

MAINE STATE LEGISLATURE

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Legislative Record
House of Representatives
One Hundred and Twenty-Eighth Legislature
State of Maine

Daily Edition

Second Regular Session

beginning January 3, 2018

beginning at page H-1216

ENACTORS

Emergency Measure

An Act To Give Flexibility to Employees and Employers for Temporary Layoffs

(H.P. 491) (L.D. 700)
(S. "A" S-456 to C. "A" H-749)

Reported by the Committee on **Engrossed Bills** as truly and strictly engrossed. This being an emergency measure, a two-thirds vote of all the members elected to the House being necessary, a total was taken. 135 voted in favor of the same and 0 against, and accordingly the Bill was **PASSED TO BE ENACTED**, signed by the Speaker and sent to the Senate.

Resolves

Resolve, To Reduce the Number of Substance-exposed Infants

(H.P. 746) (L.D. 1063)
(S. "B" S-460 to C. "B" H-678)

Was reported by the Committee on **Engrossed Bills** as truly and strictly engrossed.

On motion of Representative HERBIG of Belfast, was **SET ASIDE**.

On further motion of the same Representative, **TABLED** pending **FINAL PASSAGE** and later today assigned.

SENATE PAPERS

The following Joint Order: (S.P. 734)

ORDERED, the House concurring, that when the Senate and House adjourn, they do so until Tuesday, April 17, 2018 at 10:00 in the morning.

Came from the Senate, **READ** and **PASSED**.
READ and **PASSED** in concurrence.

The following Joint Resolution: (S.P. 735)

**JOINT RESOLUTION DESIGNATING APRIL 2018 AS
SECOND CHANCE MONTH**

WHEREAS, every person is endowed with human dignity and value; and

WHEREAS, redemption and second chances are American values; and

WHEREAS, an estimated 65,000,000 American citizens have a criminal record; and

WHEREAS, individuals returning from prison and those who have paid their debts after committing a crime face a "second prison" of stigma and obstacles, also known as collateral consequences; and

WHEREAS, individuals with criminal histories encounter significant barriers such as an inability to find housing, employment or education, regain voting rights, volunteer in their communities, secure identification documentation and pay off substantial financial debt accrued as a result of conviction and incarceration; and

WHEREAS, these barriers can contribute to recidivism, which increases victimization, decreases public safety and results in lost human capital and economic output for communities; and

WHEREAS, the designation of April as Second Chance Month can contribute to increased public awareness about the "second prison," the need for closure for those who have paid their debts and opportunities for individuals, employers,

congregations and communities to extend second chances; now, therefore, be it

RESOLVED: That We, the Members of the One Hundred and Twenty-eighth Legislature now assembled in the Second Regular Session, on behalf of the people we represent, take this opportunity to recognize April 2018 as Second Chance Month and we urge citizens to observe this month through actions and programs that promote awareness of the "second prison" and provide closure for those who have paid their debts.

Came from the Senate, **READ** and **ADOPTED**.
READ and **ADOPTED** in concurrence.

REPORTS OF COMMITTEE

Divided Report

Majority Report of the Committee on **HEALTH AND HUMAN SERVICES** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-765)** on Bill "An Act To Amend Maine's Medical Marijuana Law"

(H.P. 1060) (L.D. 1539)

Signed:

Senators:

BRAKEY of Androscoggin
CHIPMAN of Cumberland
HAMPER of Oxford

Representatives:

HYMANSON of York
DENNO of Cumberland
HEAD of Bethel
MADIGAN of Waterville
MALABY of Hancock
McCREIGHT of Harpswell
PERRY of Calais
SANDERSON of Chelsea

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "B" (H-766)** on same Bill.

Signed:

Representatives:

CHACE of Durham
PARKER of South Berwick

READ.

Representative HYMANSON of York moved that the House **ACCEPT** the Majority **Ought to Pass as Amended** Report.

The SPEAKER: The Chair recognizes the Representative York, Representative Hymanson.

Representative **HYMANSON**: Thank you, Madam Speaker. It's time that we re-looked at the medical marijuana or medical cannabis program. The reason is because of the adult use program which is coming on board. It's been a long time since we looked at it, and there's been leakage into the black market from the program.

So, I want to remind you that cannabis contains chemicals that treat certain disorders, and over time, we in the medical community are learning more and more about those chemicals. So, the ones of note are CBD and THC, and those are chemicals -- CBD does not produce euphoria or make anybody high, so it is an extractable medication from a plant that has properties that also have psychoactive properties that make people high. So, the goal was really to create a program or look at the program so that it became a real medical program,

and honored the medicinal properties of cannabis. If you'll remember that willow bark has aspirin in it, digitalis -- or, foxglove plant has digitalis in it, which slows the heart rate. So there are many common plants that are all around us that have true medicinal properties that have been made into pharmaceuticals, that we take for granted on the shelves. The problem with cannabis is that it has a component that has psychoactive properties that make people high, and so that has been a deterrent to exploring the real true medicinal properties of cannabis.

