

Testimony in Opposition of Senate Bill 594

Cannabis - Advertising - Alterations

Before the Senate Finance Committee: February 26, 2026

The Public Health Law Clinic submits this testimony in opposition to Senate Bill (SB) 594, which aims to repeal language protecting minors from exposure to cannabis advertisements and limit the definition of “therapeutic or medical claim” to include only explicit claims that a product can diagnose, treat, mitigate, cure, or prevent a disease or condition. Adoption of this bill would be inconsistent with crucial public health protections for minors and consumers in Maryland. Additionally, passage of SB 594 would take Maryland out of alignment with the majority of states that prevent cannabis advertisements from either indirectly targeting minors or using elements which are attractive to minors. Passage would also remove Maryland from the majority of states that do not permit therapeutic or medical claims without reliable evidence.

This Bill Is Inconsistent with Maryland’s Public Health Goal of Protecting Minors

Maryland and other states nationwide recognize the importance of preventing youth cannabis use. Research demonstrates that the human brain continues to develop until the age of 25.¹ Cannabis use during adolescence has been linked to conditions such as psychosis, anxiety, depression, and neurocognitive decline in adulthood.² Furthermore, adolescent cannabis use is correlated to worsened academic grades and lower likelihood of high school graduation and college enrollment.³

Given this body of evidence, when Maryland legalized adult-use cannabis in 2023, it created a comprehensive regulatory system that prioritized protecting public health and preventing youth initiation of cannabis. It achieves this by reducing the appeal of cannabis and cannabis products to individuals under twenty-one years of age, through packaging, labelling, product design, and advertising rules. SB 594 would repeal some of these critical protections as they relate to advertisements.

Specifically, SB 594 would permit advertisements that indirectly target underage individuals or use elements that could be attractive to minors. This creates a serious public health issue because exposure to cannabis advertisements during adolescence has been linked to an increase in likelihood of cannabis use.⁴ Research shows that exposure to cannabis advertising is

¹ Bonnie et al., *The Promise of Adolescence: Realizing Opportunity for All Youth*, 18 (2019).
https://www.ncbi.nlm.nih.gov/books/NBK545481/pdf/Bookshelf_NBK545481.pdf

² Flavia Padoan et al., *Concerns Related to the Consequences of Pediatric Cannabis Use: A 360-Degree View*, 10 *Children* 1721 (2023), <https://doi.org/10.3390/children10111721>.

³ Olsen Chan et al., *Cannabis Use During Adolescence and Young Adulthood and Academic Achievement*, 178 *JAMA Pediatrics* 1280-89 (2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11459363/>.

⁴ Pamela J. Trangenstein et al., *Cannabis Marketing and Problematic Cannabis Use Among Adolescents*, 82 *J. Stud. on Alcohol & Drugs*, 288–96 (2021), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8864622/>.

correlated with increased positive views of cannabis, intent to use cannabis, and overall cannabis usage.⁵

The majority of states prohibit cannabis businesses from indirectly advertising to youths, with 27 states (AL, AK, AR, CA, CT, DE, FL, IL, KY, ME, MI, MS, MO, MT, NV, NJ, NM, NY, OH, OK, OR, RI, UT, VT, VA, WA, and WV) specifically prohibiting the indirect targeting of minors or usage of elements which could be found attractive to minors. Of these 27 states, 22 states use the terms “attractive” or “appealing” when describing prohibitions for cannabis advertisements. 19 of these states use language reflecting an indirect targeting standard, such as “designed to appeal,” “reasonably be considered to target,” and “likely to appeal.” 14 of the 27 states include both attractive-based and indirect targeting language in their statutory provisions.⁶ If SB 594 is passed, Maryland would leave the majority of states who recognize the critical importance of protecting minors from unnecessary cannabis advertisement exposure.

SB 594 Weakens Consumer Protections

SB 594 also defines “therapeutic or medical claims” as the phrase relates to cannabis advertisements. Maryland law currently allows claims about health benefits, so long as there is competent and reliable scientific evidence supporting the claim and a warning about the most serious and most common side effects. SB 594 aims to widen the category of claims that do not require evidence or a warning label by excluding implicit health claims from the definition of “therapeutic or medical claim.” Advertisements should only assert medical benefits when they are scientifically supported, a viewpoint shared by the federal government. The Federal Trade Commission (FTC), which promotes consumer protections, has stated that implicit therapeutic or

⁵ Alisa A. Padon et al., *Characteristics and Effects of Cannabis Advertisements with Appeal to Youth in California*, 137 Int'l J. on Drug Pol'y 104718 (2025), <https://doi.org/10.1016/j.drugpo.2025.104718>; Jennifer M. Whitehill et al., *Exposure to Cannabis Marketing in Social and Traditional Media and Past-Year Use Among Adolescents in States with Legal Retail Cannabis*, 66 J. Adolescent Health 247–54 (2019), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6980270/>.

⁶ States that only use “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

medical claims about health-related products can be deceptive and risk consumer protection through the promise of health benefits without any supporting evidence.⁷

Research has shown that when implicit therapeutic or medical claims can be made without reliable scientific evidence, the claims can be false or misleading.⁸ Consumers may rely on advertising claims instead of evidence-based medical treatments recommended by health care professionals.⁹ If these therapeutic or medical claims are in fact unfounded, this could cause the consumer's health condition to worsen. Currently, 11 states (AL, CA, CT, IA, MA, MN, NM, OR, UT, VA) do not allow therapeutic or medical claims to be made without reliable scientific evidence, regardless of whether the claim is explicit or implicit.¹⁰ 16 other states (AK, CO, IL, ME, MI, MS, MO, MT, NH, NY, OK, RI, SD, VT, WA) have fully prohibited therapeutic or medical claims, regardless of the presence of scientific evidence.¹¹ If SB 594 was passed, Maryland would be leaving the majority that protect consumers from unfounded therapeutic or medical claims, whether explicit or implicit.

Conclusion

Current Maryland law protects both minors from targeted cannabis advertisements and consumers from unfounded therapeutic or medical claims. SB 594 would lessen these protections, and as a result risks the health and safety of both minors and consumers. By repealing certain criteria prohibited in cannabis advertising, minors are more likely to be influenced to use cannabis at a younger age, which can lead to serious health and developmental risks. By limiting the definition of "therapeutic or medical claim" to only explicit claims, consumers are at risk of being misled by unfounded implicit claims, which can cause them to skip out on proven and safe treatments, potentially leading to their conditions worsening.

SB 594 unnecessarily and dangerously expands permissible cannabis advertising. The proposed changes would allow advertising which negatively impacts Maryland's youth and increases the risk of consumer reliance on unfounded health claims. Weakening protections for

⁷ *Health Products Compliance Guidance*, Fed. Trade Comm'n, <https://www.ftc.gov/business-guidance/resources/health-products-compliance-guidance?utm>.

⁸ Samantha Marinello et al., *Analysis of Social Media Compliance with Cannabis Advertising Regulations: Evidence from Recreational Dispensaries in Illinois 1-year Post-legalization*, 6 J. Cannabis Res. (2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC10762945/>.

⁹ *Id.*; Tory R. Spindle et al., *Cannabinoid Content and Label Accuracy of Hemp-Derived Topical Products Available Online and at National Retail Stores*, 5 JAMA Network Open (2022), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794440?utm>.

¹⁰ AL- 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.

¹¹ AK- 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.

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minors and consumers serves no public health purpose and instead prioritizes expanded marketing flexibility over the safety of Maryland's residents. This benefit is severely outweighed by the risk to minors and consumers. The Public Health Law Clinic respectfully urges this committee to issue an unfavorable report on SB 594.

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.