MARYLAND CANNABIS PUBLIC HEALTH ADVISORY COUNCIL

March 4, 2026

The Honorable Kriselda Valderrama
Chair, House Economic Matters
Committee Room 231, House Office Building
Annapolis, MD 21401-1991

RE: House Bill 1519 – Cannabis - Management Service Agreements, Advertising, and Penalties - Alterations (Cannabis Reform and Opportunity Act) – Letter of Opposition

Dear Chair Valderrama and Committee Members:

The Maryland Cannabis Public Health Advisory Council (CPHAC) respectfully opposes House Bill 1519**.**

HB 1519 weakens several key public health protections that the Maryland General Assembly enacted to prevent cannabis advertising to minors (those under 21 years of age) and repeals the ban on outdoor cannabis advertising. This weakening and elimination of current public health protections increases the likelihood that cannabis marketing will reach and influence Maryland's adolescents and youth. There is no market-based justification for rolling back these protections. Maryland's regulated cannabis industry continues to thrive under the current framework, including a complete ban on outdoor advertising. Total cannabis sales topped $1 billion in both FY 2024 and FY 2025[1].

The 2024 National Academies of Science, Engineering, and Medicine (NASEM) report on cannabis policy explicitly recommends that legislators draw on lessons learned from alcohol and tobacco advertising when shaping cannabis regulations[2]. The committee of national experts noted that marketing restrictions developed for these substances – particularly those aimed at minimizing youth exposure – provide essential evidence-based framework for cannabis policy.

HB 1519 removes the ban in current law on advertising that "indirectly target[s]" or "is attractive to" minors. Public health evidence demonstrates that marketing does not need to be explicitly targeted or attractive to minors to influence their behavior. This is why the Master Settlement Agreement between the tobacco industry and state attorneys general (including Maryland) prohibits both "direct and indirect" targeting of underage individuals by advertising[3].

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[1] Maryland Cannabis Administration. (n.d.). MCA Medical and Adult-Use Cannabis Data Dashboard. Maryland Cannabis Administration. Retrieved February 17, 2026, from https://cannabis.maryland.gov/pages/data-dashboard.aspx
[2] National Academies of Sciences, Engineering, and Medicine (NASEM). 2024. *Cannabis Policy Impacts Public Health and Health Equity*. Washington, DC: The National Academies Press. Doi: 10.17226/27766
[3] National Association of Attorneys General. (2019). Master Settlement Agreement and exhibits. https://www.naag.org/wp-content/uploads/2020/09/2019-01-MSA-and-Exhibits-Final.pdf

Research consistently shows that exposure to cannabis advertising is associated with[4,5]:

- Increased cannabis use among adolescents
- Greater intentions to use cannabis
- More favorable attitudes toward cannabis
- Higher risk of cannabis use disorder

HB 1519 narrows the ban on making a "therapeutic or medical claim" for a cannabis product by prohibiting only "a claim that explicitly states a product can diagnose, treat, mitigate, cure, or prevent a disease or condition." This weakens the current ban in two ways: 1) It allows implied or suggestive health claims, which can also influence consumer perception. 2) It narrows the definition of a "therapeutic or medical claim" to mirror the US Food and Drug Administration (FDA) definition of a "drug." In contrast, the US Federal Trade Commission (FTC) regulates all claims in advertising, including implicit health claims[6]. HB 1519 would weaken the Maryland Cannabis Administration's (MCA) regulatory authority over cannabis health claims. A majority of other states with adult use cannabis markets[7] prohibit marketing which indirectly targets minors. HB 1519 would make Maryland a pioneer in weakening cannabis public health standards[8].

HB 1519 allows additional exterior signage on cannabis dispensaries beyond what is permitted by current law. While additional signage can only contain administrative and safety information, any signage increases the environmental prominence of the dispensary. Exposure to dispensary signage is associated with increased interest in and actual use of cannabis by adolescents[9]. The information allowed on this additional exterior signage confers little or no consumer or public health benefit. It is unlikely that a passing motorist or pedestrian will record this information for use.

HB 1519 changes the method for establishing that the expected advertising audience age composition is at least 85% adult. Current law allows the MCA to make this evaluation. HB 1519 requires the MCA to accept the most recent audience composition data from advertising entities. This gives less weight to independent measures of audience composition, e.g., Nielsen ratings for broadcast audiences.

