

Klukas Annapolis Testimony 3:2025.pdf

Uploaded by: Bradley Klukas

Position: FAV

Chairwoman Beidle, distinguished members of the Committee,

My name is Brad Klukas, and I represent Howard County Fire and Rescue Local 2000. I am submitting this written testimony supporting SB-1023 allowing for responsible, off-duty, medicinal cannabis use for firefighters.

Last year when a similar bill was presented by the Professional Firefighters of Maryland, it was advocating for recreational use. This bill would be for Medical Marijuana cards only, ensuring that the firefighters would first have to seek physician advice on how to address the issues that they were having. Only once the physician decided that medical cannabis was the appropriate medicine would the firefighter need access to it.

No policy changes within the Locals have to be made to allow for this. Cannabis should be treated the same way any other Controlled Substance is. If you are ON duty and impaired, you should be held accountable. When testing for a Controlled Substance, for instance opioids, there are NO testing levels to ensure that someone is not under the influence. When an individual is found to be possibly impaired it is simply up to the officers discretion if that individual is fit for duty that day. If the answer is no, they are sent for testing and disciplined for being at work and under the influence. The testing is simply to ensure that there are no other potentials for other CDS that they are not prescribed. A simple prescription does NOT allow any firefighter to be under the influence of ANY medication.

Chesapeake Health has reached out to Howard County Fire and Rescue (and to anyone else in the State) to offer a one-day course on identifying CDS intoxication if there is a lack of understanding. In addition, it is a daily occurrence in the fire service to identify intoxication for the patients we treat having medical emergencies, motor vehicle accidents, etc. Firefighters and officers are well versed in understanding impairment. There isn't one of us, I can assure you, that want to ride with someone who is impaired. Our lives quite literally rely on that person to your left and right to be physically and mentally capable to do whatever the next call requires of us.

As you may know, firefighters face extraordinary risks every day and the toll on our health is immense. We're 150% more likely to develop cancer than the general public, and 20% more likely to die from it. **72% of firefighter line-of-duty deaths are from cancer.** This is not just a statistic—it's a harsh reality for those of

us who risk our lives for others. Emerging research is showing that cannabis could offer a breakthrough in the fight against cancer, specifically halting tumor growth and preventing metastasis. Cannabis is already FDA approved to treat nausea, loss of appetite, and other side effects associated with chemotherapy. This includes cancers listed in the Presumptive Disability Law, like brain, breast, colon, lymphoma, and prostate cancers.

But the dangers don't stop with physical health. Mental health challenges, particularly PTSD, are rampant in the fire service. Firefighters are tragically three times more likely to die by suicide than a traumatic line of duty death. Studies show it can alleviate PTSD symptoms and even prevent its onset when used after exposure to trauma. It also significantly reduces alcohol consumption—offering a healthier way to cope.

Another serious concern is sleep disturbances. Chronic sleep deprivation contributes to depression, anxiety, and poor job performance. Cannabis has shown significant potential to improve sleep quality and duration, helping firefighters recover from the physical and mental strains of the job.

Within our local governments we have tried to ask for an allowance in our substance abuse policies for medicinal marijuana prescriptions, to no avail. We presented a policy that covered all of the questions that they had about testing, reasonable suspicion, post accident testing, as well as identifying on duty substance abuse. The end reason for the answer being a “no” was based off of possible political backlash. No other medication that is approved for use in the State of Maryland is treated like this. We feel that it is unfair to limit the availability of ANY medication that could bring our firefighters back to work sooner, healthier, and more capable of doing the job.

In conclusion, the growing body of research clearly demonstrates that cannabis has the potential to address the unique health challenges faced by firefighters. It's not just a matter of pain relief—it's about protecting and saving lives. I urge you to consider the impact this could have on the health and safety of those who dedicate their lives to protecting others.

Thank you for your time and consideration.

Marijuana Policy Project's Support for SB1023 Writ

Uploaded by: Bridget Spiddle

Position: FAV



SB 1023: Support Employment Protections for Fire and Rescue Responders

March 7, 2025

Re: Maryland Senate Finance Committee Hearing SB 1023, In Support

Dear Chair Beidle, Vice-Chair Hayes, and distinguished members of the committee:

My name is Bridget Spiddle, and I work for the State Policies Department at the Marijuana Policy Project. We ask that you support and pass [SB1023](#), as it would greatly benefit and protect Maryland's first responders and the Marylanders they protect and serve. Specifically, the bill would limit discrimination against firefighters, EMTs, and paramedics for medical cannabis use when they are off duty.

