan Meehan	Written Comment	Maine Cannabis Union		Telehealth using a synchronous visit is explicitly allowed to be utilized for patient certification per the Act §24238 9, but is omitted in the Proposed Rule.		Accept	Telehealth permitted
Susan Meehan	Written Comment	Maine Cannabis Union		Medical licensing boards determine what a healthcare provider records in a Patient Record. This is not in OCP's scope.	Chapter 2, Section 4(2) - Medical Provider Written Certification; Bona fide medical provider-patient relationship	General comment	
Susan Meehan	Written Comment	Maine Cannabis Union		Pediatric Qualifying Patients. OCP's Proposed Rule does not align with the Act in regard to pediatric licensing. Redefining parental rights? The Rule needs to mirror the language provided by the Act, Subchapter 2423B.	Chapter 2, Section 4(4) - Medical Provider Written Certification; Minor patient; consent	Accept	See § 4(1) of rule

Susan Meehan	Written Comment	Maine Cannabis Union		<p>Other areas in which OCP has not properly encompassed changes in legislation include the comprehensive Proposed Rule definition of Bonafide Provider Patient Relationship (pp.30-31), a comprehensive Rule-based list of what constitutes a patient record(p.31), and an apparent "overlooking" of the new, explicit TELEHEALTH authorization. Healthcare providers are not regulated by OCP and do not need OCP to mandate what a complete patient record encompasses. Especially during covid, Telehealth has been a valuable tool in Maine and nationwide for years. In Maine's vast geography and shortage of primary care providers and specialists, Telehealth has proven critical to patient care not only in the medical cannabis industry, but also in general. Telehealth has increased access to patients immensely. OCP cannot disregard access to patients in Maine to Telehealth. Further, definitions listed in the Proposed Rule (pp17-23) must align with the definitions found in Title 22, Chapter 558C, the Act, and the Act very clearly allows access to Telehealth. Legislative intent on this matter is very clear -the intent is to ensure access to this widely accepted practice of Telehealth, even to the point of clearly defining asynchronous versus synchronous encounters. OCP needs to review subchapter 2423 B 9.</p>		Accept	Telehealth permitted
Susan Meehan	Written Comment	Maine Cannabis Union		<p>Pediatric Issues OCP's Proposed Rule does not align with the Act in regard to pediatric licensing attempting to redefine parental rights over their children and placing undue hardship on a parent to prove they have the right to make decisions for their children. The Act is clear. The Rule needs to mirror the language provided by the Act. Additionally, the Act provides clear instruction about things OCP has failed to mention in the Proposed Rule in regard to after hours parent/guardian contact the healthcare provider access information. P. 32-33 of the Proposed Rules indicates that a minor patient may designate -a minor cannot, but a parent (or guardian) can on their behalf. Please read subchapter 2423B of the Act.</p>	Chapter 2, Section 4(4) - Medical Provider Written Certification; Minor patient; consent	Accept in part	See §4(1) of rule

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 5)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 5(1) - Qualifying Patient; Authorized conduct: qualifying patient	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 5(2) - Qualifying Patient; One valid written certification	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 5(3) - Qualifying Patient; Updated certification required	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 5(4) - Qualifying Patient; Patients who may not cultivate	General comment	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes to current approved rules and statues. Scrap all your proposed changes, the	Chapter 2, Section 5(1) - Qualifying Patient; Authorized conduct: qualifying patient	General comment	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes to current approved rules and statues. Scrap all your proposed changes, the	Chapter 2, Section 5(2) - Qualifying Patient; One valid written certification	General comment	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes to current approved rules and statues. Scrap all your proposed changes, the	Chapter 2, Section 5(3) - Qualifying Patient; Updated certification required	General comment	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes to current approved rules and statues. Scrap all your proposed changes, the	Chapter 2, Section 5(4) - Qualifying Patient; Patients who may not cultivate	General comment	

Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	Make clear that primary residence in Maine, not a vacation home is required to grow. Vacation home owners should be clearly laid out as Visiting Qualifying Patients, and ineligible for home grows in Maine.	Chapter 2, Section 5(4) - Qualifying Patient; Patients who may not cultivate	General comment	22 MRS § 2423-D prohibits visiting qualifying patients from cultivating
Susan Meehan	Email	Maine Cannabis Union		p. 33; (A) Written certification OR DIGITAL IMAGE PER the Act subparagraph 2422 Definitions, 16.		Accept in part	See §4(1)(A)(1)
Susan Meehan	Email	Maine Cannabis Union		p. 33; minors may not designate per law. (Parent or legal guardian of a minor or incapacitated adult...)		Accept	
Susan Meehan	Email	Maine Cannabis Union		p 33 4 A; typo. but may be designate... eliminate be		Accept	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 5(1) - Qualifying Patient; Authorized conduct: qualifying patient	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 5(2) - Qualifying Patient; One valid written certification	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 5(3) - Qualifying Patient; Updated certification required	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 5(4) - Qualifying Patient; Patients who may not cultivate	General comment	
Jordan Smith	Online			Better definition of incapacitated patient.	Chapter 2, Section 5(4) - Qualifying Patient; Patients who may not cultivate	General comment, not specific change recommended	
Mark Barnett	Online	Maine Craft Cannabis Association		P.33 Medical certifications should not expire after one year if the medical professional certifying determines that a patient may benefit from cannabis. We suggest following the lead of other state programs that allow for these certifications to be 2-3 years in duration. This is an obstacle to accessing medical cannabis that is unnecessary; while it has become easier to obtain a medical card it is still very difficult for some especially who require a higher degree of in-person review and care.	Chapter 2, Section 5(2) - Qualifying Patient; One valid written certification	Reject	Statutory change required, see 22 MRS § 2423-B
Susan Meehan	Written Comment	Maine Cannabis Union		Patient Confidentiality: names & identifying information (dob, addresses) are confidential. Several areas of the Proposed Rule disregard this fact. IF contradictions within the Act exist, these should be referred to the subcommittee handling the re-codification efforts in the VLA.		Accept	

Susan Meehan	Written Comment	Maine Cannabis Union		P.33 also muddies the water on the Act's acceptance of Digital Images of a patient card.	Chapter 2, Section 5(2) - Qualifying Patient; One valid written certification	Accept	See §4(1)(A)(1)
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Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 6)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 6(1) - Registered Caregiver; Authorized conduct: registered caregiver	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 6(2) - Registered Caregiver; Designation form required	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 6(3) - Registered Caregiver; Employee of a registered caregiver	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 6(4) - Registered Caregiver; Application for registry identification cards	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 6(5) - Registered Caregiver; Food establishment license required	General comment	
Dan Marsh	Online	Patient		Proposing rule changes on a program that works for medical patients and small farmer is just astonishing. This industry outpaces sales and tax compared to most industries in Maine. Again this will drive people back to illicit markets and farming. There are no interests in law enforcement tackling illegal grows why would the government put interests in "cracking down" medical growers. Mainers won't stand for it.	Chapter 2, Section 6(6) - Registered Caregiver; Separate locations within a building	General comment	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	I request the addition of allowing kids over 16 to work on their family farms. Yes, cannabis farms. There is nothing wrong with what i do, let me allow my kids to learn to farm.	Chapter 2, Section 6(1) - Registered Caregiver; Authorized conduct: registered caregiverR	Reject	Statutory change required, see 22 MRS § 2423-A(2)(1) and (1-1)
Danielle Mattin	Phone			Want clarification if the ability to deliver will go away.	Chapter 2, Section 6(1) - Registered Caregiver; Authorized conduct: registered caregiver	Question	Rule does not make changes to conduct authorized in the Act for dispensaries and caregivers

Pierre Renaud	Online			registered caregivers who are of the same family should be allowed to share a building for cultivation as well as a common area for cultivation provisions and tools.	Chapter 2, Section 6(6) - Registered Caregiver; Separate locations within a building	Accept in part	Permitted to the extent permitted under 22 M.R.S. §§ 2423-A (1)(B) and (3)(D).
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	I support the changes listed.	Chapter 2, Section 6(1) - Registered Caregiver; Authorized conduct: registered caregiver	General comment	
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	Im uncomfortable with HIPA restrictions appearing to have been lifted. It should be clear that HIPA laws are always in effect.	Chapter 2, Section 6(2) - Registered Caregiver; Designation form required	General comment	HIPAA is a federal law applicable to covered entities, see Health Insurance Portability and Accountability Act of 1996
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	I support the changes. I dont use or make tinctures personally, but I know that many patients find them helpful, and the food license hampered patient access to this very important product (many of the sickest and terminal patients use tinctures)	Chapter 2, Section 6(5) - Registered Caregiver; Food establishment license required	General comment, no change requested	
Susan Meehan	Email	Maine Cannabis Union		p. 35; "authorized source"? Registered Caregiver, a qualifying patient, a dispensary? Are there other "authorized sources?"		Question	See 22 MRS, ch. 558-C for authorized sources of medical cannabis
Susan Meehan	Email	Maine Cannabis Union		p. 35; Employ assistants: How is this recorded by OCP- Do they still have to pick the person they are working under?		Question	Assistants are no longer required to specify which registrant they are working for
Susan Meehan	Email	Maine Cannabis Union		p.37 eliminate B 1; If OCP issued a RIC to a potential employee, as employer, I assume OCP has completed the required background check and per the Act, OCP may not share this report with employers. See language on p41 of the proposed rule for Dispensary language regarding employment of staff. Similar language could read for Registered Caregiver's who employ RIC's		Accept in part	See revised language
Susan Meehan	Email	Maine Cannabis Union		p. 37 ?; what is a "registered caregiver employee" and what taxes? Sales? Income? Corporate?		Questions	Caregiver employee is an assistant; required taxes are payroll taxes
Susan Meehan	Email	Maine Cannabis Union		p. 38 Second Primary Caregive; This was utilized for school administration of cannabis to a minor -- is this addressed elsewhere in the Rule or left to the Act? A parent cannot always work around a school and work schedule, and a second primary cg was so that another responsible person could be authorized to administer cannabis to a pediatric patient on school grounds.		Question	See the Act for additional clarification re: the same
Susan Meehan	Email	Maine Cannabis Union		p. 37; 84 A (4) application for registry identification cards. location of caregiver retail store and proof of municipal authorization for retail store. municipal authorization is not required for a caregiver without a storefront. §2429-D. Local regulation, paragraph 3. Municipal authorization needed		Question	Required only if applicable
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 6(1) - Registered Caregiver; Authorized conduct: registered caregiver	General comment	

Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 6(2) - Registered Caregiver; Designation form required	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 6(3) - Registered Caregiver; Employee of a registered caregiver	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 6(4) - Registered Caregiver; Application for registry identification cards	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 6(5) - Registered Caregiver; Food establishment license required	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 6(6) - Registered Caregiver; Separate locations within a building	General comment	
Jordan Smith	Online			caregiver may not assist another caregiver? what if that caregiver has an assistant card to assist there other IE husband and wife?	Chapter 2, Section 6(1) - Registered Caregiver; Authorized conduct: registered caregiver	Question	Caregivers may not form collectives but being a caregiver does not preclude an individual from obtaining an assistant registry identification card

Kelly Moores	Online		Devil's Lettuce	<p>Why are caregivers not expected to keep patient information confidential? Why are caregivers and their assistants not expected to have ongoing education in their field? Child care providers, CNAs, Electricians, Plumbers, Teachers, All are required to have on going training to keep their licensure. In several of these felids you must first pass schooling and training to be allowed to do them in the state of Maine. Pharmacists and pharmacy tecs. must complete training. Why don't Cannabis Caregivers? You want caregivers to dispense education to their patients yet you require no proof that they even have a basic knowledge of cannabis and how to use it,</p> <p>Why are caregivers, who are not dispensaries, allowed to advertise that they are? this is false advertising as many people understand that dispensaries' are required to test their product where caregivers are not. This should not be allowed. Why do you allow the inflatable floppy things out side of stores? They are very inciting to children. Why are some caregivers and dispensaries allowed to use advertising that depicts people, food or faces but you don't allow others? I have personally seen three in the last week.</p> <p>Why are there not more learning opportunities through the state to learn (in person, online, or a mixture) to become organically certified? Why does this not run all year long to allow people the opportunity to participate.</p> <p>Why did I have to take a pesticide class and learn about how to spray a blueberry field instead of learning about cannabis specific pesticide practices? I wasted a lot of time and money in training for a test that was not geared toward the reason I was having to take it in the first place!</p> <p>Why is the pesticide information you want us to follow (such as kinds allowable) not clearly and easily listed on the OCP site.</p> <p>Just a suggestion for future: any caregiver growing 1500sq ft or less if they don't test their product should have to put a label on their product saying that as well as if any pesticide were used in the growing process. that way consumers can still be in control and informed.</p> <p>Is there a way to be able to call OCP and have them do a voluntary walk through if you feel you need help or guidance with out being penalized for asking for help?</p>	Chapter 2, Section 6(1) - Registered Caregiver; Authorized conduct: registered caregiver	General comments	Statutory change required to Title 22, ch. 558-C to address questions
Asher Putterman	Online	Maine Craft Cannabis Association; Seed to Health		<p>A)The application criteria keeps having more requirements added every time I apply, requirements are often added to the CG application that are not in line with statute and must be selected and agreed with in order to complete the application. This feels manipulative on the part of OCP as these additions were often discussed and shot down by the legislature only to later appear as a new requirement on the application. I've even heard that some caregivers who were held up in the application process for not providing information or affirming something in the application have had to have their lawyers contact OCP in order to force OCP to complete the application. Many of us can't afford to constantly push the dept around with expensive lawyers and just have to agree to what we know is an illegal overstep of the department. We're forced to throw our rights away and be abused by unelected officials. I would love if we could all agree on what statute consists of and what's allowed to just be added at whim by OCP to the application as a requirement for completion. On the last application I had to agree to only vend from my one listed cultivaiton location which is my home, but as a caregiver i'm allowed in statute to vend from any location as I often meet patients at various places around the state because I do not want everyone that I work with to know where I live. It would be nice if we could develop one consistent application from year to year.</p> <p>C) entry during business hours with caregiver present. This is entry into my home that we're talking about. An appointment would be nice too.</p>	Chapter 2, Section 6(4) - Registered Caregiver; Application for registry identification cards	Reject	Proof of municipal approval required only if caregiver operates a store
Asher Putterman	Online	Maine Craft Cannabis Association; Seed to Health		<p>Why can't we have a collective? I never received a good answer for this. Many other states have collectives in their medical programs, if this was a federal request it was inconsistent from state to state.</p>	Chapter 2, Section 6(6) - Registered Caregiver; Separate locations within a building	Question	See 22 MRS § 2430-D
Mark Barnett	Online	Maine Craft Cannabis Association		<p>P. 35 This language proposal would make physically assisting a patient with their cannabis use or providing a space for them to do so illegal. That was not at all the Legislative intent of the underlying statute, which understood that many new cannabis users do not know how to effectively, or safely use cannabis products in their different forms and that many patients did not have a location where they could legally use their medical cannabis. This is completely unacceptable. What danger to the public exists that this needs to be effectively made illegal again?</p> <p>P. 35 Authorized conduct of a caregiver is exactly the same as a registered dispensary, simply with a lower plant canopy / count. This section should contain at minimum all authorized conduct for dispensaries. OCP has no role in privileging this license type over another except as explicit in statute, as with plant canopy size.</p>	Chapter 2, Section 6(1) - Registered Caregiver; Authorized conduct: registered caregiver	General comment, no specific change requested	

Susan Meehan	Written Comment	Maine Cannabis Union		"Municipal authorization needed. Authorize caregiver retail stores, registered dispensaries, cannabis testing facilities and manufacturing facilities that are not operating on the effective date of this section ... [PL 2019, c. 217, §5 (AMO); PL 2021, c. 669, §5 (REV).]" Municipal authorization is NOT required of a patient or a caregiver without a storefront in the town. (setback, etc)	Chapter 2, Section 6(4) - Registered Caregiver; Application for registry identification cards	Unclear what is being requested	Patients are not required to obtain local authorization, caregivers operating a store are
Susan Meehan	Written Comment	Maine Cannabis Union		The list of Authorized Conduct for a Caregiver on page 35 ought to mirror the list provided on page 41 as the authorized conduct by the Act, Title 22, Chapter 558C is very much the same excepting plant counts.	Chapter 2, Section 6(1) - Registered Caregiver; Authorized conduct: registered caregiver	General comment, no specific change requested	
Susan Meehan	Written Comment	Maine Cannabis Union		Along the same lines, p.35 of Proposed Rule mentions "authorized sources" including "registered caregiver, a qualifying patient, a dispensary." Are there other authorized sources?		Question	See the Act for additional clarification re: the same
Susan Meehan	Written Comment	Maine Cannabis Union		Pp 35-37 of the Proposed Rule presents some unclarity in regard to pediatric school administration and background checks of employees. If a potential employee presents with a valid and unexpired OCP issues Registry Identification Card, said potential employee assumably passed a background check to acquire said card, no?	Chapter 2, Section 6(3) - Registered Caregiver; Employee of a registered caregiver	Accept in part	See revised language
Susan Meehan	Written Comment	Maine Cannabis Union		P. 38 also eliminates language for a "Second Primary Caregiver," which historically and practically has been used to certify a secondary caregiver to administer cannabis medication to a registered minor patient on school grounds along with background check criteria for said administration.		General comment	
Susan Meehan	Written Comment	Maine Cannabis Union		Caregiver Authorized Conduct: OCP's disregard for the basis that built Maine's Medical Cannabis Program is clear when comparing page 35 to page 41 of the Proposed Rule. The list of Authorized Conduct for a Caregiver on page 35 ought to mirror the list provided on page 41 as the authorized conduct by the Act, Title 22, Chapter 558C is the same.		General comment	
Susan Meehan	Written Comment	Maine Cannabis Union		P.63 represents a long-standing detail-disagreement with OCP and the industry. Even if OCP employees disagree, the Act clearly states that a caregiver may be " ... organized as any type of legal business entity under the laws of the State." (Subchapter 2423-A, Q." OCP may want to require the business name and/or any OBA names from a caregiver?		General comment	
Susan Meehan	Written Comment	Maine Cannabis Union		Along the same lines are the references to timely filed applications, especially for renewal. Title 22, Chapter 558C, §2425-A. applies to all applications. Throughout the Proposed Rule, OCP refers to timely filed with no regard to the provisions provided in this subparagraph 2425-A.		General comment	Where rule is silent, statute controls

