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August 22, 2013

Senator Margaret M. Craven, Chair
Representative Richard R. Farnsworth, Chair
Committee on Health and Human Services
#100 State House Station
Augusta, ME 04333-0100

RE: Annual Report of the Maine Medical Use of Marijuana Program

Dear Senator Craven, Representative Farnsworth, and members of the Joint Standing Committee on Health and Human Services:

Enclosed is the 2012 Annual Report of the Maine Medical Use of Marijuana Program. The Maine Medical Use of Marijuana Act (22 M.R.S.A. §2425(10)) directs the Department of Health and Human Services to submit an annual report to the Legislature. The report includes the following information:

- The number of applications and renewals filed for registry identification cards;
- The number of designated primary caregivers in each county with the number of qualifying patients they serve;
- The number of registry identification cards revoked;
- The number of physicians providing written certifications for qualifying patients;
- The number of registered dispensaries; and
- The number of principal officers, board members and employees of dispensaries

If you have any questions or would like further information, please feel free to contact Kenneth Albert, Director of the Division of Licensing and Regulatory Services at 287-6664.

Sincerely,

Mary C. Mayhew
Commissioner

MCM/klv

cc: Kenneth Albert, Director, Division of Licensing and Regulatory Services

Maine Medical Use of Marijuana Program

January 1, 2012 – December 31, 2012
Annual Report to the Maine State Legislature



Department of Health and Human Services
Division of Licensing and Regulatory Services

Maine People Living Safe, Healthy and Productive Lives

Maine Medical Use of Marijuana Report prepared by:

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This report, Rules and Statute governing this program may be found at:
<http://www.maine.gov/dhhs/dlrs/mmm/index.shtml>

Background

In accordance with the Rules Governing The Maine Medical Use of Marijuana Program, the Department of Health and Human Services (DHHS), Division of Licensing and Regulatory Services (DLRS) is required to submit to the Legislature an annual report that does not disclose any identifying information about cardholders or physicians, but does contain, at a minimum:

1. The number of applications and renewals filed for registry identification cards;
2. The number of registered patients and primary caregivers approved in each county;
3. The number of registry identification cards revoked;
4. The number of physicians providing written certifications for qualifying patients;
5. The number of registered dispensaries;
6. The number of principal officers, board members and employees of dispensaries and;
7. Program revenues and expenses. See 22 M.R.S.A. §2425 (10)

The purpose of this report is to fulfill that requirement and provide a summary of accomplishments to the Medical Use of Marijuana Program (MMMP) that have been made since the previous annual report was submitted, and to list goals for the program in the coming year.

Executive Summary

The 125th Legislature enacted substantive changes to the Maine Medical Use of Marijuana Act. The adopted rule took effect on December 31, 2012.

The change with the largest fiscal and administrative impact resulted in a voluntary patient registration process with no fee for those choosing to register. The new Rules include provisions for DLRS to expunge patients' specific medical conditions and remove patient names from the registry.

As a result of the voluntary patient registration, a physician certification became acceptable proof of authorized conduct. Patients choosing to register stated that the most compelling reason to do so was the convenience of having a wallet-sized card as proof of authorized conduct.

As proof of lawful participation in the program, primary caregivers and registered dispensaries must have Department-approved designation forms signed by a qualifying patient that are presented to law enforcement upon request

The Rules also provide parameters for an outside grow location, which was not included in previous Statute and Rules. The outdoor grow location must have a privacy fence that obscures the view of the marijuana, and must comply with the other sections of Rules concerning safety, security and access.

Caregivers must have a state-issued registry identification card, except when the qualifying patient is a member of the primary caregiver's household or family, or when two primary caregivers who are also qualifying patients are members of the same household.

New definitions of lawful possession quantities were defined, including provisions for possession of incidental amounts of medicinal marijuana. The intent of these provisions allow for continuous access to medical marijuana, and allow time for the growth cycle necessary for harvest.

Members of the public may petition the Commissioner of DHHS to add to the list of qualifying medical conditions or treatments that may lawfully be treated with the use of medical marijuana. Associated forms are on the Maine Medical Marijuana website.

There were numerous definition changes and additions including "seedling", "marijuana", and "incidental amount of marijuana."