We ask that you vote in favor of the bill to ensure emergency workers who are also medical marijuana patients do not have to be in fear of losing their jobs for testing positive for medical cannabis or its metabolites. This is important because an individual may test positive long after impairment wears off. A person can test positive in a urinalysis 30 days or more after last using cannabis.¹

Employers could still take adverse action against fire and rescue employees if doing so was required by federal law, if the employee was impaired, or if the employee used cannabis within the 12 hours prior to a shift.

We recognize that firefighters, EMTs, and paramedics have some of the most mentally and physically taxing jobs in the world. They should be free to utilize cannabis to alleviate the toll their job takes on their mind and body when their shift ends. Cannabis can ease pain, anxiety, and PTSD, which are often brought on by their line of work, protecting us.

The federal ADA would protect these employees from discrimination for testing positive for *prescription* painkillers and other medicines they use off-hours. But federal law does not yet allow medical cannabis, so states and localities are having to enact protections on

¹ See: "How Long Does Weed Stay in Your System?," Healthline
<https://www.healthline.com/health/how-long-does-weed-stay-in-your-system>

their own. Recently, Annapolis adopted an ordinance prohibiting discipline, firing, or not hiring any public employee solely based on a positive cannabis result.²

Please support this bill and the positive impact it will make for our fire and rescue responders' lives. Our first responders deserve to responsibly take advantage of Maryland's medical cannabis program for relief after sacrificing so much to take care of their neighbors during their darkest hours. It is also not in Maryland's interest to fire or fail to hire competent first responders for using medical cannabis off-hours.

Sincerely,

A handwritten signature in black ink that reads "Bridget Spidle". The signature is written in a cursive, flowing style.

² City of Annapolis ordinance adopted on January 27, 2025
<https://annapolismd.legistar.com/LegislationDetail.aspx?ID=7020117&GUID=CFCB8078-0973-4244-82D9-%209507A9542AF6&Options=ID%7CText%7C&Search=O-35-24∓FullText=1>

SEIU Local 500 Testimony in Support of SB 1023 - 2

Uploaded by: Christopher Cano

Position: FAV



Testimony - SB 1023, Employment Discrimination - Fire and Rescue Public Safety
Employees - Use of Medical Cannabis

Favorable

Senate Finance Committee

March 11, 2025

Christopher C. Cano, MPA

Director of Political & Legislative Affairs on Behalf of SEIU Local 500

Honorable Chairwoman Beidle and Members of the Senate Finance Committee:

SEIU Local 500 is one of Maryland's largest public sector unions representing over 23,000 workers. We stand in solidarity with our union brethren among our firefighters and public safety personnel in supporting Senate Bill 1023. This legislation is a crucial step toward ensuring that these dedicated professionals can access necessary medical treatment without fear of unjust consequences. For too long has the discrimination against public employees for utilizing a state sanctioned medicine been allowed to continue.

Firefighters, paramedics, emergency medical technicians (EMTs), and other public safety personnel face extreme physical and psychological challenges in their line of duty. Many of these individuals suffer from chronic pain, post-traumatic stress disorder (PTSD), and other medical conditions for which medical cannabis has been prescribed as a safe and effective treatment. Senate Bill 1023 ensures that these employees are not unfairly disciplined or discharged simply for adhering to a treatment plan that is legally recognized by the state of Maryland.

This bill does not compromise public safety. It includes clear provisions allowing employers to maintain policies that prohibit employees from being impaired while on duty. It also respects federal regulations by ensuring that compliance with this law does not result in the loss of federal funding or licensing. Rather than creating risks, this bill fosters a more supportive and just workplace for our first responders.

By passing Senate Bill 1023, Maryland affirms its commitment to protecting the rights of employees who put their lives on the line for our communities. It ensures that these individuals are not forced to choose between their careers and their health. We hope this first step in ending employment discrimination for medical cannabis patients in public safety positions can be built upon in future years to ensure no Marylander feels insecure in having to choose between employment and relief from chronic debilitating conditions alleviated by medical cannabis use.

We respectfully urge the committee to give SB 1023 a favorable report. Thank you for your time and consideration.

