
Written Testimony in Support of SB-1023



Employment Discrimination – Fire and Rescue Public Safety Employees – Use of Medical Cannabis

Chairwoman Beidle, distinguished members of the Committee,

Thank you for taking the time to review my written testimony in support of SB-1023.

My name is Matt Johnson, and I am the 2nd Vice President of **IAFF Local 2000**, where I proudly represent over 500 professional firefighters and fire lieutenants. My testimony today should be considered the testimony of all of my members, as **we stand united in strong support of this bill**.

This bill is critical to ensuring that firefighters are not unjustly penalized for off-duty, legally prescribed medical cannabis use.

Synopsis of Key Points

- **Standard drug tests do not measure impairment** – The U.S. Department of Justice and SAMHSA both acknowledge that drug tests detect prior use, not current impairment.
- **Medical cannabis should be treated the same as any other legally prescribed medication** – Firefighters using medical cannabis responsibly under a doctor’s care should not face harsher standards than those using opioids, benzodiazepines, or other controlled substances.
- **Firefighters are already trained to assess impairment** – Every firefighter and fire officer is trained to recognize impairment. If a firefighter is unfit for duty, they can and will be removed, regardless of the cause.
- **A 12-hour abstinence period is reasonable and evidence-based** – Research shows that impairment **rarely exceeds 10 hours**, even with high doses of orally ingested THC. The proposed 12-hour abstinence window provides a substantial safety buffer.
- **Fire departments across the country have successfully implemented similar policies** – Departments in New York City (FDNY), Pittsburgh (IAFF Local 1), Allentown (PA), Prince William County (VA), and others have already ceased cannabis testing or permitted medical cannabis use for firefighters.

- **This bill does not allow impairment on duty** – SB-1023 maintains all existing safety protocols, ensuring that firefighters remain fit for duty while allowing responsible, off-duty medical cannabis use.

Limitations of Drug Testing for Cannabis

It is crucial to understand that **standard drug tests do not measure impairment**. The U.S. Department of Justice has acknowledged this fact, stating:

“Drug tests detect drug use but not impairment. A positive test result, even when confirmed, only indicates that a particular substance is present in the test subject’s body tissue. It does not indicate abuse or addiction, recency, frequency, or amount of use, or impairment.”

Similarly, the **Substance Abuse and Mental Health Services Administration (SAMHSA)** states in its guidelines:

“Urine and oral fluid drug concentrations are usually not well correlated with impairment or intoxication, but may be consistent with observed effects.” (SAMHSA, Clinical Drug Testing in Primary Care, p. 9)

This means that a positive cannabis test does not tell an employer whether a firefighter is impaired—it simply shows prior use, sometimes weeks old. Meanwhile, firefighters who are prescribed opioids, benzodiazepines, or other potentially impairing medications are not penalized unless there is **actual** evidence of impairment on duty.

We firmly believe that **medical cannabis should be treated the same as any other legally prescribed medication**. Firefighters who use medical cannabis under the guidance of a licensed physician should not be subjected to outdated testing methods that fail to measure impairment, especially when no such requirements exist for other controlled substances that may affect cognitive or motor function.

Impairment Detection in the Fire Service

Ensuring that firefighters are fully capable of performing their duties is of paramount importance. However, impairment is **not limited to chemical causes**. It can be caused by a range of **physical, psychosocial, and chemical** factors, including:

- **Physical factors:** Injuries, chronic pain, fatigue, dehydration, and sleep deprivation.
- **Psychosocial factors:** Stress, PTSD, depression, or other mental health conditions.
- **Chemical factors:** Alcohol, prescribed medications, over-the-counter drugs, illicit substances, and **hazardous materials exposure**.

Every firefighter and fire officer is trained to assess **physical, behavioral, and cognitive signs of impairment**, regardless of its cause. If a firefighter appears unfit for duty due to any reason—whether it be medication side effects, sleep deprivation, or alcohol consumption—they are subject to evaluation and potential removal from duty.

We exercise this skill **every single day on every EMS call we run**, which accounts for **85% of our total calls**. Firefighters are highly trained to recognize impairment in patients experiencing medical emergencies, motor vehicle accidents, and other crisis situations. The same expertise that we apply to patient care is used internally to ensure that our own members are fit for duty.

SB-1023 does not change these safety mechanisms. It simply ensures that medical cannabis is treated the **same way as any other legally prescribed medication**. If a firefighter shows signs of impairment, they should be assessed and held accountable—just as they would be if they were impaired from another substance or condition.

Addressing Concerns About the 12-Hour Abstinence Requirement

I understand that **some may have concerns** about how an employer could enforce a **12-hour abstinence** period prior to duty, particularly given that **there are no biometrics tests that can detect cannabis use to that level of specificity** due to individual metabolic differences.

While it is true that the effects of cannabis vary depending on **dose, method of ingestion, body weight, metabolism, food intake, and individual tolerance**, research provides a scientific basis for this abstinence window.

A **2021 systematic and meta-analytic review** titled "*Determining the magnitude and duration of acute Δ 9-tetrahydrocannabinol (Δ 9-THC)-induced driving and cognitive impairment*" analyzed **80 studies** and found that:

- Impairment durations vary based on the method of consumption and dosage.
- Most driving-related cognitive skills recover within **5-7 hours** after inhaling 20 mg of Δ 9-THC.
- Impairment rarely **exceeds 10 hours**, even when consuming high doses of THC orally.

([McCartney, D., Arkell, T. R., Irwin, C., & McGregor, I. S. \(2021\). *Neuroscience & Biobehavioral Reviews*, 126, 175-193](#))

These findings indicate that a **12-hour abstinence period is both conservative and reasonable** to ensure firefighters are not impaired while on duty. While metabolism rates differ, the 12-hour window provides a **substantial safety buffer** beyond observed impairment durations.

Successful Implementation in Other Departments

Many fire departments and public safety agencies across the United States have successfully implemented **off-duty medical cannabis use policies** for their personnel.

- The **New York City Fire Department (FDNY)**, the **largest fire department in the world**, ceased testing its firefighters for cannabis use in 2023.

- **IAFF Local 1 in Pittsburgh, Pennsylvania**, became the **first fire department in the United States to allow medical cannabis use** for its members **seven years ago**, with **zero reported incidents of misuse** among its 700+ members.
- Departments in **Allentown and Pittsburgh, Pennsylvania**, to our **north**, and **Prince William County, Virginia**, to our **south**, have also moved toward more progressive cannabis policies.
- The **City of Annapolis** **unanimously passed Ordinance 35-24 on January 27, 2024**, abolishing marijuana drug screening for public employees.

Additionally, in **2022**, **Utah passed a law allowing off-duty cannabis use for all public employees, including those in safety-sensitive positions**. This demonstrates that it is possible to balance the rights of employees to access medical cannabis while maintaining high professional standards in public safety roles.

Furthermore, **Maryland’s own Governor, Wes Moore, signed Executive Order 01.01.2023.16**, which **permits off-duty cannabis use for all employees—including safety-sensitive positions—employed by the executive branch of the Maryland state government**. This order recognizes that cannabis laws have evolved and that **responsible, off-duty cannabis use should not be a barrier to employment**.

If **Maryland’s own state government** trusts its safety-sensitive employees to use cannabis responsibly when off duty, it is only fair that **firefighters are granted the same opportunity**. SB-1023 aligns fire service policy with the broader shift toward **reasonable and evidence-based cannabis policies**.

Conclusion

SB-1023 is about **fairness, medical autonomy, and aligning employment policies with science**. I urge the committee to pass this bill.

Thank you for your time and consideration.



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