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Education Health and Environmental Affairs Committee

SB0605: Public Schools- Medical Cannabis- Guidelines for Administration to Students (Connor's Courage) and

SB0604: Public and Nonpublic Schools - Medical Cannabis - Policy for Administration During School Hours and Events

Position: Letter of Information

The Arc Maryland is the largest statewide advocacy organization dedicated to the rights and quality of life of children and adults with intellectual and developmental disabilities. We are submitting this letter of information to assert our support for options (such as medical cannabis for children who need it) that would increase access to free and appropriate public education for children with intellectual and developmental disabilities. We understand the use of medical cannabis is still somewhat controversial but feel these areas of concern and contention can and should be worked out so that children may ultimately benefit.

These bills would require Maryland State Department of Education (MSDE) to work with the Maryland Medical Cannabis Commission (MMCC) to develop guidelines to address the administration of medical cannabis in schools and provide training and technical assistance to schools to be able to implement the established guidelines. SB0604 is a bit more comprehensive than SB0605 and adds provisions for administration on the school bus, calls for guidance for non-public schools for medical cannabis administration, and creates an update to the caregiver definitions.

Issues These Bills Address: There are children in Maryland with disabilities and specific conditions who have not experienced optimal health due to the inadequacies and side effects of traditionally available treatments. Some of these children, who have discovered medical cannabis and regularly receive the medication, experience significant increases in quality of life and relief from the effects of their conditions, allowing them to attend school and in general, be active participants in their communities. *Please see some of these success stories in the attachment, detailing the impacts of medical cannabis on several individuals' lives.*

The state, allowing for the development of policies, guidelines, and training to permit the safe administration of medical cannabis during school hours and events, would create a "game changer" for these children, and would also provide the groundwork on which we may build a system for future administration in adult disability service systems.

According to the MMCC, as of July 2019, **nine states** currently authorize medical cannabis to be administered on school property. Additionally, the Council of the District of Columbia recently passed emergency legislation in September 2019 to clarify that existing city law does not prohibit students with medical cannabis licenses from consuming medical cannabis on school grounds.

According to the bill's Fiscal and Policy Note:

"There are four primary policy distinctions between these states' policies:

(1) who can administer the medical cannabis (self-administration, school staff, and/or parents or guardians);

- (2) where the medical cannabis can be administered (on school grounds, on a school bus, at a school-sponsored event);
- (3) whether medical cannabis can be stored on school grounds; and
- (4) whether a school is required or permitted to allow medical cannabis administration on school property.”

Federal funding considerations: “Across the country, there is broad concern that allowing students to consume medical cannabis on school grounds and/or the administration of medical cannabis by school staff could jeopardize federal funding for schools. However, the Department of Legislative Services (DLS) was unable to find any specific examples where this occurred.” -Source Fiscal and Policy notes for SB605 and SB604.

Furthermore, “DLS notes that the bill does not require a public school to administer or allow the administration of medical cannabis to students in school, at school-sponsored activities, or on a school bus.”

Policies and Training: In Maryland, MSDE has policies in place for narcotics, OTC drugs, prescription, herbal and homeopathic medications to be delivered at school and for the administration to be delegated to unlicensed staff. The framework to support cannabis administration is there, but medical cannabis would need to be added to these policies.

Regarding training to ensure safety for the students, much of the bill addresses expectations for MSDE and the MMCC to work together to develop the policies and the training protocols that would be needed.

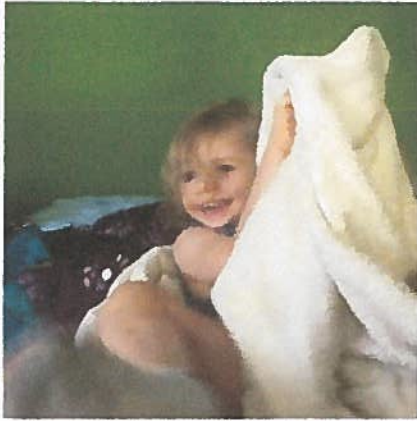
Caregiver definition: The definition of “caregiver” is one point of concern in the SB0604 and companion bill in that the definition is broadly stated. Different states have different definitions of what a caregiver is and who would be allowed to purchase, transport, manipulate, and administer this treatment. We would like to see a clearer definition, while understanding and supporting this should extend beyond parents to address access concerns for students.

In Illinois, “a parent, guardian, or any other individual registered with the department of public health as a designated caregiver of a student who is a qualifying medical cannabis patient may administer medical cannabis to the student...”- Source: MMCC report dated 7/25/19

Other Safeguards: Given that medical cannabis is classified as a schedule 1 drug, nurses have expressed concerns about Drug Enforcement Administration (DEA) arrests and convictions for administering medical cannabis or losing their nursing license. As school nursing personnel are important partners to the success of any medical cannabis It would be important that Maryland legislation address this concern by “prohibiting prosecution of a school nurse or other school personnel employed or contracted to deliver health-related services for the possession or distribution of cannabidiol oil or THC-A oil in accordance with a policy adopted by the local school board, to a student who has been issued a valid written certification” Chapter 574 sections 18.2-251.1:1 of the Code of Virginia)- Source: MMCC report dated 7/25/2019.

Medical cannabis is medically beneficial to many children and adults, and that we as a state need to achieve momentum toward establishing greater ability to use these treatments in school (and hopefully soon also in Home and Community Based Services). It is also clear, as with any treatment, that there needs to be safeguards developed and guidance for families and administrators.