Christopher C. Cano, MPA
Director of Political & Legislative Affairs
SEIU Local 500

2025-03-11-FF & EMT Use of Medical Cannabis (MCCR

Uploaded by: Cleveland L. Horton II

Position: FAV



State of Maryland Commission on Civil Rights

Respect...Integrity...Effective Communication

March 11, 2025

**Senate Bill 1023 - Employment Discrimination - Fire and Rescue Public Safety
Employees - Use of Medical Cannabis
Position: Support**

Dear Chairperson Beidle, Vice Chairperson Hayes, and Members of the Senate Finance Committee:

The Maryland Commission on Civil Rights (“MCCR”; “The Commission”) is the State agency responsible for enforcing Maryland’s laws prohibiting discrimination in employment, housing, public accommodations, state contracts, commercial leasing, and health services based on race, color, religion, sex, age, national origin, marital status, familial status, sexual orientation, gender identity, genetic information, physical and mental disability, source of income, and military status.

Senate Bill 1023 amends Maryland’s employment anti-discrimination law to protect firefighters, emergency medical technicians, cardiac rescue technicians, and paramedics from adverse employment actions, such as discipline and discharge, because they are authorized to use or use medical cannabis. SB1023 includes carve outs for various reasonable exceptions, such as potential conflicts with federal law, while authorizing employers to adopt reasonable policies and procedures relating to the performance of official duties.

Since legalization, medical cannabis has been an emerging area of concern for employers throughout Maryland. SB1023 adds much needed uniform structure to Maryland’s employment anti-discrimination law so that employers invested in compliance are able to accommodate the needs of fire and rescue public safety employees while simultaneously ensuring that their communities are adequately protected. The language adopted by SB1023 is consistent with Maryland’s existing anti-discrimination laws.

For these reasons, the Maryland Commission on Civil Rights urges a favorable with amendment vote on SB1023. Thank you for your time and consideration of the information contained in this letter. MCCR looks forward to the continued opportunity to work with you to promote and improve fair housing and civil rights in Maryland.

“Our vision is to have a State that is free from any trace of unlawful discrimination.”

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SB1023 Testimony - DMJohnson.pdf

Uploaded by: David "Matt" Johnson

Position: FAV

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.



D. "Matt" Johnson
2nd Vice President
IAFF Local 2000
dmjohnson@iafflocal2000.org

Senate Bill 1023 (2025) PFFMD Testimony - J. Buddl

Uploaded by: Jeffrey Buddle

Position: FAV



March 11, 2025

Senator Pamela Beidle, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

Position: FAVORABLE

Re: SB1023 Employment Discrimination – Fire and Rescue Public Safety Employees –
Use of Medical Cannabis

The Professional Fire Fighters of Maryland represents more than 10,000 active and retired professional fire fighters and emergency medical services personnel who proudly serve the citizens of the State of Maryland.

We submit this written testimony in strong support of a medical exemption for firefighters that protects them from discipline, discharge, or discrimination related to their lawful use of medical cannabis. Our brave fire and rescue personnel put their lives on the line daily to protect our communities, often at great personal risk. It is imperative that we provide them with access to the medical care they need, including physician-approved cannabis treatments, without fear of employment repercussions.

Firefighters endure extreme physical and psychological stress due to the nature of their work. Many suffer from chronic pain, post-traumatic stress disorder (PTSD), and other debilitating conditions resulting from the hazards they face in the line of duty. Traditional treatment options, such as opioids and other prescription medications, can have dangerous side effects, including dependency, cognitive impairment, and a reduced ability to function effectively. Medical cannabis has been recognized as a safer, viable alternative that allows firefighters to manage their symptoms while maintaining their ability to perform at the highest level.

Despite the proven medical benefits of cannabis, outdated employment policies continue to penalize firefighters who otherwise would be able to legally use it under a doctor's supervision.

This contradiction between medical necessity and employment policies places firefighters in an untenable position—forcing them to choose between their health and their career. Such a choice is neither just nor in the public interest.

