

HB 837 Support Trulieve 2 10 22_final.pdf

Uploaded by: Jen Brock-Cancellieri

Position: FAV



Testimony HB 837: Cannabis Reform

Position: SUPPORT

Judiciary Committee

February 14, 2022

Dear Chair Clippinger and members of the Judiciary Committee,

On behalf of Trulieve, I respectfully urge a favorable vote on HB 837, which lays out the critical initial steps policymakers need to chart a path thoughtfully and efficiently toward an equitable adult recreational cannabis industry in Maryland. We appreciate your leadership and the Speaker's in your work over the interim through the Cannabis Referendum and Legalization Workgroup. Your commitment to equity and social justice is clear from HB 837.

Trulieve is an industry leading, vertically integrated cannabis company and multi-state operator in the U.S. operating in 11 states, with leading market positions in Arizona, Florida, and Pennsylvania. Our recent acquisition of Harvest Health expands our footprint in the northeast with additional affiliated facilities in Pennsylvania and entry into Maryland with our dispensaries in Halethorpe, Rockville, and Towson as well as our processing and cultivation facility in Hancock. By providing innovative, high-quality products across its brand portfolio, Trulieve delivers optimal customer experiences and increases access to cannabis, helping patients and customers to live without limits.

Trulieve is commitment to doing the work to ensure a diverse and equitable industry. For instance, in other markets, we have created equity and ownership partnerships that have allowed us to couple local community members with industry expertise to create an equitable and well-rounded cannabis marketplace. We very much look forward to working with the General Assembly and stakeholders to explore the right policies and incentives where existing license holders can mentor and formally partner with new social equity applicants so that they can thrive as well in this complex regulated industry. In particular, we support provisions in HB 837 for expungement, criminal justice reform, the Cannabis Business Assistance Fund, and the Cannabis Public Health Advisory Council.

We thank Chair Clippinger for his leadership on this bill and look forward creating hundreds more family supporting wage jobs as the cannabis industry expands across Maryland.

Lauren Niehaus
Director of Government Relations
Lauren.Niehaus@trulieve.com
303.827.9039

HB0837_SSDP.pdf

Uploaded by: Avery Meyer

Position: FWA



Dear House Judiciary Chair Luke Clippinger, Vice-Chair David Moon, and Members Curtis S. Anderson, Lauren C. Arikan, J. Sandy Bartlett, Jon S. Cardin, Frank M. Conaway, Jr., Daniel L. Cox, Charlotte Crutchfield, Debra M. Davis, Wanika B. Fisher, Robin L. Grammer, Jr., Faye, Martin Howell, Rachel R. Jones, Lesley J. Lopez, Susan K. McComas, Rachel P. Munoz, Emily K. Shetty, Haven N. Shoemaker, Jr., Brenda J. Thiam, Karen R. Toles, Nicole A. Williams,

Students of Sensible Drug Policy of Johns Hopkins University would like to thank you for the opportunity to share testimony on HB 837. We thank the Maryland House for considering legislation that would defer cannabis legalization to voters this coming November. Empowering the citizens of Maryland to make this decision is commendable. However, we have some concerns with current provisions in this bill and would encourage consideration to be made to address the following issues.

Legalization is currently delayed to 7/2023 if the measure were to pass. SSDP believes this should be amended to go into effect immediately after passage. We understand there is a period of decriminalization with civil fines leading up to the 7/2023 deadline, however these fines will disproportionately affect lower income residents. Additionally, the fine associated with public smoking of cannabis stand at \$500. This is a very high monetary amount, which again will disproportionately harm lower income residents. SSDP suggest the fine be amended to a more modest amount of \$50. Additionally, the committee could consider implementing policies such as in New York which allows marijuana smoking where tobacco can be smoked or in Connecticut where such fines are relegated to cities.

Adults who share their cannabis with adults over the age of 21 would currently lead to an intent to distribute charge with up to three years imprisonment. SSDP proposes this be amended to no punishment for adults sharing cannabis when there is no remuneration. In addition, the penalty for sharing cannabis should be revised to a civil penalty, and no imprisonment.

As the bill stands, cannabis infused products would not be legal. SSDP recommends the bill be revised to explicitly state these products are legal. We also ask the specification to be placed on possession limits, as under current provisions it appears a possession of 5 ounces of edibles containing 300mg of THC could result in a 6-month jail sentence.

People using cannabis in accordance with the guidelines under this bill would be doing so in a legal manner. As such, those who use cannabis in this way should not be subject to the same examination of acts that are criminal. SSDP recommend that the committee follow in suit of New York state which explicitly includes in their policies that the odor of marijuana is not a probable cause for police search.

To ensure that the with the legalization of marijuana communities and individuals are not still being harmed by the previous criminal nature of marijuana, provisions to the current language of

HB0837 should be made to protect people from losing their homes, education, professional licenses, children, and other freedoms due to the use of cannabis. As is true with Connecticut law, the bill should include language to restrict Maryland schools from imposing harsher penalties for cannabis than they do for alcohol, which is also legal for recreational use in the state for persons over the age of 21. Further, SSDP recommend that provisions to the bill prohibit individuals from being denied medical care (including organ transplants), professional licenses, child custody, housing, state benefits, gun rights, or state or local employment for acts that are legal within state law for cannabis activities, including testing positive for cannabis, that do not endanger others.

SSDP recommend that, unless there is specific evidence of an individual's use of cannabis creating or having the potential to create a danger for that individual or other persons, the bill should provide that parole, probation, and pretrial release cannot be revoked for state-legal cannabis activity, including testing positive for cannabis.

To be in accordance with state laws for the medical use of marijuana, SSDP suggest that the possession limit be *at least* four ounces. Further, we encourage the committee seriously consider reducing penalties for other cannabis-related offenses in their provisions, such as low-level sales. Currently written, the bill would subject individuals who are found to be guilty of possession with intent to distribute with up to three years of imprisonment. Given the non-violent nature of such low-level drug offenses, the committee's bill should mirror that of Connecticut's state law that penalizes first-offense sales with a civil fine.

Crucially, SSDP urges provisions to the bill regarding the "Cannabis Assistance Fund" be made to explicitly prioritize loans or grants to Black and minority-owned businesses to emphasize and ensure racial diversity and restorative justice within the state's cannabis market. The current language of the bill that includes loans or grants for "women-owned" businesses effectively integrates white women into the committee's stated goal of racial diversity and restorative justice, significantly comprising the bill's ability to effectuate racial equity and restorative justice in Maryland's cannabis market.

Lastly, SSDP suggest that committee prioritize the establishment of an equitable legalization and regulation cannabis system in Maryland to restore justice for communities that have been disproportionately harmed by the effects of marijuana criminalization. Specifically, provisions should be made for community investment into such communities effectively immediately upon voter approval. To allow ATCs to prepare for the transition and work to begin technical assistance and other support for social equity applicants, an interim study on disparity can commence upon voter approval, and the criteria of a social equity applicant can be finalized later in 2023.

Thank you for your time and consideration of our testimony.

Sincerely,

Students for Sensible Drug Policy of Johns Hopkins University

HB 837 Testimony_BMS_JAckson-Bowen 021022.pdf

Uploaded by: Darlene Jackson Bowen

Position: FWA



**BUILDING
MOSAIC
SOLUTIONS,
INC.**

Darlene Jackson-Bowen, Ph.D., PA
President and CEO, Building Mosaic Solutions, Inc.
2010 Groton Road Pocomoke City, MD 21851
mosaic.comsvc@gmail.com | (443)-614-1554
www.BuildingMosaicSolutions.org

February 10, 2022

HB 837 – Cannabis Reform – Support with Amendments

Dear Chair, Clippinger and Members of the Judiciary Committee:

The companion to criminal record expungement is restorative justice. An investment in substance abuse prevention is restorative justice. Substance abuse prevention is the alternative to mass incarceration. During the period of mass incarceration of youth and young adults for drug related offences, the investment in substance abuse prevention was marginalized and substance abuse treatment valued. A direct reciprocal correlation exists between mass incarceration for drug offense and substance abuse prevention: increase in mass incarceration decrease in prevention investment, decrease in mass incarceration, increase in prevention investment. The strategy was lock them up and treat them which was an economic strategy not a public health strategy. An investment in prevention is the great state of Maryland is our opportunity for restorative justice. **Restore the investment in prevention.**

Building Mosaic Solutions Inc (BMS) is an [501c (3)] nonprofit ascribing wholeheartedly to Aristotle’s statement, “the unfortunate need people who will be kind to them; the prosperous need people to be kind to.” As such we work to expand the world of possibilities for marginalized communities through advocacy, education, social action, and collaboration serving the Lower Eastern Shore of Maryland. We leverage our resources in partnership with key community stakeholders to effect community-level change that positively impacts underprivileged and underserved communities. The services we provide support initiatives to address social determinants of health while reducing health disparities through one of three pillars: *Berlin Prevention Works Coalition for Alcohol & Drug-Free Communities (BPW)*, *Focusing Attitudes & Intentions Through Health Partnerships (FAITH)*, and *Breast Cancer Awareness & Navigation (BCAN)*.

- I. Berlin Prevention Works Coalition for Alcohol & Drug-Free Communities**
Through extensive collaborations, implementation of environmental strategies, and development of award-winning, youth empowerment programming, our BPW program focuses on comprehensive, outcome-based substance misuse and overdose prevention.
- II. Focusing Attitudes & Intentions Through Health Partnerships**
Mosaic built a network of trusted laity in our communities to bridge gaps by promoting equity and education for black, indigenous, people of color (BIPOC). We improved outcomes for our community population by extending and expanding access to the COVID-19 vaccine, providing education, and addressing vaccine hesitancy, preventing spread of the virus, reducing serious illness and hospitalizations, and boosting community immunity.
- III. Breast Cancer Awareness & Navigation (BCAN)**
Through online educational programming, public speaking, and peer-to-peer consult, we help patients overcome the barriers of fear, and misinformation about the breast cancer disease and



**BUILDING
MOSAIC
SOLUTIONS,
INC.**

Darlene Jackson-Bowen, Ph.D., PA

President and CEO, Building Mosaic Solutions, Inc.
2010 Groton Road Pocomoke City, MD 21851
mosaic.comsvc@gmail.com | (443)-614-1554
www.BuildingMosaicSolutions.org

its prevention. Our initiatives aim to help underserved, newly diagnosed women to navigate the healthcare system and provide hope to fight.

BMS seeks to connect community stakeholders for collaboration across jurisdictional boundaries to increase the power of population-level change at the county and state-level. BMS is a prevention movement for positive youth development, youth engagement, and adolescent healthy development, including social-emotional learning.

(1) to influence policies, practices, and programs in the State of Maryland to reduce youth substance use and other youth problem behaviors such as youth mental challenges, youth violence, low academic achievement, sexual risk avoidance education, low neighborhood attachment, youth engaged with the juvenile justice system, and Adverse Childhood Experiences (ACEs), and

(2) increase collaborative efforts among and within untapped prevention efforts locally, statewide, and nationally.

We strongly support with amendments HB 837 – Cannabis Reform. The bill addresses many of the necessary strategies to restore justice to lives lost because of the systematic and structural prejudices from the past criminalization of people’s behaviors resulting from lack of adequate investment in underserved populations and environmental strategies to address poverty experiences, employment preparedness, affordable housing, and educational opportunities. Substance use prevention was casualty of the mass incarceration movement. As such, substance abuse prevention should be a significant investment in the restoration of the harm caused by mass incarceration and an unbalanced approach to substance abuse treatment. Substance abuse treatment is a fruit from the of poisonous mass incarceration.

As such we recommend the following amendments:

On page 26, line 3, delete “at least 5 years of”

On page 26, line 6 delete “and” and insert “one substance abuse prevention practitioner with expertise in youth substance use prevention; one individual with expertise in drug-free community coalitions; and”

On page 29, delete lines 6-7, and insert “supporting environmental strategies for substance abuse prevention, including supporting multisector drug-free community coalitions”

Currently, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) provides the state of Maryland with approximately \$34 million annual for substance use disorders counseling and treatment from the Substance Abuse Block Grant. The investment from the federal government and the state of Maryland in prevention is dismal. The proposed fund is an opportunity for a balance approach to mass incarceration restorative justice.



**BUILDING
MOSAIC
SOLUTIONS,
INC.**

Darlene Jackson-Bowen, Ph.D., PA

President and CEO, Building Mosaic Solutions, Inc.
2010 Groton Road Pocomoke City, MD 21851
mosaic.comsvc@gmail.com | (443)-614-1554
www.BuildingMosaicSolutions.org

BMS defines prevention as an active, assertive *movement* of creating community conditions and environments that promotes the well-being of individuals, families, and communities. A coalition is a partnership of various sectors in society that collaborate to address universal problems and create a pathway for solutions. Some of the sectors of society include youth-serving organizations, schools, businesses, healthcare professionals, civic/volunteer groups, law enforcement, youth, parents, institutions of higher education, elected officials, local government, religious/fraternal organizations, and the like.

BMS uses evidenced-based prevention tools developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Disease Control and Prevention (CDC), and the Community Anti-Drug Coalition of America (CADCA). SAMHSA's Strategic Prevention Framework (SPF) is the operational model. The SPF is a 5-step approach to community-level change: Assessment, Planning, Capacity Building, Implementation, and Evaluation. CADCA's 7 Strategies for Community-Level Change are employed to guide the implementation of programs, activities, and services. The seven strategies are: providing information, building skills, providing support as well as environmental change strategies (enhancing access/reducing barriers, changing consequences, physical design, and modifying/changing policy).

BMS approach to primary prevention is the public health model advocating for a comprehensive strategy of individual and environmental strategies implemented by multiple organizations in the community. A coalition identifies and coordinates the implementation of the comprehensive strategies. Individual-focused strategies target youth protective and risky behaviors by providing information, building skills, and providing support to make healthy decisions, i.e., direct prevention services to individuals. Environmental-focused strategies focus on the availability of the substance, community norms, and promote regulations to impact community-wide behaviors in the entire community environment.

