

MAINE STATE LEGISLATURE

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115th MAINE LEGISLATURE

SECOND SPECIAL SESSION-1992

Legislative Document

No. 2420

H.P. 1729

House of Representatives, March 12, 1992

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 27.
Reference to the Committee on Judiciary suggested and ordered printed.

A handwritten signature in cursive script that reads "Ed Pert".

EDWIN H. PERT, Clerk

Presented by Representative POWERS of Coplin Plantation.

Cosponsored by Representative LARRIVEE of Gorham, Senator CONLEY of Cumberland
and Representative ALIBERTI of Lewiston.

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND NINETY-TWO

An Act to Legalize Marijuana for Medicinal Purposes.

(AFTER DEADLINE)



2 1. Establishment; administration. There is established
3 within the department the Marijuana Therapeutic Research
4 Program, administered by the commissioner.

6 2. Rules. Subject to Title 5, chapter 375, the department
7 shall adopt rules necessary for the proper administration of the
8 program. In adopting rules, the department shall consider
9 pertinent rules adopted by the federal Drug Enforcement Agency,
10 the federal Food and Drug Administration, the National Institute
11 on Drug Abuse and any another federal agency concerned with the
12 subject of this chapter.

14 3. Supply. The commissioner shall contract with the
15 National Institute on Drug Abuse for the receipt of marijuana
16 under rules adopted by the National Institute on Drug Abuse, the
17 federal Food and Drug Administration and the federal Drug
18 Enforcement Agency. If, within a reasonable period of time, the
19 commissioner is unable to obtain marijuana as provided in this
20 subsection, the commissioner shall contract with appropriate law
21 enforcement agencies in this State for the receipt of confiscated
22 marijuana not intended for use as evidence in any criminal
23 proceeding. Any marijuana so received must be made free of
24 impurities and analyzed for potency by the department.

26 4. Distribution. The commissioner shall deliver marijuana
27 received under subsection 3 to appropriate state or privately
28 operated licensed pharmacies designated by the commissioner. Any
29 marijuana so delivered must be distributed to patients upon the
30 written prescription of their approved practitioners. Any
31 privately operated licensed pharmacy designated by the
32 commissioner under this subsection is not liable, except for
33 gross negligence, in any civil action on account of marijuana
34 distributed to patients under this chapter.

36 **§2425. Participation in the program**

38 1. Application. Any practitioner who wants to participate
39 in the program must apply to the board for approval and pay a \$50
40 application fee.

42 2. Review and approval. The board shall review all
43 applicants and, if they are eligible under subsection 3 and the
44 rules adopted by the department under section 2424, subsection 2,
45 shall approve them for participation. In performing these
46 duties, the board is subject to Title 5, chapter 375.

48 3. Prescriptions. A practitioner approved for
49 participation in the program may prescribe marijuana to only
50 those patients who are undergoing cancer chemotherapy or
51 suffering from glaucoma, are in a life-threatening or
52 sense-threatening situation and who are not responding to

2 conventional treatment or who are suffering severe side effects
3 even though conventional treatment is proving effective.

4 **§2426. Expressly authorized possession, prescription and**
5 **distribution**

6
7 A practitioner approved for participation in the program is
8 expressly authorized to prescribe marijuana under this chapter.
9 A patient for whom marijuana has been prescribed by a
10 practitioner approved for participation in the program is
11 expressly authorized to possess marijuana under this chapter. A
12 state or privately operated licensed pharmacy designated by the
13 commissioner is expressly authorized to possess and distribute
14 marijuana under this chapter.

15 **§2427. Confidentiality**

16
17 1. Access to information. Only the following persons have
18 access to the name and other identifying characteristics of a
19 patient for whom marijuana has been prescribed under this chapter:

20
21 A. The commissioner;

22
23 B. The board;

24
25 C. The Attorney General or the Attorney General's designee;

26
27 D. Any person directly connected with the program who has a
28 legitimate need for the information; and

29
30 E. Any person for whom access has been specifically
31 authorized by that patient.

32
33 Meetings and records of the board are not subject to the
34 requirements of Title 1, chapter 13.

35
36 2. Exceptions. Nothing in this section may affect the
37 right to inspect the records of any pharmacy under Title 32,
38 section 13723, or prohibit access to or release of information
39 concerning any persons acting under authority of this chapter
40 with respect to conduct not expressly authorized by this chapter.

41 **§2428. Reports**

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43 The commissioner and the board shall report annually their
44 findings and recommendations regarding the program to the
45 Governor and the Legislature.

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2 This bill reestablishes the Marijuana Therapeutic Research
3 Program administered by the Commissioner of Human Services, which
4 was repealed December 31, 1987. The Board of Registration in
5 Medicine must review any patient wishing to participate in the
6 program. Participation is limited to cancer chemotherapy and
7 glaucoma patients who are not responding to conventional
8 treatment or who are suffering severe side effects, and any other
9 patient where medical evidence presented to the board justifies
10 that participation. If the board approves a patient, the
11 patient's physician may write a prescription that can be filled
12 at a state or privately operated licensed pharmacy designated by
13 the board. The commissioner may obtain analyzed marijuana
14 available from the Federal Government and deliver it to the
15 pharmacy for dispensing to any approved patient with a written
16 prescription from the patient's physician. The commissioner and
17 the board are required to make an annual report to the Governor
18 and the Legislature, enabling both the legislative branch and
executive branch to monitor the program closely.