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Maryland General Assembly
Finance Committee
Annapolis, MD - March 9, 2023

Testimony from LaWann Stribling, Strib'ble District LLC

Support with information: Cannabis Access Health Care Facilities (SB0523)

Thank you for your commitment to end the “intentional” war on drugs.

Cannabis is an herb grown naturally before prohibition from the ground and from the sun. Cannabis is an herb as other herbs like lavender, chamomile, mullein, mugwort all grown naturally from the ground and from the sun. Cannabis education is needed to understand it should not be viewed as another intoxicant like alcohol and tobacco. Alcohol and Tobacco possess no healing or medicinal properties and cause damage to you physically and emotionally.

For me personally as someone who benefits from all types of herbs would allow the ability to educate clients and future clients on responsible and respectable microdosing.

My OPED from my personal experiences:

HOLD THE OPIOIDS PLEASE

On September 15, 1995 I arrived at Prince George's Hospital Center nervous and worried as hell at 4:30 am for Pre Registration for my 6:30 am scheduled #induction. My last ob/gyn appointment brought on concerns that I was developing #preeclampsia. My doctor thought it was best to have a scheduled induction on my actual Due Date. I am 18 years old with no parents or elders around to assist and guide me through this process so I am listening and taking the advice of my Dr. I had been living with my sister at her place in NE on Taylor Street because I was still a #ward of the state living under #Independent Living and couldn't afford a

place for me and my soon to be child to live. She was there with me and was extremely excited to meet the baby that would make her an Auntie. We didn't have a clue if I was having a boy or a girl throughout my pregnancy. I had state insurance and the only 2 sonograms I had my baby had their ankles crossed in front so we couldn't see the pelvic area. My oldest cousin was also there with us to meet her new cousin and support me through this birthing process. I wasn't familiar with pain medications or opioids except for what you hear on television. I watched endless pregnancy shows on #Discovery Channel that I thought I would be prepared for this day. I certainly WAS NOT!

Registration is complete, time to be wheeled up to #Labor & Delivery to get this induction started. Having my sister and cousin there helped me a lot, even my Aunt came by at the beginning. That meant a lot because my relationship with my family was strained and being on my own with no family support was extremely difficult. I'm all hooked up and the babies heart beat sounds good, my blood pressure is stable let's get this party started. After a couple hours pass by the nurses realize that my baby is very relaxed and the #Pitocin was not helping kick my contractions in motion. They increased the #dosage to help me along the way. After about an hour my Ob/Gyn came in to check my cervix dilation. I was just 2 centimeters dilated and 5 hours have passed by. My doctor literally stuck his hand into my vagina and attempted to stretch my cervix open. I yelled for him to get his hand out my vagina or I would kick him in his face. He obliged and apologized but fuck that, that mess was PAINFUL. He then broke my embryotic sac and said that he'll give me 1 more hour to see if I am progressing along and if not then we would have to prepare for an emergency cesarean. Now I read all about c-sections in the pregnancy book they gave us but this is something I feared. I had never has surgery before and only fractured a leg bone. Surgery is huge. What if something goes wrong, what if someone steals my baby, what if we both don't make it? All these questions arose in my head and the anxiety of is all was debilitating. I felt defeated but we weren't anywhere near the finish line.

An hour passed and I made it up to 6 centimeters dilated. Reviewing the charts they observe my contractions, which were also painful as hell, were only 15 to 30 seconds long and they needed to be between 45 seconds and 90 seconds long. They also noticed my baby's heartbeat was slowing down so my Doctor decided it was go time. Prep for #Emergency Cesarean began with a nurse violently shaving my pubic hair and hair under my navel. Another nurse came in a jammed a catheter in my vagina. Then several nursed came and got me fitted moving me around in various positions, then off I went.

The OR (operating room) is freezing cold and uncomfortable. I was already tired and doing anything at this point was annoying. An #anesthesiologist came in to give me a spinal tap, whatever that is, they told me it's to numb me so I don't feel the pains of surgery. I'm exhausted and beginning to doze off, I feel tugging and pulling, I can't move the lower part of my extremities and my arms a strapped down. I begin to #vomit, a nurse quickly comes to help my head sideways so I don't choke on my vomit. Next I hear, It's a boy! My sister is cheering saying I knew it, I knew it, Oh My Gosh Look At All That HAIR... Then its DARKNESS...DAZED AND CONFUSED...MORE DARKNESS...BODY TREMBLING...GLIPSE OF BALLONS...MORE DARKNESS!

My eyes are beginning to open now, it's dark outside, what time is it? I look at the clock and it reads 5:15 am. I am in shock, I begin to panic, I locate the call button and push it to alert

my nurse. The nurse answers, how can I help you, I YELL, WHERE IS MY #SON? 12 hours had passed by and I had yet to see the love I carried in my stomach for 40 weeks. As I am waiting for my son to be brought to me I feel an urge to #urinate and so I attempted to get up but it was extremely painful, my entire core area was on fire. I finally made it to stand up and took a few steps and I urinating and bleeding all down my legs and onto the floor. I was so embarrassed, but the nurse reassured me it was ok and assisted me to the bathroom to get cleaned up. I finally got to see and hold my son! Reflecting on these memories I made a promise to myself that if I did have another cesarean, I would be sure to move around and not just lay in the bed because that caused me to be very stiff. The #stiffness caused additional pain so I mental noted this for later on in life.

Here it is 12 years later and I'm 36 weeks pregnant with my daughter and decided to have a #vback (vaginal delivery after 2 cesarean) versus another cesarean. Living on the 3rd floor of an apartment building is very uncomfortable to every part of my body during my final trimester. I called my physician and decided to schedule a cesarean because I was in way too much pain. We got scheduled for 38 weeks gestation and so the count down begins. The day before I went in for #surgery I taught my son how to make Barbeque Chicken Wings, Green Beans and Macaroni and Cheese. He would be staying home with our cousin, so I had to make sure he was good for the days I'd be at the hospital. March 19, 2008 I delivered a beautiful 7 lbs 11 oz daughter. This time around it was not a long ordeal as we had a planned cesarean and didn't have to be induced. The thought of surgery is entirely nerve wrecking. You go in feeling confident yet the worries are a constant nagging thought. I didn't realize how painful being stuck in your back more than one time with that long ass needle would be. For some reason the anesthesiologist couldn't get the placement right. I said okay enough with that can you call your supervisor or the head anesthesiologist down because you can't stick me anymore. Why is it always so cold in the ER is what I keep asking myself as I wait for the other doctor to get this spinal tap right. And boom it hits me, what about the pain meds. Should I ask or say something now? Spinal tap is done, and I am laid back down to continue the surgery prep.

