Maryland Public Health Association

Mission: *To improve public health in Maryland through education and advocacy* ***Vision:*** *Healthy Marylanders living in Healthy Communities*

HB 556 Cannabis Reform
Hearing Date: 2/17/23
Committee: Economic Matters
Position: Favorable with amendments

Chairperson Wilson and members of the Economic Matters Committee: The Maryland Public Health Association (MdPHA) would like to offer testimony regarding HB556, a bill to begin to license, regulate, and enforce non-medical cannabis. MdPHA appreciates the work and attention that has been placed on this difficult task and provide the following recommendations that are rooted in solid evidence.

MdPHA does not take a position on the use of cannabis itself, but instead focuses on the legislative process towards legalization. It is our goal to ensure the steps taken hold the health and safety of our citizens in the highest regard, are equitable, are evidence-based, are methodical and incremental, acknowledge that certain communities have been historically disproportionately impacted by the war on drugs, protect vulnerable populations, and anticipate unintended negative consequences of policy.

A public health approach to a non-medical cannabis regulatory system prioritizes five goals, and we use these goals to drive our recommendations:

- Preventing youth cannabis use;
- Controlling the prevalence, frequency, and intensity of cannabis use;
- Reducing cannabis-related harms to individuals and communities;
- Ensuring accurate information about the risks of cannabis use; and
- Minimizing the influence of the cannabis industry and the profit motive in setting cannabis policies.[1]

Priority recommendations:

1. **Elimination of delivery license**—best practice for this recommends a ban for home delivery, but if home delivery is to be pursued, to create a governmental control system. We recommend a local control system for each jurisdiction that chooses to opt in, in addition to adequate funding to carry out these duties.
2. **Remove preemption of local control**
   a. Allow jurisdictions to not only opt out of delivery, but to ban deliveries to locations within their jurisdiction
   b. Allow jurisdictions to prevent conversion of a medical cannabis licensee if an assessment finds it is not in the best interests of the public's health and safety
   c. Require local approval of locations for new non-medical cannabis licensees
3. **Establish parameters for outlet density that are driven by equity**—in other states, research demonstrates that cannabis businesses tend to be located more densely in areas with higher rates of poverty and crime
4. **Prohibit smoking or vaping of cannabis at all on-site consumption sites** in keeping with the Maryland Clean Indoor Air Act
5. **Establish funds for substance abuse prevention and treatment**
6. **Include additional basic advertising and marketing restrictions that are supported by evidence**

Maryland Public Health Association (MdPHA)
PO Box 7045 · 6801 Oak Hall Ln · Columbia, MD 21045-9998
GetInfo@MdPHA.org www.mdpha.org 443.475.0242

7. **Include basic best practices labeling requirements**
8. **Makeup of new Alcohol, Tobacco, and Cannabis Commissioners**
    a. Recommend one have expertise in cannabis research/policy, not just industry
    b. Amend public health position to require expertise in alcohol, tobacco, and/or cannabis
9. **Increase funding for the Cannabis Public Health Fund**—1.5% is inadequate to complete the numerous tasks included in the legislation
10. **Establish incentives for medicinal licensees and patients to remain in the medical program**

Other recommendations include:

- Tax based on THC content, not based on price. This allows higher potency products to be more expensive and can reduce access by youth and reduce excessive consumption that is more associated with harms.
- Provide additional funding/resources for research and training for law enforcement to assess intoxication while driving. This is an area where law enforcement need support and should not be left with limited resources that could lead to further unintended consequences due to a lack of standard protocols that would be based on science with a lens of equity.
- Delineate basic sensitive use locations and allow local jurisdictions to enhance the state minimums (e.g., distance from schools, playgrounds and community centers, sober living or recovery facilities)
- Place limits on maximum THC content—enter the market with a lower ceiling that can be revisited as the industry becomes established and more research and data is available to monitor and evaluate unintended consequences
- Clarify roles of the Advisory Board on Medical and Adult-Use Cannabis, ATCC Commissioners, Medical Cannabis Commission, and Public Health Advisory Council and how they are all expected to work together—there appears to be a significant amount of overlap
- Remove registered nurses as qualifying providers to prescribe medical cannabis (p.21)
- Remove option for food service facility to apply for an on-site consumption license (p.51)
- Require the Division to issue annual instead of every other year reporting of cannabis cultivated, processed, and dispensed, similar to tobacco and alcohol (p.63)
- Include health effects of cannabis use in Responsible Vendor Training, in addition to training on not only how to recognize impairment, but how to manage intoxicated individuals. The Training program should also be tailored to each license type, in addition to the mandatory core curriculum requirements. (p.66)