Raina



Raina is a 4 year old in Washington County. She uses medical cannabis to control her seizures and as a rescue medicine during a seizure. When cannabis was first available, Raina used a CBD tincture but eventually it was determined that she has better seizure control and a marked increase in developmental and cognitive abilities with a tincture that is a combination of both CBD and THC. While she was offered a preschool setting as her least restrictive environment (LRE), the school system will not allow her to have her life saving medicine at school. As this is a **FIRST LINE** rescue medication, she cannot be in school without access to it. Her pharmaceutical rescue causes

Virginia



Virginia, a retired nurse began using medical cannabis after being diagnosed with cancer. She found that cannabis helped her to sleep and made her feel better overall. During the end of her life, she was in a rehabilitation facility but the facility could not legally hold and dispense cannabis despite it being a more effective medication for her than any of her prescribed pharmaceuticals. While her family (legal cannabis caregivers) could administer, if they were unable to come to the facility, she did not have access to her medicine.

Mimi



Mimi is a teenager with a seizure disorder, lung disease and many other health impairments. She has been using medical cannabis in oil form since 2014. Since stopping many of her pharmaceuticals and beginning medical cannabis, Mimi regained some of her eye sight. Recently, based on research that shows that THC is a bronchodilator, her family began using inhaled cannabis as part of her treatment and they have been able to avoid hospitalization for asthma since then. Mimi receives her education at home via Home and Hospital Instruction and receives personal support services from DDA. She is unable to access her medical cannabis through the Maryland Department of Health- DDA

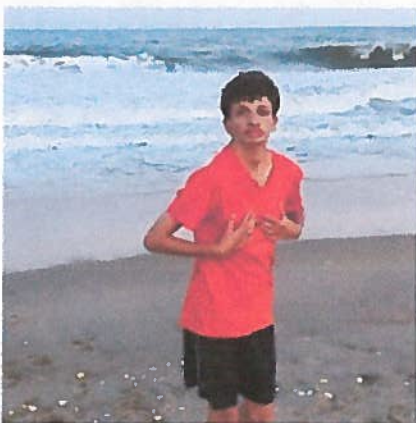
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Max



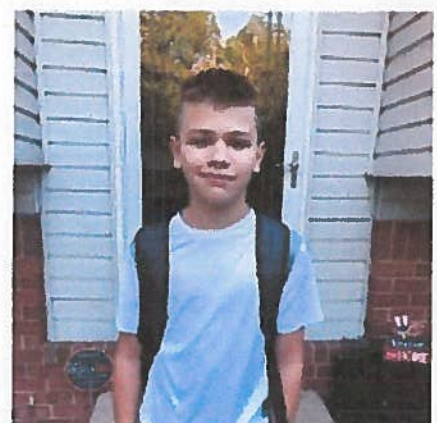
Max is a young adult with a seizure disorder. He has been using medical cannabis in oil form since 2014. Medical cannabis helps his seizure disorder and his family has noticed that he has gained a lot of skills since he stopped

Hal



Hal was diagnosed with glioblastoma in February of 2018. With a short life expectancy, and with the research available on Cancer.gov, he opted to allow cannabis to be added to his treatment program. By the summer of

Noah



When you become a parent, all your priorities change and the most important thing to you is the health, happiness and wellbeing of your child.

At age ten our son was diagnosed with a form of manic depression and anxiety

Max



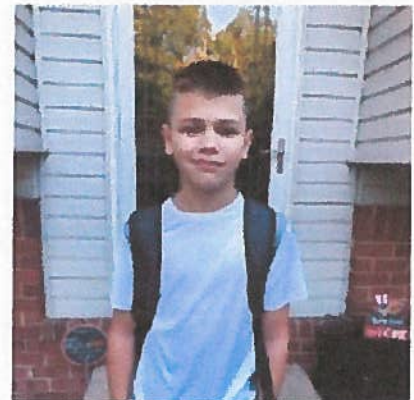
Max is a young adult with a seizure disorder. He has been using medical cannabis in oil form since 2014. Medical cannabis helps his seizure disorder and his family has noticed that he has gained a lot of skills since he stopped pharmaceutical medications and began medical cannabis. Max receives his education at home via Home and Hospital Instruction and receives personal support services from DDA. He is unable to access his medical cannabis through the Maryland Department of Health- DDA waiver services.

Hal



Hal was diagnosed with glioblastoma in February of 2018. With a short life expectancy, and with the research available on Cancer.gov, he opted to allow cannabis to be added to his treatment program. By the summer of 2018, he was in hospice at home. Strong THC drops alleviated pain and irritation related to shingles as well as the primary brain tumor. His wife, was unable to leave him and his home health agency had not registered to be able to help with giving him his medical cannabis.

Noah



When you become a parent, all your priorities change and the most important thing to you is the health, happiness and wellbeing of your child.

At age ten our son was diagnosed with a form of manic depression and anxiety. He was aggressive, sad constantly and the pain that he faced everyday we all felt. We tried many different things to overcome his obstacles but it came at a standstill.

When diagnosed there was talk of using psychiatric pharmaceuticals. We have first hand seen the trials and tribulations that these drugs that are supposed to help can cause. From increased anxiety, depression, suicidal tendencies as well as physical affects on the body. This was a decision that we didn't want to take lightly.

From our research we knew that the endocannabinoid system in our bodies played an important role in our well being, and we thought, maybe, just maybe we could save Noah.

A year ago, we started Noah on straight 5mg THC tablets, and within days we saw a difference, at times a break down would stop in literally a span of 4 minutes. Noah is now dosing twice a day regularly and has officially found happiness and health.

Noah has now been graduated from the state special education program for IED's and is excelling not only at school but personally as well. He is a fantastic baseball player, team mate, friend, brother, son.

This boy who knew nothing but sadness and anger now thrives and seeks the quiet peace of being content and happy. We are truly blessed that Noah was able to become a medical cannabis patient because truly, he has found exactly what he needed to live his life to be happy and healthy. #Nature4Noah