

MARYLAND STATE FIREFIGHTERS ASSOCIATION

*Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel
-a 501(c) 3 Organization*



Legislative Committee

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HB 797: Employment Discrimination – Fire and Rescue Public Safety Employees – Use of Medical Cannabis

I am Eric Smothers, member of the Legislative Committee and Past President of the Maryland State Firefighters Association (MSFA).

The MSFA represents the interests of the volunteer fire, rescue, and emergency medical services of Maryland.

I wish to present testimony in opposition of **House Bill 797: Employment Discrimination – Fire and Rescue Public Safety Employees – Use of Medical Cannabis**

While the bill does not directly apply to the volunteer service, the effects of this bill will flow over to the volunteers. This is why the MSFA is in opposition of this bill for the following reasons.

Testing positive for cannabis could be cause for suspension or the revoking of a provider's medical license. Further, testing positive for cannibals could also be cause for losing a commercial driver's license.

There is currently no rapid or presumptive testing available on the market to. The only way that you know if a firefighter is fit for duty is to perform a blood test. This test actually shows what an individual's THC level would be. This is not a rapid test, currently there are no swabs that are effective too appropriately tell anyone what your THC levels are.

In determining if a provider is impaired by cannabis it is purely subjective. Currently no fire or rescue department has the ability or has anyone been trained to determine one's impairment to any certainty. This would include at a supervisory level to make that determination, the cost of this training would have to be absorbed by every jurisdiction across Maryland that has career firefighters. A financial impact that municipal or county governments have not budgeted for. This would seriously undermine any local or county regulation that is currently specified by a zero tolerance policy for narcotic and or alcohol use. No one outside of a medical testing facility or lab can make an appropriate measure of impairment. This is a subjective measure that would have to include Drug Resistance Training (DRE). Law enforcement officers are trained in field sobriety measures in making a determination for alcohol and impairment. There are no presumptive tests for cannabinoids. Field sobriety tests or looking at one's actions as how they present at the time. No supervisor or officer is trained to this level. In fact if someone is suspected of either drug or alcohol offenses they are referred to their HR for further testing? Again this would be a blood test for cannabinoids to make a determination of impairment and what the actual THC level is.

The IAFF career personnel are seriously putting 360 volunteer fire companies at risk for their safety. You will never know when the career firefighter has taken cannabis prior to his/her duty. There is no reasonable measure to say when the ingestion actually occurred. It could be 8 hours, 2 hours, or 5 minutes or just pulling in for a duty shift. Again no reasonable way to measure how much THC is in one's system and what at what level is the impairment. THC is stored in the body's fat cells over time so what is a reasonable therapeutic dose to work? There are currently no definitions even at a federal level. THC stays in one's system for 30-40 days so what is the recommended level? None of which is defined by any measurable level to date. You're asking men and women heavenly engaged in rescue or firefighting efforts or driving large pieces that affect rescues and provide medical care to be under the influence of a schedule one prohibited drug.

As a current and former chairman of our State Emergency Medical Advisory Committee (SEMSAC) and former member of our Emergency Medical Advisory Board (EMS Board). The proposal to have MIEMSS and or the local jurisdictions not informed of one's positive drug would be detrimental. It takes away any employee infractions and it takes away any authority MIEMSS or the

EMS Board would have to either discipline, suspend or revoke a licensure of a health care clinician.

The IAFF, has failed to discuss the underlying root causes for the uses of this schedule one narcotic, which is prohibited on a federal level. Yes even veterans and firefighters may have pain from an injury that they sustained or even PTSD from tragic event(s). In any case they should be under a doctor's care for treatment. Unfortunately the IAFF Career Union does not address the need for psychologically counseling due to perceived inaccuracies of treatment and the associated stigma. Also they do not identify how they would determine the need for a career firefighter to actually enter into a drug or alcohol treatment program. Local and county governments have structure in place through their human resources departments, they have stipulations and rules already in place. The IAFF Career Union needs to address these issues first before subjecting thousands of Maryland volunteers, to work alongside of and function with someone that has potential cannabis impairment. Our volunteers remain drug and alcohol free. Many jurisdictions have drug, alcohol and non-smoking policies in place now. If you approve this bill you then take away any possibility to correct abuse or administer disciplinary actions of an individual because he or she has a medical cannabis card.

There is not enough research that says cannabis is good for treating PTSD to date or that it benefits our cancer patients. What cannabis does is to help mask some symptoms or side effects of a treatment. It may be even used increase one's appetite during cancer treatments. Physicians I have spoken with say that anyone using cannabis should not be working to mask pain or an injury. And in the majority of cancer cases it's prescribed as an end of life decision of the patients to prescribe cannabis.

Currently any physician can issue a medical cannabis card. Does the firefighter have to be seen on a regular basis to receive a card? Can I go on the internet to receive a medical cannabis card as I can now? Who oversees and regulates this for the jurisdictions. Is there a requirement for the firefighter to self-report his or her use, to the medical director of jurisdiction for whom they work for? What happens when the career firefighter goes back to participate in his or her home local volunteer fire or rescue department as many of them do now? Are they excused, exempted or protected from the local volunteer department, local or county government that has a zero tolerance policy?

This is one area that MSFA, believes should be free of any cannabis utilization. Our health care professionals are not allowed to use cannabis when treating any sick and injured across Maryland. What happens if the doctor or surgeon or firefighter begins to have withdraw issues due to cannabis during a medical procedure or fire or rescue related incident. Our firefighters and EMS and rescue clinicians have enough on our plate already. If an incident occurs on a scene with any untoward event is it accidental? Or could the event or incident been preventable? Or is it that the career firefighter couldn't focus because of a cannabis impairment issue?

Boston Fire Department has two incidents of a career firefighters tragically losing their lives in an incident. Initially the serving families received all of their death benefits. And then subsequently they were rescinded because the medical examiner found cannabis in there system, thus leaving families without death benefits. You cannot receive benefits on a federal level if you have cannibals in your system. How would Maryland react or pay benefits to career firefighter due to a catastrophic event. We only have to look at several of Maryland's line of duty deaths for this to potentially happen.

Medical directors are not in favor of moving this bill forward. This put them in a precarious dilemma on how to deal with a career firefighter should they test positive for cannibals. They have the authority to allow our EMS clinicians to provide care across the state of Maryland. Maryland COMAR regulations state that any EMS or Rescue clinician remain narcotic and alcohol free while preforming their duties.

I want to be clear MSFA is not calling our IAFF Career Firefighters, drug addicts or alcohol abusers. We work together in many jurisdictions and combination jurisdictions across Maryland. This will inevitably spill over to volunteers in due time. This time is not the time to approve or pass this bill without safeguards or guardrails in place. This is a safety issue that we are asking you to stop before we actually put thousands of volunteer fire and EMS clinicians at risk.

Thank you for considering our testimony and, for the reasons that we have stated, we respectfully request an unfavorable vote.

Respectfully,

Eric L. Smothers

Maryland State Firefighters Past President