My sister was let into the room with a smile that stretches to both her ears. She asks me if I am ok and what took so long for them to let her in the room. I just shrugged and said I guess so and because this fool couldn't do the spinal right. I am completely numb from the stomach down and my doctor is talking me through the procedure. I didn't recall all this conversation happening 12 years ago. Was I too drugged up to be coherent? Who knows but I was extremely satisfied that my current doctor talked me through the procedure. After a lot of tugging and pulling I hear, here she is and then the loud new baby cry. My sister says she's big and has a lot of hair. I can hear her cries coming closer to me and finally got to see my beautiful baby girl. The nurse put her cheek against me cheek and I turned to give her a kiss. I'm still just laying on the table because my hands are strapped down, the sheet is still in front blocking my view and my doctor is still talking but I am not paying much attention to him at this point. I was just sooo thankful to have delivered a healthy baby and I am alert enough to hear whats going on. The nurses were still doing Ayanna's vitals and she was calm and not crying at this point. I got stitched up and wheeled back to my room for my recovery period. I believe I dozed off after coming to my room but it wasn't for the 12 hours like my 1st cesarean. After a few hours, the nurses came in to do my vitals and see how I was feeling all I said was can I have my baby please. They said yes they'll bring her after my check up is done. After about 20 minutes

my daughter is brought to me and the skin to skin bonding began. My milk was still hesitant so the nurse brought in a breast pump to help get things going. Not too long after I got up and moving so I wouldn't experience the pains from the first cesarean. Everything hurts, every movement, laughing, coughing, sneezing and the worst was using the bathroom. The nurses came in like clockwork to give me my pain meds and I requested to just take the T3 versus the Opiates.

By this time I am almost 2 years clean from any #intoxicating favors. I had been engrossed in watching Intervention on A&E and I was completely terrified of becoming a #drug #addict and having my children taken from me. The nurse was not pleased with my requests and stated that I have to take what my doctor prescribed for me. I gave her the side eye and said, "well call my dr and let him know that I am refusing to take the #opiates." The nurse returned and informed me that my doctor was fine with that but they would still send a prescription for my release incase I need something stronger than the Tylenol 3. It's day 3 and I've done exceptionally well moving around so I wouldn't be stiff and in pain like the last time. We receive the prescriptions and get the final orders before packing up to go home. I was excited because I had a room full of family and friends awaiting our arrival. After walking up 3 flights of steps I begin to feel a lot of pressure and strong excruciating pains. I called to my doctor's office to explain the feelings and I was told to fill my opiates prescription and to take that for the pain. My mom went to put the script in and I just waiting in pain taking care of my newborn daughter and talking to my son. The family and friends I had welcoming us were just as ecstatic as me. My mom came back, and I popped my 1st Opiate on my own. Everyone is enjoying themselves and I thought it would be a great idea to start a movie. We agreed on Adam Sandler's Grandmas Boy.

And this is when it began...

I was in tears, dying laughing off senseless comedy. I was laughing so hard the tears are flowing down my left cheek. I asked myself, Why do I feel High? These opiates got me feeling way too good. If I feel this good they how does my baby feel. That is when I made the decision to not take anymore opiates because I am a nursing mom and I didn't want to pass this narcotic off to her. This is the beginning to my choice to never use opiates again. I was entirely terrified of becoming a drug addict. I just kept seeing visions of me looking at my worse and my kids being taken from me. I could not understand why the hospital and doctors use this medicine to help patients recover. Watching intervention I saw the damage addiction does to a family. I did not want that for my family and I definitely didn't want to lose my kids to the foster care system. Four years later I found myself in the same predicament and kept to my decision to not use opiates. I had the same OB/GYN so he was fully aware of my decision and respected it. February 2012 I gave birth by cesarean to a set of #twins. It seemed to get easier each time because I was not in the excruciating pain I had back in 1995. August 2014 I had another cesarean with the birth of our last daughter and still choose to not use opiates for my recovery. Since then I have had 3 more surgeries and I chose to not use opiates for those as well.

The most recent surgery was last October 2021. I had a full thyroidectomy due to concerns for #cancer. I didn't know what to expect with a neck area, throat surgery. I went in with a voice and no pain and came out with no voice and vicious pain all in my neck area. My surgeon knew that I did not want to take opiates so they prescribed 1 mg dilaudid (hydromorphone)

intravenously. I had a dose Monday night and another on Tuesday around 3pm. I was in so much pain that I really needed something to ease my comfort. I kept experiencing chest and back pain and wondered why I was experiencing those pains. So my surgeon ordered an EKG & Chest Xray which in turn delayed my release. The tests all came back normal so I really had no answer but I knew the back pain was familiar. Last October I slipped on water at the GMC dealership and hit that part of my back on my truck foot board. I've been in Physical Therapy for that and it was feeling better but still some recurring pains so I got another referral to return to PT.

But this was like real pain so that's when the 2nd dosage of #Dilaudid (hydromorphone) came that Tuesday afternoon. My hubs had to leave to deal with our kids activities and returned to pick me up around 9pm. By then I had my orders and prescriptions. I did fuss about the prescriptions not being sent electronically and the reason was because they don't send narcotics electronically.

Hubs and I go to the CVS on the way home but that line was just dumb so he took us home and would try back later since it's 24 hours. When he went back there were no pharmacy employees and was told they didn't do 24 hours pharmacy anymore. Well OK guess we just gotta wait until the am when my preferred pharmacy opens. I despise CVS. 🤬 I went to bed and woke up near 3am in excruciating pains, so bad I was in tears. I texted my sis to tell her the haps and she began to search for an open pharmacy because we didn't have 1 near us. She found 1 in Laurel and confirmed they had the synthroid and oxy so that's where my baby went to fill my scripts in the middle of the night.

I'm not a fan of #oxy, I didn't even take them after having my last 4 children by cesarean because of the transfer to them when I nursed. So I used Tylenol 3 and just dealt with the #pain until it got better. That pain was again in my back and chest more so than my neck. I'm like wtf is this pain. Felt crushing! He got home and I took an oxy 5mg and was able to go back to sleep. Later that morning, it's Wednesday now, I took another oxy just because I began to feel the pain coming again. Later that day I said man forget these oxys and I'm using my oils n creams, since I couldn't eat 1 of my #medibles. I really wondered if it was the strong pain medicines causing me pain from prior injuries. Imo it was. I've been basically on a smoothie diet along with applesauce, eggs and tender veggies. I started to use my Relieve.me Cream on the swelling around my incision and my thc oil under my tongue. Just guess yall, no more freaking back and chest pain.

What do you'll think? On day 7 I created a hot box in the bathroom with the shower going while I took a few hits and blew out the smoke, mainly for the moisture making it a #humidifier. 7 days post surgery and I ate a plate of dinner. We got the ok from my surgeon to be allowed to drink thin liquids so I used my herbal #tea blends infused with cannabis to intake my medicine that way as well. I trust #cannabis period! Those harsh drugs would've had me taking them every 12 hours or less so I wouldn't feel the pains. I'm so happy that I listen to my conscience and chose to do what's best for me.

We ALL HAVE CHOICES, YOU DECIDE YOURS!

LaWann Stribling
OhSo Strib'ble

In order to understand how we got to this point of inequalities, one needs to know the history behind Prohibition and the War on Drugs. In 1930, Harry Anslinger was appointed by his father to be the first Commissioner of the Federal Bureau of Narcotics, now known today as the DEA. From his appointed positions Anslinger opined for extremely harsh drug laws and ridiculously long prison sentences. This began the foundation that ultimately led to the mass incarceration of people of color, mainly those of African and Mexican descent. From then, Police Departments began to have militarized access to raid homes and businesses of Black and Brown residents which included known musicians, actors and actresses.

Persecuting Black and Brown Residents destroyed the backbone for these families for centuries to come. It is 2022 and we are still suffering from the damage caused by Anslinger's – and later Richard Nixon's, ramped up War on Drugs. This War on Drugs has created a profitable business for Private Prisons, bail bonds and cities across the country and nation. Anslinger associated cannabis use with the enabling of Black and Brown residents with the belief that it gave us a sense of entitlement for success. Being able to use laws to harass, incarcerate and murder have created the world we live in today that is full of inequities, inequalities and injustices.

