

SB0587  
Favorable

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Dear Esteemed Senators,

I am currently a Clinical Director of Dispensaries for Maryland representing the National Clinical Director Consortium since 2021, and a Clinical Cannabis Nurse for the past decade. I oversee hundreds of patients in multiple stores to evaluate their health conditions and distressing symptoms from a trained clinical / medical viewpoint. I also perform medication reconciliation to determine safety/side effects when taken with other pharmaceuticals and expected outcomes of cannabis for their conditions. As a community nurse in the field for 24 years who has been studying cannabinoid therapeutics for the past 12 years, it is important for the Legislature to understand that although in the adult use market there will be plenty of recreational customers, there are thousands of prospective patients that wish to use this alternative to avoid health care crisis and increase their quality of life.

In evaluating other states who have Adult Use Programs, it seems that as adult use legislation has been enacted that the very patients to whom the entire cannabis industry is built upon are being left without critically needed guidance and formulations created to help their conditions. I care for autistic and epileptic children, middle aged cancer, pain and neurologically challenged adults to our most underserved population of the elderly. Our elderly are actively looking to decrease harm and polypharmacy in their daily lives. This population alone warrants oversight from medical professionals. These patient populations deserve guidance from experienced clinicians, continuity of care inpatient and product choices over the long term.

I support SB0587 with the following considerations and information:

The SB0516 Cannabis Reform Bill already allows for inpatient care with cannabis and legal protection of professional licenses.

It is important for inpatient nurses to understand that the National Council of State Boards of Nursing have set forth a mandate for nurses to be educated and able to work with patients in an inpatient setting utilizing cannabis for conditions. (See additional upload file NCSBN Guidelines) The ethical dilemma of a nurse concerned for her professional license is unwarranted.

Continuity of patient care is critical for the cannabis patient who has spent considerable time and effort to wean off many pharmaceuticals to increase their quality of life. When beset by an emergency, we have seen terrible outcomes, especially children who have been weaned off many antiseizure medicines only to be put back on these due to prohibition of cannabis formulations in hospitals. It takes MONTHS to wean from many of these common drugs! The same is true for patients who have successfully weaned from narcotics and many other medications. Denying them their chosen treatment is an assault on their body and a denial of patient rights given to them by state officials.

Cannabis science is catching up quickly with the anecdotal evidence in harm reduction and lessening of prescriptions across the country.

Please evaluate this Policy from the New York Hebrew Home that allows cannabis inpatient. (See attached)

I applaud the Legislature in including inpatient use of cannabinoid formulations in our Reform of Cannabis.

Thank you for your consideration,

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