

2026 MDDA CANMD SB 594 Advertising .pdf

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Position: FAV



TESTIMONY ON BEHALF OF THE MARYLAND DISPENSARY
ASSOCIATION (MDDA) AND THE MARYLAND WHOLESALE CANNABIS
TRADE ASSOCIATION

Senate Bill 594—Cannabis—Advertising--Alterations

SUPPORT

Senate Finance Committee

February 26, 2026

The Maryland Medical Dispensary Association (MDMDA) was established in May, 2017 in order to promote the common interests and goals of the Cannabis Dispensaries in Maryland. MDDA advocates for laws, regulations and public policies that foster a healthy, professional and secure cannabis industry in the State. MDDA works on the State and local level to advance the interests of licensed dispensaries as well as to provide a forum for the exchange of information in the Cannabis Industry. CANMD was formed in 2016 to represent Maryland cannabis grower and processor licensees. CANMD has worked with policy makers since the adoption of medical market to develop a responsible cannabis program. We appreciate the opportunity to support Senate Bill 594—Cannabis—Advertising—Alterations.

When the Maryland General Assembly passed legislation legalizing cannabis for adult use, they also included comprehensive advertising restrictions and requirements. In fact, Maryland's restrictions are among the strictest in the country. Advertisements cannot target minors or use imagery appealing to youth. Advertisements must be placed only in media where at least 85 percent of the audience is 21 years of age or older. Websites and social media must include age-verification mechanisms. MDDA and CANMD have worked closely with the General Assembly in previous years during advertising-related discussions, hoping to balance public health and youth protections with the ability of licensees to advertise responsibly.

Advertising is important for Maryland's cannabis licensees, especially at dispensaries. Unlicensed sellers of intoxicating products already market themselves aggressively online and in person, unhindered by regulation. Allowing licensees to advertise helps drive consumers to regulated, lab-tested products with accurate labeling and safety disclosures. It also allows

licensees – especially at the point of sale at licensed dispensaries - to counter misinformation and unsafe claims commonly found in the illicit, unregulated market. Licensed cannabis businesses and their staff play an important role in educating the public, customers, patients and caregivers. Despite legalization having passed four years ago, there are still people who do not know cannabis is available for adult use purchase in Maryland. Additionally, they are unfamiliar with benefits of cannabis for medical use. Allowing for regulated advertising, then, enables licensees to shape consumer understanding and reduce misuse.

Over the past year, licensees have seen increased advertising-related citations and fines over activities and actions that previously have been allowed. As a result, confusion about what is and is not allowed under Maryland’s advertising laws and regulations has increased. Even when fines have not actually been issued, questions have been raised such that licensees have become increasingly nervous about advertising for fear that doing so may result in a fine/citation. For that reason, we strongly believe more clarity is required in the law such that licensees know what they can and cannot do. This clarity is also important for the Maryland Cannabis Administration, so that they can enforce the law in a standardized way, consistent with what the General Assembly intends.

Medical and Therapeutic Claims

We appreciate clarifying language as it relates to medical and therapeutic claims. This language was originally intended to keep licensees from claiming products cure specific ailments or diseases. Product descriptions should, however, include language indicating specific product effects to ensure consumers can make informed choices based on safety and desired experience. In addition, product descriptions should be able to speak to specific cannabinoid or ingredient properties. Again, this is important from a consumer/patient education standpoint. Examples of product descriptions that have been flagged include “fast-acting effects...a refreshingly natural mood enhancer” and “cerebral stimulation with gentle body relaxation; sweet berry aroma jolts creativity.”

Signage

Current statutory language appears to restrict signage outside of a dispensary (or any other licensee) such that the only thing allowed is a sign “for the limited purpose of identifying the business to the public.” This means that a licensee is unable to place a sign outside of their dispensary indicating “woman owned business” or “black owned business.” It also means a dispensary located in a busy shopping center is unable to put an “open” sign out front or, if possible, wayfinding signs to indicate where the dispensary is located. Dispensaries are also unable to include their website or a QR code on their sign.