HB 1519 creates a potentially large loophole in the current advertising ban by excluding from the definition of advertising mention of a cannabis dispensary's branding and business information in the context of news articles, interviews, and editorial content. Nothing would preclude a

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[4] Cannabis Marketing and Problematic Cannabis Use Among Adolescents, Pamela J. Trangenstein, et. al., Journal of Studies on Alcohol and Drugs, 82(2), 288-296 (2021).
[5] Planting the Seed for Marijuana Use: Changes in Exposure to Medical Marijuana Advertising and Subsequent Adolescent Marijuana Use, Cognitions, and Consequences Over Seven Years, Elizabeth J. D'Amico, et al., Drug and Alcohol Dependence, Volume 188, 385-391 (2018).
[6] Federal Trade Commission. (2022). Health products compliance guidance (FTC Publication). U.S. Federal Trade Commission. https://www.ftc.gov/system/files/ftc_gov/pdf/Health-Products-Compliance-Guidance.pdf
[7] Network for Public Health Law. (2022). State regulation of adult-use cannabis advertising (Fact sheet). https://www.networkforphl.org/wp-content/uploads/2022/11/State-Regulation-of-Adult-Use-Cannabis-Advertising.pdf
[8] ***States that only prohibit "attractive: or "appealing":*** *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 language reflecting an indirect targeting standard****: 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 incorporate both: 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*
[9] Moran, M. B., Tharmarajah, S., Czaplicki, L., Thrul, J., Spindle, T. R., Vandrey, R., Pearson, J. L., & Zamarripa, C. A. (2025). *A narrative review of research on cannabis advertising in the United States. Current Addiction Reports, 12*(1), Article 92. https://doi.org/10.1007/s40429-025-00703-1

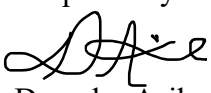
cannabis representative from promoting a dispensary on a news media, social media or podcast interviews.

HB 1519 repeals existing prohibitions against outdoor advertising for cannabis businesses. Sound scientific evidence shows that exposure to cannabis advertising, including outdoor advertising, is associated with greater cannabis use, intentions to use, and positive attitudes towards cannabis use in children[10] and with more frequent cannabis use and cannabis use disorder in adolescents.[11] This is troubling because cannabis use in youth is associated with psychosis, anxiety, depression, impaired cognitive development, and other serious health challenges.[12]

We also note that many states restrict outdoor cannabis advertising. Fifteen states (AL, DE, FL, HI, KY, MD, MN, MS, MT, NJ, NY, OH, SD, UT, and VA) prohibit the use of billboards for cannabis advertising because of the public health risk it presents.[13]

In conclusion, the Maryland Cannabis Public Health Advisory Council respectfully urges the Committee to issue an unfavorable report on HB1519. We urge the General Assembly to maintain the existing strong, evidence-based public health measures that safeguard the health and wellbeing of Maryland's children and adolescents.

Respectfully submitted,



Deondra Asike, M.D.
Chair, Maryland Cannabis Public Health Advisory Council

[10] *Planting the Seed for Marijuana Use: Changes in Exposure to Medical Marijuana Advertising and Subsequent Adolescent Marijuana Use, Cognitions, and Consequences Over Seven Years*, Elizabeth J. D'Amico, *et al.,* Drug and Alcohol Dependence, Volume 188, 385-391 (2018).
[11] *Cannabis Marketing and Problematic Cannabis Use Among Adolescents*, Pamela J. Trangenstein, *et. al.,* Journal of Studies on Alcohol and Drugs, 82(2), 288-296 (2021).
[12] Hurd, Y. L., Manzoni, O. J., Pletnikov, M. V., Lee, F. S., Bhattacharyya, S., & Melis, M. (2019). Cannabis and the Developing Brain: Insights into Its Long-Lasting Effects. The Journal of neuroscience: the official journal of the Society for Neuroscience, 39(42), 8250–8258. https://doi.org/10.1523/JNEUROSCI.1165-19.2019
[13] AL- Ala. Admin. Code r. 538-X-4.17; 4 Del. Admin. Code 5001-10.0; Fla. Stat. Ann. § 381.986; Haw. Code. R. §§ 11-850-141, 145; 915 Ky. Admin. Reg. 1:090; MD Code, Alcoholic Beverages, § 36-903; Minn. Stat. § 342.64; 15 Miss. Code R. § 22-9- 9.2.1; Mont. Admin. R. 42.39.123; N.J. Admin. Code § 17:30–17.2; N.Y. Comp. Codes R. &Regs. Tit. 9, §§ 129.3, 129.4; Ohio Admin. Code 3796:5-7-01; S.D. Admin. R. 44:90:10:14.01; Utah Code Section 4-41a-403; Va. Code Ann. § 4.1-1401.