

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 9, 2023

The Honorable Melony Griffith Chair, Senate Finance Committee 3 East, Miller Senate Office Building Annapolis, Maryland 21401

Re: SB 516 - Cannabis Reform - Letter of Support with Amendments

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support with amendments for Senate Bill (SB) 516 - Cannabis Reform. SB 516 is an emergency bill that outlines various regulations for the legalization of adult-use cannabis in Maryland, including: licensing, product testing, packaging, labeling, and advertising; taxes and funding; and law enforcement provisions. SB 516 also establishes the Alcohol, Tobacco, and Cannabis Commission as the primary regulatory and licensing entity for both medical and adult-use cannabis in Maryland.

MDH supports SB 516 and a framework that centers adult-use cannabis as a health equity and a social justice issue.¹ Additionally, MDH supports limiting the sale or diversion of cannabis and cannabis products to persons under the age of 21, as outlined in this bill. Cannabis risks include psychosis, but it also can impair cognition, especially in the young.^{2,3} However, additional public health concerns exist with SB 516 as written. Below is a summary of proposed amendments to address these concerns.

1) SB 516, as written, prohibits smoking and vaping of tobacco products within these facilities but permits smoking of cannabis, creating inconsistency with the Clean Indoor Air Act (CIAA) and challenges for enforcement. SB 516 creates an on-site consumption license that allows license holders to operate a facility in which cannabis products can generally be smoked, vaped, or consumed while on the premises of the establishment. As is the case for smoking cigarettes, smoking cannabis creates secondhand smoke that contains cancer-causing chemicals and other toxic compounds.⁴ In 2007, Maryland passed the Clean Indoor Air Act (CIAA) to prohibit smoking cigarettes and other tobacco products within virtually all indoor public places, including bars, restaurants, and places of employment.⁵ House Bill 837 (2022) amended the CIAA to further prohibit smoking cannabis and combustible tobacco products in public places.⁶

¹ American Public Health Association, A Public Health Approach to Regulating Commercially Legalized Cannabis, 24 Oct 2020, Accessed 8 Feb 2023 at

https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/13/a-public-health-approach-to-regulating-commercially-legalized-cannabis.

² Novel Insights on Cannabis and Psychosis (2020) https://www.psychiatrictimes.com/view/novel-insights-cannabis-psychosis

³ Adolescents are more sensitive than adults to acute behavioral and cognitive effects of THC. (February 2022) https://www.nature.com/articles/s41386-022-01281-w

⁴ Moir D, et al., "A comparison of mainstream and sidestream marijuana and tobacco cigarette smoke produced under two machine smoking conditions," <u>Chemical Research in Toxicology</u>, Feb 2008, 21(2): 494-502, <u>PubMed</u>, Accessed 8 Feb 2023 at https://pubmed.ncbi.nlm.nih.gov/18062674/>.

⁵ Chapter 501 of the Acts of 2007 (SB 91). Accessed 8 Feb 2023 at

https://mgaleg.maryland.gov/2007RS/chapters_noln/Ch_501_sb0091E.pdf>

⁶ Chapter 26 of the Acts of 2022 (HB 837). Accessed 8 Feb 2023 at < https://mgaleg.maryland.gov/2022RS/chapters_noln/Ch_26_hb0837E.pdf>.

<u>Proposed Amendment(s)</u>: Amending SB 516 to prohibit smoking of all combustible cannabis and tobacco products within on-site consumption facilities that share a wall with another property will better align with existing CIAA laws. This amendment would protect residents, including children and non-smokers, from exposure to cannabis smoke that may come through the walls, vents, or other areas. Consideration must be given to shared walls with residences, childcare centers, and other locations that might negatively impact children or those in vulnerable populations. Adoption of the proposed amendment to §36-407 would allow facilities where the smoking of cannabis is prohibited to be subject to the provisions of the Clean Indoor Air Act, including enforcement provisions in §24-508.

