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Maine Medical Use of Marijuana Program

January 1, 2013 – December 31, 2013
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 22 M.R.S. §2425, (10) of the Maine Medical Use of Marijuana Act, 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:

- A. The number of applications and renewals filed for registry identification cards;
- B. The number of qualifying patients and primary caregivers approved in each county;
- C. [2011, c. 407, Pt. B, §29 (RP).];
- D. The number of registry identification cards revoked;
- E. The number of physicians providing written certifications for qualifying patients;
- F. The number of registered dispensaries; and
- G. The number of principal officers, board members and employees of dispensaries.

The purpose of this report is to fulfill that requirement and provide a summary of changes to the Maine 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 126th Legislature enacted several changes to the Maine Medical Use of Marijuana Act (MMMA) in 2013, one of which, LD 1404 provides the ability for caregivers to have one employee to assist with cultivation. This provision was enacted with an emergency preamble based on the economic implications and the creation of job opportunities for those wishing to become employees of caregivers. To become a caregiver employee, one must comply with similar conditions of a dispensary employee such as submission of an application to DLRS and a background check. A state-issued card identifying the person as a caregiver employee is issued for one year.

Other legislative changes include the addition of debilitating medical conditions that are approved for treatment under the Maine Medical Use of Marijuana Program (MMMP). Conditions added by the 126th Legislature with LD 1062 include post-traumatic stress disorder (PTSD), inflammatory bowel disease, dyskinetic and spastic movement disorders and other disease causing severe and persistent muscle spasms.

LD 1531 authorizes for use in the cultivation of medical marijuana certain pesticides which are classified as "minimum risk" by the Maine Board of Pesticide Control. The applicators of such pesticides must complete the requisite training which is made available by the Maine Board of Pesticide Control under the aegis of the Department of Agriculture.

With the passage of LD 1432, registered primary caregivers are now allowed to sell up to two pounds of excess medical marijuana per calendar year to a registered dispensary. The dispensaries have adopted policies and procedures to address this provision in the event that they will purchase this unregulated product.

A law was passed to allow certain elected officials access to marijuana cultivation sites. Emergency services personnel, repair persons, and maintenance or construction personnel may now enter cultivation sites. Such persons must be under the direct supervision of a caregiver or dispensary employee while on the premises. Along with the access language, LD 1462 authorizes a numerical tracking and labeling system for dispensaries and caregivers eliminating the need to have a patient name as part of the plant labeling procedures.

Pursuant to 22 M.R.S. §2424, the first public petition to add a debilitating medical condition to the list of conditions authorized by law to be treated with medical marijuana was filed on June 25, 2013. The petition requested that Tourette's syndrome be included. A public hearing was held on November 14, 2013 and a medical review panel rendered guidance to the Commissioner of the Department of Health and Human Services (DHHS) on the advisability of adding this condition. The Commissioner's Decision ultimately denied the addition of Tourette's syndrome.

Outreach and education was a significant priority in 2013. The MMMP Manager has provided training and information to a variety of stakeholder groups including program participants, state agencies, health

care providers, law enforcement, community partners and others. The outreach work continues in an effort to provide education, inform about operational changes, answer questions and promote consistency within the program.

MMMP began discussions with an independent contractor with the Justice Planning and Management Associates (JPMA) to develop an on-line training program specifically aimed at law enforcement personnel. The goal is to provide accurate and consistent information to the law enforcement community to assist them in the application of the statute and rules when encountering medical marijuana in the community.

Quarterly meetings with dispensary operators, Dispensary Forums, have been established. These forums have proven to be productive and allow all parties the opportunity to discuss issues and seek resolution in a collaborative manner when appropriate. Meetings have been well attended and several projects are in process, such as the drafting of a "best cultivation practice" document which is being developed in conjunction with the Board of Pesticide Control and in consultation with the American Herbal Products Association.

The MMMP retained two new administrative support staff in 2013. Both are welcome additions to the team at DLRS, bringing skills and experience that benefit patients, caregivers and others. They have been extremely helpful to the public and there has been positive feedback from stakeholders.