As a business owner in the state and a medical cannabis advocate, caregiver and patient I feel discriminated against. Plant count should increase to allow patients the ability to heal at home with limited income resources.

Studies have been done within the last few years that show alcohol and other prescribed drugs are far more dangerous than cannabis. In 2009 a study was done on alcohol, cannabis and alcohol/cannabis consumption and the effects on driving. "Epidemiological studies have been inconclusive regarding whether cannabis use causes an increased risk of accidents; in contrast, unanimity exists that alcohol use increases crash risk."

<https://pubmed.ncbi.nlm.nih.gov/19340636/>

MPP release comparing alcohol and cannabis: <https://www.mpp.org/special/marijuana-is-safer/>

[As National Institute on Drug Abuse health scientist Ruben Baler put it:

"You can die binge-drinking five minutes after you've been exposed to alcohol. That isn't going to happen with marijuana," [...] "The impact of marijuana use is much subtler."

But does that mean cannabis' grass is greener or are we simply trading one toxic drug for another? Or are we finally seeing a flipping of these 'vice substances' where a truly medicinal plant that has a wide range of health benefits in comparison to drinking alcohol and liquor (which are known-carcinogens and predominately is being consumed for an evening's festivities and pleasure) is surfacing as the top preference among people around the world.]

<https://www.healthmj.com/cannabis/alcohol-marijuana-use/>

I'm seeking to amend the history of injustices surrounding marijuana, poverty, redlining, mass incarceration and lack of wealth and resources for Black and Brown residents. I'm HOPE, for myself, my family and the generations that will come after me. It is past time to correct the foundational racist laws that govern our everyday lives.

I fully support bills to address social equity, home grow, decriminalization, farming rights, medical access, abusing victims rights and small BIPOC cottage businesses.

Cannabis overall has many benefits when you use it respectfully and responsibly. For me at 46 years old my main points of wellness for using this medicine are a great way to relax from the demands of my busy life and schedule, as a pain and anxiety reliever, helps to improve my focus and organizational methods and sparks that creativity that sits dormant as an introvert.

<https://www.weresurviving.com/post/cannabis-wellness-all-ages>

SelfDiscovery is Amazing once you find it.

OhSo Strib'ble

Aug 24, 2022

8 min

Cannabis Wellness for All Ages?

Updated: Aug 25, 2022

With the new school year upon us what choices do you have for you and your children?

Growing up in the 90s everything dealing with weed was just bad. The Reagan's "JUST SAY NO" Campaign and McGruff the Crime Dog was so intimidating the thought of using drugs created a lot of fear. We saw how terrible the crack epidemic was on our family members and community that I did everything in my power to stay away from drugs. Back then I couldn't differentiate weed from dope. TV, Society all used the term "Smoking Dope" for weed, heroin and crack. You did not want to be that kid being teased because your parents were on crack or heroin, so you just didn't associate yourself with any of it. But what about weed, it has a funky smell and people's eyes turn extremely red and look like they are from Asian descent. You couldn't see any negatives effects as you did with the other drugs mentioned above. This is when you begin to ask yourself, if people are laughing and seem to be having a great time, what could be wrong with it?

Just Say No

McGruff

These were my thoughts all the way up until I tried weed for the 1st time at 17 years old. I basically begged to smoke everyday so I can feel the bubbiness and happiness that exuberated around me. Because I was wet behind the ears and never indulged, my request was met with a no. Then finally I got my 1st shotgun.

It was like the image of heaven in my mind rained down on me and all my cloudy days just went away. Or so I thought they went away! Back then we didn't know the differences in strains, terpenes and all the effects associated with cannabis use.

It just made us feel good because we were self-medicating to deal with our traumas and ailments.

–What if Mental Health and Wellness was as normal as a Sports Physical?

In our community playing sports is what most seek out to do because they see it as a way out of the everyday struggle of poverty. Society likes to glamorize all the wealth that being a professional athlete brings. Most of the athletes that make it to the professional area come from impoverished backgrounds. Many of these athletes chose to self-medicate with weed as teenagers and into adulthood. In 1995 I witnessed some professional basketball players smoking weed, a couple of them are cannabis entrepreneurs today. Not understanding the science behind why weed helped in many ways for self-care many of us began to abuse weed. I am speaking from experience as I abused weed for many years to help cover/hide my traumas. Airmiess Joseph Asghedom (Nipsey Hussle) mentioned having to put the weed down in this clip: https://www.youtube.com/watch?v=63Je_NMZJ9g

What are your thoughts on what Nipsey said? My break from weed was a strong 11 years. I used this time to focus on my mental wellness. I thought it best to confront my traumas head on without any influences from drugs or alcohol. In my opinion that was the best choice for me to heal. The weed allowed me to have a f it mentality around emotional, financial and mental abuses. It also allowed me to pass out and sleep my pains away. That wasn't living! That was depression covered, that was abusing the benefits of cannabis health. In 2018 I made to decision to return to Cannabis as a Medical Patient. Doing my own research, following stories of Charlotte Figi and other parents that have chosen to use Cannabis for their children, documentaries, books and VICE channel I was excited about my new journey into Cannabis.

By this time my eldest was out the house and using Cannabis regularly. I would tell myself that once my son was old enough, we would smoke together. 2019 my son and I shared our 1st joint together on my deck. I asked him when he began smoking...

LaWann: When did you consider using weed?

Ashanti: I first considered using weed around the age of 15 at my grandmother's house with my brothers and cousins. However, it was entirely too many heads on one blunt and I'm pretty sure they were smoking Reggie (low grade). Which I didn't know at the time and wasn't able to feel the high either.

LaWann: Where you experiencing trauma?

Ashanti: I wasn't experiencing trauma to my best knowledge at that time, but I did actually start smoking about a year after that and experienced my first high. I wasn't too happy with my every day and wanted a switch up. My first high provided that enlightening switch up.

LaWann: Have you ever stopped for a period of time or tolerance break?

Ashanti: I have stopped for a period of time when I was studying for my Asvab (military aptitude test) and also when I was actually in the navy. Since then, no breaks really.

LaWann: Do you feel it's helped or hindered your process?

Ashanti: I feel that it's definitely helped in some ways and hindered in other ways. I feel I opened my mind up to a lot of different views of the world instead of being stuck in my own small world that I was living in. I was able to think about so many different subjects and topics that previously did not matter to me.

LaWann: What would you do differently?

Ashanti: If I were to do anything differently, I probably wouldn't have started smoking until I was 21. Smoking made me disinterested in the trivial thing that I thought school to be and I do believe I might've grown another inch or 2. I'm about 6'1 though, so it's not that big of a deal

LaWann: Would you allow your children to consume Cannabis before 21?

Ashanti: I had a lot of mental loneliness that I thought many did not understand or could even see. Depression and anxiety in forms that I did not know. I plan on doing everything in my power to prevent my children from having these issues. Therefore, not feeling like they need something to take the edge off. I'd like for them to be properly introduced to marijuana when they are waking up happy every day and only if they want to indulge. I'd probably want them to hold off until the age of 21 but I wouldn't be opposed to 19 either. 18 year olds think too highly of themselves in my opinion. I know I did.

