

1. The interests of the cannabis industry are over-represented in the panels this bill sets forth, with two times more representation for cannabis business expertise than for public health in the Alcohol, Tobacco and Cannabis Commission which will issue regulations. I believe, for the benefit of Maryland citizens, that public health should outweigh business interests. We can all recall what happened when the tobacco industry was allowed to ignore public health.
2. There are two slots on the Advisory Board on Medical and Adult Use Cannabis for organizations that advocate for the use of cannabis, but there is no representation for organizations that favor more regulations on the use of cannabis.
3. The organizational structure relating the two advisory committees is unclear. Does one report to the other, or do they independently report to the Commission? The latter option is preferable.
4. A requirement to disseminate educational material in cannabis cafes can be found on p. 52, but no mention made of such a requirement for dispensaries, the avenue by which most consumers will receive their cannabis.
5. Additional public health slots could be opened up in the Cannabis Public Health Advisory Council by moving the Secretary of Agriculture and the expert in cannabis law and policy to the other advisory council, and deleting 2 industry slots from the 6 on that council. Then, 2 additional public health candidates could be recruited from our prominent universities who are experts on some of the following effects of cannabis use:
  - cognitive impacts and the resulting effect on academic achievement, driving, etc.
  - mental health impacts
  - pulmonary and cardiac impacts**It must be understood, that under federal law, the 1990 Byrd amendment has been interpreted to prohibit academic researchers on federal grants from influencing state policies unless invited to do so by legislators.** Maryland will be missing out on the best and brightest resources unless legislators make the effort to seek them out.

Supporting Documentation:

The Figure below depicts whether the industry or public health interests will contribute more to reaching a quorum, based on the current hb556 and hb037 (2022) specifications for the Commission and the two Advisory panels. Note that medical cannabis healthcare providers are considered to be generally in favor of the industry because they rely on the industry for the product they recommend, would primarily be concerned about contamination and to date, have not issued any public warning statements about side effects of medical cannabis use relating to THC.

For quorum,  $\geq 29\%$  expected to favor industry, 14% public health

### Alcohol, Tobacco and Cannabis Commission

7 members

#### Slots that favor industry

2 wi prior industry experience

#### Slots that favor public health

1 wi general public health experience

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For quorum,  $\geq 40\%$  expected to favor public health

### Cannabis Public Health Advisory Council

15 members

#### Slots that favor industry

1 medical cannabis healthcare provider

#### Slots that favor public health

Sec. Dept. of Health  
Deputy Sec. Dept. of Behav. Health  
1 pharmacist  
1 substance abuse treatment provider  
1 wi expertise in treating cannabis use disorder  
1 public health professional wi cannabis experience

?

For quorum,  $\geq 60\%$  expected to favor industry

### Advisory Board on Medical and Adult Use Cannabis

15 members

#### Slots that favor industry

6 with license to grow, process or dispense cannabis  
1 from advocacy group in favor of adult use cannabis  
1 from advocacy group in favor of medical cannabis  
1 medical cannabis healthcare provider

\*3 individuals wi one of the following professions: cannabis law, science or policy; public health or healthcare; agriculture; finance; addiction treatment

#### Slots that favor public health

1 of 5\* categories may or may not go to public health or general healthcare  
1 of same 5\* categories may or may not go to an addiction treatment professional

Note: The anticipated Director of the Cannabis Regulation and Enforcement Division (William Tilburg), within the Office of the Alcohol, Tobacco and Cannabis Commission, may serve on one or both of the advisory boards and although that individual may have a Masters degree in public health, he has very limited experience in public health research, has never issued or posted comprehensive cautionary statements about cannabis use and has a nonfinancial yet professional interest in the industry thriving in Maryland. That position is considered as being neutral.