If more information is needed, please let us know. We can be reached at (443)-614-1554.

Sincerely,

Darlene Jackson-Bowen, Ph.D., PA
President and CEO, Building Mosaic Solutions, Inc.
Project Director, Berlin Prevention Works Coalition
for Alcohol and Drug Free Communities

HB837 testimony Gorelick 02-14-2022.pdf

Uploaded by: David Gorelick

Position: FWA

HB 837: Cannabis Reform (Clippinger)

Judiciary Committee, Feb. 14, 2022

I am Dr. David Gorelick, a physician certified in psychiatry and addiction medicine with a doctoral degree in pharmacology. I am Professor of Psychiatry at the University of Maryland School of Medicine, editor-in-chief of the *Journal of Cannabis Research*, Distinguished Life Fellow of the American Psychiatric Association, and Distinguished Fellow of the American Society of Addiction Medicine. I am testifying today as a private individual, not representing any institution or organization.

I support the overall goals of HB 837 but believe the bill needs amendments to meet the public health needs of Maryland. My comments are focused on these public health aspects of legalizing adult use (“recreational”) cannabis in Maryland. Maryland deserves a comprehensive and strict regulatory system for adult use cannabis that protects and promotes the public health. The regulatory system should be spelled out in the law concurrent with the proposed constitutional amendment legalizing adult use cannabis so that voters know what type of system they are voting on. Leaving regulations to a later election cycle opens the possibility that the regulatory system is not what was envisioned by voters on the constitutional amendment, possibly due to influence from the commercial cannabis industry.^{1,2}

From a public health perspective, it is essential that any law include comprehensive regulations in the following areas:

- Marketing and promotion of cannabis products
 - Cover all media including print, point-of-sale, online and social media
 - Ban any form of direct or indirect marketing and promotion (including package design and labeling) likely to appeal to minors or in a venue or medium containing more than a negligible proportion of minors
- Prescribe appropriate packaging and labelling
 - Packaging must be child-proof
 - Unit packages of oral formulations (“edibles”) should contain no more than 10 mg of delta-9-THC (or comparable standard dose) to minimize the chance of child overdose
 - Labels must include appropriate warnings about the harms of cannabis use
 - Labels must list product composition and potency in terms of specific cannabinoids (such as delta-9-THC and cannabidiol), terpenes, and flavonoids.
- Establish an adequately staffed and funded enforcement regime that is protected from outside influences.
- Establish an adequately staffed and funded public health advisory body
 - Comprised of a variety of experts with relevant expertise and experience in the cannabis field who are free of conflicts of interest, whether financial or personal.

- Adequately funded to direct and/or conduct the systematic collection of all relevant data needed to evaluate the short- and long-term effects of cannabis legalization, produce periodic reports available to the public, and make recommendations to improve the law and its regulations, based on the data collected.
- Data collection methods should be transparent and based on established best-practices in the scientific community

Decades of experience with the tobacco and alcohol industries show that commercial entities in these industries will push the limits of law and regulation to increase their profits.^{3,4,5} Experience in other states that have already legalized cannabis suggests that the cannabis industry is no different. Studies published in peer-reviewed scientific journals document numerous examples of commercial cannabis companies violating marketing regulations.^{6,7} Many of these violations were identified by members of the public, rather than by state regulators.

Therefore, I strongly recommend that HB837 incorporate comprehensive regulations as outlined above to adequately protect the public health of Maryland.

Respectfully,

David A. Gorelick, MD, PhD, DLFAPA, FASAM

3316 Old Forest Road

Baltimore, MD 21208

Davidgorelick1@gmail.com

References:

1. Jernigan DH. Cannabis chains of influence from a US perspective. *Addiction*, 116, 2050-2051, 2021.
2. Caulkins JP & Kilborn ML. Cannabis legalization, regulation, & control: a review of key challenges for local, state, and provincial officials. *American Journal of Drug and Alcohol Abuse*, DOI: 10.1080/00952990.2019.1611840
3. Adams PJ, et al. Policy influence and the legalized cannabis industry: learnings from other addictive consumption industries. *Addiction*, 116, 2939-2946, 2021.
4. Barry RA & Glantz SA. *Lessons from Tobacco for Developing Marijuana Legalization Policy*. University of California San Francisco, 2017. Available at www.escholarship.org/uc/item/87j477b7
5. Shover CL & Humphreys K. Six policy lessons relevant to cannabis legalization. *American Journal of Drug and Alcohol Abuse*, DOI: 10.1080/00952990.2019.1569669

6. Carlini BH, et al. Cannabis industry marketing violations in Washington State, 2014–2019. *Journal of Studies on Alcohol & Drugs*, 83, 18–26, 2022.
7. Moreno MA, et al. A Content analysis of cannabis company adherence to marketing requirements in four states. *Journal of Studies on Alcohol & Drugs*, 83, 27–36, 2022.

HB 837 - Cannabis Reform.pdf

Uploaded by: Donna Edwards

Position: FWA



MARYLAND STATE & D.C. AFL-CIO

AFFILIATED WITH NATIONAL AFL-CIO

7 School Street • Annapolis, Maryland 21401-2096

Office. (410) 269-1940 • Fax (410) 280-2956

President

Donna S. Edwards

Secretary-Treasurer

Gerald W. Jackson

HB 837 – Cannabis Reform House Judiciary Committee February 14, 2022

SUPPORT WITH AMENDMENT

**Donna S. Edwards
President
Maryland State and DC AFL-CIO**

Chairman and members of the Committee, thank you for the opportunity to submit testimony in support HB 837 – Cannabis Reform. My name is Donna S. Edwards, and I am the President of the Maryland State and District of Columbia AFL-CIO. On behalf of Maryland's 340,000 union members, I offer the following comments.

When the voters of Maryland approve of the legalization of cannabis, HB 837 will be necessary to safely enact the will of the people, providing for some of the appropriate measures for a seamless transition. The legislation includes – among other things – a baseline study of existing cannabis use in Maryland, the creation of a Cannabis Business Assistance Fund to assist new cannabis entrepreneurs, the creation of the Cannabis Public Health Fund to help mitigate against any public health issues related to legalization, and some cursory first steps in addressing the inequities of past cannabis-related arrests, prosecutions, convictions, and imprisonment.

HB 837 is a great first step in the regulation of cannabis, should the voters approve of its legalization this coming fall. However, it is lacking in the protection of workers within this – soon to be – thriving sector of the economy. With legalization and regulation of a brand-new industry, businesses will fill the market need for cannabis products, bringing new jobs to fulfill demand. It is imperative that whenever we have the opportunity to create new jobs, we ensure workers have a voice in that process. Those who create the entirety of the value of any business should have a say in their own future. Therefore, we support the following friendly amendment to HB 837, that will provide the workers in this new industry a level playing field by which they can exercise their rights in the workplace:

On p. 6, after line 19, please insert:

(2). Grants from the Fund for small, minority-owned, or women-owned businesses can only be awarded to applicants who submit an attestation signed by a bona fide labor organization stating that the applicant has entered into a labor peace agreement with such bona fide labor organization.

Moreover, when the General Assembly works out the full regulation and licensure of recreational cannabis businesses, Maryland's unions ask that you include strong Labor Peace language within that legislation, as well. California, Connecticut, New Jersey, New York, and Virginia have Labor Peace language in their recreational cannabis legislation, and those states are enjoying a boom in recreational cannabis business license applications and business profits. Far from being a hindrance, Labor Peace provides a level of security for workers and businesses by creating continuity across the industry.

For these reasons we ask for a favorable report, with the adoption of the amendment above on HB 837.

UFCW Local 27 Testimony on HB 837 - 2022 0214.pdf

Uploaded by: Jessica Hack

Position: FWA



WRITTEN TESTIMONY IN SUPPORT OF HB 837

Cannabis Reform

February 14, 2022
Judiciary Committee
Maryland House

TO: Hon. Luke Clippinger, Chair,
Hon. David Moon, Vice-Chair, and
Members of the Committee

FR: Jason Chorpenning
President, United Food & Commercial Workers International Union Local 27
21 West Road, Towson, MD 21204

Chair Clippinger, Vice Chair Moon and Members of the Committee, on behalf of the 23,000 working men and women represented by United Food & Commercial Workers International Union (UFCW) Local 27, I am submitting testimony in support of HB 837 with Amendments.

Nationally, UFCW represents over 1.3 million hard-working men and women who work in highly regulated industries including the emerging legal cannabis industry. Our cannabis members can be found across multiple states in growing and cultivating facilities, manufacturing, and processing facilities, and in laboratories and dispensaries, including in Maryland.

UFCW Local 27 supports the legalization of recreational cannabis in Maryland with the addition of labor peace agreements as a condition of cannabis licensure and renewal. Labor peace agreements protect businesses, workers, and consumers, and are an effective regulatory tool for the state.

Wherever cannabis is legalized, the UFCW is committed to building family sustaining jobs and a strong, diverse, and skilled workforce. These are good-paying, union jobs in an area that has a higher unemployment rate than the state average.

We commend Delegate Clippinger for sponsoring this legislation which is reflective of attitude of the country and the state of Maryland. Eighteen states and the District of Columbia have already legalized adult use cannabis and 60% of Marylanders support legalization for adults over 21 years of age.

We want to emphasize one important fact: the cannabis industry in Maryland does not operate in a free-market environment. It is a state-sanctioned and regulated. Unlike a traditional market not anyone is entitled to open a business and compete for business; a limited number of licenses are awarded by the state.

As a regulated, non-competitive industry, the state has an interest in ensuring the industry promotes the public good. That the industry is open to women and minority owned businesses. That we are growing local businesses instead of only promoting multi-state operators backed by venture capital.

The bill includes numerous provisions that address outstanding criminal justice reform issues and the need for equity and inclusion to ensure the industry is reflective of the state and grows local businesses.


As a regulated, non-competitive industry, the state also has an interest in ensuring the jobs created will pay a family sustaining, living wage.

The inclusion of labor peace language allows employees to exercise their right to unionize without intimidation or coercion and ensures a democratic process. In addition, collective bargaining agreements generally mean employees will be covered by health and welfare plans, removing the drain of the state established social safety net.

The inclusion of this language is also closes a loophole some employers have used to deny worker's their rights. Since the federal government still considers cannabis an "federally" illegal industry, the federal government has avoided a decision on employee's right to organize under the normal procedure of National Labor Relations Act. The inclusion of a labor peace language in the regulations ensures that workers in this industry have the same rights as other workers in Maryland.

I urge the Committee to SUPPORT HB 837 with Amendments.

In solidarity,


Jason Chorpenny

HB 837_CANMD_MDMDA_Support w-amemd.pdf

Uploaded by: Joe Bryce

Position: FWA



The Honorable Luke Clippinger
Chair, House Judiciary Committee
Room 101 House Office Building
Annapolis, MD 21401

The Maryland Wholesale Medical Cannabis Trade Association (CANMD) and the Maryland Medical Dispensary Association (MDMDA) appreciate the opportunity to comment on **House Bill 837 – Cannabis Reform**. We appreciate the sponsor’s hard work on this issue over the interim, particularly while serving as Chair of the Speaker’s House Cannabis Referendum and Legalization Workgroup.

CANMD and MDMDA support the issues addressed in the bill – criminal justice and expungement reform; public health concerns; assistance for small-, minority- and women-owned businesses and; conducting a disparity study to help further diversify the cannabis industry.

Social justice must be at the heart of any consideration of adopting an adult-use program in Maryland. It is indisputable that people of color have been disproportionately impacted by the enforcement of marijuana laws, in Maryland and nationally. The arrest and incarceration of people of color for minor marijuana possession crimes must stop – and prior wrongs must be remedied through the expungement process.

CANMD and MDMDA also support efforts to further diversify the cannabis industry. Our Associations supported House Bill 2 of 2018, which added grower and processor licenses to the medical cannabis program to provide economic opportunities for people of color. While the license awards that resulted from that process have significantly improved the diversity of license-holders, more remains to be done as the State moves towards an adult-use market. The disparity study required by House Bill 837 will help inform the legislature’s decisions on remedial measures that should be taken before awarding adult-use licenses.

We also support the creation of the Cannabis Business Assistance Fund, which we believe should be used to assist the entrance of Maryland-owned small, minority-owned and women-owned businesses into the adult-use cannabis industry. As other States have recognized, these new businesses often need assistance navigating the license application process. More importantly, access to capital is likely the main barrier to small, minority-owned and women-owned businesses entering this or any other market. The Fund can help in both areas. We also believe that existing medical cannabis license holders can play a role in assisting new businesses entering the adult-use market as part of a comprehensive social equity focus. This approach has been used in every recently adopting State that has transitioned from a medical-only market to an adult-use market. We pledge to work with the General Assembly and all interested parties to identify ways that current licensees can help new entrants start in, and thrive in, the new market.

Below we suggest some changes or clarifications that we believe strengthen House Bill 837. However, there is a step the General Assembly can take right away to prepare for adult use and assist new applicants and medical cannabis licensees - particularly the new House Bill 2 licensees that are coming online. Current federal tax law prohibits cannabis-related businesses from deducting basic business expenses, like wages and salaries, repair and maintenance, overhead, promotions and equipment costs (commonly referred to as the “280E problem”). Maryland can decouple from this provision and put licensees on equal footing with every other Maryland business. We recognize this is the subject of legislation in the Ways & Means Committee (House Bill 351); however, as the adult use issue crosses committee jurisdictional lines, we wanted to raise the importance of this issue with the Committee.

Suggested changes

On page 17, line 25, there may be a need to clarify that the prohibited activities do not apply to licensees and agents in the medical cannabis program. After “TITLE” insert “AND IN TITLE 13, SUBTITLE 33 OF THE HEALTH-GENERAL ARTICLE.”

