

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 790 Medical Cannabis – Employees in Health Care Settings Caring for Qualifying Patients

Health & Government Operations Committee, March 13, 2024

SUPPORT

Current Maryland law and regulations allow a qualifying medical cannabis patient to continue receiving their medical cannabis while a hospital inpatient, but do not allow continuation of medical cannabis treatment in other healthcare facilities. This bill avoids a break in continuity of care by authorizing designated medical personnel employed by certain other healthcare facilities to administer medical cannabis to qualifying patients. These healthcare facilities include assisted living facility, intermediate care facility for individuals with an intellectual disability, home health agency, hospice care program, or residential service agency. Such healthcare facilities care for many patients who are benefiting from medical cannabis treatment and whose care would worsen if denied access to medical cannabis. In addition, abrupt cessation of medical cannabis treatment, which is typically taken daily, might put patients into uncomfortable cannabis withdrawal. Up to two-thirds of patients taking medical cannabis report at least one withdrawal symptoms when cannabis use is stopped; about 2.5% report a full-fledged cannabis withdrawal syndrome.¹

Recent studies find that hospice patients with cancer experience significant improvement in pain while taking medical cannabis² and that hospice providers overwhelmingly support the use of medical cannabis in their programs.³

California passed the "Compassionate Access to Medical Cannabis Act" in 2021.⁴ This act authorized the administration of oral medical cannabis to a qualifying patient in any type of healthcare facility (except for a state hospital or substance use disorder treatment facility).

We urge Maryland to follow the example of California and allow qualifying patients to continue their medical cannabis treatment in whatever type of healthcare facility they are staying.

David A. Gorelick, MD, PhD, DLFAPA, FASAM, board certified in psychiatry and addiction medicine.

REFERENCES:

1. Zeraatkar D, Cooper MA, Agarwal A et al. Long-term and serious harms of medical cannabis and cannabinoids for chronic pain: a systematic review of non-randomised studies. *BMJ Open* 2022;12:e054282.

2. Zanker T, Sacco J, Prota J, Palma M, Viola Lee KA, Wang RR, Liang Y, Cunningham J, Mackary M, Ovchinnikova P. Medical Marijuana for Pain Management in Hospice Care as a Complementary Approach to Scheduled Opioids: A Single Arm Study. *Am J Hosp Palliat Care*. 2023 Dec 15:10499091231213359. doi: 10.1177/10499091231213359.

3. Ryan C. Costantino, Natalee Felten, Marisa Todd, Terri Maxwell, and Mary Lynn McPherson. A Survey of Hospice Professionals Regarding Medical Cannabis Practices. *Journal of Palliative Medicine*. Oct 2019.22(10):1208-1212.

4. <https://legiscan.com/CA/text/SB311/id/2434836> (accessed March 5, 2024)

News reference: 'Lack of transparency concerns over billions in Opioid settlement money distributions.'
October 17th 2023, Updated October 19th 2023

<https://thenationaldesk.com/news/spotlight-on-america/lack-of-transparency-concerns-over-billions-in-opioid-settlement-money-distributions>

LAC: Legal Action Center. Opioid Use Disorder & Health Care: Recovery Residences. People who take medication for opioid use disorder (MOUD), like methadone or buprenorphine, often experience illegal barriers to healthcare. (posted 2022) <https://www.lac.org/assets/files/Recovery-Home-MOUD-Info-Sheet-Feb-2022.pdf>