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**Written Testimony Related to HB1135 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 for the last four and a half years in the Maryland Medical Cannabis industry. Before I get into why this bill is relevant, I wish to remind you:

Pursuant to the Declaration of Independence, "... Governments are instituted among Men, deriving their just powers from the consent of the governed...", as well as in the Maryland Declaration of Rights, Article 1 which states, "That all Government of right originates from the People...". We also see in Article 1, Section 8, Clause 14 of the Federal Constitution that Congress shall have power to make Rules for the Government and Regulation of the land and naval Forces, which is mirrored in our very own State Constitution, Article 3, Section 56, which states The General Assembly shall have power to pass all such Laws...for ... execution [of] the powers... of the Government...". So, regulations, codes, and ordinances are for those who have sworn oaths to the Federal and State constitutions, as well as their office, like you [all] – The Government, the governed. The unfortunate reality is that most private men and women believe themselves to be bound to these regulations, codes, and ordinances, as well, and perpetuate the illusion by personating state agents and animating living-dead statutory citizens, individuals, persons, and residents.

In truth, then, it is YOU, the beings who took your oaths of office that we are here for today, and sadly, those private beings who unknowingly and mistakenly “serve at the pleasure of the Governor”.

From my clinical and professional experience, I envision this bill helping state agents, and ultimately the State itself, in the following ways:

- Continuation of therapy leads to improved patient outcomes and symptom control versus discontinuing and re-starting 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 reexperiencing of unwanted symptoms.
- The hospital minimizes liability by:
  - Allowing the patient to bring their own medicine, eliminating any purchasing cost burden and administrative/regulatory red-tape.
  - 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 lead to reduced healthcare costs and burden on the system, also leading to increased HCAHPS scores and thus higher reimbursement from CMS.
- The nature of the endocannabinoid system is to react to and reduce stressors throughout the entire body, which aims to keep us healthy despite other illness. We can easily see how that system’s function improves with the use of appropriately dosed cannabis, and in turn potentially alleviating other chronic conditions.
- Any concerns about drug interactions and contraindications can be relieved through using a drug database (e.g., LexiComp, or MicroMedex), and checking bloodwork upon admission enabling us to see how the patient has already been using their cannabis in conjunction with prescribed medications.

Thank you for your consideration.

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