LaWann: What was it like sharing a joint with your mom the 1st time?

Ashanti: Sharing a nicely rolled joint with my ma for the first time was like a childhood fantasy come true. It meant so much to me to once feel like my mother understands something about me without question. We shared laughs, reminisced past memories and discussed current societal issues. I like a good conversation and that first time blunt with my moms was probably the best conversation we had ever had up to that point. Since then, I've felt way more comfortable to be myself around her.

My son will be 27 years old on September 15th. I feel hearing his outlook on cannabis could be beneficial so I hope you enjoyed our Q&A session. But what if the parent is the one to make the decision to use cannabis for their child?

When the adult makes the decision for the child

Living in Maryland and navigating the Cannabis space you meet many different wonderful and amazing people. I was happy to be introduced to Tricia Sheffield, Secretary to Connor Sheffield Foundation and mom to Connor. Tricia's journey into cannabis began because she was in dire need for options for her son Connor. Here is our Q&A session about their journey to Cannabis.

LaWann: What made you consider cannabis for Connor?

Tricia: Connor was extremely sick then and constantly nauseas and couldn't eat or tolerate his tube feedings . We had nothing else to try so we finally decided to just try it, not really thinking it would actually help.

LaWann: Did you use Cannabis prior to having children?

Tricia: No. So I didn't know anything about it, especially that there were real medical benefits.

LaWann: Do you use Cannabis now?

Tricia: Yes occasionally for my anxiety, and it helps.

LaWann: What is/was Connor's diagnosis, was he born with it?

Tricia: Yes, he was born with it, but we did not know what was wrong with him for years. Connor has Intestinal dysmotility, chronic intestinal pseudo-obstruction, and dysphagia. As a baby he would constantly vomit and choke, but we didn't know it was related to his disease. As he got older his digestive issues got worse, and he stopped growing. We were sent to lots of specialists and even was offered hormone meds to help him grow, which would have been terrible because it was actually lack of nutrients not hormones that was keeping him so small. Connor ended up getting a bowel resection, feeding tube, and an ileostomy. We did not start Medical Cannabis until he was 14. Shortly after he started cannabis, he stopped using his feeding tube and was able to eat solely by mouth and he stopped having intestinal blockages.

LaWann: What advice would you give parents in the same predicament?

Tricia: The advice I would give a parent in the same predicament, which I have is, don't be afraid. You won't just be able to go get cannabis and boom you are cured. You will have to try different strains, different doses, different forms. It may only help with symptoms not all. It is not a cure, but it is a tool in our toolbox that has been safe for us to use. And to ignore people who judge you for making this decision. If it helps, that is the only thing that matters. Connor has been treated terribly when we first started using cannabis, but he stood up against that judgement and proved people wrong. That has been the hardest part in all of this is the judgement... but he knows it's the only thing that has helped so he just kept going. Now I think the people who judged us are now medical cannabis users.

LaWann: Tell me about your foundation and the event you'll just had?

Tricia: Through our journey of learning about cannabis, we also learned that there is a lot of “trial and error”. We have learned that different strains work help with different things, and even the way that you take the cannabis works differently on the symptom you are trying to treat. Because of months/years of throwing darts at the problem, Connor wanted to start a foundation to raise money so that we could get medical research done with Cannabis. One to have proof from research it does work, two, to try and pinpoint specific types that can cut out some of the trial and error for new patients. Our most recent fundraising event was the CannaBall. The venue was donated by the Boebel Family, and Sponsored by Kind Tree, Vet22 and Vireo Health. Board members are, Nurse Laura Barrett Nutting as Clinical director, Dr. Paloma Lehfeldt Board Advisor, Otha Smith Data Expert and Board Advisor, Tricia Sheffield Secretary, Michael Sheffield Treasure, Connor Sheffield Founder, Alex Boebel Special Events coordinator, Roilyn McWilliams Development Coordinator.

I can verify that many naysayers now use Medical and Recreational Cannabis for Wellness. I hope you enjoyed this article from 3 very different perspectives. August is Wellness Month so please do ensure you are catering to your needs for not only physical health, but mental, emotional and financial health as well.

Cannabis overall has many benefits when you use it respectfully and responsibly. For me at 45 almost 46 years old my main points of wellness for using this medicine are a great way to relax from the demands of my busy life and schedule, it helps to improve my focus and organizational methods and sparking that creativity that sits dormant as an introvert.

If you suspect your child is using cannabis, sit down with them and have a true conversation to understand their why. You have the ability to properly treat yourselves and your children and to address the ailments that are hindering processes.

LaWann Stribling
OhSo Strib'ble ®

Harry Anslinger’s quotes:

“. . the primary reason to outlaw marijuana is its effect on the degenerate races “ **---(attributed to) Harry Anslinger during congressional hearings**

“Marihuana leads to pacifism and Communist brainwashing.” — **(attributed to) Harry Anslinger during congressional hearings (era 1947-48)**

“Negro entertainers with their jazz and swing music are declared an outgrowth of marihuana use which possesses white women to tap their feet.” — **statements to Congress by Anslinger, FBN - 1937-50:**

Thank you for allowing my submission,

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Ref: [Anslinger's Quotes](#)

http://reefermadnessmuseum.org/HarryAnslinger/Addendum_AnslingerPsy/AnslingerQuotes.htm

MLK/FBI on Hulu documentaries

1619 Project New York Times Articles

1619 Project Hulu documentaries

Exterminate All the Brutes HBO Max Documentaries

The National Cannabis Festival truly did its thing AGAIN! As a 1st timer to the Policy Summit to a returning Advocacy Vendor to a Ticket Holder to enjoy the festivities the entire showcase was set up for everyone's enjoyment that's 21 and over. If you didn't get a chance to attend the Summit this year, be sure to sign up for next year when it is available. The Amphitheater at the Ronald Reagan Building gave off a natural flowy intimate vibe for these one on ones and panelist discussions. You missed the opportunity to hear from amazing Women in Advocacy like Toi Hutchinson President & Founder MPP to US Senate Candidate Gary Chambers Jr Gary Chambers for Louisiana | Do Good. Seek Justice. Did I mention the matter of water retention? It is always a great place to be when you get to learn new things. I find it peculiar that this summit was held at the Ronald Reagan Building "Just Say No"!

Now that 420 is out the way let's get back to focusing on ACTION!

That action being advocating, educating and lobbying for Parents, Adults and Children Patients to have #cannabisfreedom. Cannabis Freedom should be a birth right for every individual born. Are you aware that prior to the introduction of hypodermic needles cannabis was medicine for everyone? I recall opening the medicine cabinet in our family home in NWDC growing up and seeing tincture bottles. Cannabis as medicine can be traced back 6000 years. You can find many references in medical journals from China, India & Egypt. These journals document the uses of hemp for its protein rich fibers, oils and seeds to produce cloths, paper and rope. India lists cannabis as 1 of the five sacred plants of Hinduism. Cannabis was integral in worship.

People started using it to alleviate epilepsy, rabies, rheumatism, anxiety, and even bronchitis and asthma. To this date cannabis is an essential ingredient to a popular drink called bhang.

Historical evidence suggests China was the 1st culture to use cannabis to alleviate pain and other various treatments. Even with the medicinal benefits, back in 4000 B.C. Physicians warned their patients that using the plant excessively could cause them to see demons.

