

### **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 Public Health Law Clinic submits this testimony in opposition to House Bill 1519, which repeals the ban on the outdoor advertisement of cannabis and cannabis-related products and replaces it with significantly weaker protections. HB 1519 reverses statutory safeguards designed to limit youth exposure to cannabis marketing. It also runs counter to Maryland's public health objectives to reduce youth substance exposure and promote healthy development.<sup>1</sup> HB 1519 further narrows prohibitions on targeting minors and therapeutic health claims, compounding the bill's public health implications. As such, the Public Health Law Clinic strongly urges the Committee to issue an unfavorable report.

### **HB 1519 Repeals Outdoor Advertising Safeguard**

Maryland currently prohibits outdoor cannabis advertising on the side of a building or any other publicly visible location, only allowing limited exterior signage to identify a business. The prohibition reflects a deliberate public health-informed choice to limit cannabis advertisement exposure in public spaces. HB 1519, however, repeals this safeguard, permitting outdoor cannabis advertising in any publicly visible location, except within 500 feet of designated locations, such as schools, playgrounds, or substance use treatment facilities.<sup>2</sup> In effect, the repeal represents a major policy reversal, significantly increasing youth exposure to cannabis marketing.

### **Expanding Outdoor Advertising Increases Exposure and Normalizes Cannabis Use in Youth**

Though this shift in law would effectively expand cannabis business visibility to a wider audience, it would also increase youth exposure to cannabis and cannabis-related products. This is a cause for public health concern, as research shows that children exposed to cannabis advertisements are significantly more likely to use cannabis and perceive it more positively.<sup>3</sup> For instance, adolescents who reported greater exposure to cannabis advertising were more likely to report using cannabis within the last month and they expected to use it within the next six

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<sup>1</sup> Maryland Coalition of Families & Manatt Health, *Roadmap to Strengthen Maryland's Public Behavioral Health System for Children, Youth and Families* (Md. Dep't of Health Behavioral Health Admin. 2025); Md. Dep't of Health, Behavioral Health Admin., *Behavioral Health Administration FY 2025-2027 State Strategic Plan* (2025), <https://health.maryland.gov/bha/Documents/BHA%20Strategic%20State%20Plan%20FY25-27.pdf>; *Be Cannabis Smart*, Md. Cannabis Admin., <https://cannabis.maryland.gov/pages/becannabissmart.aspx> (last visited Feb. 28, 2026); *Talking to Teens About Cannabis Use*, Md. Cannabis Admin. (2025), <https://cannabis.maryland.gov/SiteAssets/Pages/BeCannabisSmart/talking-to-teens-brochure.pdf>.

<sup>2</sup> H.B. 1519, 2026 Leg., Reg. Sess. (Md. 2026) ((1) a primary or secondary school, (2) a licensed child care center or registered family child care home, (3) a playground, recreational center, library, or public park, (4) a place of worship, or (5) a facility that provides substance use treatment).

<sup>3</sup> Elizabeth J. D'Amico et al., *Gateway to Curiosity: Medical Marijuana Ads and Intention to Use During Middle School*, 29 PSYCH. ADD. BEHAV. 613 (2015); 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 DEPEND. 385 (2018).

months.<sup>4</sup> Research also demonstrates a correlation between adolescents' perception of cannabis-related risk and cannabis use; lower perceived risk is associated with greater use and increased intention to use.<sup>5</sup> Cannabis marketing frequently suggests that it is safe or beneficial, which is associated with more positive beliefs about cannabis among adolescents.<sup>6</sup> Together, these findings demonstrate that cannabis advertising contributes to the normalization of cannabis use among minors and increases the likelihood of use during adolescence. As such, outdoor cannabis advertising can influence adolescents' decisions to use cannabis, increasing the risk of health and developmental harm.

Adolescent cannabis use is associated with a broad range of negative health and developmental outcomes, including academic underperformance, increased delinquency, mental health disorders (including anxiety, depression, and psychosis), impaired cognitive development, cardiovascular complications, obesity, immune system dysfunction, and higher risk of substance dependence in adulthood.<sup>7</sup> For instance, youth who had significant exposure to cannabis advertising were more likely to report negative consequences throughout their adolescence, including missing school and having trouble concentrating because of cannabis use.<sup>8</sup> Another study found that children exposed to cannabis advertising were specifically seven times more likely to use cannabis and nearly six times as likely to exhibit symptoms of cannabis use disorder, a condition involving impaired control over cannabis use and continued use despite significant functional impairment, such as difficulty meeting school or family obligations.<sup>9</sup>

These findings underscore why existing outdoor advertising safeguards matter. While HB 1519 provides a 500-foot buffer zone for cannabis advertising around youth-centered spaces, this measure is insufficient to prevent cannabis marketing from reaching young people. The proposed list of protected locations is under-inclusive and leaves out many areas that children frequent. Children are not confined to these limited zones.