The Department made structural, administrative and grammatical clarifications within this rule, including the removal of redundancies and combination of similar information.

Program Participation

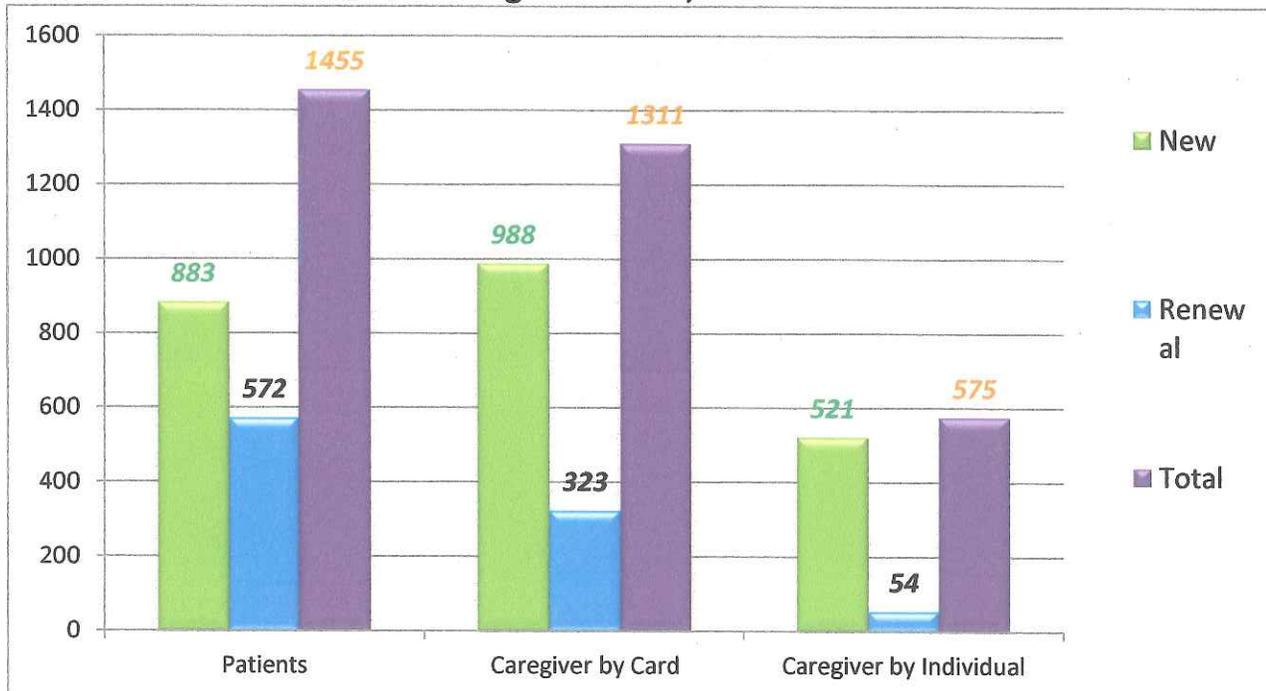
There was a total of 2,030* applications processed in the calendar year 2012. The table below shows the number of applications, both new and renewal, for dispensary staff, principal officers and board members, patients that chose to register, individual caregivers and the number of patients requesting caregivers to cultivate their medical marijuana.

	New Applications	Renewal Applications	Totals
Dispensary Employees	76	19	95
Patient (voluntary)	883	572	1,455
Caregiver (Individuals)	521	54	575
Caregiver (Cards)	988	323	1,311

*Patients, individual caregivers.

The graph below represents the number of patients choosing to register with the State of Maine; Caregiver (Individual) is the number of caregivers registered; and Caregiver (Card) is the number of patients that have designated a caregiver to cultivate their medical marijuana.

Patient and Caregiver – New, Renewal and Totals



Dispensary Information

There are eight (8) registered dispensaries operating in Maine.