MMMP staff began discussions with stakeholders to develop a new process for issuing physician's certifications to patients. Patients no longer are required to register with the state. If patients choose not to register, they may use their original physician's certification as proof of legal participation in the program. This certification process is unwieldy and not considered convenient by many patients. The new certification process will allow patients to obtain a wallet-sized certification card directly from their physician, and eliminates the need to register with the state in order to have the convenience of the card over the larger page-sized certification.

Revision to 2012 MMMP Program Participation

Please note that figures originally reported in the 2012 Maine Medical Use of Marijuana Report for Patients, Caregiver (Individuals), Caregiver (Cards) and Physicians have been revised. Revisions are due to acquiring more accurate information directly from the agency's licensing system. All data reported for 2012 and 2013 are based on registration information as maintained in the licensing system. Additional graphs are provided to show an increase and/or decrease in the program participation for each year.

Dispensary Information

There are eight (8) registered dispensaries operating in Maine

Dispensary	Location	Board Members	Employees
Canuvo, Inc.	Biddeford	2	12
Maine Organic Therapy	Ellsworth	3	11
Remedy Compassion Center	Auburn	13	13
Safe Alternatives	Eagle Lake	8	7
Wellness Connection	Hallowell Brewer Portland Thomaston	6	47

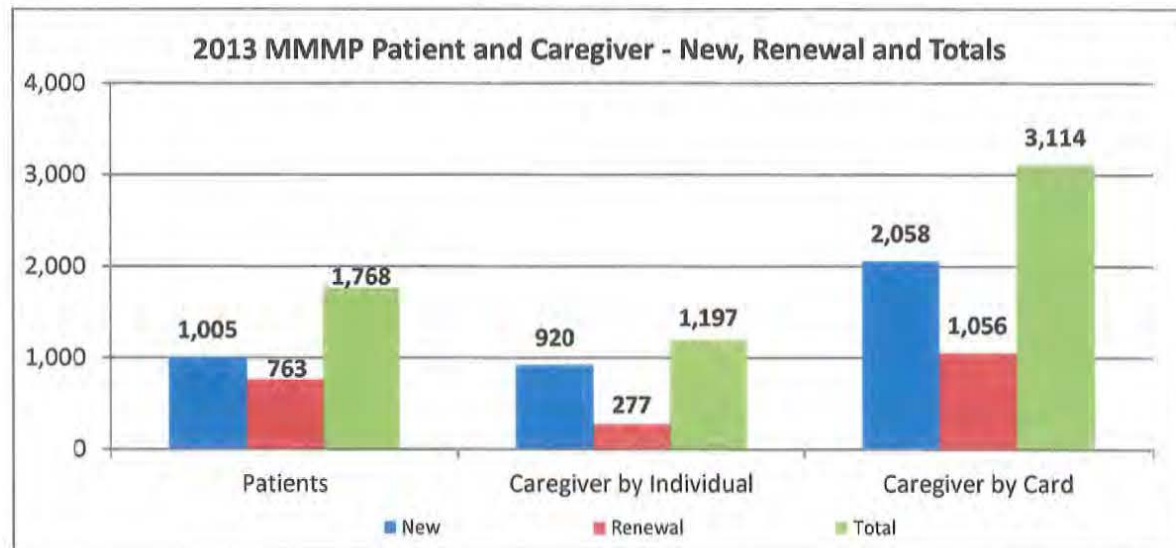
2013 MMMP Program Participation

There was a total of 2,965* applications processed in the calendar year 2013. The table below shows the number of applications received for both new and renewal registrations for patients electing to register, individual caregivers and the number of caregiver cards for patients requesting caregivers to cultivate their medical marijuana.

2013	New Applications	Renewal Applications	Totals
Patients (Voluntary)	1,005	763	1,768
Caregiver (Individuals)	920	277	1,197
Caregiver (Cards)	2,058	1,056	3,114

*Registered Patients and 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.



