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Testimony Related to SB587 Compassionate Access in Hospitals

Greetings mothers and sons, I am a private man who is fortunate enough to animate the role of clinical director from time to time and have done so for the last four and a half years in the Maryland Medical Cannabis industry. I want to thank those who came before me and established this program for Marylanders, and Connor Sheffield for his bravery. I fully support this bill, and I wish to remind you that pursuant to the Declaration of Independence, Article 1, Section 8, Clause 14 of the Federal Constitution, Articles 1 and 4 the Maryland Declaration of Rights, and Article 3, Section 56 of our own Constitution of Maryland, regulations, codes, and ordinances are for the Government, the governed, you – who have taken oaths of office, not private people.

Therefore, this bill I advocate in favor of is for you all who have taken oaths of office, and sadly for my beloved private men and women who unknowingly personate State agents and animate statutory persons, individuals, and residents to become legal patients.

From my clinical and professional experience, I find the most important aspects of this bill for your consideration are:

The continuation of therapy leads to improved patient outcomes and symptom control versus discontinuing then having to restart therapy. It is easier to achieve the target result when there is

already a level of medicine in the body, rather than starting over from zero with the potential re-experiencing of unwanted symptoms. This is especially true for opioids.

The hospitals minimize liability by:

- Allowing the patient to bring their own medicine, eliminating any financial encumbrance to the institution.
- Allowing the patient to self-administer, who, without a doubt has more insight into self-administration and self-monitoring (with regards to cannabis) than any professional or support staff.
- Locking the medication away from patient hands until scheduled use.

Improved patient outcomes will lead to increased HCAHPS scores and thus higher reimbursement from the Centers for Medicare & Medicaid Services (CMS).

Any concerns about drug interactions and contraindications can be relieved through using a drug database (e.g., LexiComp, or MicroMedex), and by checking blood work upon admission enables us to see how the patient has already been using their cannabis in conjunction with prescribed medications. We're already seeing this in California.

Finally, the medicine will only be used in non-smokable forms which are far easier to calculate accurate doses and produce no damage to the throat or lungs.

Thank you for your consideration.

Dr. Alexander Dix, PharmD