To ensure fairness and to promote the well-being of our firefighters, SB1023 would provide for the following:

1. **Prohibits Disciplinary Action** – Firefighters using medical cannabis legally under state law should not face termination, suspension, or other disciplinary measures solely due to their off-duty, responsible use.
2. **Prevents Discharge** – No firefighter should be dismissed from their position due to their lawful use of medical cannabis when it does not impair their job performance.
3. **Protects Against Discrimination** – Firefighters should not experience adverse employment actions, including loss of promotions, shifts, or benefits, based on their status as a medical cannabis patient.
4. **Prevents Employment Limitations** – Employers should not limit, segregate, or classify firefighters in any way that would deprive or tend to deprive them of employment opportunities or otherwise adversely affect their status as employees.
5. **Clarifies Employer Policies** – The bill would **not** prohibit employers from adopting policies or procedures that:
 - Prohibit a firefighter from performing their duties while impaired by medical cannabis.
 - Prohibit a firefighter from using medical cannabis within 12 hours before reporting for a work assignment.

Protecting firefighters from discriminatory employment actions strengthens our emergency response system by ensuring that those who serve our communities are given the medical freedom and job security they deserve.

On behalf of the members of Professional Fire Fighters of Maryland, we strongly urge the committee to issue a favorable report on Senate Bill 1023.

Submitted respectfully,



Jeffrey Buddle, President
Professional Fire Fighters of Maryland

The membership of the Professional Fire Fighters of Maryland includes 25 IAFF local affiliates from the following jurisdictions:

Federal: Aberdeen Proving Grounds, Fort George G. Meade, National Capital Federal Fire Fighters

State: Baltimore / Washington International Airport

Local: Annapolis City, Allegany County, Anne Arundel County, Baltimore City (2 affiliates), Baltimore County, Carroll County, Cecil County, Charles County, Cumberland City, Frederick County, Garrett County, Hagerstown, Howard County, Montgomery County, Ocean City, Prince Georges County, Queen Annes County, Salisbury, Talbot County, Worchester County

Ltr to Chair Beidle Sen Finance 03.07.25.pdf

Uploaded by: Joshua Fannon

Position: FAV



Baltimore Fire Officers Association

Local No. 964

1030 S. LINWOOD AVENUE
BALTIMORE, MARYLAND 21224
(410) 276-6964 FAX: (410) 675-3930



CHARTERED FEBRUARY 20, 1948



March 7, 2025

Maryland Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401
ATTN: Chair Pamela Beidle and Vice Chair Antonio Hayes

SENT VIA EMAIL

RE: **Support for SB 1023 Employment Discrimination – Fire and Rescue Public Safety Employees – Use of Medical Cannabis**

Dear Chair Beidle and Esteemed Members of the Senate Finance Committee,

I am writing to express my strong support for Senate Bill 1023, which seeks to close the gap that has existed for over a decade between the use of medical cannabis for the treatment of a multitude of serious conditions and professional firefighters who are prohibited from their use. This is the case even though the use of such medication would occur off duty and off site.

I will tell you two stories as to why this legislation is important to us. First, I'd like to tell you about Michelle. Michelle worked for the fire department for twenty-five years. She was the first woman to be promoted to the rank of Emergency Vehicle Driver in the Department's history. She received many commendations and recognitions over her career. She did all this after overcoming an addiction to opiates as a young woman prior to her employment in the fire department.

Tragically, she lost one of her legs below the knee in a motorcycle accident. Despite this, she fought to return to work. After months of rehabilitation, she took the physical return to duty examination and was the first person in the history of the department to pass all the requirements with a prosthetic limb.

The only hurdle that remained was how to treat her pain. She was adamant with her doctors that she would not take prescribed opiates or narcotics because of their addictive properties. After

convincing from a close friend, she tried medical cannabis. She was shocked to find out how well it treated her pain and that it had no addictive properties. Unfortunately, the fire department prohibits any use of medical cannabis, even though it is off duty, and she had no way to treat the pain. Therefore, she had to retire early from the service, despite being absolutely ready, willing, and able to do the job.

Second, I'd like to tell you about Mike. Mike is a captain in the fire department. Mike was in an apartment building when it exploded from a gas leak. He suffered musculoskeletal injuries and burns. Weeks after treatment, he began to experience post-traumatic stress disorder and difficulty sleeping. His doctor prescribed him cannabis for the PTSD and sleep dysrhythmia. He knew that it was prohibited by department policy, so he asked for an exemption. One year later, the department responded that he was not permitted to do so. Mike then filed for an accommodation with the Maryland Human Relations Commission. It has been approximately a year and a half, and the Commission has not responded. During all this time, Mike has had tremendous difficulty sleeping and maintaining a circadian rhythm as he is unable to take the medication prescribed by a doctor because of department policy. He must soon choose between his health and his career.