In Medieval Times a Persian Physician lists cannabis as one of the most effective drugs for curing edema, gout, headaches, severe wounds, as well as epilepsy. In the 1300s Africa is recorded for using cannabis to treat asthma, fever, malaria, and dysentery. Europeans relied on cannabis as a means of treating various conditions such as cough, tumors, and jaundice. In the 1600s Spanish Conquistadors brought hemp cannabis to North and South America. It took another 200 to 300 years before Cannabis therapeutic benefits were discovered in America. In the 1830s to 1840s an Irish Physician named William O'Shaughnessy advocated the use of cannabis for treating rheumatism and nausea both in England and America. He discovered that the drug was completely safe, so he began prescribing it to his patients, which brought him a fair deal of success. One of his biggest achievements came when he managed to successfully treat muscle spasms caused by rabies and tetanus. Dr O'Shaughnessy introduced Cannabis Sativa and Cannabis Indica to England and America. In the 19th Century Marihuana became mainstream medicine in the west. Pharmacies sold cannabis-based cures and more than 100 papers were published on the therapeutic uses of cannabis.

Learning about the foundations of Cannabis around the world makes you wonder how this amazing plant became a prohibited schedule 1 drug. Dr. O'Shaughnessy's research also led to the development of intravenous therapy. The hypodermic needles were also invented around this time. This discovery pushed the treatment of medical marihuana to the beginning of extinction. Vaccinations were invented like the tetanus that put cannabis in the redundant category along with the invention of synthetic painkillers like aspirin. In 1937 The Marihuana Tax Act completely terminated the use of Cannabis for Medicinal Purposes. This is the foundation of our profitable criminal justice system and failed mental healthcare programs.

Drafted by the Founding Father of Cannabis Prohibition Harry Anslinger. The Marijuana Tax Act of 1937 is a U.S. federal law that imposed tax on the sale of cannabis, hemp, or marijuana.

According to Wikipedia: The total production of hemp fiber in the United States in 1933 decreased to around 500 tons per year. Cultivation of hemp began to increase in 1934 and

1935, but production remained low compared with other fibers. Interested parties note the aim of the Act was to reduce the hemp industry through excessive taxation largely as an effort of businessmen Andrew Mellon, Randolph Hearst, and the Du Pont family. The same parties argue with the invention of the decorticator, hemp was an economical replacement for paper pulp in the newspaper industry. Newspaper magnate William Randolph Hearst realized cheap, sustainable, and easily-grown hemp threatened his extensive timber holdings. Mellon, Secretary of the Treasury and the wealthiest man in the US, invested heavily in the Du Pont family's new synthetic fiber, nylon, to compete with hemp.

The American Medical Association (AMA) opposed the taxation because the tax was imposed on physicians prescribing cannabis, retail pharmacists selling cannabis, and medical cannabis cultivation/manufacturing. The AMA proposed cannabis instead be added to the Harrison Narcotics Tax Act. The taxation 'law' was passed despite objections of the American Medical Association. Dr. William Creighton Woodward, legislative counsel for the AMA, objected to the taxation on the grounds the bill was written by Du Pont lawyers without the legally-binding time to prepare their opposition to the bill. He doubted their claims about marijuana addiction, violence, and overdose; he further asserted that because the Spanish word Marihuana was largely unknown at the time, the medical profession did not realize they were losing cannabis. "Marijuana is not the correct term ... Yet the burden of this bill is placed heavily on the doctors and pharmacists of this country."

After hearings with lawyers from Du Pont Chemicals and the Hearst Newspapers Group, the taxation was passed on the grounds of 'differing' reports and hearings. Anslinger also referred to the International Opium Convention from 1928 included cannabis as a drug not a medicine. All state legislators approved identical 'laws' against improper use of cannabis (for ex. the Uniform State Narcotic Act). By 1951, however, spokespeople from Du Pont, Hearst and others came up with new improved rationalizations, and the Boggs Act superseded the Marihuana Taxation Act of 1937. In August 1954, the Internal Revenue Code of 1954 was enacted, and the Marihuana Taxation Act was included in Subchapter A of Chapter 39 of the 1954 Code.

Now that we got some history behind Cannabis Prohibition, are you aware the State of Maryland is 1 of the last states to decide if they will legalize cannabis? Are you aware that Maryland is still arresting residents for cannabis even though we have a legal medical program? In 2020 91% of arrests in Baltimore, MD were cannabis related. In Maryland, cannabis ownership of fewer than 10 grams is legalized and punishable by a civil fine of up to \$100. It is a crime to have any amount of marijuana in your possession with the intent to sell it. The maximum penalty is five years in jail and a fine of \$15,000 if the quantity is less than 50 pounds. The penalties are the same with weights larger than 50 pounds, except that a five-year obligatory minimum jail sentence is applied.

Maryland has a "drug kingpin" legislation that punishes elevated smugglers with at least 20 years in jail and up to 40 years in jail, as well as penalties of up to \$1 million. In addition, transporting marijuana is a crime in Maryland, with any cannabis violation involving five kilos or more being deemed smuggling. The maximum penalty is 10 years in jail plus \$10,000 in penalties if the amount is between five and 45 kg. The maximum penalty for trafficking is 25 years in jail and \$50,000 in fines for amounts higher than 45 kilos. For drug trafficking while in possession of a handgun, a term of at least five years and up to twenty years is imposed.

According to the Maryland Reporter, medical marijuana boosted tax revenue. The "drug" injected \$10,371,437 into the state revenue in the 2019 financial year. The figure was more than what the entire state spent, which was to the tune of \$5,608,806. Proceeds from medical marijuana sales could have funded the state expenditure that year. This figure marked a magical leap from about \$3.5M in the previous year. Maryland companies earned a whopping \$96 million altogether.

I ask again, why is this amazing plant being used to criminalize citizens that choose to medicate naturally? It is our responsibility as residents to correct the racist wrongs of the past. We don't need another study or report to show you the conditions melanated individuals have been living under with the Cannabis Prohibition. As an advocate for justice, I try to donate and bring awareness to matters of importance. When it comes to criminal injustices our state is complicit in many falsified facts to make the case stick and win in the court of law. It is our duty to speak against these injustices and to fight for the power of the people. Martin Mitchell and Stanford Fraser recently held an expungement clinic in Laurel MD. From their event I was introduced to Quiana Johnson, Founder of Life After Release Organization. I was overcome with excitement because I was not aware that we had a local organization for formerly incarcerated, especially woman owned. Life After Release (LAR) is a formerly incarcerated women-led organization in the DMV area (DC-Maryland-Virginia). We are organizing to build a post-conviction movement where we have the right to challenge our convictions and the system responsible for convicting us in the first place. Our work is grounded in a vision of self-determination for directly-impacted communities and has four main pillars....

The focus is Cannabis Freedom! As most of you are aware Jonathan Wall's trial begins today in Baltimore, MD. The action for this month is to support cannabis freedom in Maryland, The Country and World by advocating to free Jonathan Wall and all other non violent residents incarcerated by the Intentional War of Drugs. Jonathan's support team is requesting you show up at the court house to show your support throughout the duration of this trial. Click the link for more details.