1. **Alcohol, Tobacco and Cannabis, Commission:** At the top is the 7-member Alcohol, Tobacco, and Cannabis Commission put forth by hb556 to replace the Alcohol and Tobacco Commission. Its composition is as follows: **one shall be knowledgeable and experienced in public health**

**matters (i.e. 14%);** one shall be knowledgeable and experienced in law enforcement matters; one shall be knowledgeable and experienced in the alcoholic beverages industry; [and] **TWO SHALL BE KNOWLEDGEABLE AND EXPERIENCED IN THE CANNABIS INDUSTRY (i.e. 29%);** AND two shall be members of the public who are knowledgeable and experienced in fiscal matters. Note that, unlike the Advisory Board on Medical and Adult Use Cannabis, no member of the Alcohol, Tobacco and Cannabis Commission can: have a direct or indirect financial interest, ownership, or management, including holding any stocks, bonds, or other similar financial interests, in the alcohol [or], tobacco, OR CANNABIS industries etc., etc.

2. **Cannabis Public Health Advisory Council:** An important component of the predecessor bill from last year, hb837, was the attempt to set up a public health component of marijuana regulations that would both monitor public health developments and develop plans to mitigate anticipated outcomes based on what has already happened in other states. This took the form of the proposed “Cannabis Public Health Advisory Council” with 15 members, at least **6 members who may have independent experience with public health concerns (i.e. ~ 40%):** **THE SECRETARY, OR THE SECRETARY’S DESIGNEE; THE DEPUTY SECRETARY FOR BEHAVIORAL HEALTH, OR THE DEPUTY SECRETARY’S DESIGNEE; ONE PHARMACIST LICENSED IN THE STATE; ONE HEALTH CARE PROVIDER WITH EXPERTISE IN SUBSTANCE USE DISORDER TREATMENT AND RECOVERY; ONE INDIVIDUAL WITH EXPERTISE IN CANNABIS USE DISORDER; and ONE PUBLIC HEALTH PROFESSIONAL WITH CANNABIS EXPERIENCE.** Other member slots are for THE EXECUTIVE DIRECTOR OF THE NATALIE M. LAPRADE MEDICAL CANNABIS COMMISSION; THE SECRETARY OF AGRICULTURE; THE STATE SUPERINTENDENT OF SCHOOLS; ONE REPRESENTATIVE FROM THE GOVERNOR’S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES; ONE REPRESENTATIVE FROM A HISTORICALLY BLACK COLLEGE OR UNIVERSITY; ONE HEALTH CARE PROVIDER WITH EXPERIENCE IN CANNABIS; ONE ACADEMIC RESEARCHER WITH EXPERTISE IN CANNABIS LAW AND POLICY; ONE INDIVIDUAL WITH AT LEAST 5 YEARS OF EXPERIENCE IN HEALTH OR SOCIAL EQUITY; ONE REPRESENTATIVE OF A LABORATORY THAT TESTS CANNABIS.
3. **Advisory Board on Medical and Adult Use Cannabis:** hb556 puts forth an additional 15-member advisory committee the “Advisory Board on Medical and Adult Use Cannabis” whose composition is strongly skewed in the direction of the cannabis industry, **only one of whom may have independent public health work experience (i.e. ~6.6%) , while 9 will have a clear interest in the financial success of the industry (60%):** **six who hold a license in Maryland to grow, process or dispense cannabis, one who is part of a group that advocates for medical cannabis use, one who is part of a group that advocates for recreational cannabis use, and one member who is a healthcare provider registered to certify patients for medical cannabis.** Of the remaining slots available, one will be filled by the Director of THE CANNABIS REGULATION AND ENFORCEMENT DIVISION (formerly the Director of the Natalie LaPrade Medical Cannabis Commission); ONE ACADEMIC RESEARCHER WITH AT LEAST 5 YEARS OF EXPERIENCE IN SOCIAL OR HEALTH EQUITY; and ONE REPRESENTATIVE OF AN INDEPENDENT TESTING LABORATORY REGISTERED UNDER § 36–408 OF THIS ARTICLE;. And of the three remaining slots, the chosen, at most 2 will be filled with individuals with public health experience, with all of the three required to have at least one of the following areas of expertise: CANNABIS LAW, SCIENCE, OR POLICY; PUBLIC HEALTH OR HEALTH CARE; AGRICULTURE; FINANCE; OR ADDICTION TREATMENT.