2) Current law, Health-General §13-4502, creates the Cannabis Public Health Advisory Council and specifies the membership including the Secretary of Health and the Deputy Secretary for Behavioral Health or designees. Public Health Services is not named but given the Council's scope of work, will likely be staffing the Council so would propose a seat for the Deputy Secretary for Public Health Services.

<u>Proposed Amendment</u>: Add the Deputy Secretary for Public Health Services or designee as a member of the Council.

Lastly, SB 516 allocates revenue from cannabis excise taxes to specific entities, including 1.5 percent to the Cannabis Public Health Fund managed by MDH. The amount is indeterminate given the unknown amount of revenue from taxes The Cannabis Public Health Fund may be used for certain activities including public awareness campaigns and educational programs for schools, data collection, substance use treatment, and supporting the Advisory Council. MDH notes that it will be important to have adequate funding for the Cannabis Public Health Fund to address the public health impact of adult-use cannabis legalization in Maryland and, as MDH implements this Fund, we will work closely with the Department of Budget and Management to ensure adequate funding.

MDH supports SB 516 with amendments and urges a favorable report from the committee. If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.

Secretary

MDH Proposed Amendments SB 516 - Cannabis Reform First Reader

AMENDMENT NO. 1

On page 50, after line 15, insert:

"(B) ON-SITE CONSUMPTION FACILITIES THAT ARE NOT FREE-STANDING OR SHARE
AT LEAST ONE WALL WITH ANOTHER PROPERTY ARE PROHIBITED FROM
ALLOWING SMOKING OF ALL COMBUSTIBLE CANNABIS PRODUCTS."

On page 50, in lines 16 and 24, strike "(B)" and "(C)", respectively, and substitute "(C)" and "(D)", respectively.

On page 51, in lines 2, 5, 9, and 25, strike "(D)", "(E)", "(F)", and "(G)", respectively, and substitute "(E)", "(F)", "(G)", and "(H)", respectively.

On page 52, in lines 4, 11, and 15, strike "(H)", "(I)", and "(J)", respectively, and substitute "(I)", "(J)", and "(K)", respectively.

AMENDMENT NO. 2

On page 4, after line 1, insert:

"BY REPEALING, AND REENACTING, WITH AMENDMENTS

ARTICLE - HEALTH - GENERAL

SECTION 13–4502(a)(b)

ANNOTATED CODE OF MARYLAND

(2019 REPLACEMENT VOLUME AND 2022 SUPPLEMENT)"

On page 84, after line 22, insert: "13-4502 (a)(b).

"13-4502(a)(b)."

(a) There is a Cannabis Public Health Advisory Council.

(b) The Advisory Council consists of the following members:
(1) One member from the Senate of Maryland, appointed by the President of the Senate;
(2) One member from the House of Delegates, appointed by the Speaker of the House;
(3) The Secretary, or the Secretary's designee;
(4) The Deputy Secretary for Behavioral Health, or the Deputy Secretary's designee;
(5) The Deputy Secretary for Public Health Services, or the Deputy Secretary's designee;
[(5)] (6) The Secretary of Agriculture, or the Secretary's designee;
[(6)] (7) The executive director of the Natalie M. LaPrade Medical Cannabis Commission, or the executive director's designee;
[(7)] (8) The State Superintendent of Schools, or the State Superintendent's designee; and
[(8)] (9) The following members appointed by the Governor:
(i) One representative from the Governor's Office of Crime Prevention, Youth, and Victim Services;
(ii) One representative from a historically black college or university;
(iii) One health care provider with experience in cannabis;
(iv) One pharmacist licensed in the State;
(v) One health care provider with expertise in substance use disorder treatment and recovery;
(vi) One individual with expertise in cannabis use disorder;
(vii) One academic researcher with expertise in cannabis law and policy;
(viii) One individual with at least 5 years of experience in health or social equity;
(ix) One public health professional with cannabis experience; and
(x) One representative of a laboratory that tests cannabis.