

SB0516  
Favorable With Amendments

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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. As a community nurse in the field for 24 years who has been studying cannabinoid therapeutics for the past 12 years, it is important for the Legislature to understand that although in the adult use market there will be plenty of recreational customers, there are thousands of prospective patients that wish to use this alternative to avoid health care crisis and increase their quality of life.

In evaluating other states who have Adult Use Programs, the very patients to whom the entire cannabis industry is built upon are being left without critically needed guidance and formulations created to help their conditions. I care for autistic and epileptic children, middle aged cancer, pain and neurologically challenged adults to our most underserved population of the elderly. Our elderly are actively looking to decrease harm and polypharmacy in their daily lives. This population alone warrants oversight from Clinical Directors. These patient populations deserve guidance from experienced clinicians, continuity of care and effective low THC product choices over the long term. The Clinical Director needs to be openly advertised by the state program as well as on a dispensary level as the NCDC found many dispensaries discouraging utilization during our medical program rollout. In an informal poll within the Cannabis Community in Maryland FB we found that out of 100 patients, 81 had no idea that a medical person was available to discuss their case and concerns.

As a nurse, I believe it critically important that Clinical Directors continue to be required and available for consult with all Maryland dispensaries whether medical or adult use. The guidance of medically trained clinical directors can mean the difference in properly using cannabinoids as the science dictates with success and a customer who gives up because of negative experience and never walks into a dispensary again. Having this additional safety net available to patients and required of dispensaries will also lead to decreased calls to Poison Control and less Emergency Room visits.

Throughout my role as Clinical Director of multiple dispensaries, I have had to teach patients how to safely wean off of higher THC due to negative outcomes, and recently many of the stores I serve stopped selling hemp derived high CBD FULL SPECTRUM products. By FAR, the teaching and clinical guidance as to LOWER ratio cannabis products and flower and personal titration teaching with THC were the most frequent. Keeping ratioed medicine available for patients with lower THC is also important for most complicated conditions. Having lower THC content under 15% in flower to reduce negative outcomes should also be considered. **Science is showing that exceedingly high concentrates may be exacerbating the issue of cannabis use disorder nationally.** 10% or 10 mg. cap in products is much too low in consideration of lowering potency. Science is showing that MODERATE levels of cannabinoids work best together for most conditions. D9THC in flower truly does not need to be over 35%. In addition, a cap as low as 10% or 10 mg. serving size would cause undue financial burden on patients

already utilizing cannabis for conditions that is not covered by insurance in any way presently. Low THC caps mean more product must be purchased for the same efficacy.

In reviewing the legislation, please grandfather in all approved Clinical Directors from the medical program we already serve as well as REQUIRE Clinical Directors be available to all NEW adult use dispensaries. This will lead to a more robust market, enlist the public trust, fewer calls to POISON CONTROL and less Emergency Room visits for overconsumption events. Our adult use program rollout will be considered the most responsible in the country where many other states have failed to care for the previous medical patients their programs served.

I support SB0516 with the following considerations and amendments:

- Nurses are NOT qualified to be Certifying Providers ( Page 21 10 (IV) ) to give cannabis recommendations, however, they have been accepted as Clinical Directors as of 2021. **Please REMOVE Registered Nurses as Certifying Providers. Please ADD Certified Registered Nurse Practitioners and Physicians Assistants who actually have prescriptive powers.** Please grandfather in ALL Clinical Directors as approved that are nurses.
- **ENFORCE and EXTEND the regulatory role of “Clinical Directors” to all dispensary types to mitigate unnecessary healthcare expenditures related to emergency room visits and adverse events with adult use enactment. ENFORCE dispensaries in utilizing these directors, especially in educating the elderly and those with complicated conditions.**
- **Uphold regulation related to the reporting of adverse events and recalls as this is imperative to consumer safety and harm reduction. The overseeing agency must maintain communication with “Clinical Directors”.**
- **Require all license types to produce/offer a minimum of non-smokable and low or non-impairing cannabis, cannabis products with lower THC including ratios of CBD and minor cannabinoids to sustain the current medical availability and offer minimally intoxicating options for new consumers. Full spectrum products are critically important to patients.**
- Imprisonment of any kind for minor cannabis offenses should be stopped. Civil fines make sense, but unless someone is in possession of pounds of cannabis with intent to distribute, arrests should not be happening. For caregivers working with smaller amounts, working to assist patients and consumers to utilize their cannabis in the best way, arrangements or permits for such as a “CAREGIVER COLLECTIVE”, should be considered when making laws that lean towards unfair incarceration.
- **Considering hemp page 69 line 23 (A) (1). Please reconsider and STOP this action:**
- Hemp products are capped already at .3% THC by Federal Law. These companies should concentrate on WHOLE FLOWER products without isomers or additional terpenes added. Whole flower, FULL SPECTRUM hemp derived products are critical to have available for many medical conditions. Raising the Delta 9 THC limit to 1% would be helpful for farmers as well. Below 1% is still non impairing and of great benefit to actual patients in our program. Maryland patients are utilizing many Maryland hemp derived products very well. **Discontinuing current products or lowering D9THC more would be devastating to seriously ill suffering patients.**

- 1. We created a medical cannabis program to help those with qualifying conditions access safe cannabis to get relief from their symptoms and improve their quality of life. We are succeeding!
- 2. When using cannabis medicinally, most studies recommend beginning with TYPE III (HIGH CBD) cannabis due to its safety profile, non-intoxicating and then titrating THC as needed based on conditions. Once a patient is stabilized successfully, they may begin working with higher THC titration through the dispensary, but this takes time.
- 3. These products do not cause the intoxicating effects like Type I (HIGH THC) or Type II (equal parts THC & CBD) cannabis but do provide relief for many of the patient's symptoms and there will be terrible outcomes if these products are no longer available. The SCIENCE confirms efficacy, especially in epilepsy, inflammatory processes and pain management.
- **Efforts should be made to FORBID the manufacturing and public sale of synthetically created intoxicating/psychoactive cannabinoids such as D8, D10 & THCO and sold in the general marketplace.** These are a public healthcare issue due to "gray areas" of hemp legalization due to the Schedule 1 federally, and a danger to the public until safety and efficacy are proven.

I implore you to keep these factors in mind during hearing regarding SB 0516.

Respectfully submitted,

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