2013 MMMP Individual Caregivers and Patient Cards per Caregiver

The following information is presented by county and demonstrates the 2013 number of registered patients, individual caregivers, caregiver cards, and physicians participating in the MMMP. Caregiver (Individual) represents the count of registered caregivers and Caregiver (Card) represents the number of patients who designated a caregiver to cultivate medical marijuana for their use.

County	Patient	Caregiver (Individual)	Caregiver (Card)	Physician*
Androscoggin	170	95	209	1
Aroostook	22	23	71	0
Cumberland	298	233	609	6
Franklin	36	91	275	0
Hancock	63	52	121	3
Kennebec	211	132	342	4
Knox	102	49	160	3
Lincoln	71	62	172	2
Oxford	92	101	234	0
Penobscot	114	73	190	5
Piscataquis	16	11	34	0
Sagadahoc	60	27	69	0
Somerset	74	43	130	0
Waldo	90	52	124	1
Washington	37	16	39	0
York	312	137	335	11
TOTAL	1,768	1,197	3,114	36

**Note: the count of physicians represents the number of physicians who registered during 2013 only.*

2012 vs 2013 MMMP Participation Figures

Maine Medical Use of Marijuana Program - Annual Report Totals

Data compiled 3/31/2014

All counts are based on total of all licenses for Calendar Year 2013; comparison to prior year

County	2012	2013	Percent Change	2012	2013	Percent Change	2012	2013	Percent Change	2012	2013	Percent Change
	Patient	Patient		Caregiver (Individual)	Caregiver (Individual)		Caregiver (Card)	Caregiver (Card)		Physicians	Physicians	
ANDROSCOGGIN	149	170	14.1%	55	95	72.7%	110	209	90.0%	3	1	-66.7%
AROOSTOOK	45	22	-51.1%	12	23	91.7%	32	71	121.9%	0	0	0.0%
CUMBERLAND	316	298	-5.7%	118	233	97.5%	268	609	127.2%	14	6	-57.1%
FRANKLIN	40	36	-10.0%	46	91	97.8%	137	275	100.7%	1	0	-100.0%
HANCOCK	68	63	-7.4%	15	52	246.7%	30	121	303.3%	7	3	-57.1%
KENNEBEC	278	211	-24.1%	67	132	97.0%	150	342	128.0%	12	4	-66.7%
KNOX	69	102	47.8%	16	49	206.3%	40	160	300.0%	1	3	200.0%
LINCOLN	54	71	31.5%	32	62	93.8%	90	172	91.1%	4	2	-50.0%
OXFORD	93	92	-1.1%	52	101	94.2%	112	234	108.9%	2	0	-100.0%
PENOBSCOT	119	114	-4.2%	34	73	114.7%	88	190	115.9%	8	5	-37.5%
PISCATAQUIS	13	16	23.1%	2	11	450.0%	8	34	325.0%	0	0	0.0%
SAGadahoc	61	60	-1.6%	16	27	68.8%	26	69	165.4%	1	0	-100.0%
SOMERSET	81	74	-8.6%	30	43	43.3%	65	130	100.0%	2	0	-100.0%
WALDO	79	90	13.9%	36	52	44.4%	69	124	79.7%	3	1	-66.7%
WASHINGTON	48	37	-22.9%	6	16	166.7%	17	39	129.4%	2	0	-100.0%
YORK	283	312	10.2%	74	137	85.1%	169	335	98.2%	8	11	37.5%
Grand Total	1,796	1,768	-1.6%	611	1,197	95.9%	1,411	3,114	120.7%	68	36	-47.1%

*Total new count added per year

*All licensing figures based on Active Licensure status (ie: Client was first-time applicant or renewed that year)

*Patient Registration is voluntary

*Physician total represents the number of physicians who register for that year

NOTE: 2012 Maine Medical Use of Marijuana Report for Patients, Caregiver (Individuals), Caregiver (Cards) and Physicians have been revised. This was a result of refining our database to receive more accurate information directly from the agency's licensing system. All data is based on registration information as maintained in the licensing system.

