March 3, 2023

RE: House Bill 1135 – Health Care Facilities – Use of Medical Cannabis
Position: Favorable

Kevin D. Merillat, MBA, MS
345 Madeline Drive
Saint Leonard, Maryland 20685

Dear Honorable Members of the House Health and Government Operations Committee:

I am writing today in favor of HB 1135. The State of Maryland has recognized cannabis as an essential medicine, and now it is time to adjust our local laws to meet this new reality. I would prefer hospital and long-term patients to have access to a ligand that has the least possibility of addiction or bodily harm from the medication itself. The ability for a Maryland resident to choose cannabinoid therapy over highly addictive drugs such as opioids has been paramount in fighting our opioid epidemic. Having earned a Master of Science Degree from the University of Maryland in Medical Cannabis Science and Therapeutics, we have extensively studied the negative effects that can arise from cannabis use, and it is true that cannabis is one of the least toxic drugs in existence representing a minimal risk to those that utilize it. We have also studied the case for edibles and the biphasic reactions to cannabis, but the fact remains that NO person has ever suffered death as the result of cannabis toxicity making cannabis one of the safest ligands (drugs) in existence. No person should be discriminated against in a medical setting for choosing a legal and safe medication that has proven efficacy with minimal side effects compared to opiate and other pain management medications. In addition, a person should not be forced to abandon a viable medication or hide the use of a medication from those administering medical care.

The fear of violating federal law is currently unfounded due to the Cole Memo and the priorities it places on cannabis enforcement. In addition, the Controlled Substance Act – 21 U.S.C. Section 903 states that “No provision of this subchapter shall be construed as indicating an intent on the part of the Congress to occupy the field in which that provision operates, including criminal penalties, to the exclusion of any State law on the same subject matter which would otherwise be within the authority of the State, unless there is a positive conflict between that provision of this subchapter and that State law so that the two cannot consistently stand together.” There is no positive conflict nor precedents for State legal operations of medical cannabis programs being prosecuted for operations that are in accordance with state law, and no precedent has been set withholding federal funds from institutions that act with in the state law. Furthermore, the principal of Federalism and the 10th Amendment clearly indicate “Powers not delegated to the United States by the Constitution, nor prohibited by it to the states, are reserved to the states respectively…” and, the Anti-Commandeering Doctrine provides further protection to State of Maryland concerning preemption of State law. In other words, the

Federal Governments inaction concerning cannabis should not be cause for Maryland not to act in the best interests of its citizens.

House Bill 1135 and/ Senate Bill 587 will provide Maryland citizens with a voice in their recovery while in a hospital or long-term facility from forcing them to break current treatment and use more harmful traditional medications that are addictive and have long-term side effects such as liver damage. A recent study published in PubMed.gov states that "Among study participants, medical cannabis use was associated with a 64% decrease in opioid use." [1] Cannabis is proven to treat many disease states and, is a legally recommended drug in the State of Maryland and should be included as a means of treatment for medical cannabis patients in a hospital or long-term care facility. Please allow past stigma's surrounding cannabis to expire as we move towards ending the prohibitions and realizing the full potential cannabis can offer.

Best Regards,

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References:

1. Boehnke KF, Litinas E, Clauw DJ. Medical Cannabis Use Is Associated with Decreased Opiate Medication Use in a Retrospective Cross-Sectional Survey of Patients with Chronic Pain. *J Pain*. 2016;17(6):739-744. doi:10.1016/j.jpain.2016.03.002