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 7)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Linda Gilgore	Online		AltMed	We are encouraging State programs to require facility quality assurance measures similar to those required in traditional medicine by CMS. This would allow new patients to feel confident in their choice of dispensaries and give the State comparison data and trend line data across the State cannabis system. Smaller boutique dispensaries will have an even playing field against larger MSOs.		Reject	Statutory change required, see Title 22, ch. 558-C
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	So...testing. Hard to even know where to start. Testing for pesticides and other banned substances is fine, but it should be inline with other similar farm products. Testing standards that far exceed current norms in other food and farm industries are burdensome and do little to aid the consumer. This subject needs its own session to decide standards going forward.	Chapter 2, Section 7(10) - Registered Dispensaries; Sample testingMulti Line Text.	General comment, no change requested	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	These standards are to high. Adopt rules that a bar, or brewery would have.	Chapter 2, Section 7(11) - Registered Dispensaries; Dispensary security: protection of premises and persons	General comment, no change requested	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes. These changes proposed are all bad. Particularly the part about training consumers in anti cannabis propaganda crap and unfounded science.	Chapter 2, Section 7(12) - Registered Dispensaries; Dispensary policies, procedures and records	General comment, no change requested	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes. These changes proposed are all bad. Particularly the part about training consumers in anti cannabis propaganda crap and unfounded science.	Chapter 2, Section 7(13) - Registered Dispensaries; Trip tickets	General comment, no change requested	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes. These changes proposed are all bad. Particularly the part about training consumers in anti cannabis propaganda crap and unfounded science.	Chapter 2, Section 7(14) - Registered Dispensaries; Inventory supply records	General comment, no change requested	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes. These changes proposed are all bad. Particularly the part about training consumers in anti cannabis propaganda crap and unfounded science.	Chapter 2, Section 7(15) - Registered Dispensaries; Incident reporting	General comment, no change requested	
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	Make no changes. These changes proposed are all bad. Particularly the part about training consumers in anti cannabis propaganda crap and unfounded science.	Chapter 2, Section 7(16) - Registered Dispensaries; Illegal activity reporting	General comment, no change requested	
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	We need to have a separate debate on testing. The targets to test for, and limits need to be re worked. For instance, Plant Growth Regulators need to be tested for, while some things are over tested. Honest industry insiders can help with this, but good luck finding an honest cannabis industry insider.	Chapter 2, Section 7(10) - Registered Dispensaries; Sample testing	General comment, no change requested	
Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	I do not support these changes. They are burdensome, and ineffective. A smash and grab would be over by the time a paid security service responded. This gives the appearance of state regulators sending business to private security companies. Any connections between said companies and members of OCP could be viewed very negatively.	Chapter 2, Section 7(11) - Registered Dispensaries; Dispensary security: protection of premises and persons	Reject	Statutory change required, see 22 MRS § 2428

Jason Kuvaja	Online	Patient	Landshark Genetics (tier 1 caregiver)	Do not strike the conflict of interest clause.	Chapter 2, Section 7(12) - Registered Dispensaries; Dispensary policies, procedures and records	Reject	Officers, directors etc retain a fiduciary duty to corporate health. The conflict of interest provision in the previous rule was intended to apply when dispensaries were not permitted to operate for profit, this is no longer a requirement in the medical cannabis program.
Susan Meehan	Email	Maine Cannabis Union		p.41(A-F); These read far better and appropriately than p35 list of Authorized Conduct for a caregiver. P 35 list for authorized conduct for a caregiver ought to mirror this.		Reject	OCP attempted to make minimal changes to the rule to remove out of date provisions, amended rule reflects those minimal changes
Susan Meehan	Email	Maine Cannabis Union		pp50-51 reporting illegal activi; per The Act, 2430-G, 3. Incident and illegal activity reporting. A registered caregiver, registered dispensary, cannabis testing facility and manufacturing facility shall report... this applies not only to dispensaries but to caregivers, testing facilities and manufacturing facilities.		Reject	Statutory change required.
Susan Meehan	Email	Maine Cannabis Union		p. 50 Trip Tickets; as above, applies to caregivers as well, but concerns about patient confidentiality issues here. The Act reads as follows here: C. A registered caregiver, registered dispensary, cannabis testing facility and manufacturing facility shall accompany all cannabis plants and harvested cannabis being transported pursuant to this chapter with a label that identifies: (1) The person transferring the cannabis plants or harvested cannabis, including the person's registry identification number; (2) The person receiving the cannabis plants or harvested cannabis, including the person's registry identification number or, if the person is not required to register under this chapter, a unique identifier assigned to the person; (3) A description of the cannabis plants or harvested cannabis being transferred, including the amount and form; (4) The time and date of the transfer; and (5) The destination of the cannabis plants or harvested cannabis. [PL 2017, c. 452, §24 (NEW); PL 2021, c. 669, §5 (REV).]" This paragraph does NOT apply to a patient leaving the facility with their medicine. Just like leaving the pharmacy, I don't need permission.		Comment, no specific change requested	
Susan Meehan	Email	Maine Cannabis Union		P. 44 (6) (C); inspections: Is this the same procedure for all? Standardized inspection forms and criteria are required by the ACT.		Clarification	See § 10 for generally applicable inspection requirements
Susan Meehan	Email	Maine Cannabis Union		P 45 11(D); "Video recordings may be motion activated provided the recording captures all motion for 60 seconds PRIOR? to the triggering event. Is this standard or was this supposed to read 0 secondss post? If not, what time frame is required POST triggering event?"		Question	This requirement is applicable only to motion activated cameras, which must be capable of creating a record of the video captured before the triggering event
Susan Meehan	Email	Maine Cannabis Union		p. 46 (B) (1); blank? tracking sheets that a patient may utilize to keep track of their prefered strains? Clarify.		Question	Existing requirement for dispensaries
Susan Meehan	Email	Maine Cannabis Union		p. 50; Inventory Supply Records these should be required of both Caregivers and Dispensaries. This is one tool we can utilize to determine participants who are purchasing product from the illicit market. Much of the work OCP has completed to update these rules has focused on the Dispensary model (appropriately); however, these same rules can be and ought to be appropriately scaled to a Caregiver model. Transaction Logs by law are required to be maintained by all per the Act. These transaction logs are the key to appropriate transaction reporting in the medical program (without requiring metrc).		Question	See § 10(1) for requirements applicable to all registrants
Susan Meehan	Email	Maine Cannabis Union		p. 50; Here is another example of the focus upon dispensary and the shift to eliminate caregivers from rule. p51 of the proposed rule speaks of Illegal activity reporting . 3. Incident and illegal activity reporting. A registered caregiver, registered dispensary, cannabis testing facility and manufacturing facility shall report:... All these persons are by the Act required to report Illegal activity. The rule needs to reflect the legislative intent to protect the program via reporting. The Department Incident report form should be widely available. Inspections need to foster a learning relationship. You will not ask questions if you are scared of a violation.		Comment, no specific change requested	
Susan Meehan	Email	Maine Cannabis Union		p. 57; Dispensary application process, renewal specifically-- renewal applications should allow for nonsubmission of information that was originally submitted and remains unchanged. Updates to submitted materials may be labeled addendum or update. It is a burden on both regulators and businesses to duplicate piles of paper that was only submitted less than a year prior.		Reject	See 22 MRS § 2425-A
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(1) - Registered Dispensaries; Dispensary registration certificate required	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(2) - Registered Dispensaries; Food establishment license required	General comment, no change requested	

Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(3) - Registered Dispensaries; Authorized conduct; registered dispensary	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(4) - Registered Dispensaries; Dispensary prohibitions	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(5) - Registered Dispensaries; Dispensary registry identification cards required	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(6) - Registered Dispensaries; Inspections	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(7) - Registered Dispensaries; Quality control	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(8) - Registered Dispensaries; Sample collection and labeling	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(9) - Registered Dispensaries; Chain of custody of samples	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(10) - Registered Dispensaries; Sample testing	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(11) - Registered Dispensaries; Dispensary security: protection of premises and persons	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(12) - Registered Dispensaries; Dispensary policies, procedures and records	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(13) - Registered Dispensaries; Trip tickets	General comment, no change requested	

Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(14) - Registered Dispensaries; Inventory supply records	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(15) - Registered Dispensaries; Incident reporting	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(16) - Registered Dispensaries; Illegal activity reporting	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(17) - Registered Dispensaries; Addition of new dispensaries	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(18) - Registered Dispensaries; Application for dispensary registration certificate	General comment, no change requested	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 7(19) - Registered Dispensaries; Renewal of dispensary registration certificate	General comment, no change requested	
Carl Hagan	Online		Green Xtrax Farms	(B) The new lighting requirements are excessive. I think the way it was written before was adequate.	Chapter 2, Section 7(11) - Registered Dispensaries; Dispensary security: protection of premises and persons	General comment, no change requested	
Carl Hagan	Online		Green Xtrax Farms	(C)(2) remove "employment application" (C)(3) remove entirely, unnecessary and excessive (C)(7) remove entirely, unnecessary and excessive (C)(8) remove entirely, unnecessary and excessive (C)(9) remove entirely, unnecessary and excessive (D) I support this change from 6 to 4 years	Chapter 2, Section 7(12) - Registered Dispensaries; Dispensary policies, procedures and records	Reject	Statutory change required, see 22 MRS § 2428
Carl Hagan	Online		Green Xtrax Farms	Trip tickets are an unnecessary burden for a licensed caregiver who is traveling directly to and from registered locations managed by the same said license holder. Example: from a cultivation facility to a store front where both are managed by the same license holder who is also the person facilitating the transport and transfer of product. In general I fail to see how trip tickets are necessary to keep anyone safer or healthier. I also do not understand why trip tickets are necessary when all sales and transactions have to be recorded internally, detailed records have to be kept and maintained, receipts are furnished, and they have to be made available at any time for inspection. If a traditional receipt of the transaction is provided and contains the correct information, like patient or caregiver numbers and addresses, then trip tickets become a redundant unnecessary burden. OCP's analog trip ticket system creates a bottleneck for high volume operations. Any legitimate operation should have a point of sale system that records and prints all necessary information required on a trip ticket. For operations that do this, like my own, trip tickets become absolutely unnecessary and redundant and a complete waste of resources	Chapter 2, Section 7(13) - Registered Dispensaries; Trip tickets	Reject	Statutory change required, see 22 MRS § 2430-J

