



March 1, 2023

HB 1147 — UNF

Testimony from Olivia Naugle, senior policy analyst, MPP and Karen O’Keefe, director of State Policies, MPP, opposing

Dear Chair Wilson, Vice Chair Crosby, and members of the House Economic Matters Committee:

We are Olivia Naugle and Karen O’Keefe, the senior policy analyst and director of state policies for the Marijuana Policy Project (MPP), the largest cannabis policy reform organization in the United States. MPP has been working to improve cannabis policy for 27 years; as a national organization, we have expertise in the various approaches taken by different states.

MPP has played a leading role in most of the major cannabis policy reforms since 2000, including more than a dozen medical cannabis laws and 12 of the 21 campaigns to enact legalization laws, including the first two states to legalize cannabis through the state legislature, rather than the ballot box — Illinois and Vermont.

MPP strongly opposes HB 1147.

The bill proposes an arbitrary 15 percent cap on all products containing THC sold through Maryland’s adult-use cannabis program. After the passage of Question 4, the General Assembly is seeking to establish an equitable adult use cannabis market in Maryland this legislative session (HB 556). Establishing a well-regulated market will displace illicit cannabis production and sales and ensure regulated, labeled, and lab-tested cannabis products – leading to safer outcomes for communities and consumers.

Most or all cannabis flower that is sold in Maryland’s medical cannabis stores, all vape cartridges, and all concentrates exceed 15% THC. A 15% cap would require a large amount of filler in vape cartridges, which is unsafe and was likely the cause of the EVALI lung-related injuries and deaths.¹ Prohibiting products with more than 15% THC will drive sales to the illicit market, to other states, and to far-more-dangerous and potent synthetic cannabinoids derived from hemp.²

Instead of imposing a THC cap, Maryland should ensure these products are being produced safely and responsibly so consumers know what they’re getting. We also support scientifically accurate consumer education and warnings about possible risks, including any specific to higher-potency products.

¹ See: Denise Grady, "Vaping Illnesses Are Linked to Vitamin E Acetate, C.D.C. Says," New York Times, Nov. 8, 2019.

² See: Geci M, Scialdone M, Tishler J. The Dark Side of Cannabidiol: The Unanticipated Social and Clinical Implications of Synthetic Δ^8 -THC. Cannabis Cannabinoid Res. 2022 Oct 19. doi: 10.1089/can.2022.0126. Epub ahead of print. PMID: 36264171.

Additionally, even the most potent cannabis is far less harmful than alcohol. The Centers for Disease Control and Prevention (CDC) attributes more than 80,000 deaths per year in the U.S. to the chronic effects of alcohol use, including more than 2,200 annual fatal overdoses.³ Cannabis has not been shown to cause any increase in all-cause mortality,⁴ and it has not been shown to cause fatal overdoses.

HB 1147 also provides that the cannabis oversight agency shall, by regulation, establish a monitoring and prevention procedure to ensure that individuals who have been diagnosed with cannabis-induced psychosis cannot purchase cannabis or cannabis products through the state's medical cannabis program or adult-use cannabis program.

We are very concerned this type of overreach intrudes on Marylanders' medical privacy. The bill does not define cannabis-induced psychosis or who decides if it is cannabis-induced. It may apply to short-term paranoia or suspiciousness caused by over-consumption. No such law exists for alcohol or tobacco use, despite both products being vastly more dangerous.

While the bill does not detail a procedure, to achieve its desired result, physicians would presumably need to be a mandatory reporter of cannabis-induced psychosis. The state would then need to compile a "do not sell" list of those individuals, and distribute it to all cannabis vendors, where cashiers would need to check the list before each sale.

HB 1147 would deter individuals — including ones who need cannabis to manage seizures, nausea, pain, and other ailments — from seeking medical help and having honest conversations with their doctors. It would likely require a violation of HIPAA, putting practitioners in an impossible position of being unable to comply with both state and federal law. At the same time, it would simply drive cannabis consumers to the illicit market or a neighboring state. Or they could still grow their own cannabis.

The proposal irrationally singles out cannabis. The CDC has identified more than 900 deaths as caused by alcoholic psychosis in the U.S. each year, in addition to classifying 8,400 homicides and 11,000 suicides as alcohol-related.⁵ If the bill's authors really want Maryland to go down this path, why don't they propose creating a "do not sell" list for alcohol, too? Or junk food?

³ "Annual Average for United States 2015-2019 Alcohol-Attributable Deaths Due to Excessive Alcohol Use," Centers for Disease Control and Prevention. https://nccd.cdc.gov/DPH_ARDI/Default/Report.aspx?T=AAM&P=612EF325-9B55-442B-AE0C-789B06E3A8D5&R=C877B524-834A-47D5-964D-158FE519C894&M=DB4DAAC0-C9B3-4F92-91A5-A5781DA85B68&F=&D= (accessed Feb. 28, 2023)

⁴ The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research," The National Academies of Sciences, Engineering, and Medicine, January 2017. ("There is no or insufficient evidence to support or refute a statistical association between cannabis use and: All-cause mortality (self-reported cannabis use)")

⁵ Id.

We hope the committee agrees that HB 1147's approach is inconsistent with our commitment to liberty and privacy and would create an unwise precedent — all while failing to achieve the goal of keeping cannabis away from those who experienced CIP.

Thank you Chair Wilson and members of the committee for your time and attention today. We respectfully urge an unfavorable report of HB 1147.

If you have any questions or need additional information, we would be happy to help and can be reached at the email address or phone number below.

Sincerely,

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