



**Testimony in Opposition to
House Bill 1519
Cannabis – Management Service Agreements, Advertising, and Penalties – Alterations
(Cannabis Reform and Opportunity Act)**

Before the Economic Matters Committee: March 4, 2026

The Legal Resource Center for Public Health Policy – Cannabis (“LRC-C”) is a public health organization housed at the University of Maryland Carey School of Law. Our mission is to help the Maryland public health community understand cannabis legalization and regulation policy. To advance our mission, we provide legal technical assistance, develop educational resources, and conduct trainings on state, local, and national cannabis policy. To this end, the LRC-C submits this testimony in opposition to HB 1519, which, among other provisions, repeals Maryland’s prohibition against outdoor cannabis advertising, allows for cannabis advertising that indirectly targets or appeals to underage individuals, and narrows the application of certain health and safety requirements for health claims in cannabis advertisements.

HB 1519 proposes several changes to Maryland’s deliberate and robust requirements for cannabis business advertising, contained in Section 36-901, -902, and -903 of the Alcoholic Beverages and Cannabis Article. The LRC-C is opposed to the changes proposed to Section 36-901, concerning the definition of a “therapeutic or medical claim,” as well as the proposed changes to Section 36-903(a)(1-2), which would expand the ability of cannabis companies to indirectly target underage individuals or utilize elements that appeal to minors and to use billboards or other publicly-visible media to advertise their products. The LRC-C does not take a position regarding the other proposed changes concerning management service agreements and violation penalties.

The Importance of Limiting Youth Exposure to Cannabis Advertisements

When the General Assembly passed the Cannabis Reform Act in 2023, it established a robust framework of public health protections to ensure that the newly-legalized adult-use cannabis industry is able to serve the needs of cannabis consumers over the age of twenty-one, while protecting the health of underage children and young adults. One of the cornerstones of this framework is our advertising laws, which provide firm guardrails (although by no means the strictest in the U.S.¹) against advertising methods that encourage cannabis consumption by underage individuals.

¹ Consider, for example, Connecticut, which utilizes a 90% adult audience composition standard, as opposed to Maryland’s 85% (Conn. Gen. Stat. § 21a-421bb); or New Mexico and Ohio, which categorically prohibit

Studies have shown that increased exposure to cannabis advertising during youth is associated with both increased cannabis use and an increase in the harms of cannabis overuse, such as the development of Cannabis Use Disorder.² Furthermore, cannabis use during adolescence has been linked to decreased cognitive performance and impaired brain development, among other harms.³ Maryland’s current laws mitigate these harms by limiting where cannabis ads can appear and what elements they can contain.

Outdoor Advertising Restrictions

Maryland law allows cannabis businesses to advertise their products in a variety of ways, including through television and radio commercials, ads in print publication, websites, social media marketing, and brand sponsorships. Notably, one thing that all those forms of advertising have in common is that they can be tailored to a particular audience. Broadcast companies gather data on who watches certain programs at certain times of day, print publications track subscription data, and social media sites meticulously tailor ads to specific audiences and interests. This is a mutually beneficial arrangement for cannabis businesses and the public – it allows the businesses to focus their marketing efforts and investments on individuals who can legally buy their products, while the public is protected against the targeting of underage individuals who may be harmed by exposure to cannabis ads.

Outdoor advertising, such as billboards, signs, and posters visible to the public at large, cannot be similarly targeted. By definition, if a sign is visible to the public, it is visible to the entire public, which in Maryland includes well over a million children.⁴ HB 1519 purports to address this concern by imposing a 500-foot buffer zone around schools, child care centers, playgrounds, rec centers, libraries, parks, places of worship, and substance use treatment centers. This would be an adequate protective measure if children lived their entire lives in carefully-prescribed bubbles around such child-focused locations. They do not.