Kelly Moores	Online		Devil's Lettuce	Just an FYI I have visited many a dispensary and none have educated me in what I was getting or the use there of. All they cared about was selling a product. When questions were asked the employees had no idea how the different strains might help my particular issue. This has happened in every one I have gone in. Where is the training? where is the basic knowledge that all caregivers and dispensaries should have??? Is this a medicine or just simply a coupon card?	Chapter 2, Section 7(3) - Registered Dispensaries; Authorized conduct; registered dispensary	Comment, no specific change requested	
Kelly Moores	Online		Devil's Lettuce	When will you be putting a cap on the number of store fronts a dispensary can operate safely? the market is becoming flooded and I know that alcohol licenses are given out by the state based on the population of the area and not whether or not the municipality wants it	Chapter 2, Section 7(17) - Registered Dispensaries; Addition of new dispensaries	Comment, no specific change requested	Statutory change required, see Title 22, ch. 558-C
Daniel Katz	Online			(11)(D) Mandatory video surveillance should not be implemented because of the heightened burden on low profit margin small-scale production of cannabis plants and we need to allow flexibility to growers by not increasing their costs of doing business.	Chapter 2, Section 7(11) - Registered Dispensaries; Dispensary security: protection of premises and persons	Reject	Statutory change required, see 22 MRS 2422-A(2)
Mark Barnett	Online	Maine Craft Cannabis Association		P. 42 The Department may not regulate seeds as medical cannabis. Strike seeds.	Chapter 2, Section 7(4) - Registered Dispensaries; Dispensary prohibitions	Reject	Statutory change required, see 22 MRS § 2422(3-C)
Mark Barnett	Online	Maine Craft Cannabis Association		P. 45 Security requirements should not include on-site parking. This is a standard that was created to reduce the amount of available real estate for then-limited dispensary licenses. It has no merit in improving public safety yet has been repeatedly used by the OCP to deny otherwise fully-compliant applicants for dispensary licenses. This requirement makes nearly all urban real estate unavailable. If the OCP would like to see caregivers convert to dispensaries, this is low-hanging fruit. Remove it. Further, D.4 violates Maine's facial recognition laws in Title 25 Ch 701 which states no public employee or official may: (1) Obtain, retain, possess, access, request or use a facial surveillance system or information derived from a search of a facial surveillance system; (2) Enter into an agreement with a 3rd party for the purpose of obtaining, retaining, possessing, accessing or using, by or on behalf of a department, public employee or public official, a facial surveillance system or information derived from a search of a facial surveillance system; or (3) Issue a permit or enter into any other agreement that authorizes a 3rd party to obtain, retain, possess, access or use a facial surveillance system or information derived from a search of a facial surveillance system. The exceptions provided in Ch 701 do not include possession, sale, manufacture, distribution, or cultivation of cannabis. Therefore this rule violates item (3).	Chapter 2, Section 7(11) - Registered Dispensaries; Dispensary security: protection of premises and persons	Reject	Statutory change required, see 22 MRS 2422-A(2)
Mark Barnett	Online	Maine Craft Cannabis Association		P. 45 While some of these items removed here make sense, overall these rules remain absurdly burdensome.	Chapter 2, Section 7(12) - Registered Dispensaries; Dispensary policies, procedures and records	General comment, no change requested	
Mark Barnett	Online	Maine Craft Cannabis Association		P. 50 The OCP should not require a 'trip ticket' provided only by OCP to record patient transactions. Statute requires record-keeping and dispensaries are businesses like any other whose point-of-sale system already generates such a record. This is duplicative and pointless bureaucracy.	Chapter 2, Section 7(13) - Registered Dispensaries; Trip tickets	Reject	Statutory change required, see 22 MRS § 2430-J
Mark Barnett	Online	Maine Craft Cannabis Association		We welcome reform of the excessive cost of a dispensary license. If the OCP wants caregivers to convert their businesses to dispensaries, make it affordable to do so.	Chapter 2, Section 7(17) - Registered Dispensaries; Addition of new dispensaries	General comment, no change requested	

Mark Barnett	Online	Maine Craft Cannabis Association		P. 54 None of these criteria should be required of a business licensee. It is of no relevance to the public health or safety if a dispensary has a steady supply, patients can go elsewhere. It is of no relevance how long it will take to start up. It is of no relevance which strains will be cultivated in the future and for which conditions--this presupposes making false health claims about products that are in fact prohibited later in rule. Patients will choose what they want for whatever reason they want to. It is of no relevance to public health or safety that an applicant demonstrates an ability to manage anything--they will fail or they will succeed based on that and the OCP has no qualifications to assess these factors. A dispensary's financial performance is its owners' business and nobody else's except in the scope of a criminal or tax investigation. Read together, these are a laundry list of 'gate-keeping' that exist solely to suppress participation and inflate the profits of those who have the financial backing to comply. These are weapons to allow the OCP to pick winners, nothing more. This framework should be abolished like the arbitrary and anti-competitive limit on the total number available. We believe in free markets.	Chapter 2, Section 7(18) - Registered Dispensaries; Application for dispensary registration certificate	General comment, no change requested	
Chris Grigsby	Email		MOFGA Certification Services, LLC.	Strike the paragraph on p. 54 beginning with: "The applicant demonstrates knowledge of organic growing methods..." i. Rationale: Organic certification is currently impossible under the USDA for Federally illegal crops such as cannabis. ii. Simply demonstrating knowledge of organic growing methods is not equivalent to an accredited certification of growing and processing operations.	Chapter 2, Section 7(17) - Registered Dispensaries; Addition of new dispensaries	Accept in part	See revised definition of "organic certification"
Amy McFarland	Written Comment	Patient, caregiver	Liberate Maine Cannabis	Now as for testing, the majority of us know the labs are not 100% accurate. We have heard there is at least a 20% discrepancy, this needs to be taken into account when samples are being collected.	Chapter 2, Section 7(10) - Registered Dispensaries; Sample testing	General comment, no change requested	
Susan Meehan	Written Comment	Maine Cannabis Union		Department Incident Report. Page 50, under the heading of Dispensary, also illustrates reporting mechanisms by which a dispensary can report illegal activity to OCP via a Department Incident Report. Per the Act, this is applicable to "... registered caregivers, dispensaries, cannabis testing and manufacturing facilities ..." This Department Incident Report needs to be widely available and all program registrants are required by the Act to report illegal activity, and OCP (and law enforcement) needs to take action on these matters such as illegal grow operations.	Chapter 2, Section 7(15) - Registered Dispensaries; Incident reporting	General comment, no change requested	
Susan Meehan	Written Comment	Maine Cannabis Union		Inspection Criteria publicly available. For all registrants, "B. The department shall adopt rules: (1) Establishing standards for compliance with this chapter that are available publicly;" The only publicly available criteria apply to Caregivers (and make no mention of fences or locks). Where does a dispensary or a manufacturing laboratory find their publicly available criteria?	General	Clarification	See §10 re: generally applicable inspection requirements
Susan Meehan	Written Comment	Maine Cannabis Union		P.50 of the Proposed Rule illustrates another example of OCP's disregard for caregivers. Transaction logs are required to be kept by all caregivers and dispensaries operating within the program. These logs are key to Maine's Cannabis Council's proposed alternative to Metre in the medical program, an alternative that would function a lot like Maine's GAP program (Good Agricultural Practices) and Maine's Hemp program.	Chapter 2, Section 7(13) - Registered Dispensaries; Trip tickets	Clarification	See § 10 re: generally applicable compliance requirements
Susan Meehan	Written Comment	Maine Cannabis Union		Page 50, under the heading of Dispensary, also illustrates reporting mechanisms by which a dispensary can report illegal activity to OCP via a Department Incident Report. Per the Act, this is applicable to "... registered caregivers, dispensaries, cannabis testing and manufacturing facilities ..." This Department Incident Report needs to be widely available and program registrants are required by the Act to report illegal activity, and OCP (and or law enforcement) needs to take action on these matters such as illegal grow operations. While we realize that OCP has no authority over illegal operations, law enforcement does. Encouraging registrants to report illegal activity, and use of the published and available Criteria for Registered Caregiver Inspections form can help OCP to develop a partnership and learning experience with registrants. While OCP does not have authority over illegal operations, when a OCP registrant buys or sells from an unregistered cultivator, OCP has authority over that registrant, and this ought to be a violation endangering public safety (supporting the illicit market).	Chapter 2, Section 7(15) - Registered Dispensaries; Incident reporting	General comment, no change requested	