Michelle, Mike, and countless others like them are the reasons we support SB1023. It is patently unfair to withhold this medication from those who need it the most, often from illness and injuries suffered in the course of their public duties serving the citizens of our great State. Please think of Michelle, Mike, and all of us when considering this bill and return a favorable report.

Yours very sincerely and respectfully,

A handwritten signature in black ink, appearing to read 'Joshua L. Fannon', with a stylized flourish at the end.

Joshua L. Fannon, President
IAFF Local 964 Baltimore Fire Officers

CC: Mr. Jeffrey Buddle, President, Professional Fire Fighters of Maryland

Testimony in Support of Senate Bill 1023.pdf

Uploaded by: Matthew Coster

Position: FAV

Testimony in Support of Senate Bill 1023

Submitted by Matthew Coster, President
Baltimore Firefighters IAFF Local 734

Chair Beidle, Vice Chair Hayes, and esteemed members of the Finance Committee, thank you for the opportunity to submit testimony in support of Senate Bill 1023. I would also like to express my sincere gratitude to Senator Jackson for sponsoring this critical piece of legislation.

My name is Matthew Coster, and I serve as the President of Baltimore Firefighters IAFF Local 734. Today, I am offering personal testimony on why this bill is not only important to me but also essential for the well-being of my fellow firefighters.

In January 2022, our department suffered an unimaginable tragedy when we lost three firefighters who courageously battled a house fire on Stricker Street in West Baltimore. At the time, I was serving as a Battalion Steward with Local 734. I was just waking up when I began receiving an overwhelming number of texts and calls alerting me to a major structural collapse, with multiple firefighters missing and injured.

Amidst the chaos, I learned that one of those missing was Lieutenant Paul Butrim—one of my best friends. I immediately reached out to his wife, Rachel, to offer support and gather any information she had. The Fire Department planned to send an EMS Lieutenant to assist her, but I assured both Rachel and the department that I would take on this responsibility myself.

I rushed to their home, arriving to find Rachel surrounded by friends and family, overcome with grief. She pleaded with me to take her to the scene, and despite my initial hesitation, I ultimately honored her request. I drove Rachel and her loved ones to the fireground, where we stood for hours as our colleagues desperately worked to locate Paul in the rubble.

Approximately nine hours after the collapse, Paul was found. Tragically, he had succumbed to his injuries. Delivering this heartbreaking news to Rachel was one of the most difficult and humbling moments of my life. Together, we watched as Paul was brought out of the building, draped in the Fire Department flag. We then accompanied him in the back of the medic unit as he was transported to the Medical Examiner's Office.

The weight of that day—and the days that followed—took an immense toll on me. While supporting Rachel and Paul's family, I was also grappling with my own grief. As time went on, I began experiencing severe anxiety and sleepless nights, symptoms I had never encountered before. When the funeral services concluded and daily life resumed, these struggles persisted. At my wife's urging, I sought professional help from a doctor recommended by our Peer Support Coordinator—one of the best in our profession.

I was diagnosed with PTSD and anxiety. My doctor recommended medical cannabis as an appropriate treatment; however, due to workplace prohibitions, this option was not available to me. Instead, I was left with limited alternatives, many of which carried serious side effects I was unwilling to endure. As a result, I remain medically untreated for my symptoms to this day.

I chose to lead this Local because I am committed to advocating for the health and well-being of my members. Firefighters, paramedics, EMTs, and first responders endure countless traumatic incidents that take a profound toll on both their mental and physical health. Denying them access to a medically prescribed treatment—one that could significantly improve their quality of life—not only exacerbates their struggles but also places an undue burden on their families.

I appreciate this committee's time and consideration of my personal experience, and I respectfully urge you to issue a favorable report on Senate Bill 1023.

Thank you.