Maryland children ride as passengers in cars, buses, and trains; they accompany parents to workplaces, restaurants, stores, and attractions designed to serve community members of all ages. Notably, HB 1519 does not include within its exclusionary zones the location where children spend the majority of their time: the homes where they eat, sleep, play, and socialize. Publicly accessible, outdoor areas of Maryland, our streets and our sidewalks, are open to all

advertisement via broadcast television or radio (N.M. Code R. § 16.8.3.8; Ohio Admin. Code 3796:6-3-24); or Vermont, which requires all cannabis advertisements receive pre-approval from state regulators before publication (Vt. Stat. Ann. tit. 7, § 864).

² Pamela J. Trangenstein et al., *Cannabis Marketing and Problematic Cannabis Use Among Adolescents*, 82 J. Stud. on Alcohol & Drugs 288, 291-92 (2021), <https://pmc.ncbi.nlm.nih.gov/articles/PMC8864622/>; Elizabeth J. D’Amico et al., *Planting the Seed for Marijuana Use: Changes in Exposure to Medical Marijuana Advertising and Subsequent Adolescent Marijuana Use, Cognitions, and Consequences Over Seven Years*, 188 Drug & Alcohol Dependence 385-91 (2018), <https://pmc.ncbi.nlm.nih.gov/articles/PMC6744951/>.

³ Joanna Jacobus & Susan F. Tapert, *Effects of Cannabis on the Adolescent Brain*, 20 Curr. Pharmaceutical Design 2186 (2014), <https://pmc.ncbi.nlm.nih.gov/articles/PMC3930618/>; see also *Cannabis and Teens*, CDC (Feb. 15, 2024), <https://www.cdc.gov/cannabis/health-effects/cannabis-and-teens.html>.

⁴ America Counts Staff, *Maryland: 2020 Census*, U.S. Census Bureau (Aug. 25, 2021), <https://www.census.gov/library/stories/state-by-state/maryland.html> (indicating that 22% of Maryland’s population of 6,177,224 is under 18 (22% of 6,177,224 is 1,358,989)).

Marylanders. To attempt to carve out certain zones of that public space as being devoid of children is as misguided as it is futile.

To utilize publicly-visible outdoor advertising is, necessarily, to direct that advertising at people of all ages, including children. To date, Maryland law has recognized this reality and limited cannabis advertising to media that can be reliably targeted at particular audiences. HB 1519 would deviate from this reasonable and important standard.

Targeting and Appealing to Underage Individuals

Maryland currently prohibits advertisements for cannabis that “directly or indirectly target individuals under the age of 21 years,” and prohibits use of “a design, an illustration, a picture, or a representation that targets or is attractive to minors, including a cartoon character, a mascot, or any other depiction that is commonly used to market products to minors.” Clear prohibitions like these are essential to limiting the exposure of young people to cannabis products and cannabis advertising.

The harms of youth advertising exposure form the basis for Maryland’s prohibitions against “directly or indirectly” targeting underage individuals or using elements that “target or appeal to” minors. Since adult-use cannabis may only be sold to individuals over the age of twenty-one, it is obvious that directly targeting underage individuals with cannabis advertisements should be impermissible. But prohibitions against indirect targeting or the use of youth-appealing elements are essential as well. They clarify that cannabis advertisers bear the responsibility of ensuring that their advertisements are directed at adult audiences, and that reasonable care is taken to prevent advertisements from appealing to underage children.

Striking the phrases “or indirectly” and “or appeal to” from the law weakens the ability of the state to regulate cannabis advertisements that do not explicitly attempt to sell cannabis products to underage individuals but nevertheless have the effect of promoting cannabis consumption among underage individuals. This is an unnecessarily harmful change to a standard that has been in operation since the legalization of adult-use cannabis in Maryland.

“Therapeutic or Medical Claim” Definition

Another significant change proposed by HB 1519 is to provide a definition for the phrase “therapeutic or medical claim” as used in Alc. Bev. & Cann. § 36-902, which would apply certain health and safety requirements only to “explicit” claims of health benefits. This creates an incentive for advertisers to suggest health benefits implicitly rather than explicitly, increasing the amount of potentially misleading information presented to consumers.