### **HB 1519 Narrows Protections Against Youth-Directed and Implicitly Misleading Marketing**

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<sup>4</sup> *Id.*

<sup>5</sup> Megan E. Harrison et al., *Adolescents' Cannabis Knowledge and Risk Perception: A Systematic Review*, 74 J. Adolescent Health 402 (2024).

<sup>6</sup> *How Marijuana Ads Affect Youth: Q&A with Elizabeth D'Amico*, RAND (Aug. 21, 2018), <https://www.rand.org/pubs/commentary/2018/08/how-marijuana-ads-affect-youth-qa-with-elizabeth-damico.html>.

<sup>7</sup> *Marijuana and Youth: The Impact of Marijuana Use on Teen Health and Wellbeing*, CTR. FOR DISEASE CONTROL & PREVENTION (Apr. 28, 2023), <https://www.cdc.gov/marijuana/featured-topics/marijuana-youth.html>; Sanjay B. Maggirwar et al., *The Link Between Cannabis Use, Immune System, and Viral Infections*, 13 VIRUSES 1099 (2021); Venkat N. Subramaniam, *The Cardiovascular Effects of Marijuana: Are the Potential Adverse Effects Worth the High?*, 116 MO. MED 146 (2019); Ryan S. Sultan et al., *Nondisordered Cannabis Use Among US Adolescents*, 6 JAMA NETWORK OPEN 1 (2023); Will Lawn, *The CannTeen Study: Cannabis Use Disorder, Depression, Anxiety, and Psychotic-like Symptoms in Adolescent and Adult Cannabis Users and Age-matched Controls*, 36 J. PSYCHOPHARMACOLOGY 1350 (2022).

<sup>8</sup> D'Amico, *supra* note 3.

<sup>9</sup> Pamela J. Trangenstein et al., *Cannabis Marketing and Problematic Cannabis Use Among Adolescents*, 82 J. Stud. Alcohol & Drugs 288 (2021); *Understanding Your Risk for Cannabis Use Disorder*, CTR. FOR DISEASE CONTROL & PREVENTION (December 5, 2024), <https://www.cdc.gov/cannabis/health-effects/cannabis-use-disorder.html>.

There are also concerns regarding the removal of the language “indirectly” and “attractive to” with respect to the targeting of advertisements towards minors, as well as the narrowing of the definition of therapeutic or medical claims to only “explicitly” stated claims. Like the repeal of the outdoor advertising ban, these changes weaken public health protections. Removing “indirectly” and “attractive to” from the advertising prohibitions poses the same harm as repealing the outdoor advertising ban. Weakening this language would take Maryland out of alignment with the majority of states, including 27 jurisdictions that prohibit cannabis advertising from indirectly targeting or appealing to minors.<sup>10</sup> The definition of therapeutic claims is similarly problematic because it excludes “implicit” therapeutic claims and would allow such claims to be made without reliable scientific evidence. Most states either prohibit therapeutic claims or require scientific evidence to support such claims.<sup>11</sup> Narrowing Maryland’s definition would move the state away from common consumer protection standards.

### **Conclusion**

House Bill 1519 would effectively dismantle Maryland’s existing protections against outdoor cannabis advertisements and replace them with significantly weaker and insufficient protections. By allowing a highly visible public display of cannabis advertisements, even with the buffer zones, the bill would still expose minors to cannabis marketing. Research has consistently demonstrated the harms associated with youth exposure to cannabis advertisements, including increased use and favorable perceptions of cannabis. The bill also removes expansive prohibitory language for targeting minors and consumer protections on health claims, which