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 8)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 8(1) - Fees; Fees submissions	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 8(2) - Fees; Registration fees	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 8(3) - Fees; Criminal history record check fee	General comment	
Jordan Smith	Online			cannabis extraction is authorized conduct of a caregiver current fees are more than sufficient.	Chapter 2, Section 8(2) - Fees; Registration fees	General comment	
Asher Putterman	Online	Maine Craft Cannabis Association; Seed to Health		<p>Why do we keep adding new fees, the price of cannabis is going down, while the cost of doing business is rising dramatically, the cost of power, fertilizer, compost, building materials, business supplies, packaging, lighting, etc. has all more than doubled in the past 2 years, to pile on excessive fees just takes out small businesses that are already teetering on the edge. Currently my wife and I for our small caregiver business pay annually:</p> <ul style="list-style-type: none"> \$2940 in CG licenses \$100 in assistant cards to be able to assist each other \$160 in annual reports for our required 2 LLCs \$62 background checks annually \$500-5000 depending on scale of business to our local municipality for licenses(an alcohol licenses for a bar or tasting room to compare is \$50 annually) \$600/year + 1% on all deposits for a cannabis friendly bank account insurance is significantly more than for a non cannabis business <p>This is many thousands just to be allowed to do business, compared to our other farm which grows cut flowers, sells them wholesale and retail throughout the state and incurs only hundreds of dollars in annual fee and licensing costs. (and some of the cut flowers we grow like digitalis are actually highly poisonous and fatal if ingested, compared to cannabis which, if not heated to over 250 degrees, would not even get you high if ingested in its raw form fresh off the plant.)</p>	Chapter 2, Section 8(1) - Fees; Fees submissions	General comment	
Mark Barnett	Online	Maine Craft Cannabis Association		P. 59 We welcome the lowering of the registration fee for a dispensary license, but the \$4,000 fee for relocation is arbitrary and without merit--why is this nearly the same cost as the license? Relocation of facilities is already an extremely expensive endeavor.	Chapter 2, Section 8(2) - Fees; Registration fees	Question	Statutory change required, see 22 MRS § 2425-A(10)(C)

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 9)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Jason Kuvaja	Online		Landshark Genetics (tier 1 caregiver)	This is not needed and just burdensome bureaucracy. If you want to add a photo to our caregiver cards, just do so, skip the bureaucratic nonsense.	Chapter 2, Section 9(3) - Registry Identification Card; Caregiver application for a registry identification card	Reject	Per Title 22, ch. 558-C, OCP makes rules to administer the program and requirements for issuance of a registry identification card were updated to reflect current statutory requirements
Susan Meehan	Email	Maine Cannabis Union		p. 62; patients may choose not to renew their certification, or they may let it lapse. Clarify. Eliminate this language. Excepting the number of patients being served by the program, leave the patients alone.		Reject	RICs are proof of authorized conduct and must be returned to the Department when conduct no longer authorized.
Susan Meehan	Email	Maine Cannabis Union		p. 63; The MCU strongly recommends that if you are only a patient, and not a caregiver, dispensary, or RIC in the program, DO NOT register with OCP.		Comment, no change requested	
Susan Meehan	Email	Maine Cannabis Union		p. 63; Even if OCP disagrees, they may want to require the name of the business or llc that a caregiver is doing business as. Per Title 22, Ch 558C, §2423-A. Authorized conduct for the medical use of cannabis Q. Be organized as any type of legal business entity recognized under the laws of the State. [PL 2021, c. 662, §13 (AMD).]		No change requested	RICs may be issued to an individual who has organized a business for the conduct of their activities and the business will be listed as a DBA on the RIC
Susan Meehan	Email	Maine Cannabis Union		p. 65; Inconsistent language/terminology. Assistant? Registry Identification Cardholder? There are RICs who are not Dispensary Assistants and this timely application part of The Act applies to them as well.		General comment	
Susan Meehan	Email	Maine Cannabis Union		P. 64 (5); No Work prior to issuance of card. OCP needs to review new laws in the Act that apply here regarding submission of completed applications.		General comment	
Susan Meehan	Email	Maine Cannabis Union		P. 65 (8); Annual renewal of card. OCP needs to review new laws in the Act that apply here regarding submission of completed applications.		General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 9(1) - Registry Identification Card; Registry identification card required	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 9(2) - Registry Identification Card; Voluntary patient application for a registry identification card	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 9(3) - Registry Identification Card; Caregiver application for a registry identification card	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 9(4) - Registry Identification Card; Employee of a registered caregiver registry identification card	General comment	

Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 9(5) - Registry Identification Card; No work prior to issuance of card	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 9(6) - Registry Identification Card; Card surrendered to Department	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 9(7) - Registry Identification Card; Dispensary registry identification cards	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 9(8) - Registry Identification Card; Annual renewal of card required	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 9(9) - Registry Identification Card; Notification of change in cardholder's status	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 9(10) - Registry Identification Card; Surrender old card or new card voided	General comment	
Kelly Moores	Online		Devil's Lettuce	Is there a was to make this a 3 year license?	Chapter 2, Section 9(3) - Registry Identification Card; Caregiver application for a registry identification card	Question	At this time RICs and registration certificates must be renewed annually, statutory change required for longer registration term
Steven Robinson	Online		Robinsons of Maine LLC	This requirement creates undue admin burden. why is this not like a driver's license, for three or five years?	Chapter 2, Section 9(8) - Registry Identification Card; Annual renewal of card required	Question	Statutory change required, see 22 MRS § 2425-A
Susan Meehan	Written Comment	Maine Cannabis Union		Ocp has 30 days to act upon a complete application. Title 22, Chapter 558C, §2425-A. applies to all applications. Throughout the Proposed Rule, OCP refers to "timely filed" with no regard to the provisions provided in this §2425-A.		Comment, no change requested	Timely filed is defined in the Act
Susan Meehan	Written Comment	Maine Cannabis Union		§2423-A, Q contradicted by P.63 represents a long-standing detail-disagreement with OCP and the industry. Even if OCP employees disagree, the Act clearly states that a caregiver may be " ... organized as any type of legal business entity under the laws of the State."		No change requested	RICs may be issued to an individual who has organized a business for the conduct of their activities and the business will be listed as a DBA on the RIC

Susan Meehan	Written Comment	Maine Cannabis Union	General Misalignment of Title 22, Chapter 558C ("The Act") and OCP Proposed Rule In general, OCP has failed to encompass 2023 new legislation that will take effect at the end of October 2023. This includes the "timely application," in which Title 22, Chapter 558C now calls for very specific deadlines of 30 days from receipt. The Proposed Rules propose vague allusions as to "timely."		Comment	Timely filed is defined in the Act
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Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 10)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Susan Meehan	Email	Maine Cannabis Union		P. 66 10 (8); (8) All registrants shall ensure that any extraction of medical cannabis using inherently hazardous substances is conducted in accordance with the requirements of the rules governing the medical cannabis programs. and any other local, state or federal law or regulation. Theentire program operates outside of federal law.		General comment	
Susan Meehan	Email	Maine Cannabis Union		P. 66 10 (1); Language needs work as it indicates that one cannot transfer to a visiting qualifying patient which is incorrect.		General comment	
Susan Meehan	Email	Maine Cannabis Union		p 69; 5. This paragraph needs language to ensure patient confidentiality. Fix please.		Reject	Statute and rules work together, not in conflict, statutory confidentiality provisions applicable
Susan Meehan	Email	Maine Cannabis Union		p. 74, xiii; Delete. This is ridiculous. The name of the entire program is a CLAIM. Eliminate this ridiculous and subjective language. The Federal government is in clear violation of this rule (but are not subject to OCP) as the federal government has a patent on cannabis as an antiinflammatory and anti-cancer substance. This is ludicrous.		Reject	Statutory change required, see 22 MRS § 2429-A
Susan Meehan	Email	Maine Cannabis Union		p. 75; The under 21 language is too subjective. The concept is too subjective in my opinion. How does one determine that something appeals to those under 21?		Reject	Statutory change required see 22 MRS §§ 2429-A and 2429-B.
Susan Meehan	Email	Maine Cannabis Union		p. 75; These are reasonable IF AND ONLY IF the language regarding under 21 is made objective or eliminated.		Reject	Statutory change required see 22 MRS §§ 2429-A and 2429-B.
Susan Meehan	Email	Maine Cannabis Union		p. 77; OCP needs to review new laws passed in 2023 1st session regarding notice of violations and timely reporting to the registrant.		General comment, not enough specificity to respond	
Susan Meehan	Email	Maine Cannabis Union		p. 80 2 c; This language would not allow an appellant to bring industry experts AND their legal representation. While OCP may be right in preventing a crowd of 100, this language impeded an appellant's rights to defend their case. Within reason, an appellant should be allowed their choice of who sits in that room.		General comment	Language in rule permits activities indicated in comment
John Walker	Online		Walker Cannabis Co.	<p>Major Registration Violation (xiii): "Making claims about the health or physical benefits of cannabis or cannabis products for medical use."</p> <p>This section is at odds with the primary purpose and I believe the heart of the medical cannabis program (to help people). Medical doctors and modern medicine have little experience, expertise, or guidance to offer in regards to the many medical uses of cannabis. The research has simply not happened due to the federal scheduling. However, thousands of years of anecdotal evidence and first, second, thirdhand accounts of the medical value of cannabis absolutely do exist. The most learned and experienced medical growers absolutely have the knowledge and skillset to be able to provide suggestions to patients and consumers about their cannabis varieties, as well as cannabinoids, which will be most likely to help with patients symptoms. I myself owe my life to cannabis for it's incredible ability to treat mental and physical illness.</p> <p>If expert lifelong medical growers and cannabis providers are not able to suggest how a patient may be helped by their medicine, then how are patients to proceed? Do they guess blindly from a row of jars which may or may not help their depression, pain, anxiety, pill addiction, or recovery from chemo, etc?</p> <p>I firmly believe this section must be clarified to make the distinction between wild marketing claims, and suggestions to patients based on life experience with using and cultivating cannabis as medicine. Patients and consumers should be able to get to know their growers and make their own assessments. As a concession, a disclaimer could be required to state that suggestions should not be taken as replacement for advice from a doctor. The thing about holistic and effective medical treatment is, in my mind, being able to explore all options and to then make an informed decision. Cannabis is the safest and most effective medicine for a wide range of illnesses and conditions, from everyday stress to nausea, to bipolar disease. Side effects are minimal, and short lived for most people.</p> <p>In summary, the use of cannabis as medicine is the primary purpose of this program. Let us allow for those with the wealth of knowledge and experience of working with, and using cannabis to be able to share it more openly and for us all to learn and benefit from the exchange. Thank you for your consideration.</p>	Chapter 2, Section 10(1) - Compliance and Enforcement; Requirements for Program Compliance	General comment	