Second, the Cannabis Public Health Advisory Council is charged with studying various issues. On page 27, lines 27-28, the Advisory Council is required to study and make recommendations regarding “advertising, labeling, product testing, and quality control requirements.” It is important to note ~~that~~ the General Assembly ~~has~~ passed legislation regulating advertising in the medical cannabis program (Chapter 456 of the Acts of 2019, codified as Section 33-1313.1 of the Health-General Article), ~~and~~. In addition, the Commission ~~has~~ adopted regulations on ~~the issue~~. ~~There are also regulations in place regarding~~ labeling, product testing, and quality control. The Advisory Council should be charged with considering the existing regulations, and the sufficiency of those regulations, ~~rather than starting over on those issu~~

Finally, we support conducting a disparity study to enable Maryland to further diversify the industry and understand that, if necessary, medical licensees should provide useful information to the certification agency. However, the information requested from licensees in Section 7 (pages 33-35) is extremely broad and, given the time frames established in that section, may never be effectively analyzed. If House Bill 837 passed today, over 150 licensees would have less than 5 months to detail every expenditure for the past 6 years. Even if ~~that was providing the voluminous materials requested were~~ feasible, ~~won't the data would be unnecessary be a need for the data~~ if the certification agency determines by July 1, 2022 that ~~the data and the~~ analysis from prior studies ~~is was~~ sufficient to inform ~~this the new~~ study. Even if the certification agency concludes those studies are ~~not insufficient~~ sufficient, the ~~agency y will would~~ have only ~~3-three~~ and a half months to consider the data from licensees.

Mackie Barch
President
Maryland Wholesale Medical
Cannabis Trade Association

Tracey Lancaster Miller
President
Maryland Medical
Dispensary Association

HB837_KHoke_FWA (final).doc.pdf

Uploaded by: Kathleen Hoke

Position: FWA

Law School Professor

500 West Baltimore Street
Baltimore, MD 21201
410.706.1294
khoke@law.umaryland.edu

February 9, 2022

The Honorable Luke Clippinger
Chair, House Judiciary Committee
House Office Building, Room 101
Annapolis, Maryland 21401

Re: HOUSE BILL 837—CANNABIS REFORM—FAVORABLE WITH AMENDMENT

Dear Chairman Clippinger:

I am writing to thank you for introducing House Bill 837 (Cannabis Reform), which addresses a variety of important issues related to public health and social equity. While I support the bill and particularly the creation of the Cannabis Public Health Fund, I offer what I hope is received as a friendly amendment to the provisions creating the Fund. I have attached the proposed amendment below and explain the basis for the proposed amendment.

As you know, allowing access to cannabis, whether for medical or adult-use purposes, raises innumerable legal issues. Whatever decision this body makes with respect to legalization, myriad legal questions will arise, from the preemptive effect of federal law to the scope of local power within a state-level regulatory scheme. This body has grappled with these issues first with authorizing medical use and now as you consider legalization. Your workgroups and the experts you have pulled in for conversations have been vital to examining the public health, legal, social equity, law enforcement, government operations, and other issues that should be addressed with legalization. That need for support will only increase with legalization.

Unanswered questions on law and policy can threaten effective and efficient implementation of a legalization scheme. State and local legislative bodies, executive agencies, public health officials, law enforcement officials, courts, and other impacted parties need access to experienced, knowledgeable lawyers who understand cannabis legal issues as well as Maryland state and local government powers. I am confident that the University of Maryland Carey School of Law is the best source for this technical legal assistance. Indeed, through my colleague, Mathew Swinburne, we have been providing that support to the House Cannabis Referendum and Legalization Workgroup and its Senate counterpart (and related staff from the Department of Legislative Services), local health officials, law enforcement agencies, and community coalitions for more than three years. But funding limitations require that we be brief with our support and turn away some requests that exceed our current capacity. With

consistent funding, we could provide both responsive and proactive technical legal assistance more broadly and deeply.

Creating a legal resource center to provide this type of support would be based on a fine example already operating at Maryland Carey Law—the Legal Resource Center (LRC) for Public Health Policy. Though not specifically funded through statute, the LRC was created in 2001 as a result of the State receiving funds from the Tobacco Master Settlement Agreement and creating the Cigarette Restitution Fund. We have been continually funded through the Maryland Department of Health (MDH) for 21 years. We provide technical legal assistance to MDH and local health departments, the General Assembly and local legislatures, the Alcohol and Tobacco Commission (formerly the Comptroller’s Office), community coalitions, Maryland residents and businesses, medical professionals, and researchers. With free, accessible legal support, Maryland law and policy at the state and local level has been responsive to data on tobacco use and designed to stop emerging use trends that threaten public health. Collaboration between agencies and across levels of government is enhanced by the LRC’s involvement. We are proud of our accomplishments and want to offer the same support on cannabis law and policy.

A Cannabis Legal Resource Center would benefit from my more than 30 years of practicing law in Maryland, with the overwhelming majority of those years in government practice, supporting state and local legislatures, public health agencies, and communities. I have earned the trust of local health officers and legislators as an attorney who both understands public health law and state and local government law. Add to my decades of experience, the deep and broad knowledge of cannabis law and policy that Mathew Swinburne has and the Cannabis Legal Resource Center at Maryland Carey would quickly become a trusted and valued part of the team of the myriad people working to realize the benefits and protect against the potential harms of cannabis legalization. Indeed, we have solid relationships with leaders at the Maryland Medical Cannabis Commission and the Alcohol and Tobacco Commission, both of which will likely be involved in cannabis regulation after legalization. There will be great need for technical legal assistance in the cannabis space and have proven experience to deliver this service.

The attached amendment addresses this significant need by creating a line item in the Cannabis Public Health Fund for the provision of technical legal assistance, with specific designation of the University of Maryland Carey School of Law as the source to provide that support. Getting a Cannabis Legal Resource Center up and running as legalization occurs will be critical to effective implementation, ongoing compliance, and policy adjustment. We look forward to the opportunity to provide that support.



Kathleen Hoke
Law School Professor
University of Maryland Carey School of Law

PROPOSED AMENDMENT TO HOUSE BILL 837 (2022)

PAGE 29, LINE 7, AFTER "INDIVIDUALS;" , STRIKE "AND".

PAGE 29, AFTER LINE 9, ADD:

(6) FUNDING THE UNIVERSITY OF MARYLAND FRANCIS KING CAREY SCHOOL OF LAW TO PROVIDE TECHNICAL LEGAL ASSISTANCE ON CANNABIS LAW AND POLICY TO:

- (A) THE GENERAL ASSEMBLY AND DEPARTMENT OF LEGISLATIVE SERVICES;
- (B) STATE AGENCIES AND ENTITIES, INCLUDING THE ADVISORY COUNCIL;
- (C) LOCAL GOVERNMENT AGENCIES, LEGISLATURES, BOARDS OF HEALTH, BOARDS OF EDUCATION, AND OTHER ENTITIES;
- (D) STATE AND LOCAL LAW ENFORCEMENT AGENCIES;
- (E) PUBLIC AND PRIVATE INSTITUTIONS OF HIGHER EDUCATION;
- (F) TRADITIONAL MINORITY-SERVING INSTITUTIONS IN THE STATE AND SURROUNDING JURISDICTIONS, INCLUDING HISTORICALLY BLACK COLLEGES AND UNIVERSITIES;
- (G) TRADE ASSOCIATIONS REPRESENTING MINORITY AND WOMEN-OWNED BUSINESSES;
- (H) COMMUNITY COALITIONS FORMED TO ADDRESS PUBLIC HEALTH AND SUBSTANCE USE IN THEIR COMMUNITIES; AND
- (I) NON-GOVERNMENTAL ORGANIZATIONS WORKING IN PUBLIC HEALTH LAW AND POLICY.

Submitted by:

Kathleen Hoke
Professor
University of Maryland Carey School of Law
500 West Baltimore Street
Baltimore, Maryland 21201
(410)706-1294
khoke@law.umaryland.edu

Favorable with Amendments Written Testimony for HB

Uploaded by: Kayla Mock

Position: FWA

**Testimony in Support with Amendments of HB 0837
Cannabis Reform
February 10, 2022**

To: Hon. Luke Clippenger, Chair, and members of the House Judiciary Committee

From: Kayla Mock, Political Organizer
United Food and Commercial Workers Union, Local 400

Chair Clippenger and members of the Judiciary Committee, I appreciate the chance to share my testimony on behalf of our over 10,000 members in Maryland, working on the front lines of the ongoing pandemic in grocery, retail, food distribution, law enforcement, and health care. Through collective bargaining, our members raise the workplace standards of wages, benefits, safety, and retirement for all workers. Union members are critical to the addressing inequality and uplifting the middle class.

We support HB 0837 with amendments.

We are excited Maryland is poised to become the 32nd state, plus Washington, D.C., to either legalize or decriminalize adult use cannabis, especially since 67% of Marylanders are supportive of legislation to do so. We appreciate the hard work and thoughtfulness that has gone into this legislation and understand the extreme complexity that comes with adult use cannabis reform.

The United Food and Commercial Workers Union (UFCW), represents tens of thousands of cannabis workers across the United States in dispensaries, labs, kitchens, manufacturing, grow facilities, and more.

The UFCW wants a bill that sets up an equitable system of legalization and regulation centering around social equity prioritizing impacting communities and community reinvestment, and labor peace agreements.

A "Labor peace agreement" is an agreement between a marijuana establishment and a bona fide labor organization protecting the state's proprietary interests by, at a minimum, prohibiting the labor organization from engaging in picketing, work stoppages, or boycotts against the cannabis establishment. A "Bona fide labor organization" is a labor union representing, or is actively seeking to represent, cannabis workers.

Labor peace agreements help support a fair process for workers to decide whether they would like union representation without intimidation or retaliation by employers. The Economic Policy Institute estimates U.S. employers spend nearly \$340 million each year on advisors that conduct “‘union vulnerability tests’ and provide companies with important recommendations for crushing union drives at their companies.” Labor peace agreements in cannabis licensure will ensure workers can choose to form a union in a neutral environment, without employer interference.

The cannabis industry is fast growing and a multibillion-dollar industry, and it is important to ensure workers obtain a fair share of the economic growth. The “Ensuring the High Road in Cannabis” report by the Economic Policy Institute found that union representation in the cannabis industry was key to ensuring jobs were safer, better paying, and more likely to provide benefits like healthcare, paid leave, and fair scheduling. The report also found union representation could significantly increase cannabis worker wages, with cultivation workers making over \$7,000 more a year, processing workers could make more than \$8,700 more a year, and retail employees making \$3,000 more a year on average than non-unionized employees.

Labor peace agreements also address social equity issues, addressing inequity in the hardest hit communities from the “War on Drugs.” The EPI study also found people of color and women would enjoy a bigger wage boost from unionizing in the cannabis industry. For example, unionized cannabis workers of color in processing jobs earn 26.4% to 32.4% more than nonunion workers. “Unions offer a powerful mechanism for promoting greater racial equity in cannabis,” the report stated.

Labor peace agreements can also help ensure quality training for this new and emerging workforce, and safety regulations in these facilities. When workers have access to representation their ability to advocate training or additional education, is increased. Additionally, unionized workers are less likely to have workplace accidents because of safety regulations and enforcement by union representation. By requiring safe working conditions, labor peace agreements also protect the health and welfare of workers and consumers. A well-trained workforce can produce quality products that meet higher safety standards.

Social equity is an incredibly important piece of cannabis legalization, and we are appreciative of the pieces placed in this bill. We ask that labor peace agreements be included to promote social equity and ensure good sustainable jobs for Marylanders by requiring freedom of choice without interference, opening access for collective bargaining for wages, benefits, racial and gender equality and equal treatment, safe working conditions.

For all these reasons, we support HB 837 with amendments.

1 - HB 837 - Cannabis Reform - MMCC - SWA.pdf

Uploaded by: Maryland Department of Health /Office of Governmen Bennardi

Position: FWA



**2022 SESSION
POSITION PAPER**

BILL NO: HB 837

COMMITTEE: Judiciary

POSITION: Support with Amendments

TITLE: Cannabis Reform

BILL ANALYSIS: House Bill (HB) 837 would legalize the use and possession of 1.5 ounces or less of cannabis if voters ratify the proposed Constitutional Amendment in House Bill 1 (2022). The bill's provisions that directly impact the Maryland Medical Cannabis Commission (the Commission) would (1) require the Commission to conduct a baseline study on the use of cannabis in Maryland, (2) establish a Cannabis Public Health Advisory Council and require the Executive Director of the Commission to serve on the Council, (3) require licensed and preapproved medical cannabis growers, processors, and dispensaries to provide certain confidential financial data to the Commission by July 1, 2022, contingent upon whether the data is determined to be necessary to assess the need for remedial measures in the cannabis industry, and (4) require the Commission to conduct a study and make recommendations to the General Assembly on authorizing qualifying patients to grow medical cannabis at home for personal use.

POSITION AND RATIONALE: The Maryland Medical Cannabis Commission supports House Bill 837, with the proposed amendments outlined below.

The Commission commends Chair Clippinger for prioritizing health alongside racial and socioeconomic equity, and pursuing a data-driven approach to adult-use cannabis legalization. Eighteen (18) states and the District of Columbia have legalized the use or possession of cannabis by a person 21 years of age or older, and HB 837 incorporates several best practices from these jurisdictions, including (1) conducting a baseline study on cannabis use in the State, (2) establishing an advisory council to make health and safety recommendations, and (3) evaluating the impact of certain policy decisions, such as home grow, prior to implementation. These are detailed below.

1. Conducting a comprehensive baseline study of cannabis use in Maryland. The Commission's 2020 analysis of the health and safety impacts of legalization concluded that pre-legalization data is often insufficient or is not collected/reported in the same manner as post-legalization data, which makes conducting a true comparative analysis of pre- and post-legalization impossible. A comprehensive baseline study, combined with biennial follow-up surveys using the same factors and methodology, will allow the State to accurately monitor and assess the impact of cannabis use in Maryland, and better inform policy decisions. The Commission strongly supports the comprehensive baseline study proposed in HB 837, and is actively working to recruit additional research staff and develop a scope of work to conduct the study.