So, with the opportunity to take away the adult use -- to take away adult use from this, we wanted to create a medical program that really honored that. So, our process was to form a subcommittee in HHS. We worked more than 50 hours over the last three months. We worked with many stakeholders to come to consensus. So, this bill does a number of things. This is not the whole list, but I'll review some of the things it does. Number one, it acknowledges the physician or physician assistant or nurse practitioner role in the patient relationship, and I personally really started at that level with honoring the provider-patient relationship, and so there is a bona fide relationship in order to receive -- that has to occur in order to receive a certificate to obtain medical cannabis, and there are limits regarding pediatric use. It professionalizes the caregiver, who are the people who grow and sell medical cannabis. It tightens up accountability. It reduces the opportunity for diversion to the black market, because there is now a seed-to-sale tracking. That means every single plant is tracked. It allows for municipal control, and I'll emphasize that municipal control was not there before. We worked very hard with the Maine Municipal Association to put in language that allows for appropriate municipal control. It regulates potentially explosive extraction process for safety, and it allows for local control in facilities where patients might be using it. So, I hope that you can support this with me. Thank you, Madam Chair.

The SPEAKER: The Chair recognizes the Representative from Chelsea, Representative Sanderson.

Representative SANDERSON: Thank you, Madam Speaker, Men and Women of the House. It's a pleasure to follow along behind my colleague on the Health and Human Services Committee, the Representative from York, Representative Hymanson, and she's correct. Our Committee did set a subcommittee aside, and we did a really deep dive into this program. Back in the 125th, there was a bill that I sponsored, which really did a lot of work with the program. It was a big bill. It corrected some of the things that had happened after the citizens' initiative that the industry or folks in the industry were unhappy with. And since that time, we've had several bills that have either made small additions to, little tweaks to, but there really hasn't been any big substantive changes or a really deep dive in restructuring of this program since that time.

Last fall, I was approached by some folks who are caregivers in the industry, and they brought forth this bill and asked me to sponsor it, and what it did was it had taken a look at where we were in the legislation from the 125th, where we were now, and really with an acknowledgment of, after all these years seeing how the program has worked, seeing how access to patients has either worked or not worked, understanding that, with greater oversight, this program can have greater integrity and, you know, more legitimacy for those who may not believe in this program out in the communities. You know, they brought forth these efforts. You know, they wanted to say okay, we're okay with the inspection process. So we put an inspection process in here, and all they asked in

return is that there's a clear, you know, list of what the inspection process will look like so that they know what is expected, so when they are inspected without a prior notification, they know what is expected of them. There will be no gray areas, no ambiguity. They have also asked for other things to help improve patient access, and I think that's -- I think that was a real legitimate ask, because they are serving a large number of individuals in our state who have gone through the gamut of trying to use standard pharmaceuticals, and they just have not worked for them or have not worked as well; or maybe they have worked, but they have found that cannabis is working better for them, without maybe some side effects.

So, this bill was a huge amount of work, and as the good Representative from York said, it tightens -- it allows for municipal regulation. There was none over caregivers before. It allows for an inspection process. There was none over caregivers before. It also sets up manufacturing facilities and provides legislation for that. We worked really hard to make sure we were looking at what was happening down in the Committee at the other end of the Cross Building, in the MLI Committee, and what was happening with the adult use bill. We made sure that, you know, although hopefully there won't be anything that's in conflict, we've really tried to make sure that everything would fit seamlessly with that, mirroring language and making it the same. I think this bill was a fine example of real bipartisan work, people rolling up their sleeves, talking to folks in the industry, legislators coming together, looking forward to what was the best for Maine people who needed to access medical cannabis as their medicine and their preferred form of treatment. So, I hope you will all support this bill all the way through to the end. I think it's a really important day for this program. Thank you so much.

Subsequently, the Majority **Ought to Pass as Amended Report was ACCEPTED.**

The Bill was **READ ONCE. Committee Amendment "A" (H-765) was READ** by the Clerk and **ADOPTED.**

Under suspension of the rules the Bill was given its **SECOND READING WITHOUT REFERENCE** to the Committee on **Bills in the Second Reading.**

Under further suspension of the rules the Bill was **PASSED TO BE ENGROSSED as Amended by Committee Amendment "A" (H-765)** and sent for concurrence.

By unanimous consent, all matters having been acted upon were **ORDERED SENT FORTHWITH.**

CONSENT CALENDAR

First Day

In accordance with House Rule 519, the following item appeared on the Consent Calendar for the First Day:

(H.P. 932) (L.D. 1338) Bill "An Act To Create and Sustain Jobs through Development of Cooperatives and Employee-owned Businesses" Committee on **TAXATION** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-767)**

Under suspension of the rules, Second Day Consent Calendar notification was given.

There being no objection, the House Paper was **PASSED TO BE ENGROSSED as Amended** and sent for concurrence.