2025_MD_testimony_for_SB_1023_pdf.pdf

Uploaded by: Paul Armentano

Position: FWA

March 11, 2025

To: Distinguished Members of the Senate Finance Committee

RE: Testimony in support of SB 1023, with amendments

From: Paul Armentano, Deputy Director – National Organization for the Reform of Marijuana Laws (NORML): Washington, DC (paul@norml.org)

My name is Paul Armentano. I am a Maryland resident who has worked professionally in cannabis policy for over 30 years. Currently, I am the Deputy Director of NORML – the National Organization for the Reform of Marijuana Laws, a nationwide public interest advocacy organization based in Washington, DC.

I have authored several books on cannabis, health, and public safety and my writing has been featured in over two dozen academic anthologies. In 2022, I was the lead witness before Congress at the hearing *Developments in State Cannabis Laws and Bipartisan Cannabis Reforms at the Federal Level*.

I possess an extensive understanding of cannabinoid pharmacokinetics, and I have testified as an expert witness in numerous state and federal court cases specific to cannabis and drug testing. I helped create one of the first smartphone applications¹ designed to identify cannabis-induced impairment. For the better part of the past year, I have worked closely with representatives of the International Association of Firefighters (IAFF) Local 2000 (Howard County, MD) in their efforts to amend workplace drug testing policies that inappropriately target firefighters and other rescue workers who consume medical cannabis in compliance with state law. Most recently, I assisted Annapolis lawmakers in amending the city's workplace drug testing regulations so that those who consume cannabis while away from the job no longer face undue discrimination.

I am speaking to you today in favor of SB 1023, which prohibits employment discrimination against firefighters and other rescue workers for their use of medical cannabis while off the job.

¹ <https://norml.org/blog/2015/07/15/canary-app-permits-marijuana-consumers-to-gauge-their-personal-performance/>



Over 120,000 residents are registered in Maryland to legally access medicinal cannabis products.² This includes firefighters, EMTs, and other first-responders, who typically consume medical cannabis to mitigate symptoms of chronic pain, post-traumatic stress, and other serious health conditions. Just as patients taking traditional medications do not face punishment in the workplace unless their on-the-job performance is impaired, those who use medical cannabis during their off-hours should not face sanctions solely because of their status as a medical marijuana patient.

Furthermore, firefighters and other public safety employees should not face adverse actions for testing positive for marijuana metabolites on a urine test. That's because urine testing does not determine whether someone is impaired, nor can it determine when someone was last exposed to a controlled substance. As recognized by the federal Department of Justice: "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."³

Because THC's primary metabolite is fat soluble, it is detectable for days, weeks, or even months post-abstinence⁴ -- long after any psychoactive effects have worn off. For these reasons, urine testing should be discouraged and those employees who test positive for either THC or its metabolites should be exempt from workplace sanctions unless demonstrable evidence of actual impairment is present.

Since neither urine testing nor other toxicological tests (i.e., blood testing) can accurately determine when a subject last consumed cannabis, I suggest that lawmakers strike language from the bill stating, "The Department may prohibit an employee from using cannabis within the 12 hours immediately preceding the employee's shift." Instead, I suggest that the bill's text be amended to state that an employee "may not use, nor be impaired by cannabis, while on duty."

² Data provided by the Maryland Medical Cannabis Commission, as of April 2024.

³ US Dept. of Justice. Drugs, Crime, and the Justice System: A National Report from the Bureau of Justice Statistics, page 119.

<https://books.google.com/books?id=ybkZs0i3ELoC&pg=PA119&lpg=PA119&dq=#v=onepage&q&f=false>

⁴ Mushoff and Madea. Review of biological matrices (urine, blood, hair) as indicators of recent or ongoing cannabis use. Therapeutic Drug Monitor 28: 2006. Full text reposted at:

https://norml.org/wp-content/uploads/pdf_files/Review_biologic_matrices_indicators_cannabis_use.pdf



Working to Reform Marijuana Laws

For employers to better ascertain whether their employees may be under the influence of either cannabis or any other controlled substance while at work, Departments and other public employers should explore the use of cognitive performance testing technology, such as Predictive Safety's AlertMeter⁵ or Impairment Science's DRUID app.⁶ This technology, unlike urinalysis or blood testing, gauges employees' actual performance versus their own personal baseline – thereby providing a far more accurate determination of whether someone is impaired on the job.

Let's end the ongoing discrimination against firefighters and others who rely on medicinal cannabis. I urge you to amend and pass SB 1023.

⁵ <https://predictivesafety.com/alertmeter/>

⁶ <https://www.impairmentscience.com/>