Jennifer McDonald	Online		<p>Dear OCP.</p> <p>My name is Jenna McDonald, I am a resident of Auburn and the compliance manager for several markets at Curaleaf. Previously, I served as operations manager for a company with multi-state cannabis certification clinics. I have also been a caregiver's assistant and a consultant for several small caregivers in Maine. I have spent many years as an advocate for patients, previously volunteering with many advocacy groups, and once served as the head of the legislative committee for MMCM. I offer my feedback on the draft regulations as an individual with many years' experiences in licensing and compliance in multiple states.</p> <p>RULE REFERENCE: Section 10 – Compliance and Enforcement; 18-691 CMR Ch. 2 Page 73 § 10(3)(B)(1)(b) Major violations affecting public safety include, but are not limited to: (ii) Intentionally or recklessly using any prohibited pesticides in the cultivation or storage of cannabis for medical use in a manner inconsistent with the Act; COMMENT: Recent administrative changes in licensing reviews within the adult use program cause this to be a concern for the medical program. The process of product registration with Maine's Board of Pesticide Control, and administrative delays on previously registered/approved products could potentially create a major license violation, holdups, and incurring of attorney's fees without creating some guardrails for OCP in pursuing this as a major license violation.</p> <p>As an example, OCP recently requested two products be removed from the Pesticides, Fungicides, Insecticides and Fertilizers list. They were products containing active and inert ingredients considered minimum risk and are registered under Section 25(b) of FIFRA (Federal Insecticide, Fungicide Rodenticide Act). They are NOT required to have an EPA registration number, are exempt from EPA regulations on efficacy and toxicity, and have been used successfully for at least 3 years with no failed tests for pesticides. Nonetheless, the products registration in Maine was listed as TBD due to administrative processing on a list contained here: https://www.maine.gov/DACF/php/pesticides/index.shtml. The statement on the BPC website discloses the list is almost immediately outdated as soon as it is posted. Additionally, the products were shown as active in the following link: https://www.npris.org/state/state_menu.aspx?state=ME</p> <p>While the intention of the language is rooted in good, and does also exist in statute, the administration and oversight is challenging due to the regulations falling under the jurisdiction of a separate department, and ultimately not within the scope or subject matter expertise of OCP's licensing and compliance division. The use of prohibited pesticides should be substantiated by a minimum of two failed pesticide tests on the same batch prior to moving forward with issuing a notification of a potential major violation.</p> <p>COMMENTS FOR THIS SECTION CONTINUED IN 66. Chapter 2. Section 10(4) - Compliance and Enforcement Appeals due to character limitations of this section.</p>	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	General comment	
Jennifer McDonald	Online		<p>RULE REFERENCE: Section 10 – Compliance and Enforcement; 18-691 CMR Ch. 2 Page 73 § 10(3)(B)(1)(b) Major violations affecting public safety include, but are not limited to: (iii) Engaging in a deliberate pattern of 2 or more instances of marketing or advertising cannabis or cannabis products, by or on behalf of a registrant, to individuals under 21 years of age or individuals who are not qualifying patients; COMMENT: This is problematic given "appealing to those under 21 or unintentionally gaining attention of non-patients" is too subjective. More guidance is needed to give clarity and insight as to what OCP would consider appealing to children or non-patients. Utilizing variations of trademarked imagery or brand names of popular candy or snacks, advertising in a publication, website, radio or television where media toolkits for the advertiser show that a majority of the audience is likely to be under the age of 21. Perhaps requiring a disclaimer to advertisements would help to alleviate the concerns: For use by qualifying patients only.</p> <p>RULE REFERENCE: Section 10 – Compliance and Enforcement; 18-691 CMR Ch. 2 Page 74 § 10(3)(B)(2)(b) Major registration violations include, but are not limited to: (xi) Failure to obtain and maintain any required licenses, permits, or certificates from another state agency or a local government necessary for the conduct of any activities authorized by the rules governing the medical cannabis program and the Act; COMMENT: Issues with understaffing at other state agencies with slow or no response from said agency or local government makes this a huge concern. This should be a minor license violation, as should any administrative process that could result in non-compliance.</p> <p>RULE REFERENCE: Section 10 – Compliance and Enforcement; 18-691 CMR Ch. 2 Page 74 § 10(3)(B)(2)(b) Major registration violation include, but are not limited to: (xiii) Making claims about the health or physical benefits of cannabis or cannabis products for medical use; COMMENT: More clarification/guidance is needed. Perhaps OCP can publish approved educational materials on the risks and benefits of cannabis that do not violate FDA rules and would fulfill the requirement of providing educational materials to patients. Guidance to cannabis providers with clarifying examples would be helpful.</p> <p>Please don't hesitate to contact me if further clarification is needed for any of my comments. I am also available to provide insight as to how other states regulations successfully address the concerns listed while serving the dual interests of facilitating business and still protecting public health.</p> <p>Respectfully, Jenna McDonald 207.295.3313</p>	Chapter 2, Section 10(4) - Compliance and Enforcement; Appeal	General comment	No specific change requested
Robert Tarrant	Online	Caregiver	<p>Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.</p>	Chapter 2, Section 10(1) - Compliance and Enforcement; Requirements for Program Compliance	General comment, not enough specificity to respond	
Robert Tarrant	Online	Caregiver	<p>Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.</p>	Chapter 2, Section 10(2) - Compliance and Enforcement; Inspections	General comment, not enough specificity to respond	

Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	General comment, not enough specificity to respond	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 10(4) - Compliance and Enforcement; Appeals	General comment, not enough specificity to respond	
Carl Hagan	Online		Green Xtrax Farms	(B)(1) I vehemently object to restrictions on immature plant count and canopy. This rule severely inhibits, if not eliminates, the ability of nurseries, genetic storage facilities, and breeders to operate. This restriction has severely hampered the growth and innovation of cannabis cultivation in Maine. This rule, the way it is currently written, has the potential to fuel a market collapse in Maine when federal restrictions on cannabis are lifted. Our relatively small cannabis industry, compared to west coast states, will soon have to compete with bigger businesses that have much bigger and better research and development departments which make them more more adaptable to any adversity they may face. Maine's contribution to innovation in the cannabis cultivation space is lackluster at best and this rule makes me doubtful Maine's cannabis industry will ever be able to adapt to major adversity in the market, like when cannabis is federally legalized. Until this restriction is lifted I can assure you that Maine will never be a pioneer in cannabis cultivation which will forever hurt the growth and adaptability of our market.	Chapter 2, Section 10(1) - Compliance and Enforcement; Requirements for Program Compliance	REject	Statutory change required
Carl Hagan	Online		Green Xtrax Farms	Where is language about testing? This is a MEDICAL program. It is asinine that the recreational "adult use" program has mandatory testing and quality oversight but the medical program, which furnish medical products to sick people, does not. OCP shamed the medical program with TV and internet ads claiming almost half the products collected and tested from medical cannabis providers failed for contaminants/adulterants and would not have passed adult use testing. You made our industry, which includes my business which supports my family and many others, look terrible to a statewide audience, further driving the skepticism of consumers and driving consumers away from my business. Shame on OCP; you claim "health and safety" is your top priority but your lack of testing requirements refutes this.	Chapter 2, Section 10(2) - Compliance and Enforcement; Inspections	General comment	
Carl Hagan	Online		Green Xtrax Farms	(C) Fines shouldn't differ between a caregiver who owns a store or not. The most egregious violators of OCP rules that I have seen are cultivators who don't operate storefronts. Store owners should not have to bare a greater burden than cultivators. This is discriminatory. Store owners already pay much higher rates in taxes because they can not write off any sales expenses on their federal taxes, unlike cultivators who can write off nearly all operating expenses. I know of a store that operates at cost, like a non-profit, because they want to provide the most affordable medicine to the community. Handing this non-profit store owner a hefty fine would put them out of business seemingly overnight.	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	Reject	Statutory change required see 22 MRS § 2430-I
Jordan Smith	Online			Take samples "without limitation" is very ambiguous and could be interpreted to mean all inventory. better definition needed.	Chapter 2, Section 10(2) - Compliance and Enforcement; Inspections	specific change recommended	
Jordan Smith	Online			Going to put this here because there is nowhere to put it. An audit of AU should also be performed for actual comparison of tainted products. in Massachusetts an audit was done showing a large percentage of products that had passed testing actually failed from this secret shopper audit. this is very important to consider if we are comparing tested vs non tested product.	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	Beyond the scope of current OCP rulemaking activity	
Steven Robinson	Online		Robinsons of Maine LLC	The focus of the compliance and inspection program should be on those areas of risk that are adversely impacting the medical cannabis program, not on trying to drive caregivers who are trying to comply out of business. The whole section should be reconsidered from a risk mitigation perspective, rather than a draconian approach intended to drive the caregivers out of business. For example, a caregiver who is inadvertently over plant count because some plants went into flower too early or too late should receive only a minor warning, whereas someone who is knowingly purchasing cannabis from an illegal source should be penalized. Many of the punishments are far too harsh, yet there seems to be no effort to curtail illegal sales to the program from unauthorized grows.	Chapter 2, Section 10(1) - Compliance and Enforcement; Requirements for Program Compliance	General comment, not enough specificity to respond	
Daniel Katz	Online			(1) The scope of the requirements for program compliance is overbroad and invasive to caregivers attempting to comply with these new rules. Please add to "shall comply with the requirements" once given notice of the rule-based infraction by the program enforcement officer. There needs to be actual notice to the medical operator to allow them the chance to correct a rule infraction. "Any activities not explicitly authorized by the Act and the rules governing them" should delete governing with the word "guiding" instead and add "governing them" in front of and so the sentence reads "Any activities not explicitly authorized by the Act governing them and the rules guiding them." 1. This is awkward wording and needs to explicitly not forbid transfer of medical cannabis to people with a recently expired registry as a qualifying patient and include that this is not forbidding transfer of medical cannabis to visiting patients via the alteration and addition to "... to a person that is not a : (a) qualifying patient, (b) visiting qualifying patient, (c) a registrant, (d) an authorized agent of a registrant operating in their capacity as an authorized agent of a registrant, (e) or a person who was a qualifying patient or visiting qualifying patient within 6 months of the transfer of medical cannabis material"	Chapter 2, Section 10(1) - Compliance and Enforcement; Requirements for Program Compliance	Reject	See proposed medical cannabis rule ch. 2, sec. 10 (3)(E)(1)(a)--Compliance and Enforcement: Administrative and Enforcement Actions

Daniel Katz	Online			This paragraph explicitly allows the Department to enter the dwelling unit of a registered caregiver so long as the registered caregiver is present and there needs to be a reasonable consent by the caregiver by giving them the substance of the complaint before the inspection so that (2)(A) reads "may only enter the dwelling unit of a registered caregiver if the registered caregiver is present, the caregiver consents to inspection of only those areas of the dwelling unit used by the registered caregiver to conduct authorized activities, and the Department needs to provide written summary of the substance of a complaint if an inspection is in any way related to a complaint."	Chapter 2, Section 10(2) - Compliance and Enforcement; Inspections	General comment, no specific change requested	
Daniel Katz	Online			(3)(B)(1)(b)(iii) need to add at the end "colors are not considered advertisement to individuals under 21 years of age or individuals who are not qualifying patients" based on the principle that colors exceed all boundaries and need to be preserved in advertisement and marketing (3)(C)(1) Fines: these fines are much too high and need to be lowered to decrease the burden imposed by the Department on the provision of safe cannabis to qualifying patients. The violations are extremely expansive and need to allow for an enforcement action that does not put a medical cannabis business out of business of racking up violations. Therefore all of the fine amounts should be decreased by a factor of 5 so a major registration violation affecting public safety is \$1500, normal registration violations are \$600, and minor registration violations are \$200. Any more is a drastic rulemaking overstep. (3)(C)(2) Fines: These fines for registered caregivers who do not operate a retail store need to be relaxed even more than those who do operate the store to allow for caregivers to operate at extremely low margins of profit by decreasing by a factor of 10 so a major violation affecting public safety a \$150 at max fine may be imposed, a major violation a max of \$60 fine, and for each minor registration violation a fine of a max of \$20. (3)(E) Do not delete timely (E)(1) "The Department shall provide timely initial notice" is essential to preserve a reasonable notice standard in that violations need to be accounted for by the Department in a "timely" fashion and noticeably notice that is not "timely" should not become the pattern of enforcement (4) (A) (1)(b) need to give more time to submit an appeal by giving the registrant at least 60 days and not 30 days from the date of the Department's Notice of Administrative action	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	Reject	Statutory change required, see 22 MRS §§ 2429-B and 2430-I
Asher Putterman	Online	Maine Craft Cannabis Association; Seed to Health		This section although I understand is necessary for OCP to be able to take clear enforcement action with bad actors, is worded in a way that seems a bit severe and punishment based. I wish this could have a tone of trying to help folks get compliant, over punishing them for doing something incorrectly. OCP has put little effort into helping folks understand and prepare for compliance requirements that keep getting added every year, inspectors are often confused between the programs and try to apply AU rules to Medical participants. There's often disagreement and inconsistency even between inspectors and other OCP members, when folks reach out for second opinions. OCP promised last year to release an educational document for what to expect from an inspection, what was released had little detail included and was very brief in comparison to the complexity of statute and rule for caregivers and is still missing any instruction for dispensaries and extractors/manufacturers. I suppose context is always important, but, to revoke a caregiver's license after 2 minor violations seems severe to me. That could simply be 2 clerical errors on any number of complex forms, dates, etc. that we are required to fill out, that are constantly changing and requiring new information or complex numbers that have to be transferred correctly. What other industry deals with this. I've personally worked in alcohol, restaurants, construction, and agriculture and never seen anything like this level of complexity leveraged against small businesses, even in craft alcohol. C) fines These seem extremely high and are again showing an agenda of OCP to try to put people out of business over getting folks compliant. Again I understand the needs for fines but maybe they should reflect and take into consideration the scale of the business and reported earnings. A business that makes a million dollars a year can absorb a much larger fine than a business that grosses under 100,000. Just because a caregiver has a retail store doesn't mean it's a large business. Market conditions and OCP and municipal actions have pushed many of us towards having to open a retail store even though we are still small or getting to scale and wouldn't have chosen to open a retail store in more normal business conditions. In my town there were a limited amount of licenses so if you waited you may not have a chance for a retail location down the road. No other business deals with this.	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	General comment	Requested changes cannot be achieved through rulemaking. OCP remains committed to its guiding principle of "compliance first, enforcement only when necessary".
Mark Barnett	Online	Maine Craft Cannabis Association		P. 68 Requirements for video surveillance violate Maine's facial recognition laws as cited above.	Chapter 2, Section 10(1) - Compliance and Enforcement; Requirements for Program Compliance	Comment, no specific change requested	
Mark Barnett	Online	Maine Craft Cannabis Association		P. 69 We suggest creating an inspection checklist that registrants can understand and all inspections must adhere to. There is far too much left up to the interpretation of the inspector and often registrants are given conflicting information.	Chapter 2, Section 10(2) - Compliance and Enforcement; Inspections	Accept	See caregiver and dispensary inspection checklists here: https://www.maine.gov/dafs/ocp/medical-use/applications-forms

