

126th MAINE LEGISLATURE

FIRST REGULAR SESSION-2013

Legislative Document

No. 1462

H.P. 1047

House of Representatives, April 25, 2013

An Act To Clarify and Correct Provisions of the Maine Medical Use of Marijuana Act

Reference to the Committee on Health and Human Services suggested and ordered printed.

Millicent M. Macfarland
MILLICENT M. MacFARLAND
Clerk

Presented by Representative DION of Portland.
Cosponsored by Senator HASKELL of Cumberland and
Representatives: FARNSWORTH of Portland, GILBERT of Jay, HARVELL of Farmington,
HAYES of Buckfield, MOONEN of Portland, SANDERSON of Chelsea, Senators:
LANGLEY of Hancock, VALENTINO of York.

1 Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §2421, as amended by PL 2009, c. 631, §7 and affected by §51, is further amended to read:

§2421. Short title

 This chapter may be known and cited as "the Maine Medical Use of Marijuana Cannabis Act."

- **Sec. 2. 22 MRSA §2423-A, sub-§3, ¶¶A and B,** as enacted by PL 2009, c. 631, §21 and affected by §51, are further amended to read:
 - A. A patient who elects to cultivate marijuana plants must keep the plants in an enclosed, locked facility unless the plants are being transported because the patient is moving or taking the plants to the patient's own property in order to cultivate them. Access to the enclosed, locked facility must be limited to the patient, except that a licensed health care professional, vendor or consultant or a person who needs to gain access to the facility in order to perform repairs or maintenance may access the enclosed, locked facility to provide professional services but must be under the direct supervision of the patient.
 - B. A primary caregiver who has been designated by a patient to cultivate marijuana for the patient's medical use must keep all plants in an enclosed, locked facility unless the plants are being transported because the primary caregiver is moving or taking the plants to the primary caregiver's own property in order to cultivate them. Access to the enclosed, locked facility must be limited to the primary caregiver, except that a licensed health care professional, vendor or consultant or a person who needs to gain access to the facility in order to perform repairs or maintenance may access the enclosed, locked facility to provide professional services but must be under the direct supervision of the primary caregiver.
- **Sec. 3. 22 MRSA §2428, sub-§6, ¶I,** as amended by PL 2011, c. 407, Pt. B, §32, is further amended to read:
 - I. All cultivation of marijuana must take place in an enclosed, locked facility unless the marijuana plants are being transported between the dispensary and a location at which the dispensary cultivates the marijuana plants, as disclosed to the department in subsection 2, paragraph A, subparagraph (3). Access to the enclosed, locked facility must be limited to a registered cardholder who is a principal officer, board member or employee of the registered dispensary when acting in that registered cardholder's official capacity, except that a licensed health care professional, vendor or consultant or a person who needs to gain access to the facility in order to perform repairs or maintenance may access the enclosed, locked facility to provide professional services but must be under the direct supervision of a registered cardholder who is a principal officer, board member or employee of the registered dispensary.

- Sec. 4. Department of Health and Human Services to amend rules regarding registered dispensaries. The Department of Health and Human Services shall amend its rules governing the medical use of marijuana in Chapter 122 to:
 - 1. Correct a reference to a primary caregiver designated by a patient in the rules regarding cultivation of plants by a registered dispensary;
 - 2. Remove any requirement that a registered dispensary or a primary caregiver have a tag on each marijuana plant cultivated containing the name of the patient for whom the plant is being cultivated or have any other type of system that allows the department to determine for whom the plant is being cultivated; and
 - 3. Change to within 30 days of the implementation of any substantive policy or procedure change the timing of notification by a dispensary to the Division of Licensing and Regulatory Services.
 - **Sec. 5. Maine Revised Statutes amended; revision clause.** Wherever in the Maine Revised Statutes the words "Maine Medical Use of Marijuana Act" appear, they are amended to read "Maine Medical Use of Cannabis Act," and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.
 - **Sec. 6. Maine Revised Statutes headnote amended; revision clause.** In the Maine Revised Statutes, Title 22, chapter 558-C, in the chapter headnote, the words "Maine medical use of marijuana act" are amended to read "Maine medical use of cannabis act" and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

22 SUMMARY

This bill amends the Maine Medical Use of Marijuana Act in the following ways:

- 1. It changes the name of the act to the Maine Medical Use of Cannabis Act;
- 2. It allows access to a registered dispensary's cultivation facility or a cultivation facility used by a patient or primary caregiver by a licensed health care professional, vendor, consultant or person performing repairs or maintenance, but only under the direct supervision of a registered cardholder who is a principal officer, board member or employee of the registered dispensary or a patient or primary caregiver;
- 3. It directs the Department of Health and Human Services to amend its rules for the medical use of marijuana to eliminate the requirement that a dispensary or a primary caregiver tag each marijuana plant with a patient's name or have any other method that allows the department to determine for whom a plant is being cultivated;
- 4. It requires the department to change the rule regarding written notification given by registered dispensaries of any substantive policy or procedure change, requiring notification to be made within 30 days of the implementation of the change, instead of at least 10 days prior to the change; and

5. It requires a correction to a reference to caregivers in the rules of the department; the reference should be to registered dispensaries.