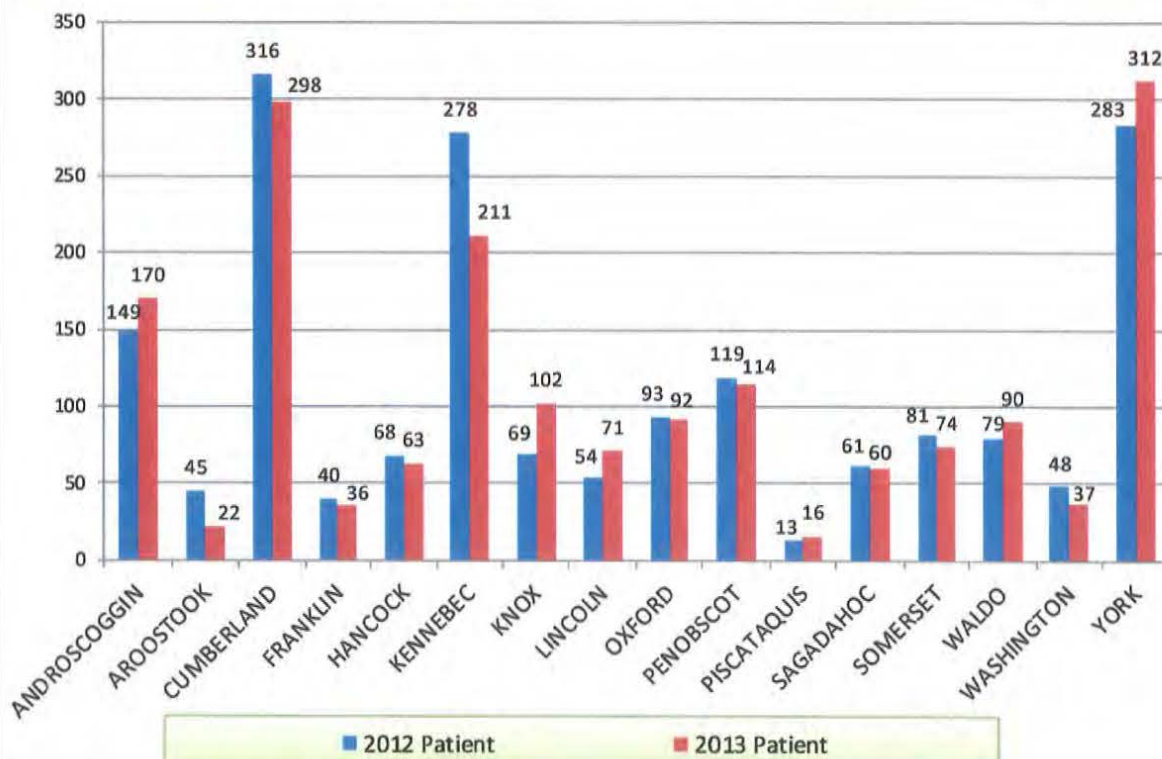
2012 vs 2013 MMMP Participation - Registered Patients

Maine Medical Use of Marijuana Program - Annual Report Totals

Registered Patients by County (*Patient Registration is Voluntary)

County	2012 Patient	2013 Patient	Percent Change
ANDROSCOGGIN	149	170	14.1%
AROOSTOOK	45	22	-51.1%
CUMBERLAND	316	298	-5.7%
FRANKLIN	40	36	-10.0%
HANCOCK	68	63	-7.4%
KENNEBEC	278	211	-24.1%
KNOX	69	102	47.8%
LINCOLN	54	71	31.5%
OXFORD	93	92	-1.1%
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WALDO	79	90	13.9%
WASHINGTON	48	37	-22.9%
YORK	283	312	10.2%
Grand Total	1,796	1,768	-1.6%