2. Establishing a Cannabis Public Health Cannabis Advisory Council. Cannabis contains substances that affect the brain and body, and cannabis use is associated with adverse health effects and harms, particularly for youth. While data do not reflect major changes in youth use, heavy use, or cannabis use disorder as a result of passage of adult-use cannabis laws in other states, education and prevention efforts are critical to limiting adverse impacts. Canada and several U.S. jurisdictions have successfully used advisory bodies to inform health, safety, and regulatory efforts. The Commission supports the Cannabis Public Health Advisory Council and appreciates the sponsor's efforts to bring together a wide-range of subject matter experts to advise the State on the implementation and regulation of adult-use cannabis.
3. Home Grow Study. The Commission understands that home cultivation of cannabis for personal use is strongly supported by cannabis consumers, but may raise certain health, safety, and diversion concerns for policymakers. The Commission is committed to evaluating the laws adopted in other jurisdictions and presenting the General Assembly with recommendations on home cultivation and best practices for implementation.

HB 837 presents a measured, evidence-based incremental approach to a dramatic policy change for the State. The Commission proposes to further strengthen the bill with three amendments. These amendments are based on information provided to the Commission by regulator colleagues in other jurisdictions and lessons learned over the past eight years developing, implementing, and administering Maryland's Medical Cannabis Program.

Recommendations

1. Amend the definition of cannabis to include other types of tetrahydrocannabinols. HB 837 defines cannabis as the *Cannabis sativa L.* plant with a delta-9 tetrahydrocannabinol (THC) concentration greater than 0.3% on a dry weight basis. This definition exempts other THC isomers (delta-8, delta-10, etc.), which provide a similar psychoactive effect or "high" to delta-9. Due to a gap in federal and state law, manufacturers are producing psychoactive THC products that contain these THC isomers that are similar to delta-9 THC yet are legal and are widely available across Maryland, most commonly without any laboratory testing or age restrictions. These products are entirely unregulated and can pose serious health risks. Since 2019, at least 21 states have quickly mobilized to regulate or ban delta-8 and similar psychoactive THC products. To that end, the Commission urges the General Assembly to amend the definition of cannabis to include these other intoxicating types of THC. By amending the definition of cannabis, the State will additionally be able to regulate these THC isomers.
2. Mandate data collection and specify the information required from medical cannabis businesses for the disparity study. Section 7(c)(1) requires the Commission to collect "any information determined to be necessary [by the certification agency] to continue to assess the need for remedial measures in the cannabis industry and market" that *may* include certain specified data. The Commission understands the importance of a disparity analysis to adult-use licensing, and wants to support the data collection efforts, but has the following concerns about Section 7(c)(1), as drafted:
 - i. Data collection is contingent on "the certification agency" determining existing data and analyses are insufficient. This creates significant uncertainty for the

- Commission and medical cannabis licensees as to whether data will be needed, and if so, the exact data being requested.
- ii. Section 7 takes effect on June 1, 2022 giving the Commission and medical cannabis businesses a maximum of 30 days to collect six years' worth of financial data. Medical cannabis businesses, particularly small, independent operators, have expressed concerns about their ability to identify, compile, and submit these data in such a short time period. Likewise, the Commission does not believe it is feasible for the Commission to ensure compliance of more than 150 medical cannabis businesses within a maximum of 30 days.
 - iii. The scope of the data request is undefined in the bill. Neither the Commission nor medical cannabis businesses can prepare for the data collection in advance of the bill taking effect because the scope of the data request is not defined in Section 7.

The Commission proposes that Section 7 be amended to (1) mandate data collection for medical cannabis businesses (rather than making it contingent on a determination by the certification agency), (2) specify the exact information required to allow the Commission and medical cannabis businesses the opportunity to prepare in advance of the June 1 effective date, and (3) provide the Commission and medical cannabis businesses with 90 to 180 days to comply with such a large records request. The General Assembly may also wish to establish penalties for medical cannabis businesses that fail to comply with Section 7(c).

3. Authorize regulatory change triggered by referendum. Several sections of the bill are contingent on the passage of HB 1 and its ratification by the voters of the State. The Commission recommends identifying the agency that will be tasked with the regulation of adult-use cannabis so that the Commission or another state agency is able to better prepare if HB 1 is ratified by the voters.

Because HB 837 is silent as to which regulatory agency would provide oversight of the adult-use cannabis program, it will result in unnecessary delays and thereby impede implementation. Transitioning from a medical-only market to a medical and adult-use market requires significant and lengthy administrative changes, including substantially expanding staff, developing tax collection software, and modifying the State's seed-to-sale system to accommodate adult-use businesses. Each of these activities will require 12 months or longer to complete. The sooner the Commission or another agency is able to begin preparing for an adult-use market, the better equipped it will be to implement the statutory framework the General Assembly puts into place in 2023. Moreover, if Commission staff are transferred to the Alcohol and Tobacco Commission, as was contemplated in legalization bills in 2020 and 2021, the transition will also require establishing unified human resources, information technology, and procurement processes and systems, and securing office space for the combined staffs. The median length of time across states from passage of legislation to licensing 21 months. The State can reduce this timeframe by identifying the regulatory oversight agency so that the Commission may begin preparing for the regulation of adult-use cannabis or transferring staff to the Alcohol and Tobacco Commission, if HB 1 is ratified by the voters.

The Commission would appreciate a favorable report on HB 837, with the proposed amendments. For more information, please contact Will Tilburg, Executive Director at (410) 487-8069 or william.tilburg@maryland.gov.

This position does not necessarily reflect the position of the Maryland Department of Health or Office of the Governor.

PJC RET Written Testimony HB 837 D2.pdf

Uploaded by: Michael Abrams

Position: FWA



Michael Abrams, Attorney
Public Justice Center
201 North Charles Street, Suite 1200
Baltimore, Maryland 21201
410-625-9409, ext. 222
abramsm@publicjustice.org

HB 837: CANNABIS REFORM

Hearing before the House Judiciary Committee
February 14, 2022

Position: FAVORABLE WITH AMENDMENTS

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization that advances social justice, economic and racial equity, and fundamental human rights in Maryland. The PJC **supports HB 837 with amendments** that would implement cannabis reform while prioritizing race equity in enforcement outcomes and the legalized market.

Several states have reformed their cannabis laws with good intentions. Many of those states specifically intended to repair longstanding racial disparities in the harms caused by criminalization. Nevertheless, in many states with legalized cannabis, racial disparities persist in enforcement outcomes, and new disparities have taken shape in the legalized private sector.

In D.C., where the legalization campaign focused on racist outcomes, cannabis arrests are down overall, but Black residents “still account for just under 90 percent of those arrested on all pot-related charges.” For example, in the four years after possession was legalized, 84 percent of those arrested for public consumption were Black.¹ In Colorado, where legalization has had the longest runway, the State recently found that Black residents remain *twice* as likely to be arrested on cannabis-related charges as their white neighbors.² In some states, including Maine, Vermont, and Washington, disparities have even *increased* post-legalization.³

Similar results have played out in the legalized cannabis market. A 2017 survey found that, across all states with some form of legalized cannabis distribution, 81 percent of people with some amount of ownership in a cannabis business were white, with only 5.7 percent being Latine and 4.3 percent Black.⁴

¹ Paul Schwartzman & John Harden, *D.C. Legalized Marijuana, but One Thing Didn't Change*, Wash. Post (Sept. 15, 2020), https://www.washingtonpost.com/local/legal-issues/dc-marijuana-arrest-legal/2020/09/15/65c20348-d01b-11ea-9038-af089b63ac21_story.html.

² Colorado Dep't of Pub. Safety, *Impacts of Marijuana Legalization in Colorado* (July 2021), https://cdpsdocs.state.co.us/ors/docs/reports/2021-SB13-283_Rpt.pdf.

³ ACLU, *A Tale of Two Countries* 34–36 (2020), https://www.aclu.org/sites/default/files/field_document/marijuanareport_03232021.pdf.

⁴ Katherine Harris & William Martin, *Persistent Inequities in Cannabis Policy*, *Judges J.*, Winter 2021, at 9–13, <https://www.bakerinstitute.org/media/files/files/Od04dbdb/inequities-in-cannabis-policy-2021.pdf>.

HB 837 would make Maryland another “good intentions” state. The bill would surely have a positive impact by reducing legal interactions related to cannabis. But “the expectation that legislation will improve racial equity [should not be] treated as a foregone conclusion, one requiring no additional action beyond legalization itself.”⁵ To avoid the inequity that persists in other states, Maryland must not only follow their lead but learn from their mistakes and innovate better solutions.

The approach in SB 692 anticipates future inequitable outcomes that HB 837 leaves to the status quo:

- SB 692 affirmatively legalizes the paraphernalia associated with cannabis use, whereas HB 837 is silent on paraphernalia, leaving a hook for cannabis-based law enforcement interactions;
- SB 692 anticipates that some charged with civil offenses will be unable to pay the fine, and it allows community service, whereas HB 837’s fines could overburden low-income people;
- SB 692 does not punish public consumption, which is disproportionately enforced against low-income people and people of color, whereas HB 837 imposes its highest fine—\$500—for smoking in public;
- SB 692 provides for vacatur, not merely expungement, for past cannabis convictions, whereas HB 837 provides only for expungement;
- SB 692 expressly addresses the use of cannabis odor by law enforcement as a basis for probable cause, whereas HB 837 is silent on the issue;
- SB 692 directs cannabis-related revenues only to reparative causes—the Community Reinvestment Repair Fund and the Small, Minority, and Women-Owned business fund—whereas HB 837 includes causes that should be funded independently, like “data collection and research,” law enforcement training, and substance abuse education campaigns.

Altogether, HB 837’s shortcomings will mean continuing interactions between law enforcement and the community, and continuing entanglement of low-income people with legal systems, based solely on cannabis. It will be no surprise when those affected are disproportionately Black and Latine.

The General Assembly will take a vital step towards greater racial equity in Maryland when it implements cannabis reform. It should take this opportunity deliberately and proactively to prevent racial disparities in whatever legal landscape results from its action. **The PJC strongly urges a favorable report after amendments to HB 837 based on the approach in SB 692.**

For more information contact Michael Abrams, 410-625-9409 ext. 222, abramsm@publicjustice.org.

⁵ *Id.*

MPP HB 1 HB 837 Naugle.pdf

Uploaded by: Olivia Naugle

Position: FWA



February 14, 2022

HB 1 and HB 837

Testimony from Olivia Naugle, senior policy analyst, MPP, favorable with amendments

Dear Chair Clippinger and members of the House Judiciary Committee:

My name is Olivia Naugle, and I am senior policy analyst for the Marijuana Policy Project (MPP), the largest cannabis policy reform organization in the United States. MPP has been working to improve cannabis policy for 27 years; as a national organization, we have expertise in the various approaches taken by different states.

MPP has played a leading role in most of the major cannabis policy reforms since 2000, including more than a dozen medical cannabis laws and the legalization of marijuana by voter initiative in Colorado, Alaska, Maine, Massachusetts, Nevada, Michigan, and Montana. MPP's team spearheaded the campaigns that resulted in Vermont and Illinois becoming the first two states to legalize marijuana legislatively and played an important role in the recent Connecticut legalization effort.

The Marijuana Policy Project strongly supports legalizing and regulating cannabis for adults 21 and older and doing so in a way that repairs the damage inflicted by criminalization. That includes expungement of past cannabis convictions, provisions to ensure diversity and social equity in the industry, and reinvestment in communities hard-hit by the war on cannabis.

Given the trends in polling, and the increasing recognition by elected officials on both sides of the aisle that criminalizing cannabis users has done more harm than good, ending marijuana prohibition in Maryland has become less a question of "if" and more about "when" and "how."

We applaud House leadership for their commitment to ensure equitable legalization is achieved in Maryland. Marylanders have long supported moving forward with cannabis legalization, and there's no doubt that it is past time Maryland joined the 18 states (and D.C.) that have legalized cannabis for adults.

I am here today to discuss the positive impacts cannabis legalization will have and offer amendments to strengthen HB 1 and HB 837 as currently written.

I. Legalization should go into effect immediately upon voter approval.

As currently written, HB 1 and HB 837 would not legalize adult-use cannabis possession until July 2023 — eight months after voter approval. This delay would mean thousands of

Marylanders — disproportionately Black Marylanders¹ — will continue to be subjected to police interactions, citations, and arrests for cannabis for months *after* voters adopt legalization. There should not be a delay between voter approval and ending penalties and police interactions for cannabis.

New Jersey is the only other state that has taken the constitutional amendment route to legalize cannabis, and Maryland has an opportunity to learn from New Jersey's experience. New Jersey's voters approved legalization on the ballot in 2020, but that alone did not make cannabis legal. The legislature still had to come back and implement a law months later. In the three months between two-thirds of voters approving legalization and Gov. Phil Murphy signing implementing legislation, **more than 6,000 charges** for minor cannabis possession were filed. Maryland must not repeat New Jersey's mistake. When voters legalize cannabis in Maryland, cannabis needs to actually become legal.

II. Personal home cultivation and the safe home production of cannabis products should be legalized and go into effect immediately upon voter approval.

Under the current House proposals, both growing cannabis plants and safely producing cannabis-infused products (such as making brownies) carry up to three years in jail. These are harsh criminal penalties for personal use of cannabis. Most states that have legalized cannabis for adults — including neighboring D.C. and Virginia — allow adults to cultivate a small number of plants for their personal use.² In the states that have reasonable safeguards, such as limiting the number of plants per household and requiring plants to be secure and out of the public view, home cultivation of cannabis simply hasn't been a problem. No state has repealed home cultivation, and there has never been a serious push to do so.