LaWann Stribling

Strib'ble District LLC
Deputy Director MDNORML

Resources Below:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2561263/>

<https://greencamp.com/history-of-medical-marijuana/>

<https://www.breakingasia.com/china/chinas-ancient-cannabis-culture/>

https://en.wikipedia.org/wiki/Leary_v._United_States

<https://ucr.fbi.gov/crime-in-the-u.s/1996/96sec5.pdf>

SB 523.pdf

Uploaded by: Mary Cramer Wagner

Position: FAV



SB 523 – FAV

March 8, 2023

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

Dear Chair Griffith and Committee Members:

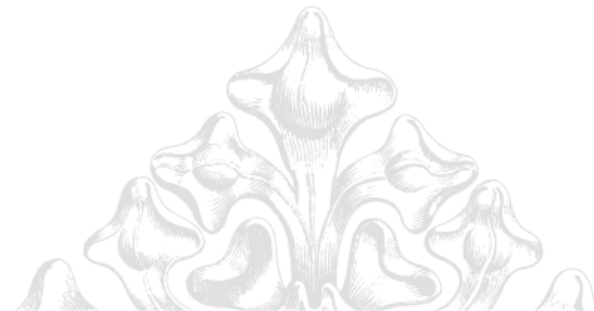
I am pleased to submit the following testimony for **Senate Bill 523 - Medical Cannabis - Employees in Health Care Settings Caring for Qualifying Patients – Exemption**. Our patients, and particularly those in assisted living facilities need our assistance. This legislation will give an opportunity for qualifying health care settings to provide medical cannabis to seniors who are already patients within the State’s program while they are under their care.

Under current law, caregivers are required to dispense medical cannabis to patients who cannot do so themselves. However, the law limits the number of patients that can be served by that caregiver. The proposed measure builds on the groundwork that the General Assembly has already provided for in the school setting for students in need of medical cannabis. Thanks to the amended language that was the work of a collaborative effort with the Maryland Medical Cannabis Commission’s staff, the mechanism for safe dispensing will be equally applicable to both the young and to the elderly in health care settings.

As such, we are asking that this Committee give favorable consideration to SB 523. Thank you for your time and consideration of this matter. Should you or your staff have any questions regarding these matters, I can be reached at William.valois@growwestmd.com.

Sincerely,

William Valois, CEO
Grow West MD



SB 523.pdf

Uploaded by: Mike McKay

Position: FAV

MIKE MCKAY
Legislative District 1
Garrett, Allegany, and Washington Counties



James Senate Office Building
11 Bladen Street, Room 416
Annapolis, Maryland 21401
410-841-3565 · 301-858-3565
800-492-7122 Ext. 3565
Mike.McKay@senate.state.md.us

Judicial Proceedings Committee
Executive Nominations Committee

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Senate Bill 523 – Medical Cannabis – Employees in Health Care Settings Caring for Qualifying Patients

Exemption

March 6, 2023

Dear Chairwoman Griffith, Vice Chairwoman Klausmeier, and Members of the Committee,

The purpose of the bill is to allow designated medical personnel to expand their ability to treat patients with medical cannabis. Currently, we are finding out the benefits of how medical cannabis can help individuals suffering from different medical conditions. Nurses and other medical personnel will be able to treat patients in facilities such as hospitals, hospice care centers, nursing homes, and more with this bill. These medical personnel will be designated in writing to provide this care and will thus be given the expanded responsibility to care for the well-being of the patient.

Thank you very much and I ask for a favorable report.

Sincerely,

Senator Mike McKay, District 1
Representing the Appalachia Region of Maryland
Garrett, Allegany, and Washington Counties

SB523_SponsorAmendment

Uploaded by: Mike McKay

Position: FAV



SB0523/483224/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

09 MAR 23
10:23:53

BY: Senator McKay
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 523
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 3, strike “– **Exemption**”; strike beginning with “exempting” in line 4 down through “circumstances” in line 7 and substitute “authorizing designated medical personnel to administer medical cannabis to qualifying patients only under certain circumstances; providing that designated medical personnel are not required to register with the Natalie M. LaPrade Medical Cannabis Commission; exempting designated medical personnel from civil and criminal penalties relating to the administration of medical cannabis, subject to a certain exception”; in line 8, strike “and caregivers of qualifying patients”; in line 16, strike “and” and substitute a comma; in the same line, strike “13–3304(g)(6)” and substitute “13–3304(g)(5), and 13–3313(a)(9) and (10)”; and after line 18, insert:

“BY adding to

Article - Health - General
Section 13-3304(g)(9) and 13-3313(a)(11)
Annotated Code of Maryland
(2019 Replacement Volume and 2022 Supplement)”.

AMENDMENT NO. 2

On pages 2 and 3, strike beginning with “**INCLUDES**” in line 7 on page 2 down through “does” in line 1 on page 3 and substitute “does”.

On page 3, in line 1, after “any” insert “:

(1)”;

in the same line, strike “designated” and substitute “**DESIGNATED**”; in line 3, after “Article” insert “**;** **OR**”

(II) DESIGNATED MEDICAL PERSONNEL AUTHORIZED TO ADMINISTER MEDICAL CANNABIS TO QUALIFYING PATIENTS UNDER § 13-3304(G)(9) OF THIS SUBTITLE”;

strike beginning with “(6)” in line 5 down through “caregivers.” in line 12 and substitute:

“(5) (i) Except as provided in subparagraph (ii) of this paragraph, a qualifying patient [or caregiver] may obtain medical cannabis only [from]:”

1. FROM a medical cannabis grower licensed by the Commission or a dispensary licensed by the Commission;

2. THROUGH THE QUALIFYING PATIENT’S CAREGIVER; OR

3. THROUGH DESIGNATED MEDICAL PERSONNEL AUTHORIZED TO ADMINISTER MEDICAL CANNABIS TO A QUALIFYING PATIENT IN ACCORDANCE WITH PARAGRAPH (9) OF THIS SUBSECTION.

(ii) A qualifying patient under the age of 18 years may obtain medical cannabis only through:

1. The qualifying patient’s caregiver;

2. DESIGNATED MEDICAL PERSONNEL AUTHORIZED TO ADMINISTER MEDICAL CANNABIS TO A QUALIFYING PATIENT IN ACCORDANCE WITH PARAGRAPH (9) OF THIS SUBSECTION; or

[2.] 3. Any designated school personnel authorized to administer medical cannabis to a student in accordance with the guidelines established under § 7-446 of the Education Article.

(III) A CAREGIVER MAY OBTAIN MEDICAL CANNABIS ONLY FROM A MEDICAL CANNABIS GROWER LICENSED BY THE COMMISSION OR A DISPENSARY LICENSED BY THE COMMISSION.

