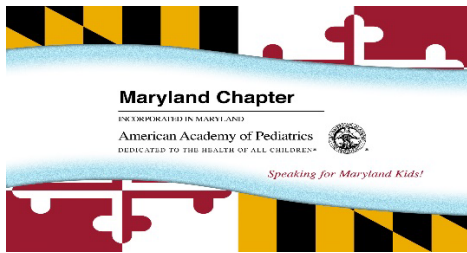


SB0249_FAV_MDAAP_MVA - Driver Education Program -

Uploaded by: Christine Krone

Position: FAV



TO: The Honorable William C. Smith, Jr., Chair
Members, Senate Judicial Proceedings Committee
The Honorable Benjamin F. Kramer

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

DATE: February 15, 2023

RE: **SUPPORT** – Senate Bill 249 – *Motor Vehicle Administration – Driver Education Program – Cannabis*

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support** for Senate Bill 249.

Senate Bill 249 will require the Motor Vehicle Administration to include information on the laws relating to, and the risks of, driving while under the influence of cannabis in the curriculum for a standardized driver education program.

The American Academy of Pediatrics has a policy statement on *The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update*. The policy statement clearly outlines the consequences of marijuana use which includes “...impaired short-term memory and decreased concentration, attention span, and problem solving, ... Alterations in motor control, coordination, judgment, reaction time, and tracking ability have also been documented; these may contribute to unintentional deaths and injuries among adolescents (especially those associated with motor vehicles if adolescents drive while intoxicated by marijuana)”.¹

For the reasons stated in the policy statement, MDAAP strongly urges a favorable report on Senate Bill 249 so that young drivers are aware of the implications while driving under the influence.

¹ PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275). (2015, March). The impact of marijuana policies on youth: Clinical, research ... - AAPVT. American Academy of Pediatrics. Retrieved February 14, 2023, from <http://aapvt.org/ckfinder/userfiles/files/AAPPolicyStatement.pdf>

23 legis md bill testimony sen driver ed.pdf

Uploaded by: Kurt Erickson

Position: FAV

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SADD
Kurt Erickson
WRAP President & CEO



WASHINGTON REGIONAL ALCOHOL PROGRAM

7900 Westpark Drive, Suite A550 ■ Tysons, VA 22102 ■ TEL 703.893.0461 ■ www.wrap.org ■ Email: wrap@wrap.org

February 15, 2023

Members of the Judicial Proceedings Committee
Maryland Senate
Annapolis, Maryland

Re.: Support for "Motor Vehicle Administration – Driver Education Program – Cannabis," SB 249, Kramer (D-Montgomery County)

"Past-year, past-month and daily marijuana use (amongst young U.S. adults 19 to 30 years old) reached the highest levels ever recorded since these trends were first monitored in 1988."

– The National Institute on Drug Abuse's funded 2022 "Monitoring the Future" study

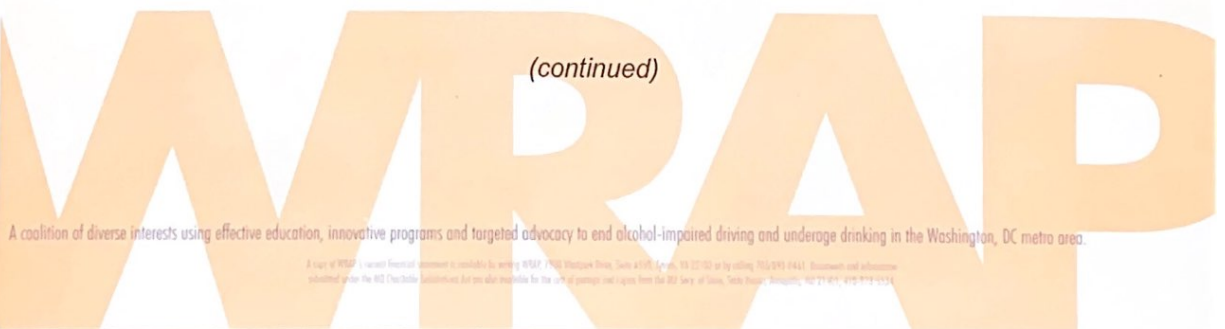
Dear Senators:

On behalf of the Maryland nonprofit Washington Regional Alcohol Program's (WRAP) Board of Directors, staff, volunteers and the more than six-million Maryland residents we serve in the fight against drunk driving and underage drinking (including having served as project director of both Maryland's Checkpoint Strikeforce campaign and "Maryland Remembers" ceremony), I wanted to formally communicate to you WRAP's unequivocal support for **Senate Bill 249, "Motor Vehicle Administration – Driver Education Program – Cannabis" (Kramer, D-Montgomery County).**

Succinctly, SB 249 proposes to have the state's driver education curriculum include information on the "risks of driving while under the influence of cannabis."

As plainly stated by the U.S. Centers for Disease Control and Prevention, "driving under the influence of drugs, including marijuana, is dangerous and illegal" as "marijuana use can impair important skills required for safe driving by: slowing your reaction time and ability to make decisions; impairing coordination; and distorting perception" (CDC, "Marijuana Use and Driving," 2021).

(continued)



A sign of WRAP's recent financial statement is available by sending WRAP, 7900 Westpark Drive, Suite A550, Tysons, VA 22102 or by calling 703.893.0461. Business and information submitted under the ND Confidentiality provisions. For more information for the use of graphics and logos from the 2022 Survey of Tows, "Tows House" Reports, 100-111-111-111-111.

2.15.23 wrap ltr.; page two

With Maryland poised to legalize recreational marijuana this year, SB 249 proposes the installation of public safety "guard rails" in the form of requiring Maryland's Motor Vehicle Administration to include in the state's driver education curriculum "information on the laws relating to and the risks of driving while under the influence of cannabis."

As marijuana, according to the National Institute on Drug Abuse, is "the illicit drug *most* frequently found in the blood of drivers who have been involved in vehicle crashes, including fatal ones" (NIDA, "Cannabis Research Report," 2020) and that "studies have found a direct relationship between blood THC concentration and impaired driving ability," the time to install said safeguard is now.

Combine that with the facts that while the number of licensed young drivers (15 to 20 years old) in the U.S. decreased by 4.7-percent in 2020 yet the number of fatalities involving these same young drivers *increased* and by a double-digit percentage (17%) during this same period (National Highway Traffic Safety Administration, "Young Drivers," 2022), and you've underscored both the need to fortify the state's impaired driving-prevention education efforts and for this very legislation.

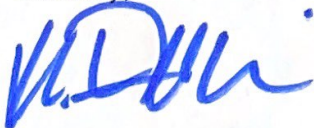
(Today, according to NHTSA, over ten-percent [10.2%, 2020] of Maryland's traffic deaths involve drivers ages 15-20.)

□□□□

With nearly a third (31%) of U.S. high school seniors reporting marijuana use in the last 12 months – and that "past-year, past-month and daily marijuana use (amongst young U.S. adults 19 to 30 years old) reached the highest levels ever recorded since these trends were first monitored in 1988" (National Institute on Drug Abuse's funded 2022 "Monitoring the Future" study) -- the Maryland nonprofit Washington Regional Alcohol Program supports Senate Bill 249 as a means of preventing impaired driving in the state.

In as much, we thank you, in advance, for your consideration of favorably reporting this potentially lifesaving legislation. I may be directly reached with any questions at either 703-893-0461 or at kurt@wrap.org.

