Submitted to:

Maryland Senate Finance Committee

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Testimony from Cognivue

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Support with Amendment: Cannabis Reform (SB 516)

Introduction

Cognivue is an applied science company based in New York that develops cognitive health assessment technology. The company's mission is to elevate the gold standard of cognitive health assessment, reduce the stigma of cognitive issues, and empower action with early detection.

Cognivue has pursued this mission by creating the world's first FDA-cleared computerized test of cognitive function. The Cognivue technology is a self-administered, reliable, non-invasive tool to assess cognition in five minutes. The technology is backed by more than 15 years of research at the National Eye Institute and the University of Rochester. Cognivue eliminates most common biases associated with other testing modalities and is independent of educational or socio-demographic-economic level. Our devices are currently used by neurologists and other physicians across the U.S., including in Maryland, in screening for early detection of cognitive decline and dementia. We believe there is a very positive role our technology can play within the safety and law enforcement community to help keep our roads and highways safe from drug impaired drivers.

Cognivue submits this statement in support of SB 516 with an amendment.

Proposed Change

We recommend amending the language in 13-4505(F)(6) to include “or impairment from cannabis” after “cannabis levels” as follows:

> (6) Purchasing technology proven to be effective at measuring cannabis levels or impairment from cannabis in drivers.

Reasoning

Cannabis-impaired driving is one of the most pressing outstanding cannabis policy matters in states with legalization laws. Current standards and screening methods, such as using breathalyzers or blood samples, are effective for alcohol and other drugs, but they are inadequate and problematic when applied to cannabis. Substances like THC, the intoxicating component of cannabis, affect the body differently than alcohol, and their presence in the body does not directly correlate with impairment. This is because THC can remain in the body for weeks, and THC concentration will rapidly drop after use despite an individual still being impaired. These methodologies are also harmful to consistent, legal users of cannabis because they can have up to 5 nanograms per milliliter (ng/ml) of THC in their system and not be impaired. For these reasons, it is not possible to regulate cannabis impairment based on THC levels as we regulate alcohol impairment based on a driver’s blood alcohol level measured by a breathalyzer, as this creates a variety of false-positives and false-negatives.

Due to the scientific shortcomings in measuring cannabis levels directly, Cognivue has opted to take a unique approach by directly measuring cognitive impairment. Unlike blood tests, the Cognivue technology is non-invasive and requires minimal police resources. While blood tests typically require transportation to a facility, at which time a drivers’ THC level can decrease, the technology Cognivue is developing can provide clear results in five minutes and would be portable for roadside use.

Under the bill’s current language, Cognivue and other similar technology that could help law enforcement keep our roads safe would not be able to be purchased using the Public Health Fund. This is because the Cognivue device, which is based on FDA cleared technology, tests for cognitive impairment rather than for cannabis levels in drivers. If the intent of this clause is to help police deploy technology to combat cannabis-impaired driving, it would be more effective if it allowed for both types of technology, rather than only those that measure cannabis levels.

For these reasons, we urge the committee to amend the language in 13-4505(F)(6) to include rather than exclude devices that measure cognitive impairment.