Maine Medical Use of Marijuana Program - Registered Patients by County



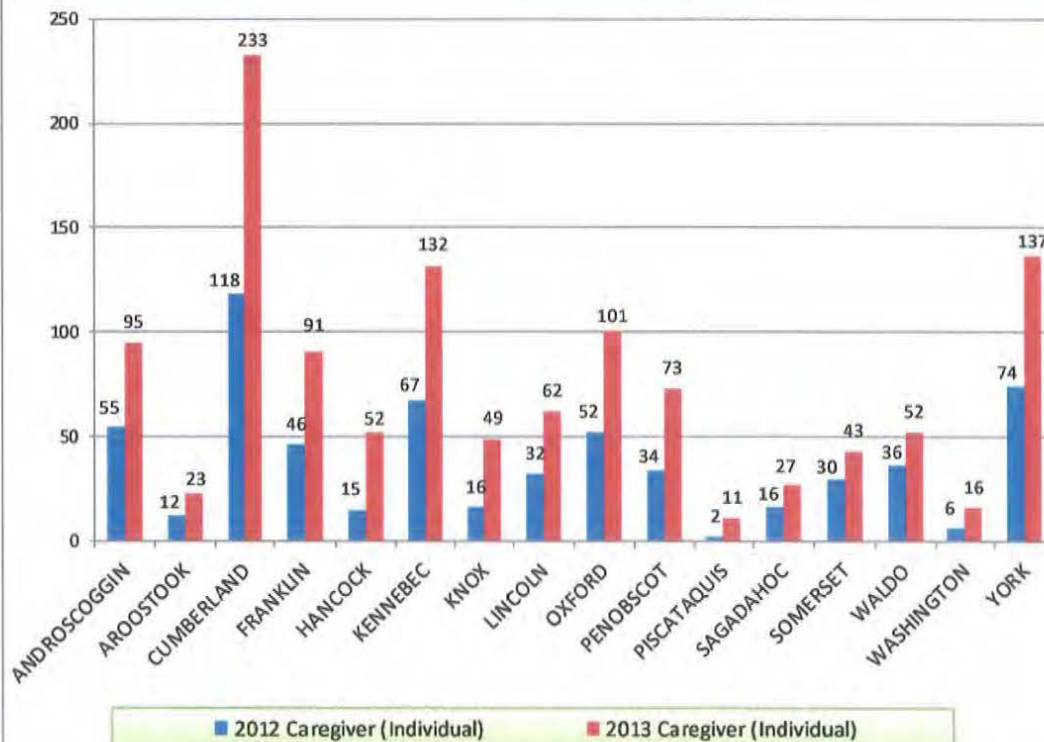
2012 vs 2013 MMMP Participation - Caregiver Individuals

Maine Medical Use of Marijuana Program - Annual Report Totals

Registered Caregiver Individuals by County

County	2012 Caregiver (Individual)	2013 Caregiver (Individual)	Percent Change
ANDROSCOGGIN	55	95	72.7%
AROOSTOOK	12	23	91.7%
CUMBERLAND	118	233	97.5%
FRANKLIN	46	91	97.8%
HANCOCK	15	52	246.7%
KENNEBEC	67	132	97.0%
KNOX	16	49	206.3%
LINCOLN	32	62	93.8%
OXFORD	52	101	94.2%
PENOBSCOT	34	73	114.7%
PISCATAQUIS	2	11	450.0%
SAGADAHOC	16	27	68.8%
SOMERSET	30	43	43.3%
WALDO	36	52	44.4%
WASHINGTON	6	16	166.7%
YORK	74	137	85.1%
Grand Total	611	1,197	95.9%