Dispensary	Location	Employees/ Board Members
Canuvo, Inc.	Biddeford, Me	10/3
Maine Organic Therapy	Ellsworth, Me	10/4
Remedy Compassion Center	Auburn, Me	12/2
Safe Alternatives	Frenchville, Me	7/8
Wellness Connection	Hallowell, Me	45/5
	Brewer, Me	
	Portland, Me	
	Thomaston, Me	

Individual Caregivers and Patient Cards per Caregiver

The following information is presented by county, and demonstrates the number of patients, individual caregivers, caregiver cards, and physicians in each county. Caregiver (Individual) is the number of caregivers registered and Caregiver (Card) is the number of patients that have designated a caregiver to cultivate their medical marijuana.

County	Patient	Caregiver (Individual)	Caregiver (Card)	Physicians
Androscoggin	123	50	107	3
Aroostook	39	12	31	0
Cumberland	255	109	252	14
Franklin	33	43	115	1
Hancock	54	14	27	7
Kennebec	238	66	147	12
Knox	57	15	33	1
Lincoln	37	26	67	4
Oxford	73	59	132	2
Penobscot	100	34	79	8
Piscataquis	11	1	1	0
Sagadahoc	47	11	26	1
Somerset	58	28	62	2
Waldo	62	34	58	3
Washington	38	5	9	2
York	230	68	16	8
Total	1,455	575	1,311	68

Program Revenue and Expenses*

Revenue

License Application Fees	\$ 10,261.00
Registration Fees	602,109.00
Total Revenue	<u>\$612,370.00</u>

Expenses

Personnel	\$119,460.65
All other	346,567.80
Total Expenses	<u>\$466,028.45</u>

*Information source is the State of Maine, DHHS Service Center, AdvantageME.

Program Goals for 2013

One of the major goals for the coming year is to complete the reorganization of the Maine Medical Use of Marijuana Program. New staff have been hired and trained to be able to process applications and paperwork in a more timely manner. Training has focused on customer service skills, database entry and maintenance, and a new work flow which increases efficiency. This includes creating new forms that have more clarity, are easier to understand, and reduce redundancy in the language while reflecting the current rules. New forms have been drafted and will be ready for use soon. A press release will be coordinated with the DHHS Director of Communications to inform the public and all other interested parties of the changes. Phone numbers and contact information will be provided for those with additional questions. The registration cards have been redesigned as part of this process and will provide more accurate information on the status of the cardholder.

A statewide conference will include members of the medical community, law enforcement, dispensaries, caregivers, patients and other partners with the goal of improving communication and collaboration between stakeholders. Training components will be identified, developed, and presented by various individuals and agencies from the above-mentioned groups.

Database design and evaluation for this program is ongoing. The report system is being assessed and it is anticipated that changes will enable staff to configure reports and provide more complete information in a timely fashion.

Program workflow analysis has resulted in shorter lead times for patients and caregivers to receive registry cards. The MMMP goal is to process all completed paperwork in a timely

fashion, answer calls within two (2) business days and honor requests by mail within two (2) business days. With the hiring and training of new staff, we are dedicated to providing the best customer service possible.

DLRS will host quarterly technical assistance meetings with dispensary personnel, the Maine Caregivers Association and others to foster open communication and collaboration between stakeholders. Efforts will continue to foster a cooperative decision-making process and to address issues as they arise.

Training and community outreach programs will be enhanced. Public speaking engagements and community education efforts will continue to assist stakeholders in understanding rule changes which were effective December 31, 2012.

Conclusion

The MMMP is still relatively new and has evolved significantly since inception. As a self-funded program, dependency on fees generated is critical to maintain the program at current levels and to properly service the increasing number of program participants. MMMP has been successful in maintaining revenues to offset costs and continues to meet those needs.

Staff training is crucial to the ongoing operation of this program. Quality, accountability, transparency, integrity and customer service are continually evaluated to ensure that the program is meeting the needs of the DHHS, DLRS, program participants and the people of Maine.

Greater flexibility and customization of our database allows us to do more accurate reporting as required for this annual report and evidenced by the information contained herein.

Non-Discrimination Notice

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, sexual orientation, age, or national origin, in admission to, access to, or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act and Executive Order Regarding State of Maine Contracts for Services. Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to DHHS' ADA Compliance/EEO Coordinators, 11 State House Station – 221 State Street, Augusta, Maine 04333, 207-287-4289 (V), 207-287-3488 (V), TTY users call Maine relay 711. Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinators. This notice is available in alternate formats, upon request.