Currently, § 36-902 requires that a cannabis advertisement that makes a therapeutic or medical claim be subject to two requirements: first, that the claim must be supported by competent and reliable scientific evidence, and second, that the advertisement must also disclose the most significant and most common health risks of cannabis use. The definition proposed by HB 1519 would limit the application of those two requirements to only an advertisement that “explicitly

states a product can diagnose, treat, mitigate, cure, or prevent a disease or condition.” The use of the word “explicitly” is troubling, in that it would allow advertisers to utilize implicit or ambiguous assertions of health benefits without supporting evidence and without disclosing negative side effects of cannabis use.

The proposed definition of “therapeutic or medical claim” appears to borrow some of its language from the definition of “drug” in the federal Food, Drug, and Cosmetics Act (FDCA), which is defined as “articles intended for use in *the diagnosis, cure, mitigation, treatment or prevention of a disease.*”⁵ However, the proposed definition of “therapeutic or medical claim” departs from the FDCA definition by only covering *explicit* claims; the FDCA definition of drug makes no such distinction. Furthermore, the Federal Trade Commission, which regulates health claims made in advertisements, has stated that advertisers are liable for both explicit and implicit claims made in advertisements.⁶ Therefore, removing implicit claims from the definition of a therapeutic or medical claim not only departs from standards set in federal law, it is also less protective than federal law.

It is worth reiterating and emphasizing that Maryland law already allows cannabis advertisers to make health claims, explicitly or implicitly – *if* those claims are supported by scientific evidence and accompanied by a warning about negative health risks. In this sense, Maryland is already more permissive than many of the other adult-use cannabis states which require advertisements for cannabis products to include health warnings by default.⁷

By removing the safety requirements for cannabis advertisements that implicitly suggest therapeutic or medical benefits, this change incentivizes advertisers to make information about the medical effects of their products vaguer and more ambiguous. This is directly harmful to consumers, who benefit from specific, explicit information about the effects of products they consume. Furthermore, in the case of cannabis businesses that sell products that have valid medical benefits supported by evidence, this change would force them into a perverse dilemma: do they state those benefits explicitly, thereby necessitating the inclusion of information about side effects, or should they hint at health benefits obliquely and avoid having to mention risks at all? By tying health and safety requirements to explicit wording, this bill incentivizes vagueness and ambiguity, to the detriment of buyers and sellers alike.

Conclusion

Permitting the use of outdoor cannabis advertising, allowing indirect targeting and appeal to underage individuals, and narrowing the definition of “therapeutic and medical claim” will only

⁵ 21 U.S.C. 321(g)(1) (emphasis added).

⁶ *Health Products Compliance Guidance*, Federal Trade Commission, https://www.ftc.gov/business-guidance/resources/health-products-compliance-guidance#_edn17 (accessed Feb. 13, 2026).

⁷ Specifically, Alaska (Alaska Admin. Code tit. 3, § 306.770); Delaware (4 Del. Admin. Code § 5001-10.0); Minnesota (Minn. Stat. § 342.64); New Jersey (N.J. Admin. Code § 17:30-17.2); New Mexico (N.M. Code R. § 16.8.3.8); New York (N.Y. Comp. Codes R. & Regs. tit. 9, § 129.2); Vermont (Vt. Stat. Ann. tit. 7, § 864); and Washington (Wash. Admin. Code § 314-55-155).

serve to increase the exposure of underage Marylanders to cannabis advertisements and reduce the quality of health information conveyed in cannabis advertisements. For these reasons, we respectfully request this committee issue an unfavorable report on HB 1519.

The Legal Resource Center appreciates the opportunity to provide this testimony. Should you wish to discuss the information in this letter or require additional information, please do not hesitate to contact us.

Sincerely,

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