Additionally, securely cultivating cannabis at home is the only way for some people who can benefit from cannabis medicinally to access it, as medical expenses and a reduced ability to work make the price of medical cannabis out of reach. Home cultivation should be included and effective immediately upon voter approval.

III. Personal-use amounts of cannabis should be more clearly defined.

As currently written, HB 837 legalizes possession of up to 1.5 ounces for adults 21 and older. We recommend that the possession limit be increased to at least four ounces to mirror the existing medical cannabis law. Having consistency in the possession limits between adult-use and medical cannabis will further protect patients, who may not have their card on them or have an expired card. Further, several adult-use states have possession limits greater than 1.5 ounces. In New Jersey, for example, adults can possess up

¹ Black Marylanders are still twice as likely to be arrested for simple possession than white Marylanders. *A Tale of Two Countries: Racially Targeted Arrests in the Era of Marijuana Reform*, American Civil Liberties Union, 2020.

² <https://www.mpp.org/assets/pdf/issues/legalization/Review-of-State-Legalization-Laws.pdf>

to six ounces of cannabis. Allowing for a higher possession limit will further reduce arrests, citations, criminalization, and police interactions for cannabis possession.

HB 837 should also clearly legalize the possession of cannabis-infused products (such as edibles) and identify possession limits. As it is currently written, a person who possesses five ounces of edibles, containing a total of 300mg of THC, could seemingly be sentenced to up to six months in jail.

Finally, the bill should allow adults to share personal-use amounts of cannabis if there is no remuneration. Currently written, possession with intent to distribute carries up to three years' imprisonment and appears to include sharing (even between spouses, friends, roommates, etc.).

IV. Other criminal justice reforms to strengthen the bill to reduce criminalization and collateral consequences.

Providing that the odor of cannabis is not grounds for a search.

In 2021, the Maryland Court of Special Appeals held that, “the odor of marijuana, by itself, does not provide reasonable suspicion to conduct an investigatory stop.”³ It should be explicitly included in statute that the odor of cannabis is not grounds for a search.

Legalizing cannabis has significantly reduced the number of searches and arrests for cannabis in states that have legalized. Data analyzed by the Stanford Open Policing Project found in the first two legalization states — Colorado and Washington — there have been dramatic decreases in traffic searches, which are disproportionately performed on cars with Black or Latino drivers.⁴ Traffic stop interactions have led to violence and even death for Black Americans.⁵ The data compiled by Stanford researchers shows searches dropped by about half in Washington and Colorado since legalization.

Explicitly including that odor is not grounds for a search would further reduce police interactions for cannabis.

³ <https://www.courts.state.md.us/data/opinions/cosa/2021/2616s19.pdf>

⁴ Phillip Smith, “States that legalized marijuana see dramatic drop in police traffic searches,” *Alternet*, April 1, 2019. (Before legalization, 1.3% of Black drivers were subject to traffic searches in Colorado. After legalization, the rate was under 0.2%. Among Hispanic drivers, the rate dropped from 1% to 0.1%. Among whites, the rate of searches dropped from 0.4% to 0.1%. Thus, Black drivers went from being 6.5 times as likely to be searched as whites to twice as likely, and the total likelihood of Black drivers being subject to a traffic search dropped eightfold.)

⁵ Tanvi Misra, “Uncovering Disparities in Policing by Analyzing Traffic Stop Data,” *Pacific Standard*, June 7, 2018.

Reducing the civil penalty for public smoking

HB 837 provides that smoking cannabis in public will carry a civil fine of up to \$500. This is a steep fine that will disproportionately affect low-income residents. Smoking cannabis in public should be punishable by a more modest civil fine of up to \$50, rather than up to \$500, if there is any state penalty. In Virginia, public consumption carries a civil fine of up to \$25 for a first offense. In New York, smoking cannabis is allowed where tobacco smoking is allowed. In Connecticut, there is no statewide penalty for cannabis smoking, but cities can implement fines, which is another option to reduce police-civilian interactions.

Reducing penalties for first-offense low-level sales

Currently written, possession with intent to distribute (PWID) carries up to three years of imprisonment. The bill should reduce penalties for low-level sales.

Most of the earlier legalization laws removed state penalties for possession of a modest amount of cannabis and regulated commercial activity but did not reduce penalties for unlicensed sales. In several cases, even low-level sales remained felonies. Now, legalization states are increasingly working to reduce the harsh penalties for low-level sales to avoid harshly penalizing individuals who are simply trying to make ends meet. At least seven states reduced penalties for some or all unregulated sales either as part of legalization or shortly thereafter. Three of those states — Connecticut, New Jersey, and New York — “decriminalized” low-level sales as part of legalization. (Connecticut and New Jersey’s laws apply to first offenses only.)⁶

Including anti-discrimination provisions

Ten of the 18 legalization states include at least some provisions that protect adult-use cannabis consumers from being discriminated against for legal cannabis conduct or testing positive for cannabis.⁷ Provisions should be included in HB 837 to prevent people from losing their homes, education, professional licenses, children, freedom, etc. for the responsible use of cannabis. The bill should stipulate that individuals cannot be denied medical care (including organ transplants), professional licenses, child custody, housing, state benefits, gun rights, or state or local employment based on state-legal cannabis activities that do not endanger others or for testing positive for cannabis.

Providing that parole, probation, and pre-trial release cannot be revoked for state-legal cannabis activity

The bill should provide that parole, probation, and pre-trial release cannot be revoked for state-legal cannabis activity, including testing positive for cannabis, unless there is a specific finding that the individual’s use of cannabis could create a danger to the individual or other persons.

⁶ <https://www.mpp.org/assets/pdf/issues/legalization/Sales-Penalties-After-Legalization.pdf>

⁷ <https://www.mpp.org/assets/pdf/issues/legalization/Review-of-State-Legalization-Laws.pdf>

V. An equitable system of regulation should be established.

HB 837 does not set up a regulatory system for adult-use sales and does not have a specified timeline to do so. The bill should set up an equitable system of legalization and regulation, including licensing that prioritizes impacted communities and community reinvestment, which is automatically effective upon voter approval. The definition of a social equity applicant could be finalized later in 2023 — after a disparity study in the interim — but this would allow ATCs to prepare for the transition to adult-use sales and work to begin for technical assistance and other support for social equity applicants.

The delay for the legislature to establish a regulatory system, let alone for that system to go into effect, is especially problematic given the need and will of the people to allow adults to access safe, regulated cannabis. The sooner the legislature begins to work out the regulatory structure, the sooner the state can begin to displace the illicit market and repair the decades of harm cannabis prohibition has caused.

Conclusion

HB 1 and HB 837 are a promising start, but with these equity-driven recommendations, the legislature can deliver immediate relief to cannabis consumers and patients across the state while being a leader on equitable cannabis legalization to the growing national movement.

Thank you to Chair Clippinger and members of the committee for your time and attention. I urge you to consider our suggested amendments to HB 837.

If you have any questions or need additional information, I would be happy to help and can be reached at the email address or phone number below.

Sincerely,

Olivia Naugle
Senior Policy Analyst
Marijuana Policy Project
onaugle@mpp.org
202-905-2037

HB837-MdPHA-FWA.pdf

Uploaded by: Raimee Eck

Position: FWA



Mission: To improve public health in Maryland through education and advocacy Vision: Healthy Marylanders living in Healthy Communities

HB 837 Cannabis Reform

Hearing Date: 2/14/22

Committee: Judiciary

Position: Favorable with amendments

Chairperson Clippinger and members of the Judiciary Committee: The Maryland Public Health Association (MdpHA) would like to offer favorable testimony with amendments regarding HB 837, sponsored by Delegate Clippinger. We appreciate those who have worked very hard to bring us to this point and have not shied away from shining a bright light on the trauma and devastation the continued war on drugs has done to countless individuals and communities of color.

MdpHA does not take a position on the use of cannabis itself, but instead focuses on the legislative process towards legalization. It is our goal to ensure the steps taken are equitable, are evidence-based, are methodical and incremental, acknowledge that certain communities have been historically disproportionately impacted by the war on drugs, protect vulnerable populations, and anticipate unintended negative consequences of policy.

In order to work within this vision, it is imperative that the sound structures enumerated in this bill be coupled with an initial projection of what a strong licensing and regulatory system would look like. Last year, MdpHA asked that the decriminalization and record expungement portions of the House and Senate cannabis regulatory bills be separated out, as there was little disagreement as to the need for those things to happen. Fortunately, we see this bill as addressing that concern and even moving further forward with the public health-focused inclusions. But we feel that without even a draft of a regulatory structure, it is an incomplete picture. Without guardrails, disparities can arise. Young adults who are female (vs. male) or identify as lesbian, gay, or bisexual have 40% higher odds of reporting seeing cannabis promotions online (vs. heterosexual youth).¹ After legalizing in Oregon, minor in possession tickets increased 28% and were highest among AI/AN and Black youth.² These unintended outcomes that are being seen in other states need to be considered and avoided in statute sooner than later.

Having said this, we offer the following recommendations specifically for HB837.

Broaden the focus

One overarching recommendation is to remove considerations around cannabis from a vacuum. Most illicit and even licit substances are rarely used singly, in addition to being strongly linked to mental and behavioral health issues. By focusing the attention of the bill's tasks solely on cannabis, it misses the opportunity to address the frequent co-occurrence of these other issues, especially in those who are experiencing the greatest harms. By addressing these issues

holistically, the individuals experiencing these overlapping harms will benefit more completely.

Baseline survey

A baseline survey is appropriate in order to gather pre-existing data and establish a status quo before any interventions. It can also validate national survey data and fill in the vast gaps in knowledge in the state. The timeline proposed, however, is untenable due to the time needed to draft and revise a survey instrument (*much of the proposed data to be included is presently not collected*), field the survey, prepare the data, analyze the data, and publish a report.

We recommend producing a baseline report that includes what data we DO collect at this time, but also makes recommendations for the type of data that should be collected in an ideal surveillance system, how it should be collected, and potentially a draft survey. (*It is possible that this falls under the intentions of the Public Health Advisory Board, but we believe it is imperative to design and be dedicated to a complete surveillance system from the outset.*) An alternative recommendation is to extend the timeline to produce the full report, which must then be coupled with a recommendation to extend the timeline that HB 1 proposes for legalization.

Include at a minimum the following data:

- Pre-existing trends across all topics
- Additional population: families with young children
- Sources of purchase among minors, college students, adults
- In addition to hospitalizations, use of other health care services related to cannabis
- Financial impacts on the state healthcare system
- Data on cannabis-related incidents in schools, including suspensions/expulsions
- Drug-related arrests and convictions stratified by demographics
- Co-occurring use rates with alcohol, tobacco, and other drugs (ATOD)
- Co-occurring substance use disorder rates with ATOD
- Co-occurring rates of psychiatric disorders, such as anxiety and depression (*these are common among regular cannabis users, especially adolescents and young adults*)

There are a few existing surveillance tools currently in the state that might provide opportunities to collect additional data. One example is the Maryland Pregnancy Risk Assessment Monitoring System ([PRAMS](#)), a CDC-supported surveillance project. PRAMS has a Marijuana & Prescription Drug Use Supplement that could be incorporated that other states have used—currently only cigarette smoking, hookah use, and heavy drinking are assessed in Maryland.

We also recommend a series of rigorous evaluations from the baseline and to assess ongoing trends, instead of just a biannual report of collected data. (*although the Advisory Council may recommend these types of studies, it may be more appropriate to mandate something more rigorous from the beginning*)

Cannabis Public Health Advisory Council

Recommendations for the advisory council:

1. Include/replace members or member descriptions with the following expertise:
 - a. Professional/researcher with a focus on women's and/or perinatal health,
 - b. Professional/researcher with expertise in cannabis policy,
 - c. Epidemiologist with expertise in substance use and prevention (*including alcohol, cannabis, tobacco*).
2. Appoint the members of the advisory board in a more equitable manner. An example is 2019's HB768, the Prescription Drug Affordability Board (members appointed more equally by the Governor, Senate President, House Speaker, AG, etc.).
3. Strengthen the conflict of interest parameters. Members may not have direct or indirect financial interest, ownership, or management, including holding any stocks, bonds, or other similar financial interests in cannabis industries or commercial cannabis entities (exempting the laboratory representative—consider making this an ad hoc or non-voting position). Members also may not have an official relationship (e.g., immediate family members, spouses) to someone as described above.
4. Secure adequate and sustainable funding to ensure achievement of tasks to lay the foundation, especially before expected tax revenues become available.
5. Include co-occurrence of cannabis along with alcohol, tobacco, and other drugs in considerations for studies, campaigns, and other tasks.

Public Health Fund

Adequate and sustainable funding is necessary to ensure the extensive list of tasks outlined may be addressed appropriately and effectively.

Ensure transparent criteria are developed and used for contracts and grants. The process for research awards should include external peer review by recognized experts without conflicts of interest (*similar to National Institutes of Health or National Science Foundation grant reviews*).

Include education, public communication, and training on substance use beyond only cannabis use. Cannabis is often co-occurring with alcohol, tobacco, and other drugs. This is especially important for youth.

Include a standing legal resource or technical assistance center that may be accessed by the advisory council, state and local government agencies, law enforcement, community coalitions working on substance misuse, etc. We support the University of Maryland Legal Resource Center's amendment language (please see testimony from Director, Kathi Hoke).

Thank you for considering our recommendations. We urge additional conversation around these topics in order to strengthen this foundational approach.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

¹ Krueger, E. A., Bello, M. S., Unger, J., Cruz, T. B., Barrington-Trimis, J. L., Braymiller, J. L., ... & Leventhal, A. M. (2021). Sociodemographic differences in young adults' recall of tobacco and cannabis marketing online and in television/film. *Preventive medicine reports*, 24, 101592.