Maine Medical Use of Marijuana Program -
Caregiver Individuals by County



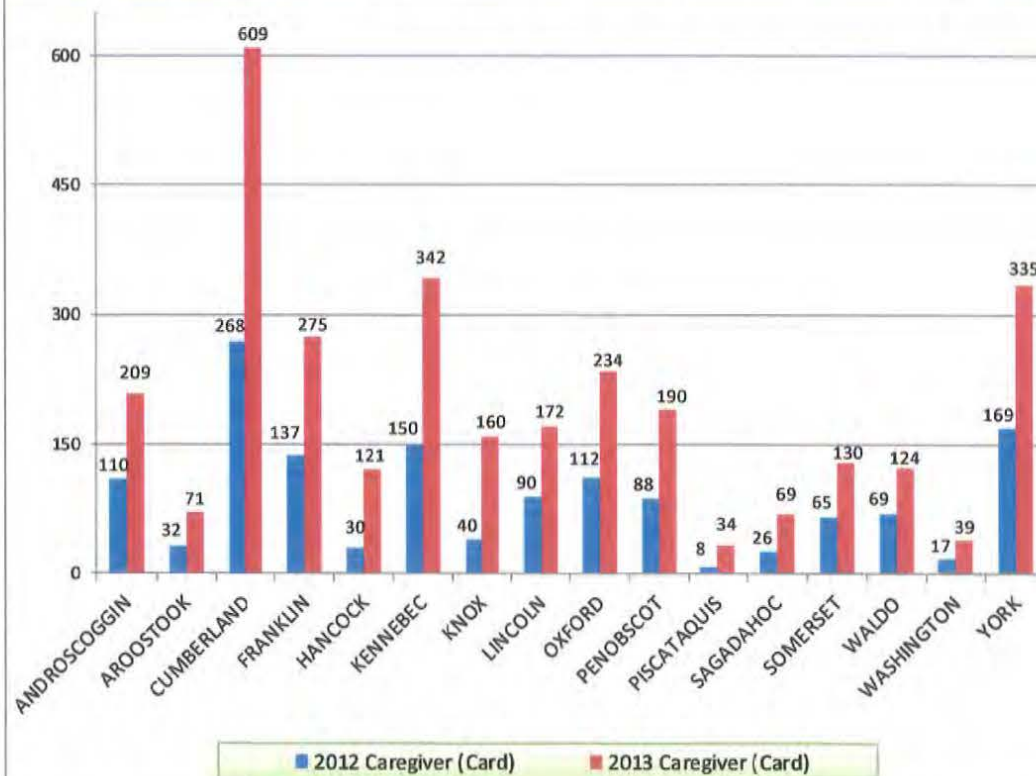
2012 vs 2013 MMMP Participation - Caregiver Cards

Maine Medical Use of Marijuana Program - Annual Report Totals

Caregiver Cards Issued by County

County	2012 Caregiver (Card)	2013 Caregiver (Card)	Percent Change
ANDROSCOGGIN	110	209	90.0%
AROOSTOOK	32	71	121.9%
CUMBERLAND	268	609	127.2%
FRANKLIN	137	275	100.7%
HANCOCK	30	121	303.3%
KENNEBEC	150	342	128.0%
KNOX	40	160	300.0%
LINCOLN	90	172	91.1%
OXFORD	112	234	108.9%
PENOBSCOT	88	190	115.9%
PISCATAQUIS	8	34	325.0%
SAGadahoc	26	69	165.4%
SOMERSET	65	130	100.0%
WALDO	69	124	79.7%
WASHINGTON	17	39	129.4%
YORK	169	335	98.2%
Grand Total	1,411	3,114	120.7%