(9) (I) IN THIS PARAGRAPH, “DESIGNATED MEDICAL PERSONNEL” MEANS EMPLOYEES:

1. WHO ARE EMPLOYED BY:

A. AN ASSISTED LIVING FACILITY, AS DEFINED IN § 19-1801 OF THIS ARTICLE;

B. AN INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY;

C. A HOME HEALTH AGENCY, AS DEFINED IN § 19-401 OF THIS ARTICLE;

D. A HOSPICE CARE PROGRAM;

E. A RELATED INSTITUTION, AS DEFINED IN § 19-301 OF THIS ARTICLE; OR

F. A RESIDENTIAL SERVICE AGENCY, AS DEFINED IN § 19-4A-01 OF THIS ARTICLE;

2. WHO HAVE BEEN DESIGNATED IN WRITING TO PROVIDE CARE TO QUALIFYING PATIENTS BY ENTITIES LISTED UNDER ITEM 1 OF THIS SUBPARAGRAPH;

(Over)

3. FOR WHOM THE QUALIFYING PATIENTS HAVE AUTHORIZED THE DESIGNATION UNDER SUBPARAGRAPH (II) OF THIS PARAGRAPH; AND

4. WHO HAVE SIGNIFICANT RESPONSIBILITY FOR MANAGING THE HEALTH CARE AND WELL-BEING OF THE QUALIFYING PATIENTS.

(II) DESIGNATED MEDICAL PERSONNEL:

1. MAY ADMINISTER MEDICAL CANNABIS TO QUALIFYING PATIENTS ONLY IF THE MEDICAL CANNABIS IS:

A. OBTAINED THROUGH THE QUALIFYING PATIENT'S CAREGIVER; AND

B. ADMINISTERED IN ACCORDANCE WITH DOSING, TIMING, AND DELIVERY ROUTE INSTRUCTIONS PROVIDED IN THE CERTIFYING PROVIDER'S WRITTEN INSTRUCTIONS; AND

2. ARE NOT REQUIRED TO REGISTER WITH THE COMMISSION UNDER THIS SUBTITLE.

13-3313.

(a) Any of the following persons acting in accordance with the provisions of this subtitle may not be subject to arrest, prosecution, revocation of mandatory supervision, parole, or probation, or any civil or administrative penalty, including a civil penalty or disciplinary action by a professional licensing board, or be denied any right or privilege, for the medical use of or possession of medical cannabis:

(9) A third-party vendor authorized by the Commission to test, transport, or dispose of medical cannabis, medical cannabis products, or medical cannabis waste under the provisions of this subtitle; [or]

(10) Designated school personnel authorized to administer medical cannabis to a student in accordance with the guidelines established under § 7-446 of the Education Article unless the act or omission constitutes gross negligence or wanton or willful misconduct; OR

(11) DESIGNATED MEDICAL PERSONNEL AUTHORIZED TO ADMINISTER MEDICAL CANNABIS TO A QUALIFYING PATIENT UNDER § 13-3304(G)(9) OF THIS SUBTITLE UNLESS THE ACT OR OMISSION CONSTITUTES GROSS NEGLIGENCE OR WANTON OR WILLFUL MISCONDUCT.”.

SB0523.pdf

Uploaded by: Dawn Marie Steenstra

Position: FWA

SB0523

Favorable with Amendments

Dawn-Marie Steenstra

1749 Algonquin Road Frederick, Maryland 21701 410-967-3183

Dear Esteemed Senators,

I am currently a Clinical Director of Dispensaries for Maryland representing the National Clinical Director Consortium (NCDC) since 2021, and a Clinical Cannabis Nurse for over a decade. I oversee hundreds of patients in multiple stores to evaluate their health conditions and distressing symptoms from a trained clinical / medical viewpoint. I also perform medication reconciliation to determine safety/side effects when taken with other pharmaceuticals and expected outcomes of cannabis for their conditions. For 2 years I submitted detailed reports on the complicated questions and problems patients were working through utilizing cannabis and also provided the science and studies behind my answers to the MMCC.

In my community nursing work over the preceding 26 years, it was routine for nurses to care for more than 5 patients at one time. I, personally, was responsible at one time for 24 patients in a step down long term care setting. I find this bill favorable with the exception of the **LIMIT of patients for a ‘Caregiver ‘ in an inpatient setting”**. Please extend the limit to include however many patients an inpatient caregiver is assigned.

I am certain there will be many opportunities for nurses to work with multiple patients at one time utilizing cannabis, particularly when we make studies available to assisted living and long term care populations.

Thank you for allowing me to share my input to this bill.

Dawn-Marie Steenstra LPN,SDC,QA,SCC

Clinical Director/ CEO

Entourage Consulting Services



443-483-6001 Office

www.entourageconsulting.net

dawnmarie@entourageconsulting.net

ADVOCACY CHAIR

National Clinical Director Consortium

SB 516 OPPOSITION.pdf

Uploaded by: Ergibe Boyd

Position: UNF

Testimony 3/9/23
Senate Bill #516

Good afternoon committee members. My name is Ergibe Boyd. Thank you for taking my testimony on SB516.

I am the Founder/CEO of Theresam Farm Group LLC, a single-family farm in Prince George's County. We've grown wheat, corn, soybeans, tomatoes, and kale and have been growing hemp since 2020 with the permission of the Maryland Department of Agriculture. Theresam Farm Group LLC currently holds an Official Hemp Production Permit, License Number 24-003, issued January 26, 2023

Language in this bill will significantly restrict the types of hemp-derived products that Theresam Farm Group LLC produces and sells. While supporting the decision to include restrictions to the sale and distribution of chemically manufactured cannabinoids like delta (8) THC, I'm in staunch opposition to the adoption of the THC limits to naturally-occurring hemp-derived products detailed in Section 36-1103, Page 69, Line 23-29. These limits are in clear contradiction to the Federal standards as outlined in the 2018 Farm Bill and do not take into account the credible pharmacological studies showing that CBD reduces both the potency and efficacy of THC. Our products have provided relief from anxiety, pain, and PTSD for many of our customers with no intoxicating side effects. Further, it would require my farm, that currently operates under Federal law, to register and submit to the regulations of an industry that operates outside of Federal law. That doesn't make sense.

The passage of this Bill as it now reads will place my farm, which produces tinctures, lotions, and specialty hemp herb teas, at a significant disadvantage in the market and, in my opinion, is a direct attack on the MD Right to Farm statute. A potential solution to the proposed restrictions would be to change the language to raise the limits to reflect the Federal THC threshold of 3mg THC per hemp-derived CBD per serving and 90mg per package. As a compromise, restrictions on the use of the marketing term "Hemp-derived THC" could be adopted.

Thank you for your consideration of the proposed amendments and look forward to your support of the industrial hemp industry in Maryland. My position is in support of the Bill with amendment.

Regards,

Ergibe A. Boyd
Founder/CEO
Theresam Farm Group LLC

SB0523_LOI_LifeSpan, HPCNM_Med. Cannabis - Emp in

Uploaded by: Danna Kauffman

Position: INFO



Hospice & Palliative Care Network
OF MARYLAND

TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Mike McKay

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
Christine K. Krone
410-244-7000

DATE: March 9, 2023

RE: **LETTER OF INFORMATION** – Senate Bill 523 – *Medical Cannabis – Employees in Health Care Settings Caring for Qualifying Patients – Exemption*

On behalf of the LifeSpan Network and the Hospice and Palliative Care Network of Maryland, we submit this **letter of information** for Senate Bill 523, which allows an employee in a specified health care setting (i.e., nursing home, assisted living, hospice, home health) to serve as a caregiver for more than five patients for the purpose of medical cannabis. Under Maryland’s current law, a caregiver can obtain cannabis for a patient from a licensed dispensary or licensed grower (Section 13-3304 of the Health-General Article).

The above-referenced associations do not take a position on the use of medical cannabis. This letter of information focuses on guidance that has been given by the State (i.e., Office of Health Care Quality) to the nursing home industry. However, the content in the guidance would extend to any facility that participates in Medicaid/Medicare. Simply stated, the guidance reiterates the federal government’s position that, despite states legalizing cannabis, cannabis remains a Schedule 1 controlled dangerous substance and is illegal. Consequently, providers that participate in Medicare and/or Medicaid must sign a Condition of Participation agreement and comply with all applicable federal and state requirements. The guidance further warns that providers could be subject to federal enforcement, including termination of participation in their provider agreements.