Cordially,



Kurt Gregory Erickson
President

AAA Support of SB 249 - Motor Vehicle Administrati

Uploaded by: Ragina Ali

Position: FAV



**AAA Mid-Atlantic's Testimony in SUPPORT of SB 249
Motor Vehicle Administration - Driver Education Program – Cannabis**

Sponsor: Senator Kramer

- AAA Mid-Atlantic **supports Senate Bill 249**, which requires the Maryland Motor Vehicle Administration to “*include information on the laws relating to and the risks of driving while under the influence of cannabis,*” as part of the state’s driver’s education curriculum.
- AAA’s concerns about the legalization of recreational cannabis have always been based upon the inherent risks to traffic safety.
- Fatal crashes involving drivers who were delta-9-tetrahydrocannabinol (THC)-positive doubled in Washington state after cannabis legalization, according to research by the [AAA Foundation for Traffic Safety \(2020\)](#).¹ Crash rates and insurance claims also increased in Colorado, Nevada and Oregon after recreational cannabis legalization passed. (Insurance Institute for Highway Safety, 2018) ².
- [Data from the Colorado Division of Criminal Justice](#) shows the number of fatalities with cannabinoid-only or cannabinoid-in-combination (with other drugs and alcohol) positive drivers increased 153%, from 55 in 2013 to 139 in 2017. ³
- Cannabis can affect people differently, making it challenging to develop consistent and fair guidelines, and there continues to be insufficient scientific data to provide motorists with guidance on the use of the drug in a way that does not impact their ability to drive safely.
- With the use of recreational cannabis slated to take effect in a few months in Maryland, AAA wants to ensure that an intensive public education campaign, with a focus on dangers of drugged driving takes place.
- We are supportive of SB 249, as its passage would incorporate critical information in Maryland’s current driver’s education curriculum to new drivers concerning the risks of using cannabis and getting behind the wheel of a vehicle.
- [According to AAA, to date, 22 states](#) have legalized recreational cannabis, but only Massachusetts has incorporated a driver’s education component as a result of that legalization.
- As an advocate for the safety of motorists and all roadway users, AAA remains concerned by the safety implications of individuals driving impaired whether it be by alcohol, cannabis or other drugs.

- On behalf of AAA Mid-Atlantic's over one million Maryland members, we thank Senator Kramer for sponsoring this legislation and urge the Committee to give **SB 249** a **favorable** report.

¹[Legalization of recreational marijuana increases crash risk \(AAA, 2020\)](#)

²[Crashes rise in first states to begin legalized retail sales of recreational marijuana, \(Colorado, Nevada, Oregon and Washington\) \(Insurance Institute for Highway Safety and Highway Loss Data Institute October 18, 2018\)](#)

³[Impacts of Marijuana Legalization in Colorado – A Report pursuant to Senate Bill 13-283, Colorado Division of Criminal Justice, October 2018](#)

Contacts:

*Ragina C. Ali, AAA Mid-Atlantic
Public and Government Affairs Manager
443.465.5020*

*Sherrie Sims, GS Proctor & Associates
Senior Associate
410.733.7171*

Mystory.pdf

Uploaded by: Rusty Carr

Position: FWA

Greetings. My name is Rusty Carr. I live in Mount Airy, MD in legislative district 4. I'm 65 years old, retired, a medical patient since 2018 and a caregiver. This is my cannabis story.

I smoked cannabis occasionally in high school and became a daily smoker in college. I returned to occasional use after graduation and quit at age 25 due to the hassles of cannabis being illegal conflicting with a professional career in the Information Technology industry.

As an active skier, my knees suffered a lot of wear. After quitting cannabis, I began to experience chronic knee pain. I was on 800mg Motrin for years until I tried cortisone and then surgery. Surgery provided major relief, but the pain is always there and getting worse. Although I have a high tolerance for pain, there are secondary effects like loss of sleep. I also experience frequent muscle spasms at night and chronic muscle tension. I'm generally in good health, but I'm old enough for wear and tear.

In addition to my Information Technology career, I also taught skiing and snowboarding part time. After 21 years of teaching at the local resort Whitetail, I was given a random drug test. Because this test would have resulted in my termination had I used cannabis days prior to the test and regardless of whether I was impaired on the job, I quit. I pissed. I passed. Then I quit. We should not allow random testing for metabolites. I spent more money than I made at that job. Not everyone can afford to quit on principle. No one should have to.