² Firth, Caislin L et al. "Implications of Cannabis Legalization on Juvenile Justice Outcomes and Racial Disparities." *American journal of preventive medicine* vol. 58,4 (2020): 562-569. doi:10.1016/j.amepre.2019.11.019

HB 837 Testimony_MDPWC_Quinton-revised.3.pdf

Uploaded by: Sylvia Quinton

Position: FWA



February 10, 2022

HB 837 – Cannabis Reform – Support with Amendments

Dear Chair Clippinger and Members of the Judiciary Committee:

The companion to criminal record expungement is restorative justice. An investment in substance abuse prevention is restorative justice. Substance abuse prevention is the alternative to mass incarceration. During the period of mass incarceration of youth and young adults for drug related offences, the investment in substance abuse prevention was marginalized and substance abuse treatment valued. A direct reciprocal correlation exists between mass incarceration for drug offense and substance abuse prevention: increase in mass incarceration decrease in prevention investment, decrease in mass incarceration, increase in prevention investment. The strategy was lock them up and treat them which was an economic strategy not a public health strategy. An investment in prevention is the great state of Maryland's our opportunity for restorative justice. **Restore the investment in prevention.**

The Maryland Prevention Works Coalition (MD-PWC) is an advocacy and education coalition of coalitions, a statewide collaborative. The Coalition's mission is:

- (1) to influence policies, practices, and programs in the State of Maryland to reduce youth substance use and other youth problem behaviors such as youth mental challenges, youth violence, low academic achievement, sexual risk avoidance education, low neighborhood attachment, youth engaged with the juvenile justice system, and Adverse Childhood Experiences (ACEs), and
- (2) increase collaborative efforts among and within untapped prevention efforts locally, statewide, and nationally.

The MD-PWC seeks to connect community coalitions for collaboration across jurisdictional boundaries to increase the power of population-level change at the state-level. MD-PWC is a statewide prevention movement for positive youth development, youth engagement, and adolescent healthy development, including social-emotional learning. We represent 13 Maryland drug-free coalitions in 7 counties and Baltimore City.

We strongly support with amendments HB 837 – Cannabis Reform. The bill addresses many of the necessary strategies to restore justice to lives lost because of the systematic and structural prejudices from the past criminalization of people's behaviors resulting from lack of adequate investment in underserved

populations and environmental strategies to address poverty experiences, employment preparedness, affordable housing, and educational opportunities. Substance use prevention was casualty of the mass incarceration movement. As such, substance abuse prevention should be a significant investment in the restoration of the harm caused by mass incarceration and an unbalanced approach to substance abuse treatment. Substance abuse treatment is a fruit from the of poisonous mass incarceration.

As such we recommend the following amendments:

On page 26, line 3, delete “at least 5 years of”

On page 26, line 6 delete “and” and insert “one substance abuse prevention practitioner with expertise in youth substance use prevention; one individual with expertise in drug-free community coalitions; and”

On page 29, delete lines 6-7, and insert “supporting environmental strategies for substance abuse prevention, including supporting multisector drug-free community coalitions”

Currently, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) provides the state of Maryland with approximately \$34 million annual for substance use disorders counseling and treatment from the Substance Abuse Block Grant. The investment from the federal government and the state of Maryland in prevention is dismal. The proposed fund is an opportunity for a balance approach to mass incarceration restorative justice.

MD-PWC defines prevention as an active, assertive *movement* of creating community conditions and environments that promotes the well-being of individuals, families, and communities. A coalition is a partnership of various sectors in society that collaborate to address universal problems and create a pathway for solutions. Some of the sectors of society include youth-serving organizations, schools, businesses, healthcare professionals, civic/volunteer groups, law enforcement, youth, parents, institutions of higher education, elected officials, local government, religious/fraternal organizations, and the like.

The MD-PWC uses evidenced-based prevention tools develop by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Disease Control and Prevention (CDC), and the Community Anti-Drug Coalition of America (CADCA). SAMHSA’s Strategic Prevention Framework (SPF) is the operational model. The SPF is a 5-step approach to community-level change: Assessment, Planning, Capacity Building, Implementation, and Evaluation. CADCA’s 7 Strategies for Community-Level Change are employed to guide the implementation of programs, activities, and services. The seven strategies are: providing information, building skills, providing support as well as environmental change strategies (enhancing access/reducing barriers, changing consequences, physical design, and modifying/changing policy).

The MD-PWC approach to primary prevention is the public health model advocating for a comprehensive strategy of individual and environmental strategies implemented by multiple organizations in the community. A coalition identifies and coordinates the implementation of the comprehensive strategies. Individual-focused strategies target youth protective and risky behaviors by providing information, building skills, and providing support to make healthy decisions, i.e., direct prevention services to individuals. Environmental-focused strategies focus on the availability of the substance, community norms, and promote regulations to impact community-wide behaviors in the entire community environment.

Sylvia L. Quinton, Esq.
Chair, MDPWC@gmail.com, (240) 463-5179

HB837_BruceTurnbull JUFJ_OPP.pdf

Uploaded by: Bruce Turnbull

Position: UNF

February 14, 2022



THINK JEWISHLY. ACT LOCALLY.

Bruce H. Turnbull
Bethesda, MD 20814

TESTIMONY ON HB837- POSITION: OPPOSED UNLESS AMENDED TO
CONFORM WITH SB692
Cannabis Reform

TO: Chair Clippinger, Vice Chair Moon, and members of the Judiciary Committee
FROM: Bruce H. Turnbull, on behalf of Jews United for Justice

My name is Bruce H. Turnbull. I am a resident of District 16. I am submitting this testimony in support of HB837, Cannabis Reform, but only with amendments to conform with SB692, on behalf of Jews United for Justice (JUFJ) and on my own behalf. JUFJ organizes 6,000 Jews and allies from across Maryland in support of state and local social, racial, and economic justice campaigns.

We thank the Chair and Vice Chair of this Committee and the other legislators who served on the House Cannabis Referendum and Legalization Workgroup last summer and fall. The Workgroup's hearings and deliberations provide an excellent baseline for the consideration of this bill and other actions that need to be moved forward. We especially applaud the leadership of Speaker Adrienne Jones in promoting this issue, including the proposed referendum on a Constitutional amendment but also including the other elements of her proposal.

JUFJ's support of this legislation stems from our core goal of promoting racial equity and racial justice. This is a core goal because we believe in the Jewish teachings that every person is made in the Divine image, that we must love our neighbor as ourselves, and that destroying one life destroys the whole world. Those and other Jewish (and human) values drive our work in relation to our legal system in many ways.

It is quite possible that enacting the cannabis-related package, whether as proposed by Speaker Jones or as may be put forward by others, related to the legalization of cannabis and cannabis related products would be the single action that would have the largest benefit for racial equity and justice in our state, more than any other single action this legislature could take.

Convictions for cannabis possession and trafficking have disproportionately and unfairly impacted communities of color, Black and brown. Making possession and trafficking a matter of a legally regulated system, and not subject to criminal penalties, would reduce the unfair burdens of our legal system on people from those communities.

In order to achieve this critical benefit, however, it is *essential* that any legislation to create a legal system for possession and distribution of cannabis and related products must include –

- automatic vacating of all previous convictions for acts this legislation would make non-criminal, including a mechanism to enable resentencing for any conviction that includes both a cannabis-related act and other actions found to be crimes;
- ensuring that Black and Brown businesses play significant roles in order to obtain substantial benefits from the development of cannabis-related businesses; and
- using all or a very substantial part of the tax revenue resulting from a legalized cannabis distribution system as a form of reparations to redress the long history of harm to Black Americans, starting with slavery and extending through the Jim Crow era, the War on Drugs, and most recently in the racial discrimination and inequities embedded in our society and society's institutions.

In line with the above, JUFJ believes that SB692, introduced by Senator Jill Carter, contains all of the elements necessary to address the points noted just above.

Unfortunately, HB837 as currently drafted, falls somewhat short of achieving those goals. On the issue of whether a constitutional amendment is necessary, or preferable, to achieve cannabis legalization, JUFJ is prepared to support either such a constitutional amendment (as proposed in HBI) or a statutory legalization, as contemplated in SB692. Our primary concern is that the shift to recreational cannabis be done in the most equitable way possible.

Accordingly, we urge a favorable report of HB837 but only if it is amended to conform with SB692.

Thank you for the opportunity to provide this testimony.

HB 0001 Const.Amend. and HB 0837 Cannabis Reform

Uploaded by: Ella Ennis

Position: UNF



Ella Ennis, Legislative Chairman
Maryland Federation of Republican Women
PO Box 6040, Annapolis MD 21401
Email: eee437@comcast.net

Delegate Luke Clippinger, Chairman
and Members of the Judiciary Committee
Maryland House of Delegates
Annapolis, Maryland

Re: **HB 0001** – Constitutional Amendment to Legalize Adult Use of Cannabis – **OPPOSED**
HB 0837 – Cannabis Reform – **OPPOSED**

Dear Chairman Clippinger and Committee Members,

The Maryland Federation of Republican Women strongly opposes HB 0001 Constitutional Amendment to Legalize Adult Use of Cannabis and HB 0837 that would legalize adult use and possession of 2.5 ounces of cannabis (marijuana) and remove criminal penalties currently in law.

Marijuana is a gateway drug to more powerful and deadly drugs. Its potency (the amount of THC in marijuana, the ingredient that produces the high) has been increasing steadily since the 1970s – 20-25% THC today compared to less than 2% in the 1970s. Stronger marijuana is more addictive. Daily use can cause paranoia and lead to violence. More frequent use can increase the violence 4-5 times.

A report by the National Institutes of Health (NIH) states that the number of young people who believe regular marijuana use is risky is decreasing, and surmises that legalization could continue that trend. Research has shown that marijuana can impact brain development, resulting in impairment of thinking, memory and learning functions.¹

The brain continues to develop until about age 25. Toxicology reports from Colorado, where marijuana is legal, revealed that marijuana was the most common substance found in teenagers who died by suicide in 2020. There was a 25% increase in suicides among Colorado veterans compared to the prior two years.

Maryland has a severe addiction problem with large numbers of people losing their lives every year to overdoses. We see no benefit from the legalization of marijuana. Please give HB 0001 and HB 0837 an **UNFAVORABLE** Report.

Sincerely,
Ella Ennis, Legislative Chairman

1. <https://nida.nih.gov/publications/drugfacts/marijuana>

hb837.pdf

Uploaded by: Sara Elalamy

Position: UNF

MARYLAND JUDICIAL CONFERENCE
OFFICE OF GOVERNMENT RELATIONS

Hon. Joseph M. Getty
Chief Judge

187 Harry S. Truman Parkway
Annapolis, MD 21401

MEMORANDUM

TO: House Judiciary Committee
FROM: Legislative Committee
Suzanne Pelz
410-260-1523
RE: House Bill 837
Cannabis Reform
DATE: February 9, 2022
(2/14)
POSITION: Oppose, as drafted

The Maryland Judiciary opposes House Bill 837, as drafted. In Section 3 (effective 01/01/2023-06/30/2023, pending the result of the passage of HB 1 as a constitutional amendment) of House Bill 837, all references to *marijuana* are changed to *cannabis* and the bill alters the amount of marijuana that is considered a civil offense under Criminal Law Article § 5-601. The bill removes first, second, and third violations as the measure by which the civil penalty is increased and instead bases the civil penalty on the amount of cannabis in possession.

Although the Judiciary has no position on the intent of this legislation, implementation would be problematic. First, the bill if enacted would cause an unnecessary burden on court dockets by requiring, at Criminal Law § 10-105.3(b), a resentencing hearing for every person incarcerated for cannabis possession under Criminal Law § 5–601. The Judiciary does not know the number of such individuals currently incarcerated on these offenses, but Section § 10-105.3(b) in the bill requires that such persons be “resentence[d] to time served.” It is unclear why the court would need to conduct a resentencing hearing when the legislation mandates the new sentence (without any probation.) If that is the intent, a resentencing hearing is unnecessary. Further, the Judiciary is opposed to section § 10-105.3(b) which removes judicial discretion in sentencing decisions.

This bill would also have a significant fiscal impact on the Judiciary at a cost of over \$3,000,000. House Bill 837 lessens the time required for filing a petition for expungement as well as alters the “unit rule” in Criminal Law 10-107 to include two or more charges **other than** minor traffic or possession of cannabis that arise from the same incident, transaction or set of facts. A charge for a minor traffic violation or possession of cannabis under Criminal Law § 5–601 that arises from the same incident, transaction, or set of facts as a charge in the unit is not a part of the unit.

The bill also mandates that the Maryland Judiciary Case Search not refer, in any way, to the existence of a criminal case in which possession of cannabis under Criminal Law § 5-601 is the only charge if the case was disposed of before July 1, 2023.

The change to the “unit rule” envisioned by this bill presents the same issues that the Judiciary has explained before regarding partial expungement. This is significantly different than the minor traffic exception to the “unit rule” because minor traffic citations are each their own case whereas criminal charges for possession are a charge in a case that may, and often does, involve numerous other charges. As a result, the expungement requirement in this bill, much like other bills that have required partial expungement, will require a significant manual process by the clerks.

The Maryland Judiciary is currently in the process of implementing a single Judiciary-wide integrated case management system that will be used by all the courts in the Judiciary. Maryland Electronic Courts (MDEC) allows courts to collect, store, and process records electronically. The new system is “paper-on-demand,” that is, paper records can be generated when specifically requested. MDEC has reduced some processing time, as well as the storage expenses associated with the expungement process; however, the bulk of the process still requires the clerks to do manual processing. Cases with electronic records pre-MDEC would still include a paper file. In counties where MDEC has not yet been fully implemented, the clerk would need to review the file, page by page to remove any information pertaining to the expunged charge. Charge information is repeated throughout the case many times and the charging document outlines what the alleged events are that occurred. There may not be a clear way to obliterate all information in a charging document related to a specific charge.

