Notice of Agency Rulemaking Proposal

AGENCY: Department of Health and Human Services; Maine Center for Disease Control and Prevention

CHAPTER NUMBER AND TITLE: Rule Governing the Maine Medical Use of Marijuana Program, 10-144 C.M.R., Ch. 122

PROPOSED RULE NUMBER (leave blank ; to be assigned by Secretary of State):

BRIEF SUMMARY: This proposed rulemaking contains changes to remove outdated references to registered patients, reconstruct sections for improved organization, clarify the Department’s procedures needed to implement changes enacted by the 126th and 127th Legislature, including the following: (1) allow a primary caregiver to possess and administer a minor’s medical marijuana on school grounds and school buses; (2) permit certified nurse practitioners to issue written certifications for the medical use of marijuana; (3) allow primary caregivers to retain one employee; (4) allow residents of an inpatient hospice or nursing facility to use and store smokeless forms of medical marijuana in their room; and (5) permit a primary caregiver to dispose of excess prepared marijuana by transferring it to a registered dispensary, a qualifying patient, and/or another primary caregiver. The original draft of proposed rule changes clarified constitutions for a “collective” and reduced application fees.

Additional changes were proposed after further consideration and review by the Department. These changes include the elimination of language that duplicates statute. Changes proposed for this rulemaking also now include the following: (1) technical edits and revisions to grammar and format; (2) added definitions for bona fide medical provider-patient relationship, on-site assessment, smoking and vaporize; (3) added requirement for Department approval prior to a dispensary acquiring excess prepared marijuana from a registered caregiver; (4) increased consistency for caregivers and dispensaries for plant limit for outdoor cultivation; (5) removal of the provision requiring the proof of identification of authorized persons be held by the caregiver or dispensary while the person is in the cultivation area; (6) allowance for the Department to permit a medical provider to proceed with certifying a minor patient in the absence of a list of willing consulting physicians; (7) added requirement for a petition to add a debilitating condition to be endorsed by a medical provider; (8) added provisions for vaporizing marijuana for medical use; (9) prohibition of cultivation by a visiting patient; (10) added requirement for reporting of inventory and patient designation counts; (11) in Section 10, establishment of procedural details of the Department’s monitoring process to ensure program compliance; and (12) clarification of the processes employed by the Department for approving applications, designations, transfer of excess marijuana and the issuance of written certification.

DATE, TIME AND LOCATION OF PUBLIC HEARING (if any): June 14, 2017; 9 a.m.-noon; Augusta Civic Center, 76 Community Drive, Augusta, ME 04330

COMMENT DEADLINE: 5 p.m., June 26, 2017

CONTACT PERSON FOR THIS FILING (include name, mailing address, telephone, fax, TTY, email): Bridget Bagley; 286 Water St., 11 State House Station, Augusta, ME 04333; tele: 207-287-9394; fax: 207-287-5807; TTY: 711; Bridget.Bagley@maine.gov

CONTACT PERSON FOR SMALL BUSINESS IMPACT STATEMENT (if different):

FINANCIAL IMPACT ON MUNICIPALITIES OR COUNTIES (if any): None.

STATUTORY AUTHORITY FOR THIS RULE: 22 M.R.S., Chapter 558-C, Maine Medical Marijuana Act; 22 M.R.S. §42, and 22-A M.R.S. §205

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED (if different):

EMAIL FOR OVERALL AGENCY RULE-MAKING LIAISON: Tera.Pare@maine.gov

* Check one of the following boxes.

☑ The summary provided above is for publication in both the newspaper and website notices.

☐ The summary provided above is for the newspaper notice only. Title 5 §8053, sub-§5 & sub-§7, ¶D. A more detailed summary is attached for the inclusion in the rule-making notice posted on the Secretary of State’s website. Title 5 §8053, sub-§3, ¶& sub-§6

Please approve bottom portion of this form and assign appropriate AdvantageME number.

APPROVED FOR PAYMENT: ____________________________ DATE: ___________________

(authorized signature)

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