After 30+ years of abstinence I restarted cannabis consumption in Jan 2018 after California legalized recreational use. I tried an edible while visiting there and experienced the most intense body relief I've ever felt. That was worth trying to repeat at home. My personal physician knows about my high pain tolerance. When I asked him to certify me for chronic pain, he thought I was joking. I told him I didn't need it for pain, that I intended to use it recreationally, but I also wanted to duplicate that earlier experience in California. So I received my Maryland medical card in May 2018 as a retirement present.

Cannabis began to change my life. I began to reliably get restful sleep. I lost weight. I drink a lot less alcohol. Strangely enough, it has lowered my pain tolerance, but it also has greatly reduced the tiredness that I experience from pain (damage from inflammation). Although cannabis can immediately relieve some problems, for my chronic pain the main benefit is relief from the symptoms of pain (e.g. inflammation). Cannabis has replaced the use of anti-inflammatory OTC like Naproxen Sodium. I've been a daily user since 2019. I use different strains, dosing, and consumption methods to achieve different goals. The Maryland requirement for testing terpenes has been a boon because I am able to understand what terpenes and levels of terpenes cause what effects. This makes it very easy to select new strains of cannabis flower to achieve desired effects.

In 2019, my mother's doctor stopped her Fentanyl patch prescription due to the opioid crisis. She has scoliosis. At one point her spine was so curved she had lost 6 inches of height. She'd been on the patch for years achieving relief without problems, but they cut her off because of "opioid policy". After trying several non-opioid pain medicines with no success, her doctors told her that her only options for relief were chiropractic and acupuncture treatments because no medical treatment options were available.

At that point we started having the "worth it" discussions. I talked her into trying cannabis. She couldn't smoke because she has COPD and she did not want to get high. I had to walk her through signing up and go with her to the dispensary to translate from dispensary-ese to senior-ese. We tried RSO oil, tinctures and topicals without much success. Meanwhile her condition worsened. We tried again a few months

later with CBD/THC tinctures. Those worked for months, but the CBD aggravated hiatal hernia problems. After finding and consulting with Dr. Frye, we were able to find a THC tincture formula that works.

My mom is now 91 and doing well, but dosing is still a moving target as we continue to experiment with various dosing combinations of cannabinoids for various ailments. I took the prospect of taking my mother's life into my untrained hands seriously. I knew cannabis could help, but I had to be sure. I did a ton of research. I went to the leaders of the medical cannabis community, a group called Patients Out of Time and started attending their seminars accredited for medical continuing education training. There's an annual cannabis science conference in Baltimore. I found Dr. Frye through her book "The Medical Marijuana Handbook. Now, just keeping up with the science is a part time job. As a caregiver, I've also had to learn old time pharmacy skills for making tinctures and baking skills for making edibles. As a caregiver I'm worried that my patient won't have access to her medicine if she needs to go into the hospital because her health care provider (Kaiser Permanente) does not recognize cannabis as medicine, per federal guidelines. But I found out that they can prescribe Dronabinol in the hospital. It's taken me years to get here and there have many hurdles to progress. These kinds of issues led me to cannabis activism. And now we at least have a bill for that.

I don't know if making cannabis legal at the state level will force Kaiser Permanente let my mom have her medicine, but it's a necessary step. Civics class says to get involved. So, I'm here trying to make legalization happen and I feel like "that guy" from the Die Hard movie. Maybe my perspective is unique, but there seems to be some obvious things that aren't being addressed. Somebody has to say something.

Part of doing my homework led me to the Reddit forum for Maryland Medical Cannabis patients (r/MDEnts). I'm into my third year of reporting on Maryland cannabis legislation and have developed a following among the 20,000 registered members of the sub forum. This social media platform also reports the ground level truth of what is happening from the patient and industry workers perspectives. In legislative parlance, they are the organization I represent. We just don't have any letterhead.

Part of doing my homework to help my mother was learning how to make my own concentrates, edibles and tinctures. As part of this learning process I purchased devices that might be considered illegal, but they are just basically specialized versions of common kitchen appliances that improve safety and reduce labor. Do you really need to lock me up for this? I've also had one rookie season of home grow as a protest for the season we should have had. It's surprisingly therapeutic.