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<sup>10</sup> States that use “attractive to” or “appealing” language: Ala. Code § 20-2A-61; Alaska Admin. Code tit. 3, § 306.770; Cal. Code Regs. tit. 4, § 15040; Conn. Gen. Stat. Ann. § 21a-421bb; Code Del. Regs. 5001-10.0; Fla. Stat. Ann. § 381.986(9)(h)(2)(b); 410 Ill. Comp. Stat. Ann. 705/55-20; Mass. Ann. Laws ch. 94G, § 4; Mich. Admin. Code R. 420.507; 15 Miss. Code. R. 22-9.1.2; Mo. Code Regs. Ann. tit. 19, § 100-1.010; Mont. Code Ann. § 16-12-211; Nev. Admin. Code § 453D.470; N.J. Admin. Code § 17:30-17.2; N.M. Admin. Code § 16.8.3.8; NY CLS Cannabis § 86; Ohio Admin. Code 1301:18-4-22; Okla. Stat. tit. 63, § 427.21; 560 R.I. Code R. § 010-10-2.8; Utah Admin. Code R66-2-21; 25-000-002 Code Vt. R. § 1; Va. Code Ann. § 4.1-140; W. Va. Code R. § 64-109-23.2.1.b. States that use “indirectly” targeting language: Ark. Code Ann. § 20-56-305; Fla. Stat. Ann. § 381.986(9)(h)(2)(b); 410 Ill. Comp. Stat. Ann. 705/55-20; 915 Ky. Admin. Regs. 1:090; Mass. Ann. Laws ch. 94G § 4; Mich. Admin. Code R. 420.403; 15 Miss. Code. R. 22-9.1.2; Mont. Code Ann. § 16-12-211; Nev. Admin. Code § 453D.470; N.J. Admin. Code § 17:30-17.2; N.M. Admin. Code § 16.8.3.8; NY CLS Cannabis § 86; OAR 845-025-8040; 560 R.I. Code R. § 010-10-2.8; Utah Admin. Code R66-2-21; 25-000-002 Code Vt. R. § 1; Va. Code Ann. § 4.1-1401; Wash. Rev. Code Ann. § 69.50.369; W. Va. Code R. § 64-109-23.2.1.b. States that use both “indirect” and “attractive to” language: 410 Ill. Comp. Stat. Ann. 705/55-20; Mass. Ann. Laws ch. 94G, § 4; Mich. Admin. Code R. 420.403; 15 Miss. Code. R. 22-9.1.2; Mont. Code Ann. § 16-12-211; Nev. Admin. Code § 453D.470; N.J. Admin. Code § 17:30-17.2; N.M. Admin. Code § 16.8.3.8; NY CLS Cannabis § 86; 560 R.I. Code R. § 010-10-2.8; Utah Admin. Code R66-2-17; 25-000-002 Code Vt. R. § 1; Va. Code Ann. § 4.1-1401; Wash. Rev. Code Ann. § 69.50.369.

<sup>11</sup> States that prohibit any therapeutic or medical claim: Alaska Admin. Code tit. 3, § 306.770; Colo. Rev. Stat. § 25-5-418(e)(3); 410 Ill. Comp. Stat. Ann. 705/55-20; CMR 18-691-1-5; Mich. Admin. Code R 420.507; 15 Miss. Code. R. 22-9.1.2; Mo. Code Regs. Ann. tit. 19, §100-1.100; Mont. Code Ann. § 16-12-211; N.H. Admin. Rules, He-C 402.23; NY CLS Cannabis § 86; OAC Ann. 1301:18-4-22(A)(9); Okla. Stat. tit. 63, § 427.21; 560 R.I. Code R. § 010-10-2.8; S.D. Admin. R. 44:90:10:17; 7 V.S.A. § 978 (Medical Cannabis); 7 V.S.A § 864 (Adult Use); Wash. Admin. Code § 314-55-155. States that prohibit therapeutic or medical claims made without scientific evidence: Ala. Admin. Code r. 538-X-4-.17; CA Bus & Prof Code § 26154; Conn. Gen. Stat. § 21a-421bb; Haw. Code R. § 11-850-145(d); Iowa Admin. Code r. 641-154.22; 935 CMR 501.105(4)(b)(1) (Medical Cannabis); 935 CMR 500.105(4)(b)(7) (Adult Use); Minn. Stat. Ann. § 342.64; N.M. Code R. § 16.8.3.8; Or. Admin. Code § 845-025-8040 (1)(e) (Adult Use); OAR 333-008-2070 (Medical Cannabis); Utah Admin. Code § 66-2-17; 3 Va. Admin. Code § 10-40-190.

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would similarly have detrimental results. For these reasons, the Public Health Law Clinic respectfully requests an unfavorable report on House Bill 1519.

*This testimony is submitted on behalf of the Public Health Law Clinic at the University of Maryland Carey School of Law and not by the School of Law; the University of Maryland, Baltimore; or the University of Maryland System.*