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HB 617: Support with amendment

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Dear Honorable Senators of the Education, Health and Environmental Committee of the Maryland Senate,

I am Dr. Stephanie Doersam, a pediatric physical therapist. I hold Bachelors and Doctoral degrees in physical therapy and a Masters Degree in Early Childhood Special Education. I have been working with children with special needs since 1994. I primarily work with children 0-3 years of age along with their parents in a home based model.

As I am certain you are aware, through IDEA - all children birth to 21 have the right to a Free and Appropriate Public Education regardless of disability. Over the 25 years that I have been a pediatric physical therapist, the emphasis has shifted toward a focus on the Least Restrictive Environment and more recently on greater community involvement. In 2017, when the first Maryland dispensary opened, Maryland children have been able to legally use medical cannabis. Unfortunately, without school access legislation, parents are forced to choose between their child's right to FAPE and their right to use this life saving medication. House bill 617 is both inclusive and comprehensive and was carefully written and amended to marry these rights for children and young adults who are still in a school setting in Maryland.

The bus, school and school sponsored activities are critical to school access while the caregiver changes allow for improved support and access for our most vulnerable Maryland medical cannabis patients.

The bus - [Transportation is a related service](#) on a student's IEP and including the bus in school cannabis legislation is critical to ensure the student's access to his education is met. While many students who use medical cannabis will not need access on the bus, those who need it for seizure rescue will need a plan for how it is stored and dispensed as rescue on the bus similarly to how diastat is currently handled. Students who need cannabis on the bus for seizure rescue will, at a minimum, be assigned a bus aide who will be trained in proper storage and treatment. This is no different than other rescue medications used for seizure, anaphylaxis, diabetic emergencies, etc. Transportation can also be an accomodation for a student who has a 504 plan rather than special education services.

At School - [The MSDE medication guideline](#) already has protocols in place for narcotics, prescriptions, OTC medications as well as herbal and homeopathic remedies. As noted in the MMCC report from July 2018, administration by school personnel is vital due to parent availability vs work schedules as well as the need for emergent administration of rescue medication. This bill and the amendments provide licensing protections for school nurses, delineates how the delivery instructions will be written and provides for ample time for the MMCC and MSDE to develop the guidelines and regulations necessary for implementation.

School Sponsored Activities - As noted in a [2013 US Dept of Ed press release](#), "Participation in extracurricular athletics can be a critical part of a student's overall educational experience, said Seth Galanter, acting assistant secretary for the Office for Civil Rights (OCR). "Schools must ensure equal access to that rewarding experience for students with disabilities." In order to achieve full access to the educational environment, students must not be limited by their need for medical cannabis in the same way they would not be limited by their need for any other legal medication.

Non-Public - [Over 4,000 Maryland students](#) are placed in non-public educational settings through the IEP process. The bill amendments make it clear to non-public placements that they may put policies in place for their students to receive medical cannabis. Additionally, students are transported to their non-public placements on public school buses further delineating the need for this bill to include bus access.

Caregiver - The caregiver modifications will allow a parent to add another adult who would be able to make purchases for the child and to deliver the medication to the home. This is critical for families who have limited mobility, need to travel far to get the necessary product and/or only have one parent able to be a caregiver. Consistent product availability is a concern amongst dispensaries and parents may need to travel hours to get the product the child needs. While any adult can pick up a prescription for narcotics or amphetamines from the pharmacy (with proper ID and name/birthdate of the patient), only a registered caregiver can legally purchase and transport cannabis from a dispensary to the certified patient.

I also respectfully request that the bill be **further amended** to increase the number of allowed caregivers per adult to 4 as well. I know that diversion is always a concern but as the allotment is specific for the registered patient, increasing caregivers does not cause an increased concern for diversion, it only increases accessibility. We need to be mindful that adults with developmental disabilities may be in school until 21 and vulnerable adults such as those in hospice, critically ill or disabled may need more assistance.

In summary - this bill will improve access to this life saving medication for our most vulnerable children and adults. It marries the right to a free and appropriate public education in ALL school settings to the right to use medical cannabis. The caregiver updates will improve access for the most vulnerable patients for whom Maryland medical cannabis law was ratified.

Thank you for your consideration and support of HB 617