Because this bill states “employee,” it would place employers in a direct conflict between State and federal law because the employer would not have a direct role in the process. Until there is resolution between state/federal law or additional guidance given by the federal government to address this situation, providers and patients will remain in a Catch-22, where the stakes are too high for the provider community.



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Office of Health Care Quality

Spring Grove Center, Bland Bryant Building, 55 Wade Avenue, Catonsville, MD 21228-4663

To: All Nursing Homes

Patricia Tomsko Nay, MD

From: Patricia Tomsko Nay, MD, CMD
Executive Director, Office of Health Care Quality

Subject: Medical Cannabis

Date: April 13, 2018

Cannabis (marijuana) is categorized as a Schedule I controlled substance under the U.S. Controlled Substances Act, which means that:

- the drug or substance has a high potential for abuse;
- there is currently no accepted medical treatment use for the substance; and
- there are no accepted safety standards in place for the substance in medical treatment.

Providers certified by the Centers for Medicare and Medicaid Services (CMS) are subject to a Condition of Participation agreement that requires providers to operate and provide services in accordance with all applicable Federal and State laws. Because cannabis is classified as a Schedule I controlled substance, the distribution or possession of cannabis is a criminal offense. Therefore, it is CMS's standpoint that federal law prohibits certified providers from dispensing medical cannabis.

Even though Maryland has legalized the medical use of cannabis, Maryland providers certified by CMS should be aware they may not be insulated from federal enforcement, including termination of their provider agreement. Until the conflict between state and federal law is resolved, Maryland providers should obtain legal advice from their own attorney to determine how they want to approach the use of medical cannabis in their nursing home.

If you have further questions regarding medical cannabis, please contact Margie Heald, Deputy Director of Federal Programs, 410-402-8101.

SB0516 Testimony.pdf

Uploaded by: Ian Swain

Position: INFO

The inevitable consequence of Bill SB 516 Cannabis Reform on Life, Liberty and the Pursuit of Health and Happiness. - Copia

Good day US Rep KWEISI MFUME and accompanying representatives and delegates.

After 27 years of my brothers and sisters in Baltimore being criminalized and persecuted for wanting pain and anxiety relief in a cold, harsh city, I, Ian Alexander Swain of Sound Mind, did not expect to be writing in protest about a progressive cannabis reform. I definitely didn't expect to be forced back into the status of an illegal medical cannabis user. As a individual dealing with a frustrating form of epilepsy that has at times left me without voluntary motor function, the ability to fully express my bladder, involuntary essential tremors, palsy, and left me lame in my legs for more than a year. Cannabis is a significant part of my wellness plan and the medical cannabis pay for wellness scheme was already a disgusting hurdle for patients in my honest opinion. As a resident of Baltimore and life long native, you, my representatives, have failed me. You have failed my fellow residents and you have failed yourselves, defeating the chance of ever being able to say, "I did right by my constituents, I helped Baltimore inch towards a more peaceful, healthy space."

"I can be proud of myself. "

Signed,

Ian Alexander Swain

21214 Resident

CBD, CBG, CBN, CBC, and a number of other crucial cannabinoids and NECESSARY for my health and wellness that would be made illegal for me to have simple, adult restricted access too.

Attached are lab reports for products that are crucial to my right to the pursuit of happiness and within that the right to pursue my best wellness plan.

I expect a tax in some way, I expect strict regulations, I didn't expect a health risk being reintroduced.

 MCT-for-Posting-OFTKL2250-221... 706 kB

 MCT-GUMBB5-Various-Lots-Exp-... 814 kB

6 - X - SB 523 - FIN - MMCC - LOI.pdf

Uploaded by: State of Maryland (MD)

Position: INFO



March 9, 2023

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

RE: Senate Bill 523 – Medical Cannabis - Employees in Health Care Settings Caring for Qualifying Patients - Exemption

Dear Chair Griffith:

The Maryland Medical Cannabis Commission (the Commission) is submitting this letter of information for Senate Bill 523 – Medical Cannabis - Employees in Health Care Settings Caring for Qualifying Patients - Exemption.

As introduced, SB 523 uses the term “caregiver” to include staff employed at certain healthcare facilities. In the Medical Cannabis Program currently, a caregiver is a person authorized to obtain medical cannabis for a qualifying patient, as well as assist with the administration of cannabis products to the patients. The program also limits how many individuals a caregiver may serve, and subsequently, how many caregivers a single qualifying patient may have. Caregivers are tracked in the program registry and linked to their patients via the State’s seed-to-sale system.

The Commission believes that existing medical cannabis statutes and regulations allow medical cannabis to be administered to individuals in the facilities listed in SB 523. Specifically:

- Health-General 13-3313(a)(8) - grants immunity from, "arrest, prosecution, revocation of mandatory supervision, parole, or probation, or any civil or administrative penalty, including a civil penalty or disciplinary action by a professional licensing board, or be denied any right or privilege, for the medical use of or possession of medical cannabis" to a hospital or other medical facility; and
- COMAR 10.62.30.04 permits delivery of medical cannabis to a medical facility where a patient is receiving in-patient treatment.

Under SB 523, healthcare providers included in the expanded definition of caregiver would be exempt from the statutory limits placed on existing caregivers. As introduced, making caregivers inclusive of health care professionals could prove challenging to implement with the Commission’s current tracking system, if many of these health care workers were to register. In particular, there could be a

significant expense to develop and implement software changes to the patient and caregiver registry in order to accommodate a new class of caregivers with different requirements.

Previously, the Maryland General Assembly passed Chapter 625 of 2020 (SB 604), which authorized the administration of medical cannabis to qualifying patients during school hours. This legislation created a class for designated school personnel *outside* of the caregiver framework already established in law. Providing that the committee finds the existing State policy unable to meet the needs contemplated in SB 653, the Commission would recommend considering the designated school personnel language as a model for health care professionals rather than the use of the existing caregiver framework (the bill text is linked as an attachment to this letter).

Lastly, the Commission would highlight that as introduced, SB 653 amends the Medical Cannabis Program in Title 13, Subtitle 33 of the Health - General Article. SB 516, which is emergency legislation, contemplates large-scale cannabis reform, including repealing Title 13, Subtitle 33 and recodifying many of its provisions in a new Alcoholic Beverages and Cannabis Article. The Commission believes that if both bills ultimately pass the General Assembly, a corrective bill would be necessary to move this provision into the new Alcoholic Beverages and Cannabis Article.

I hope you and the committee find this information useful. If you would like to discuss this further please contact Andrew Garrison, MPA, Deputy Director, Office of Policy and Government Affairs at andrew.garrison@maryland.gov or (443) 844-6114.

Sincerely,

A handwritten signature in blue ink that reads "Will Tilburg". The signature is written in a cursive style and is followed by a long horizontal flourish.

Will Tilburg, JD, MPH
Executive Director
Maryland Medical Cannabis Commission

Attachment:

Link to Bill Text: [SB 604/Ch. 625 of 2020](#)

This position does not necessarily reflect the position of the Maryland Department of Health or the Office of the Governor.