

**Written Testimony for the House Economic Matters Committee  
Maryland General Assembly  
In Support of HB556 with amendments**

***February 15, 2023***

Respectfully submitted by:

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Thank you Chairman Wilson and honorable members of the House Economic Matters Committee for the opportunity to provide testimony supporting HB556 with amendments. My name is Dr. Deondra Asike, MD and I am a Maryland spokesperson for Doctors for Cannabis Regulation ( [DFCR.org](https://dfcr.org) ), the nation's first physician organization dedicated to legalization, taxation and -above all- the effective regulation of cannabis for adults.

A bit about myself, I am a military veteran of Operation Enduring Freedom and practicing anesthesiologist and pain management physician in Maryland. I am also a certifying provider with the Maryland Medical Cannabis Commission and constituent of District 11B where I reside with my husband and two toddler-aged children. I am a supporter of the national organization, Americans for Safe Access, who on February 3, 2023, released their "2022 State of the States Report"<sup>1</sup> providing an analysis of medical cannabis access in the United States. This report offered patient perspectives of the medical cannabis programs while highlighting key issues affecting them and their access to cannabis. I along with others am pleased to learn that Maryland's medical cannabis program ranks highest in the nation. This notable recognition reflects the Maryland General Assembly's commitment to creating meaningful legislation centrally focused on health equity and public safety. The intent of my written testimony is to express my strong support of HB556 and to offer suggestions for amendments that will strengthen its language, enhance public health and safety while simultaneously elevating the success of the existing medical program.

First, with a primary focus on public safety, it is important that this piece of legislation clearly articulate an expectation for the highest standards of safety and standardization in product labeling and packaging. To decrease the incidence of accidental ingestion, HB556 should go beyond the requirement for child proof packaging and require the adoption of a universal product symbol such as the International Intoxicating Cannabinoid Product Symbol (IICPS). IICPS has been adopted in New Jersey, Vermont, and Montana. It is simple, overcomes language barriers, promotes future interstate commerce, and is inexpensive to produce.

Second, as a physician with extensive clinical experience, I am uniquely aware of the role fact-based education plays in positive health outcomes. HB556 language should establish a requirement for Annual Responsible Vendor Training to specifically address the health effects of cannabis in its curriculum. I recommend that HB556 clarify educational requirements by license designation so that those interacting most closely with consumers (e.g budtenders) are required to possess a greater fund of knowledge pertaining to both the potential health benefits and harms associated with cannabis use. Currently, no such requirement exists and frequently misinformation is relayed to consumers. The long-term impact is the continued existence of a largely cannabis illiterate population.

To ensure knowledge gaps are addressed and safe cannabis use is encouraged, there should be a regulatory requirement for retailers to have access to consultation with licensed healthcare professionals, such as clinical directors, during all hours of operation. Consumers deserve easily accessible, medically-related support provided by those most qualified to discuss the health implications of cannabis use. It is reasonable that this level of consumer support be available on-site or remotely in addition to the dedicated operating hours servicing only qualified patients and caregivers. By mandating fact-based cannabis health education within the industry, HB556 will improve cannabis literacy in Maryland.

Lastly, it is my suggestion that the language of HB556 more clearly preserve patient care and access to cannabis therapeutics by inclusion of language that creates special protections, incentives, and provisions for patients and businesses to remain in the medical program. This establishes a commitment to optimal success of the existing medical program and prevents regulatory preference for the adult-use market. The incorporation of language explicitly discouraging the shifting of resources or medical grade products to the more profitable recreational market will set-up a framework for ongoing access to, and availability of “specific cannabinoid profiles, potencies, and formulations needed for medical purposes”. The specifics inserted in quotes matters. Also, by establishing a minimum number of licenses for the medical program, this piece of legislation would guarantee that the medical market is not harmed by dilution of the adult-use cannabis market.

In closing, I'd like to share a recent clinical experience. I was assigned to provide general anesthesia for two adult patients scheduled for surgery. The first was a 54-year-old female with metastatic breast cancer to her bones who suffered from debilitating pain as she frequently experienced bone fractures. Her husband and caregiver helped her take a cannabis edible, twice daily to control her pain and relieve suffering. The second patient was a 60-year-old male with a history of substance abuse who heavily and habitually smoked cannabis for recreational purposes. As their anesthesiologist, it was my duty and obligation to discuss risks specific to their unique conditions in order to deliver safe and effective anesthetics. My approach differed slightly between these two patients based on their specific medical status and preferred method of cannabis use.

Like these two patients, the adult-use and medical cannabis programs have different needs and considerations for optimal success. With intentional and meaningful legislation, Maryland can continue to serve the needs of its residents and remain the top ranked state medical cannabis program in the country. It is possible for both adult-use and medical cannabis markets to co-exist and thrive. Thank you for your consideration of the aforementioned high priority items. I urge you to support and advance HB556 with amendments. Intentionality to succeed begins here.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Asike'.

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References:

1. "***2022 State of the States Report: An Analysis of Medical Cannabis Access in the United States.***" Americans for Safe Access. (2023, February 3).<https://www.safeaccessnow.org/sos22>