That's part of my cannabis past. I want my cannabis future to include cultivation. I have a one-acre property located in an area that had a history of cannabis cultivation in the 1800s. I'd like to experiment growing cannabis (hemp) for fiber and soil remediation, but I'd consider running a charitable outdoor craft grow for veterans given the right regulatory conditions. But I have a problem living in hilly Mount Airy. I could make 15,000 grow space on my property that would allow cannabis to not be visible, but my neighbors would object to the screening far more than the sight of the cannabis. I don't expect that problem to be solved, but it doesn't hurt to ask. I'm ready to home grow for personal use (both to cut cost and to get the best quality medicine tailored for my needs) and sharing with friends, neighbors and veterans. And it would be nice if it was a tad easier to keep my mom alive for a few more years. That's my cannabis story. Let's make our green future successful! We can do better.

SB249fwa.pdf

Uploaded by: Rusty Carr

Position: FWA

SB249 Favorable with Amendments
Warren (Rusty) Carr
4391 Moletton Drive
Mount Airy, MD 21771

I support SB249 with the following amendment:

(C) THE CURRICULUM REQUIRED BY SUBSECTION (B) OF THIS SECTION SHALL INCLUDE INFORMATION ON THE LAWS RELATING TO AND THE RISKS OF DRIVING WHILE UNDER THE INFLUENCE OF CANNABIS, **including self-assessing impairment after consuming cannabis.**

The impairing effects of cannabis may last for widely varying amounts of time depending on dosing, method of consumption, one's physiology and one's level of experience with cannabis. Inhalation of cannabis generally causes noticeable impairment within minutes that spikes over the first 90 minutes, followed by a steady level of impairment for up to 4 hours after initial consumption. The general advice for inhalation is to wait 4 hours after consuming before driving. Oral consumption can cause impairment in as short as 10 minutes or as long as 2+ hours depending on method of consumption and physiology. Impairment can last 4-6+ hours after onset, but is typically experienced as a steady level of impairment instead of a spike effect like inhalation. Studies have shown that self-assessment of impairment by smokers are relatively accurate except for a 30 minute around the downside of the spike. This knowledge is critical for determining when it is safe to drive.

It is possible to consume non-impairing doses of cannabis. My mother is a former Fentanyl patch patient. She consumes up to 10mg of THC daily via Healer branded tinctures. At 3-5 mg per dose, she does not experience impairment. She has accidentally consumed enough to experience impairment. She's 91, lives by herself and is still driving. Technically, she drives under the influence of cannabis nearly every time she's behind the wheel. Also doses of cannabinoids that contain over a 6:1 ratio of CBD:THC are also non-impairing.

There is an app called Druid that measures impairment using tests similar to what Drug Recognition Experts use. Driver education should teach drivers about the availability of these kinds of tools and how to use them effectively to judge the level of impairment from any substance.

People will be consuming cannabis. They need to know when it is safe to drive. The answer is "It depends." Please amend SB249 to include self-assessment of impairment in driver education.

Thank you,
Rusty Carr

SB 0249 MVA - Driver Education Program - Cannabis

Uploaded by: Andrew Garrison

Position: INFO



February 15, 2023

The Honorable William C. Smith Jr.
Chair, Judicial Proceedings Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 249 – Motor Vehicle Administration - Driver Education Program - Cannabis – Letter of Information

Dear Chair Smith:

The Maryland Medical Cannabis Commission (the Commission) is submitting this letter of information for Senate Bill 249 entitled Motor Vehicle Administration (MVA) - Driver Education Program - Cannabis. SB 249 requires the existing driver's education curriculum to include information on the laws relating to and risks of driving while under the influence of cannabis.