The Judiciary does not have numbers for cases where a person was not eligible for an expungement because a marijuana charge was part of a unit. Assuming this bill applies retrospectively, the number of cases that would be eligible for expungement increases dramatically in 2023 because those cases would be eligible for expungement. The Judiciary is also not able to determine the number of cases for possession with the intent to distribute marijuana specifically because the possession with intent to distribute charge is used for all drugs except narcotics. A significant increase in petitions can also be expected for the eligible charges with reduced waiting times.

Searching for marijuana charges would involve manually going through docket books and microfilm to review each case to determine if a charge exists. In cases where there are multiple charges in a case but only one charge needs to be expunged, clerks would need to read through all aspects of the court record to properly redact references to the expungable charge. The appellate court process would be similar to the circuit court process, with a significant number of paper records needing to be researched. In addition, the bill does not cover the removal of “published” opinions of a court. Part of the expungement process for paper and electronic files is identifying all the custodians of the records that must expunge their files and then respond to the court with a Certificate of Compliance. Not all custodians are readily apparent by looking in a computer. Court commissioners can be a custodian of a record when a defendant applies for Public

Defender eligibility determination. The entire file needs to be checked. Unless the legislation specifically directs the Maryland State Archives (Archives) to redact the expunged information, courts would have to retrieve files from storage and manually review *every* criminal case to determine if there were any charges involving marijuana/cannabis. Even in cases with the lead charges listed, subsequent charges or violations of probation would not be listed in the index, necessitating a thorough review of all criminal cases. While some circuit courts have older records (approximately 1986 and older) with Archives, others have maintained all their court records on-site or in warehouses. In addition to the paper files, many older circuit court files are on microfilm or microfiche with no obvious way to expunge a case or charge within a case. In courts where the paper record was lost due to flood or fire, the microfilm may be the only record remaining of cases for a given timeframe.

Given the lack of data, the precise number of additional clerical positions required to implement this legislation is difficult to determine at this time, a minimum of 12 new positions are estimated in the District Court (one for each District), another 29 positions are estimated to be needed in the Circuit Courts (one for each county, except for Anne Arundel, Baltimore, Montgomery, and Prince George’s counties and Baltimore City, where at least two clerks are estimated to be needed) for a total of 41 new positions. This will result in approximately \$2,824,067 in additional personnel costs in the first full fiscal year.

This legislation will require the court to make programming changes to allow for the extension of shielding on Case Search, to alter the timelines for petitions for expungements, to adjust the amount of cannabis that is considered a civil violation and to allow a person who is incarcerated for possession of cannabis to apply for resentencing. The Judicial Information Systems division estimates that implementing the necessary programming changes will require 1932 hours at an approximate cost of \$231,228.40.

The following violations involving the criminal and civil possession of marijuana were recorded in the District Court and the circuit courts in fiscal years 2020 and 2021:

	District Court FY 20	District Court FY 21	Circuit Court FY 20	Circuit Court FY 21
CR § 5-601 – Possession of more than 10g of marijuana	3,285	3,064	891	1,263
Civil Citations – Possession of less than 10g of marijuana	11,606	10,645		

* Please note that FY20 and FY21 numbers are impacted by the COVID-19 pandemic and may not be an accurate reflection of a true year of data.

This bill will have a significant fiscal and operational impact on the Judiciary.

HB0837 Initial Minimum Cost of Implementation	
Clerks (1 st Full Year)	\$2,824,067.00
Programming, including Reports	\$231,228.40
Brochure	\$6,000.00
Civil Citation	\$25,000.00
TOTAL	\$3,086,295.40

cc. Hon. Luke Clippinger
Judicial Council
Legislative Committee
Kelley O'Connor

HB 837.pdf

Uploaded by: Sarah Reichert-Price

Position: UNF

Delegate Luke Clippinger, Chair
and Members of the House Judiciary Committee
Maryland House of Delegates
Annapolis, Maryland

RE: HB 837- Cannabis Reform-**OPPOSE**

Dear Chair Clippinger and Members of The Committee,

While all points of opposition are valid and important to consider, the following consideration, in my opinion, stands above the rest:

Growing marijuana harms the environment. Cannabis plants require almost double the amount of water as other vegetation needed to grow. Using water for cannabis growth, reduces the water available for agriculture (food) and threatens wildlife species. On the other hand, legal indoor growing of marijuana requires a large amount of electricity for lighting, heating, and ventilation. This produces an amount of greenhouse gas emissions equal to that of three million cars each year. Ironically, **HB 0171- Climate Crisis and Environmental Justice Act, set for hearing on 2/15/2022 in the Economic Matters and Environmental and Transportation Committees**, proposes an **exponential reduction** of statewide greenhouse gas emissions, "so that after 2040, statewide greenhouse gas emissions are net negative..." **These are conflicting pieces of legislature!**

There are many more cons to the legalization of marijuana, many of which are self-evident. Additionally:

- Legalized marijuana creates steep costs for society and taxpayers that far outweigh its tax revenues. Societal costs of marijuana use include paying for increased emergency room visits, medical care and addiction treatment, more victims of drugged driving accidents and increased crime. Legalizing marijuana would put one more harmful substance in our society that costs more than the revenue it generates. Money raised from legal marijuana taxes generally accounts for less than 1% of the state's tax revenue.
- Legalizing marijuana increases use by teens. Teen use of marijuana will increase as an indirect result of HB 837. Although this bill targets individuals aged 21 and older, the simple act of legalizing marijuana makes it more readily available to all ages.
- Traffic accidents and deaths increase when marijuana is legalized. Marijuana- related traffic deaths rose 62% following the legalization of marijuana in Colorado. Additionally, the Highway Loss Data Institute found a 6% increased crash risk in legalized marijuana states.

For these reasons, I ask that you vote an UNFAVORABLE report for HB 837- Cannabis Reform.

Thank you for your time,

Sarah Price(ACRWC)
221 Miller Street
Westernport, MD

ALA_Cannibas Reform Letter of Information_HB 837.p

Uploaded by: Aleks Casper

Position: INFO



American Lung Association House Bill 837
Judiciary Committee
February 14, 2022
Letter of Information

Chairman Clippinger and Members of the Committee:

Thank you for the opportunity to provide comments on House Bill 837, Cannabis Reform.

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education and advocacy. The work of the American Lung Association is focused on four strategic imperatives: to defeat lung cancer; to improve the air we breathe; to reduce the burden of lung disease on individuals and their families; and to eliminate tobacco use and tobacco-related diseases.

The American Lung Association strongly believes that the use of electronic smoking devices should be prohibited in all places where the smoking of other tobacco products or marijuana are prohibited.

The current Clean Indoor Air statute in Maryland, has a significant loophole by not currently including the use of electronic smoking devices. Under House Bill 837 as drafted it could potentially exacerbate this loophole and allow for the vaping of marijuana indoors. The American Lung Association is extremely concerned by this and the potential exposure to harmful secondhand aerosol to Marylanders. Since marijuana smoke harms lung health, the American Lung Association opposes the inhalation of smoke or aerosol of marijuana. The American Lung Association supports measures to require totally smokefree environments, including prohibiting the smoking or vaping of marijuana.

We are glad to see that the smoking of marijuana is prohibited in all places where smoking is prohibited under state law in this bill and urge that those provisions remain in the bill unaltered going forward. However, we would strongly recommend that the legislation before you be amended to also prohibit the use of electronic smoking devices or vaping indoors for all products containing tobacco, nicotine and marijuana.

In order to protect the health of Marylanders from the harmful effects of secondhand smoke and aerosol the American Lung Association is encouraging the following changes:

- The definition of “environmental smoke” be removed as it is not necessary in the legislation.
- To ensure that the legislation captures electronic smoking devices properly we would encourage the addition of a definition of electronic smoking devices which would read: *“Electronic Smoking Device” means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor.”*
- Update the definition of smoking to be comprehensive of all products. If the current definition of smoking is kept, adding the 2nd sentence below will add electronic smoking devices (e-cigarettes) to it. We suggest: *“Smoking” means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe, hookah, or any other lighted or heated tobacco or plant product intended for inhalation, including marijuana, whether natural or synthetic, in any manner or in any form. “Smoking” includes the use of an electronic smoking device which creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking in this Article.”*

The U.S. Surgeon General has concluded that there is no safe level of exposure to toxic secondhand smoke.¹ The U.S. Surgeon General has also concluded that separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposure of nonsmokers to secondhand smoke. In addition in a 2016 report, the Surgeon General concluded that secondhand e-cigarette emissions contain, “nicotine; ultrafine particles; volatile organic compounds such as benzene, which is found in car exhaust; and heavy metals, such as nickel, tin, and lead.”² The only effective way to fully protect nonsmokers from exposure to secondhand smoke and aerosol is to completely eliminate smoking and vaping in indoor public spaces.³

The American Lung Association thanks the Maryland General Assembly for their continued commitment to the health and wellbeing of the residents of Maryland and encourages the committee to include the recommended changes included in the bill as it moves forward.

Sincerely,



Aleks Casper
Director of Advocacy, Maryland
202-719-2810
aleks.casper@lung.org

¹U.S. Department of Health and Human Services (HHS). *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

² U.S. Department of Health and Human Services. *E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General—Executive Summary*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

³HHS, 2006.

HB 837_LOI_ACS CAN.pdf

Uploaded by: Jocelyn Collins

Position: INFO



American Cancer Society Cancer Action Network, Inc.
655 15th St. NW, Suite 503
Washington, D.C. 20005
fightcancer.org/md

February 14, 2022

The Honorable Luke Clippinger, Chair
The Honorable David Moon, Vice-Chair
Members of the Maryland Judiciary Committee
House Office Building
6 Bladen St., Room 101
Annapolis, MD 21401

RE: Letter of Information on HB 837 Cannabis Reform

Dear Chair Clippinger, Vice-Chair Moon and Members of the House Judiciary Committee,

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. On behalf of our constituents, many of whom have been personally affected by cancer, we thank you for the opportunity to provide public comments on **HB 837 Cannabis Reform**.

ACS CAN supports the prohibition of the smoking of marijuana and other cannabinoids, including through the use of e-cigarettes, in public places—such as, restaurants, bars, and gaming facilities—because the carcinogens in marijuana smoke pose numerous health hazards to the user and others in the user’s presence. Furthermore, ACS CAN does not have a position on the legalization of marijuana for recreational or medical purposes and supports the need for more scientific research on the use of cannabinoids by cancer patients, and on better and more effective therapies that can overcome the often-debilitating side effects of cancer and its treatment.

Therefore, ACS CAN appreciates the inclusion of cannabis and hemp into the Clean Indoor Air Act to protect everyone’s right to breathe clean smoke-free air. However, we do have concerns that the language in the bill around Clean Indoor Air needs to be strengthened to include electronic smoking devices to close current and further loopholes.

Maryland’s current Clean Indoor Air statute does not include electronic smoking devices, as at the time of the law passing in 2007 – the device in which individuals can also use to smoke nicotine, cannabis, aerosol, and other substances for human consumption did not exist. This needs to be updated and encourage that this language to be written, as noted below:

- **Remove “environmental smoke” from proposed statute as it is not necessary in the legislation. Instead, update the smoking definition to be inclusive of all products and here is our recommended definition:**

“Smoking” means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe, hookah, or any other lighted or heated tobacco or plant product intended for inhalation, including marijuana, whether natural or synthetic, in any manner or in any form. “Smoking”



includes the use of an electronic smoking device which creates an aerosol or vapor, in any manner or in any form.

- **We'd also want to add a definition of electronic smoking device to statute. The definition would be written as follows:**

"Electronic Smoking Device" means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor.

Since the introduction of e-cigarettes to the U.S. market almost a decade ago, the marketing and use of these products have increased. A study from the Centers for Disease Control and Prevention (CDC) found that e-cigarette use increased 78 percent in high school students. Among middle school students, e-cigarette use increased 48 percent. That translates to more than three million youth who have tried e-cigarettes.¹ In Maryland, 23 percent of our high school students use e-cigarettes.²

Unlike a vapor, an aerosol contains fine particles of liquid, solid, or both. One study found up to 31 ingredients in the aerosol, including nicotine, acetaldehyde, and diacetyl, a chemical linked to serious lung disease.³ Studies have found the aerosol to contain ultrafine particles that can be inhaled deeply into the lungs, heavy metals, and volatile organic compounds, among other potentially harmful chemicals.^{4 5 6}

According to a report from the Surgeon General, "E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents, including nicotine."⁷ Studies have shown that the use of e-cigarettes can cause short-term lung changes and irritations.⁸ According to the Centers for Disease Control and Prevention, e-cigarette aerosol can contain harmful and potentially harmful substances including: nicotine; ultrafine particles; flavoring such as diacetyl, a chemical linked to a serious lung disease; cancer-causing chemicals; volatile organic compounds; and heavy metals such as nickel, tin, and lead. E-cigarettes also pose a potential risk to nonusers through secondhand exposure to toxicants in the aerosol. Secondhand exposure occurs when the user exhales the aerosol exposing nonusers.

Smoke-free laws protect workers and patrons from exposure to secondhand smoke and reduce the acceptability of smoking which, in turn, reduce the number of people, especially youth, who start

¹ Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students—United States, 2011–2015. *Morbidity and Mortality Weekly Report*, 2016;65(14):361–7

² CDC. Youth Risk Behavior Surveillance System Survey RBSS Results. Available at: <https://www.cdc.gov/healthyyouth/data/yrbs/results.htm>

³ Sleiman M, et al. Emissions from Electronic Cigarettes: Key Parameters Affecting the Release of Harmful Chemicals. *Environmental Science & Technology* 2016; 50 (1&) 9644-9651.

⁴ Cheng, T. Chemical evaluation of electronic cigarettes. *Tobacco Control* 2014; 23: ii11-ii17.

⁵ Goniewicz, ML et al. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tobacco Control* 2014; 23:122-9.

⁶ U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

⁷ HHS, 2016

⁸ Callahan-Lyon, P. Electronic cigarettes: human health effects. *Tobacco Control* 2014; 23: ii36-ii40.