Expanded recommendations and rationale for priority recommendations

1. Retailers generally do a better job at preventing sales to underage youth. Additionally, delivery avenues provide opportunities to circumvent local regulatory decisions. Research demonstrates that underage youth have been successful in 25-45% of home delivery sales of alcohol and 32% of home delivery sales of tobacco. If delivery licenses are to be pursued at this time (rather than wait and address this license type at a future time by a robust ATCC with data in hand), it is recommended that a local control system be established in jurisdictions that wish to take part. Additionally, language to ban businesses such as Amazon and Uber from applying for a license should be included. We also recommend including a total ban on internet sales at this time.
2. Considering that local jurisdictions and communities will be the first to both benefit and experience harms from this new industry, there is a significant lack of control afforded them. At a minimum, local jurisdictions should

have the first say in locating new licenses and allow for caps on the number and types of licenses they want in their jurisdiction.

3. An unintended consequence in some states, including California, Colorado, and Washington, has demonstrated that communities that are already burdened with higher poverty rates, crime rates, and alcohol outlets have the greatest number of dispensaries and other types of cannabis businesses. Additionally, as the density in some states increased overall, the density in these areas continued to be the greatest.
4. There should be no deviations from the Maryland Clean Indoor Air Act.
5. Any funding for substance use prevention and treatment is noticeably absent. As use increases, as is expected, rates of addiction and other negative health effects will also increase. In order to address this expected increase, additional resources will be needed for the existing system and providers, which is already stretched thin.
6. Research has confirmed that youth consumption is influenced by alcohol and tobacco marketing, and early cannabis research indicates a similar pattern. While a total ban on advertising is not feasible, beginning with a ban on marketing with provisions for certain permissible types and locations allows the state greater monitoring ability as the market expands. New advertising and marketing would need to be reviewed and legalized on a case by case basis.
7. Minimum labeling requirements should include harms (including addiction, mental and physical health effects, and harms to a fetus), all ingredients, THC potency, serving size, servings per package, and calories (if applicable). If a package contains multiple servings, this should be clearly indicated on the front of the package. A common insignia that indicates a product contains cannabis has also been recommended by some research and advocacy groups. Additional labeling requirements may be recommended by the Public health Advisory Council, but these basic recommendations are best practices.
8. The current public health commissioner position does not have expertise in either alcohol or tobacco delineated. Expertise is necessary in public health effects for the substances under regulation of this body, but it is not included at this point. At least one expert each in alcohol, tobacco, and cannabis research should be a standard addition to the Commission makeup.
9. Previous legislation provided for at least 2%, but even this is inadequate. While this legislation does provide for licenses for research and development, there is a paucity of funding available for academic institutions for this type of research; therefore, it is likely that much of this research will be undertaken by private and industry organizations, which in the alcohol and tobacco fields, as provided opportunities for industry to subvert the science. Until the federal government steps up to change the legal status of cannabis, it is up to states to provide the best protections for its own citizens. This includes research into the actual efficacy and effects of cannabis use, among other topics, by public entities with disclosed funding sources.
10. Maryland's medical cannabis program ranks among the highest in the country—existing licensees and patients should be provided with necessary incentives or other programs to encourage them to remain in the medical program. A minimum number of medical licenses can also support this goal.

We urge significant discussion and revision for HB556.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the

American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

[1] Jernigan, et al. Cannabis. Moving Forward Protecting Health. APHA Press, 2021.