Mark Barnett	Online	Maine Craft Cannabis Association		<p>P. 73 The list of major violations affecting public safety is completely detached from any possibility of public harm, given their implications for registrants. Specifically, items 8 and 9. 8 is impossibly vague and could lead to businesses being 'punished' for being burglarize. 9 is absurd--there is a license in this program that allows for millions of cannabis plants to be grown. It's impossible to reconcile that with growing a few extra plants leading to massive fines and revocations. This is aimed solely at attacking caregivers.</p> <p>P. 74 Major violations is once again far too broad and punitive with no relationship to public harm. See above comment about plant count. Items 8 & 9 explicitly ban delivery, which is currently fully legal in the medical program. 11 is of no business for the OCP, it is up to the relevant state agencies, many of which understand the complexity and difficulties that come up with license status and in fact HELP businesses stay registered in good standing rather than attacking or blocking them at every turn. 14 'permitting' is so broad a concept that a registrant could be enforced against for things completely out of their control.</p> <p>P. 75 minor violations, item 8 is impossibly broad.</p> <p>P. 76 Fines, these are completely out of proportion with the harm that could be done by the violations listed in the proposed rules. This reads as a program to kill businesses that the department wishes to find fault with within its massively expanded proposed powers. High fines should only accompany actions that could literally and explicitly and clearly harm public health, such as providing to minors not in the program or willfully and knowingly providing tainted / poisoned product. This entire structure needs to be scrapped and rewritten.</p>	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	Reject	Statutory change required, see 22 MRS § 2430-I
Andelena Henderson	Written Comment	Patient, caregiver	West Paris Provisions	<p>My last point I want to make, as this one is one of the most scary wordings in the proposal: In regards to revoking registrations and licenses, OCP has worded it as "any major violations including but not limited too" which means it is still up to their discretion and interpretation of what a violation is in which they can cherry pick and choose whose shops they want to shut down! I've shared with the VLA Committee my story of how my shop was shut down and the hellish process I went through to restore my business. This will only make it easier for OCP to do to me and others and rip away the livelihoods of small farmers and small maine medical businesses.</p> <p>OCP should be ashamed of themselves. These 4 points I've made of many more I could make with the amount of changes in this proposal, are more than enough to show that the true intentions of OCP is not to insure effective and responsible regulation, but to wipe the medical industry completely and line their own pockets with money. Shame on you OCP.</p> <p>Thank You for your time.</p> <p>Andelena Henderson (207)400-5202</p>	General	General comment, no specific change requested	
Amy McFarland	Written Comment	Patient, caregiver	Liberate Maine Cannabis	<p>Lastly, are the violations.</p> <p>How does one "Engage in marketing or advertising of cannabis to individuals under the age of 21, or individuals who are not qualifying patients"?</p> <p>This is too vague and considered a major violation.</p> <p>As a caregiver, I can't make claims about the health or physical benefit of cannabis for medical use. Yet, I grow medical cannabis. If I do make a claim of any health benefits, it is considered a major violation.</p>	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	Reject	Statutory change required, see 22 MRS §2429-B
Susan Meehan	Written Comment	Maine Cannabis Union		<p>Revocation. P. 73-75 Revocation, and sweeping language of " ... but not limited to" (pp 73 AND p.74) must be struck. "Major violations include, but are not limited to:"</p>	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	Reject	Statutory change required, see 22 MRS § 2430-I
Susan Meehan	Written Comment	Maine Cannabis Union		<p>How does one objectively quantify marketing to those under the age of 21? Please provide objective measurement criteria of this in the Proposed Rules.</p>	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	Reject	Statutory change required, see 22 MRS §§ 2429-A and 2429-B
Susan Meehan	Written Comment	Maine Cannabis Union		<p>The rules indicate on p. 80 2 c. an appellate may bring ONLY an attorney. This language restricts an appellate allowing no industry expert, no witness, no employee? We do not agree to such limitation and oppose this Proposed Rule.</p>	Chapter 2, Section 10(4) - Compliance and Enforcement; Appeals	Reject	§ 10(4)(B)(2)(C) permits an appellant to " (c) be represented by counsel at their own expense or be accompanied by a representative of their choice and at their own expense. " [emphasis added] A representative who is not an attorney may not provide legal counsel as they are not licensed to do so.
Susan Meehan	Written Comment	Maine Cannabis Union		<p>Further, good leadership would perhaps establish the goal of inspections to encourage and develop compliance with program rule and law, not to regulate segments of the industry out of business. If people are afraid of repercussions rather than anticipating assistance in solving a problem, they are less likely to report or be honest about a problem.</p>	Chapter 2, Section 10(2) - Compliance and Enforcement; Inspections	General comment	

Susan Meehan	Written Comment	Maine Cannabis Union		<p>OCF's reference to compliance with federal law in several areas of the Proposed Rule is problematic as the entire program is contrary to federal law. See page 66 for an example. Any reference to participants being in compliance with federal law needs to be removed from this Rule. Similarly, punctuation on p. 66 is unclear in regard to visiting qualifying patients. [p. 66, 10 (1)]. P 69 of the Proposed Rule in regard to patient confidentiality, this language needs work, "electronic copies of records" -this needs to be clear that they must redact identifying patient information including names, dobs, addresses of patients before taking photos/digital copy.</p>	Chapter 2, Section 10(1) - Compliance and Enforcement; Requirements for Program Compliance	Reject	Title 22, ch. 558-C also refers to federal laws. Federal prohibition does not preclude state requirement to comply with federal laws
Susan Meehan	Written Comment	Maine Cannabis Union		<p>Please review all packaging and labeling requirements in the Act, specifically, §2429-A. Packaging and labeling requirements. On p. 75, the "under 21" language is far too subjective. Please let us know how we can market exclusively to those who are over age 21 (and/or are qualified patients)? In clear objective, measurable standards?</p>	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	Reject	Statutory change required, see 22 MRS §§ 2429-A and 2429-B
Susan Meehan	Written Comment	Maine Cannabis Union		<p>P. 75 Fines. These are excessive. Fines ought to be used to punish repeat offenders and to dissuade actions that endanger the public. They should not be so high as to regulate a company directly out of business. On p. 77, OCP has not considered new laws that take effect at the end of October, 2023 that ensure rapid notification to registrants of program violations discovered in an inspection. An example of compliance encouraging compliance and assisting a business to be in compliance is a licensed kitchen inspection. The goal of the Department of Agriculture is to work with a registrant to regulate them into compliance and license their kitchen. The goal of OCP ought to be to encourage compliance and help registrants into compliance rather than help them out of business.</p>	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	Reject	Statutory change required, see 22 MRS § 2430-I
Susan Meehan	Written Comment	Maine Cannabis Union		<p>Revocation. P. 73-75 Revocation, and sweeping language of "but not limited to" (pp 73 AND p.74) must be struck. "Major violations include, but are not limited to: OCP has historically demonstrated that we cannot allow OCP a blank slate. The statement on the bottom of p. 73 is a good definition of a major registration violation encompassing will and intent and recklessness. We still feel the "but not limited to" is too powerful and too encompassing, especially when that section refers to revocation of one's registration. iii. "(ciii) Engaging in marketing or advertising of cannabis or cannabis products, by or on behalf of a registrant, to individuals under the age of 21 years of age or individuals who are not qualifying patients;" This must be eliminated unless objective criteria can be established to determine what constitutes marketing to those under 21. Same issue on p.75 and anywhere else this is addressed in the Proposed Rule. P.80 2 c. An appellate may bring not only an attorney, but also any industry experts or persons who support their case to an appeal hearing. This language restricts an appellate to bringing only their legal representation. This is a direct aim at appellants who have brought people who are more familiar with industry law and politics than they may be, or people who can better articulate their case, but may not be their actual legal representation. An appellate who is fighting to retain or regain their business, their livelihood, should have the right to bring those who can help them state their case, whether an industry expert of their choosing, patient(s) who support the registrant, or anyone whom they choose.</p>	Chapter 2, Section 10(3) - Compliance and Enforcement; Administrative and Enforcement Actions	Comment, no change requested	
Susan Meehan	Written Comment	Maine Cannabis Union		<p>Inspection criteria are to be available publicly per the Act; however, we only see criteria for Caregiver inspections. Per the Act, this law applies to all registrant inspections and criteria are to be publicly available. "B. The department shall adopt rules: (1) Establishing standards for compliance with this chapter that are available publicly;" Further, good leadership would perhaps establish the goal of inspections to encourage and develop compliance with program rule and law, not to regulate segments of the industry out of business. If people are afraid of repercussions rather than anticipating assistance in solving a problem, they are less likely to report or be honest about a problem.</p>	Chapter 2, Section 10(2) - Compliance and Enforcement; Inspections	Comment	See https://www.maine.gov/dafs/ocp/sites/maine.gov.dafs/ocp/files/inline-files/Dispensary%20Inspection%20List_October%202023.pdf

Name	Source	Affiliation	Company name	Comments (Chapter 2, Section 11)	Reference	Department Response (accept, accept in part, reject)	Reasoning
Susan Meehan	Email	Maine Cannabis Union		p. 91; Inconsistent language - Registered Caregiver versus "Cultivating" Caregiver.		Accept	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(1) - Inpatient Hospice and Nursing Facilities; Voluntary participation of facility	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(2) - Inpatient Hospice and Nursing Facilities; A qualifying patient in a hospice or nursing facility	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(3) - Inpatient Hospice and Nursing Facilities; Designated caregiver is the facility	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(4) - Inpatient Hospice and Nursing Facilities; Registry identification cards for staff members	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(5) - Inpatient Hospice and Nursing Facilities; Criminal history record check	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(6) - Inpatient Hospice and Nursing Facilities; Facility registration and staff cards required prior to assisting patients	General comment	

Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(7) - Inpatient Hospice and Nursing Facilities; Qualifying patients in facility may not cultivate	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(8) - Inpatient Hospice and Nursing Facilities; Cannabis acquisition: from dispensary or cultivating caregiver	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(9) - Inpatient Hospice and Nursing Facilities; Inventory control	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(10) - Inpatient Hospice and Nursing Facilities; Assisting administration of cannabis	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(11) - Inpatient Hospice and Nursing Facilities; Confidentiality	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(12) - Inpatient Hospice and Nursing Facilities; Discharge from facility	General comment	
Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(13) - Inpatient Hospice and Nursing Facilities; Protected conduct: hospice providers, nursing facilities, and staff	General comment	

Robert Tarrant	Online	Caregiver		Leave the medical program how it is. A lot of patients rely on great medical cannabis products to help them with their needs. Changing the program will make it limited and harder to get their medicine.	Chapter 2, Section 11(14) - Inpatient Hospice and Nursing Facilities; Reimbursement	General comment	
Asher Putterman	Online	Maine Craft Cannabis Association; Seed to Health		Sentiment is the same as before with qualifying patients and healthcare professionals. Lets do all we can to make it simple and easy for hospice and nursing home staff to help qualifying patients use and store their medicine. Extra cumbersome record keeping and barriers are unnecessary here.	Chapter 2, Section 11(2) - Inpatient Hospice and Nursing Facilities; A qualifying patient in a hospice or nursing facility	General comment	