Maine Medical Use of Marijuana Program - Caregiver Cards Issued by County



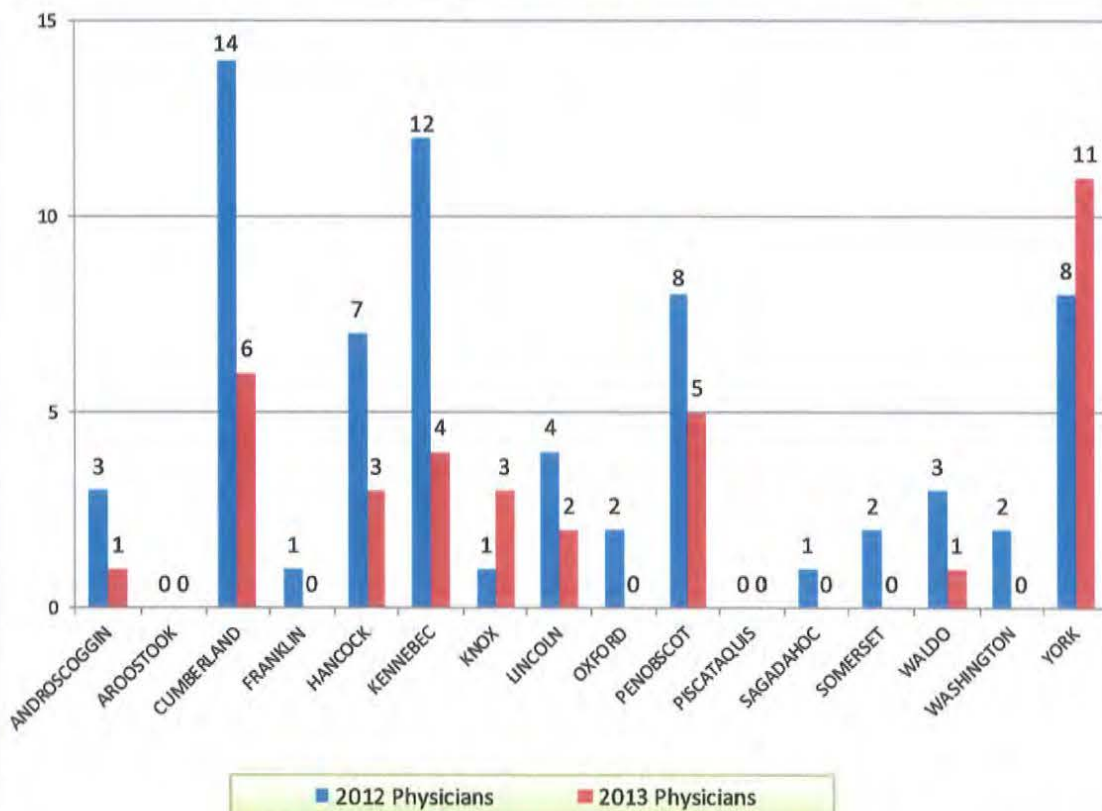
2012 vs 2013 MMMP Participation - Physicians

Maine Medical Use of Marijuana Program - Annual Report Totals

Registered Physicians by County

County	2012 Physicians	2013 Physicians	Percent Change
ANDROSCOGGIN	3	1	-66.7%
AROOSTOOK	0	0	0.0%
CUMBERLAND	14	6	-57.1%
FRANKLIN	1	0	-100.0%
HANCOCK	7	3	-57.1%
KENNEBEC	12	4	-66.7%
KNOX	1	3	200.0%
LINCOLN	4	2	-50.0%
OXFORD	2	0	-100.0%
PENOBSCOT	8	5	-37.5%
PISCATAQUIS	0	0	0.0%
SAGADAHOC	1	0	-100.0%
SOMERSET	2	0	-100.0%
WALDO	3	1	-66.7%
WASHINGTON	2	0	-100.0%
YORK	8	11	37.5%
Grand Total	68	36	-47.1%

Maine Medical Use of Marijuana Program - Physicians by County



Program Revenue and Expenses*

	Start-Up 6/30/2010	12 Mos Ending 6/30/2011	12 Mos Ending 6/30/2012	12 Mos Ending 6/30/2013	6 Mos Ending 12/31/2013	Notes:
Revenues:						
1446		454,718	(100)	10,361	18,000	
1448		111,851	-			
1488		240	-			
1498			454,065	807,090	467,597	
1499		5,400	-			
1910		10	-			
1958					15,261	
2619	420,000	-				
2631	1,731					
2637		2,135	-			
2681		(519,000)				Dispensary application fees returned to non selected applicants
Total Revenues:	421,731	55,354	453,965	817,451	500,858	
Expenses						
1 PERSONAL SERVICES	6,305	109,352	127,919	118,237	76,175	
2 ALL OTHER						
4015		60	105	-	-	
4039				850	-	
4096			1,192	172	-	
4097				-	1,643	
4104				7,539	-	
4142		17,531	29,150	18,273	7,101	
4199				-	975	
4270				282	136	
4273		77	77	77	50	
4274				85	271	
4672		537	1,249	554	351	
4721				125	-	
4880		20		-	-	
4881		100		-	-	
4903	45	9		-	95	
4905		53	107	123	29	
4909		24		-	-	
4911		2,198	3,529	4,372	2,254	
4913		356	565	699	361	
4929			243	167	-	
4930				1,754	-	
4939		497	619	1,387	328	
4946	1,040	2,301		2,106	1,071	
5301	3,698		115	3,759	4,019	
5302			67	-	-	
5304		45	593	183	-	
5310		1,468	2,958	3,284	1,390	
5312		115,765	32,469	-	-	
5315		3,240		-	-	
5352				-	199	
5355				11,039	12,229	
5357				-	574	