American Cancer Society Cancer Action Network, Inc.
655 15th St. NW, Suite 503
Washington, D.C. 20005
fightcancer.org/md

smoking and provide a supportive environment for those who are trying to quit. The increased protection and reduced acceptability have led to lower smoking rates and improved health status, including fewer heart attacks and cancers.

The use of e-cigarettes in public places including, but not limited to, restaurants, bars, and gaming facilities unnecessarily complicates enforcement of our State's current smoke-free law and undermines the public health benefits that continue to be achieved by comprehensive smoke-free laws.

Prohibiting the use of e-cigarettes in public places including restaurants, bars, and gaming facilities can protect the public's health by preventing nonusers from being exposed nicotine and other potentially harmful chemicals in the aerosol emitted by these products. Everyone has the right to breathe clean smoke-free air and no one should have to choose between their health and their job.

Additionally, ACS CAN has concerns around the Cannabis Business Assistance Fund created in this legislation. We believe that the grants to Historically Black Colleges and Universities (HBCUs) for cannabis-related programs and business development organizations, including incubators, to train and assist small, minority, and women business owners and entrepreneurs seeking to become licensed to participate in the adult-use cannabis industry needs to be expanded. **We believe this grant should be expanded to allow for the awarding of grant funds to HBCUs to fund health-related research on cannabis and hemp (i.e. to study the health effects of cannabis and hemp: positive and negative and health disparities).**

Finally, we need to ensure that baseline data around cannabis is collected and that this data is monitored in the future to determine the impact of legalized recreational cannabis, including the impact on other substance use/abuse including tobacco, alcohol, opioids, etc. and tracking psychosis and other mental health conditions. The State also needs to collect data on the impact of cannabis use and sale on health equity including the concentration of geographic locations of use and businesses, and to monitor and evaluate compliance efforts to ensure equitable enforcement of all cannabis businesses – especially, safeguarding minority and women owned businesses from the threat of harsher enforcement than other businesses in the State.

We appreciate everything you are doing to keep Marylanders safe from the effects of secondhand smoke and to protect Maryland's smoke-free law, and we thank you for your consideration of our input and suggested amendments on HB 837.

I can be contacted at jocelyn.collins@cancer.org or 301-254-0072 with any questions.

Sincerely,

Jocelyn I. Collins

MDDCSAM Cannabis - Information HB837.pdf

Uploaded by: Joseph Adams, MD

Position: INFO

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

HB 837 Cannabis Reform. House Judiciary Committee. February 14, 2022

LETTER OF INFORMATION

MDDCSAM applauds the decriminalization and expungement components of this bill. Legalization of cannabis production, distribution, as well as possession of adequate personal use quantities can limit profound harms primarily borne by minority communities targeted by 'mass incarceration.' Onerous civil penalties should also be eliminated.

However, depending on how it is done, cannabis legalization risks significantly worsening the harms of cannabis use disorder (CUD) and other forms of unhealthy cannabis use. Though most people who use cannabis do not develop CUD, long term cannabis addiction is a common disorder and a significant public health problem that can impair functioning as severely as other substance use disorders.

Over time the cannabis industry is expected to become increasingly consolidated, and to increasingly adopt marketing, promotion, government relations, and product design practices now used by the tobacco and alcohol industries. Tobacco and alcohol industries have an economic incentive to increase sales to customers, including customers with unhealthy use, or use disorders who account for a disproportionate share of sales. These incentives will be present in a future consolidated cannabis industry as well.

Robust guardrails are needed to protect the regulatory framework from industry influence over time. Dr. Susan R.B. Weiss, Director of Extramural Research at the National Institute of Drug Abuse (NIDA), reported to the Maryland House Cannabis Referendum and Legalization Workgroup (Oct 2021) that cannabis business operatives should not be involved in setting or overseeing the implementation of regulations on the industry. She also expressed concern that federal legalization could lead to large alcohol and tobacco companies becoming more involved in the cannabis sector.

According to the October 2020 Public Policy Statement on Cannabis by the American Society of Addiction Medicine (ASAM), "The history of major multinational corporations using aggressive marketing strategies to increase and sustain tobacco and alcohol use illustrates the risks of corporate domination of a legalized cannabis market. . . **The marketing and lobbying muscle of a for-profit industry is likely to influence the future trajectory of cannabis policy. . . with regulators drifting over time toward more industry-friendly postures.**" (1: ASAM)

(cont'd . . .)

A public health framework for legalized cannabis should be based on best public health practices established for tobacco control. (2. Barry RA et al). **The World Health Organization Framework Convention on Tobacco Control**, ratified by 180 parties, calls for protecting the policymaking process from industry interference. It states that “[Governments] should not allow any person employed by the tobacco industry or any entity working to further its interests to be a member of any government body, committee or advisory group that sets or implements tobacco control or public health policy.” (2. Barry RA et al.)

Therefore, the Public Health Advisory Council described in HB 837 should adopt transparent policies and procedures that include a Conflict of Interest Policy for vetting Council members and guiding Council operations, and which conforms with Conflict of Interest best practices as described by the National Council of Nonprofits.

HB 837 should specify that membership of the Public Health Advisory Council (Pg. 25 line 4) excludes persons that receive any items of value such as salary, payment, equity interest, investment instruments, benefits, or other forms of compensation from any cannabis-related business such as cannabis dispensaries, growers, processors, other retail or wholesale cannabis-related businesses, or persons who receive similar items of value from business partners, consultants, suppliers or entities with any significant financial relationship with a cannabis business, or their immediate family members, with the exception of one representative of a laboratory that tests for cannabis, if said individual only receives items of value from the aforementioned laboratory.

Meetings of the Council and its workgroups should be observable by the public.

It should be stated that the Cannabis Public Health Fund shall allocate and disperse funds by the Maryland Department of Health in accordance with the recommendations of the Public Health Advisory Council, in a manner consistent with evidence-based best practices to the extent practicable, in a manner that is publicly transparent, and that is described in a Department website.

Advisory Council recommendations (pg 27 line 15) should be included an annual report available to the public.

Before public health funds are allocated, there should be an opportunity for public review and comment of the Council’s annual reports.

Home cultivation and cannabis buyers' clubs should be permitted as in many other states.

Both tend to reduce the adverse incentives and influence associated with full commercial legalization of cannabis production and marketing. Both are included in adult-use cannabis laws in other states, and both were recommended in the aforementioned ASAM policy statement. (1. ASAM policy statement)

(cont’d . . .)

In view of powerful incentives to expand consumption, and considering decades-long efforts to “denormalize” tobacco consumption, avoiding the encouragement of increased consumption should be one of the goals of any adult use cannabis regulatory scheme. Promoting cannabis use is not socially or economically beneficial to our communities in the long run. (3. Gettingitrightfromthestart)

HB 837 should specify that council recommendations shall include public health campaigns on prevention and treatment of unhealthy cannabis use in youth and adults, rather than simply "public campaigns on cannabis." (pg 27 line 26)

Adult use cannabis should be labeled with THC potency, and taxation should be based, at least in part, on THC potency, as in several other states. THC potency is associated with adverse outcomes including the risk of CUD. (4) (5) (6) (7) (8)

Taxation based on weight incentives producers to create ever more concentrated products. Possibly as a result, the THC potency of retail cannabis products have roughly tripled in recent years. According to the aforementioned ASAM policy statement, "The concentration of THC in commonly cultivated marijuana plants has increased three-fold between 1995 and 2014 (from 4% to 12% respectively), while THC concentrations in cannabis sold in dispensaries averages between 17.7% and 23.2%." (1. ASAM)

We also recommend that the due date for the first report of the Comprehensive Baseline Study of Cannabis Use (Pg. 4 line 25) be changed from January 1 2023 to January 1 2024 to allow adequate time to establish procedures and to collect baseline data.

We recommend the elimination of all criminal and civil penalties or fines for simple cannabis possession below a personal use amount.

Respectfully,

Joseph Adams, MD, FASAM, Chair, Public Policy Committee

REFERENCES

1. ASAM Public Policy statement on Cannabis Oct 2020: <https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2021/08/09/cannabis>
2. Barry RA et al. (2016) A Public Health Framework for Legalized Retail Marijuana Based on the US Experience: Avoiding a New Tobacco Industry. PLoS Med 13(9): e1002131.
free: <https://doi.org/10.1371/journal.pmed.1002131>

3. <https://gettingitrightfromthestart.org> - a project of the non-profit Public Health Institute, and funded by NIDA, the National Institute of Drug Abuse
4. Bidwell LC, et al. Exploring cannabis concentrates on the legal market: User profiles, product strength, and health-related outcomes. Addictive Behaviors Reports. 2018;8:102-106.
free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6111049/>
5. Curran HV et al. Which biological and self-report measure of cannabis use predict cannabis dependency and acute psychotic-like effects? Psychological Medicine. 2019;49:1574-1580.
free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6541869/>
6. Hines LA, et al.. Association of high-potency cannabis use with mental health and substance use in adolescence. JAMA Psychiatry. 2020; epub ahead of print E1-#8.
free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7254445/>
7. Freeman TP et al. Examining the profile of high-potency cannabis and its association with severity of cannabis dependence. Psychological Medicine. 2015;45:3181-3189.
free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4611354/>
8. Carlini BH 2017. Potency increase, product development and marijuana marketing in times of legalization. Addiction. 2017;112(12):2178-79.
free: <https://onlinelibrary.wiley.com/doi/full/10.1111/add.13945>

NCADD-MD - HB 837 Letter of Info - Cannabis Reform

Uploaded by: Nancy Rosen-Cohen

Position: INFO



**House Judiciary Committee
February 14, 2022**

House Bill 837 - Cannabis Reform

Letter of Information

This letter of information is being submitted by the Maryland Chapter of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland). Having conducted research and engaged in conversations with professionals from several states that have legalized cannabis, NCADD-Maryland has identified and suggests a number public health approaches to be taken should the State decide to legalize cannabis for recreational adult use.

NCADD-Maryland strongly urges the General Assembly to ensure if a Constitutional Amendment is passed, legislation clearly defining how revenue generated from this new, legal market will be committed to public health measures to prevent and respond to the negative impacts of cannabis use. There also must be a component reinvesting revenue in communities disproportionately impacted by the failed war on drugs.

Policies Addressing Consumption– Advertising and Packaging

Nearly all states that have legalized recreational cannabis have advertising and packaging policies to curb cannabis use amongst adolescents and vulnerable populations. Advertising and packaging restrictions are particularly important because the risks of negative health effects associated with cannabis use are not widely recognized by the public. Any legalization effort should:

- Clearly define specific restrictions and requirements on how, when, and where advertising of cannabis products can take place and what content and images can and cannot be in advertisements and on packaging.
- Incorporate the extensive knowledge Maryland and the federal government has developed over the last few decades in successful efforts to deter minors from using tobacco and alcohol products.

(over)

Public Health Education Campaigns

Negative health impacts can be a result of heavy cannabis use. Other states have found public health messaging and policies that fund, require, and support educational campaigns are effective ways to minimize adverse outcomes in high-risk groups such as adolescents, people with mental health disorders and pregnant women. Any legalization effort should:

- Develop age-appropriate public education campaigns designed to ensure the public understands cannabis and to mitigate any negative public health impact.
- Require the development of public health campaigns be led by the Department of Health's Public Health Administration, in consultation with health and educational campaign experts.

Policies Related to Potency and Mitigating Negative Public Health Impacts

Potency is an emerging issue as more states legalize recreational cannabis. As cannabis products become more diverse, THC potency has increased and the methods of use have changed significantly. Any legalization effort should:

- Set clear and specific limits on potency levels in the various products for sale to the public. Policies should prohibit potencies above a certain percentage, such as Maryland does with alcohol content.
- Create a higher tax rate on higher potency products to deter young people from accessing those products and to influence the market.

Fee Structures to Promote Public Health

The "war on drugs" policies in the United States have resulted in mass incarceration of primarily Black and Hispanic males, undermining public health in these communities. Black and Hispanic individuals are also less likely to complete addiction treatment. Legalizing cannabis provides an opportunity, through revenue generation, fees, and taxes, to reinvest in communities that have been historically impacted by discriminatory practices. Any legalization effort should specify minimum percentages of revenue generated by taxes and licensing fees for specific purposes. Revenue should significantly support:

- Public health education campaigns
- Youth prevention strategies
- Treatment and recovery services for people with substance use and mental health disorders
- Treatment and recovery workforce development
- Re-entry services
- Community programs that benefit disadvantaged communities, including those communities disproportionately impacted by the war on drugs

Public Use

Similar to alcohol and tobacco, there are public health and safety interests associated with the public use of certain substances. It is important to address the use of cannabis in public without creating additional criminal penalties. Any legalization effort should:

- Restrict the use of cannabis in public without creating additional criminal penalties. Smoking cannabis indoors should be restricted consistent with Maryland’s Clean Indoor Air Act.
- If considering the issue of “clubs” or other public spaces to allow for the consumption of cannabis products, Maryland should look to consistencies with restrictions and requirements on bars and other locations where alcohol is consumed on-site.

Driving Safety

Driving impairment has been a prominent issue of concern in a number of states, with data showing an increase in driving while impaired by cannabis. Maryland’s laws on impaired driving should be applied as consistently as possible to laws addressing any impairment, whether caused by cannabis or alcohol. While the technologies are not equal at this time, the policies should not create substantially different standards.

Governing Structures

Some governing structures in other states have placed responsibility with existing state agencies, while other states have created new entities to oversee this new market. In Maryland, public health authorities should be placed in leadership positions and ensure cannabis related regulations are overseen by appointed public health officials.

Data Collection

States that have legalized recreational cannabis have recognized the significant gaps in baseline data, which is incredibly important to quantify whether public health strategies are effective. Collection of baseline data is needed now, prior to any legalization implementation, to ensure policy makers have the most comprehensive and accurate data when regulating this industry.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.