Cannabis consumption can negatively impact reaction time, motor coordination, and attention.¹ Additionally, different methods of consumption vary widely in onset, length, and level of intoxication. Recent surveys conducted by the Commission and the Maryland School of Pharmacy found that (1) driving after consuming cannabis is common and (2) there are potentially harmful misperceptions about the risks associated with cannabis use:

- One in five young adults and a similar proportion of medical cannabis patients have driven within three hours of consuming cannabis in the past month.^{2,3}
- Marylanders of all age groups (12-17, 18-25, 26+) perceive monthly cannabis use to be half as risky as regular alcohol use and a third as risky as regular smoking.⁴

In 2020, the American Public Health Association issued policy recommendations for states with legalized cannabis use, which include providing education on cannabis, impairment, and driving – similar to education provided on alcohol and driving – to mitigate incidences of impaired driving and crashes.⁵ The National Safety Council has also emphasized the importance of educating drivers about cannabis impairment.⁶ In January 2023, Massachusetts became the first state with legal medical and adult-use cannabis to add cannabis to education to its driver's education curriculum.⁷

SB 249 will provide important information to Maryland drivers to protect the health and safety of the public and bolster existing efforts to minimize harms associated with impaired driving. Please do not hesitate to contact Andrew Garrison, Deputy Director of Policy & Government Affairs with any further questions at andrew.garrison@maryland.gov or (443) 844-6114.

Sincerely,

A handwritten signature in blue ink that reads "William Tilburg". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

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

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

Enclosure: MMCC Fact Sheet: [Cannabis and Driving Don't Mix](#)
cc: Members of the Judicial Proceedings Committee

1:Rune E. Risk of road accident associated with the use of drugs: A systematic review and meta-analysis of evidence from epidemiological studies, *Accident Analysis & Prevention*. 2013. 60: 254-267. doi.org/10.1016/j.aap.2012.06.017.

2: Maryland Young Adult Survey on Alcohol (MYSA) 2020 and Maryland Medical Cannabis Patient Survey 2022

3:Recent guidance suggests waiting at least 6 hours after consuming cannabis to drive, since it may not be easy to recognize impairment, and effects of cannabis consumption can be delayed.

4: [2018-2019 National Survey on Drug Use and Health: Model-Based Prevalence Estimates \(50 States and the District of Columbia\) \(samhsa.gov\)](#)

5:[A Public Health Approach to Regulating Commercially Legalized Cannabis \(apha.org\)](#)

6: [Cannabis and Safety: It's Complicated - National Safety Council \(nsc.org\)](#)

7:[Massachusetts Adding Cannabis Education to Driving School Curriculum | Mass.gov](#)

SB0249 - MVA - Driver Ed Cannabis - LOI FINAL.pdf

Uploaded by: Patricia Westervelt

Position: INFO

February 15, 2023

The Honorable William C. Smith, Jr.
Chair, Senate Judicial Proceedings Committee
2 East, Miller Senate Office Building
Annapolis MD 21401

RE: Letter of Information – Senate Bill 249 – Motor Vehicle Administration - Driver Education Program - Cannabis

Dear Chair Smith and Committee Members:

The Maryland Department of Transportation (MDOT) takes no position on Senate Bill 249 but offers the following information for the Committee’s consideration.

Senate Bill 249 would require the MDOT Motor Vehicle Administration (MVA) to include in its driver’s education curriculum information relating to the laws and risks of driving under the influence of cannabis.

The MVA oversees compliance with curriculum standards taught in the approximately 150 driver’s education schools across the State. The MVA develops a standardized curriculum for driver’s education schools in the State based on national standards and provides the 10 units in its curriculum for the public to view via its website.

Currently, Unit 9 of the driver’s education curriculum addresses impaired driving, including driving while under the effects of cannabis. The MVA’s inclusion of cannabis is part of an overall focus on making safe decisions behind the wheel of a motor vehicle and includes alcohol and both illegal and legal drug use in combination with driving. This portion of the curriculum includes discussion about the legal consequences of operating a motor vehicle under the influence of drugs and/or alcohol, including cannabis. Talking points also include how the effects of cannabis on the body impact driving abilities.

The Maryland Department of Transportation respectfully requests that the Committee consider this information when deliberating Senate Bill 249.

Respectfully submitted,

Christine E. Nizer
Administrator
Maryland Motor Vehicle Administration
410-787-7830

Pilar Helm
Director of Government Affairs
Maryland Department of Transportation
410-865-1090