		Start-Up	12 Mos	12 Mos	12 Mos	6 Mos	Notes:	
		6/30/2010	Ending	Ending	Ending	Ending		
		6/30/2010	6/30/2011	6/30/2012	6/30/2013	12/31/2013		
Expenses								
5360	DOCUMENT SCANNER		2,987		-	-		
5370	MINOR COMPUTER EQUIPMENT				14	350		
5387	COMPUTER SOFTWARE				129	289		
5501	CAMERA				216	-		
5600	OFFICE & OTHER SUPPLIES				300	-		
5602	OFFICE SUPPLIES		2,451	3,044	1,282	1,661		
5627	PURCHASE OF BOOKS				-	375		
5636	MISC SUPPLIES	4,868			-	-		
5650	MISC OFFICE EQUIPMENT		1,295		-	-		
5654	ERGONOMIC OFFICE EQUIP			80	532	-		
7202	COMPUTER SOFTWARE				-	49,849		
8210	NSF CHARGES		240	120	60	60		
8511	TRANS TO GEN FUND STACAP	381	6,959	5,640	6,315	3,978		
DICAP Charges from the DHHS CAP	2978-0142	OMB	440	2,487	6,863	7,288	4,329	The timing of these expenditures differs in the Accounting system because of an error in the DHHS's Cost allocation plan that has been fixed and funding has been restored to the MM Program
	2978-0196	OMB Regional	553	1,759	2,076	4,724	5,833	
	2978-Z035	Contract Management	-	32	377	26	227	
	2978-Z036	DLRS Admin	-	28,414	36,104	50,843	22,518	
	2978-Z038	Hearings	-	-	101	58	84	
Total Expenses		17,331	300,257	255,361	246,854	198,805		
Net Income:		404,400	(244,903)	198,604	570,597	302,053	1,230,751	

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

Program Goals 2014

In 2013, the MMMP program underwent significant changes in processes, staffing and organization. The goal was to improve response to stakeholders and program applicants, reduce the length of time to process applications and to have an increased ability to provide services to participants. This is an ongoing objective, and there are several measures planned to further these goals.

One major focus is to complete and implement the new physician's certification process. InforME, an approved vendor of the Legislature, has been retained to create a system with the unique requirements of the MMMP. After the initial testing phase, MMMP will begin an extensive training program targeting the medical community. There will be regional information meetings for patients and caregivers as well as meetings and on-line training in the use of the new system available to any practitioner legally able to write a physician's certification for medical marijuana.

The law enforcement training completion date is set, and there have been focus group meetings and preliminary planning and project development. It is anticipated that the training module will be available to law enforcement officials in 2014. DLRS anticipates that with the advent of such training for law enforcement officials, the need for as much technical assistance will decrease, thereby allowing staff to focus on other performance improvement objectives.

Continued assessment for program efficacy and accuracy is ongoing. To that end, performance measures are being implemented to further programmatic goals.

MMMP will continue to meet with dispensary operators on a quarterly basis. A more formal plan to meet with other stakeholders is being developed and will be implemented over the course of 2014.

Conclusion

The Maine Medical Use of Marijuana Program continues to evolve in response to new legislation, participant needs and suggestions, and other factors. Efficiency and consistency are goals that underlie programmatic operations. Participation in the program continues to grow and growth is expected to continue to increase in the next year.

Non-Discrimination Notice

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