It is important for businesses to be able identify themselves for customers. Exterior signs help licensees differentiate from competitors, establish brand identity and make the business visible to passersby. Professional, informative, high-quality signage also helps build consumer confidence in the legitimacy and safety of the products, counteracting the stigma associated with the industry, which still exists in some quarters. We understand concerns about excess signage but believe it is possible to strike a balance.

It's worth noting that every licensee's exterior signage (that identifies the business) must comply with local zoning and a local approval process.

Appealing to Children

MDDA and CANMD do not support advertising that is directed to children. Making changes to this specific language in the statute, like on page two, lines 21 and 25, is not an attempt to weaken this prohibition but rather provide clarity for licensees and for those responsible for enforcing the law. "Appealing to children" has proven to be a subjective term that can be applied broadly to capture most anything. For instance, some licensees were warned at the end of last year that they should not decorate for the holidays as doing so would likely be deemed "appealing to children" and, therefore, subject to fines. Licensees have also been warned of signage *inside* of their dispensaries if it can be seen through a window from outside, where a child could be walking by, look inside and see it. Understanding it is difficult to account for every situation and address it in statute, we would respectfully request consideration of language that draws a bit of a brighter line here. Absent explicit language or direction, an argument can be made that anything can be considered "appealing to children."

Events and Print Media

In order to participate in an event or advertise in print media, a licensee must be able to demonstrate that over 85 percent of event attendees/audience composition is 21 years of age or older. The statute says audience composition can be verified with "current audience composition data." Licensees have tried to comply with the statute by filling out the "Audience Data Submission Form" and providing supporting information. Because of the word "current" in statute, it has been determined that information from previous years is not sufficient to help demonstrate audience composition. Some licensees have used third-party professional consultants to help prove audience composition—especially when it comes to audience composition for print media. We also recommend that the language on page 5, lines 5-9, be amended to make clear that the restriction is on paid commercial advertising.

We appreciate the General Assembly's continued attention to Maryland's evolving cannabis industry and appreciate the opportunity to provide comments on Senate Bill 594. Clear, workable advertising standards are essential not only for protecting public health and preventing youth exposure, but also for ensuring that licensees, including new social equity licensees, can operate transparently, responsibly, and competitively in a regulated marketplace. We believe clarifications are important to ensure consistent, standardized enforcement, support consumer education, and help steer Marylanders toward safe, lab-tested products rather than the illicit market or shops selling unregulated, intoxicating products. We look forward to continuing to work collaboratively with you to strengthen the regulatory framework and support a stable, equitable, and well-functioning cannabis industry in Maryland.

Carrington 2026 Maryleaf SB594 Advertising Testimo

Uploaded by: Darrell Carrington

Position: FAV



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Bill Synopsis for Maryleaf SB594 - Cannabis – Advertising – Alterations

SB594 updates Maryland’s cannabis advertising rules so licensed businesses can communicate basic information to adult customers without loosening protections for minors.

Right now, the rules are so tight that even responsible businesses struggle to advertise or share basic information without worrying they are crossing a line. This bill fixes some of the biggest real-world problems while keeping the guardrails in place.

The bill first cleans up the law by clarifying what counts as advertising and defining what a “therapeutic or medical claim” is. Any medical claim still has to be backed by real scientific evidence and include risk information. That does not change.

The biggest change deals with the 85 percent adult audience rule. Under current law, businesses must prove that at least 85 percent of an ad’s audience is age 21 or older using very specific data. In reality, many media companies either do not provide that data in the required format or cannot provide it at all. That has made it extremely hard for licensed businesses to use normal advertising channels. The bill requires the Cannabis Administration to accept the audience data media companies actually provide and to create a clearer alternative method by regulation. In short, it turns an unclear rule into something businesses can actually follow.

The bill also finally allows dispensaries to put limited signage at their own storefronts. This is not about billboards or flashy marketing. It simply allows a dispensary to identify itself as licensed, provide contact information, and include safety and poison control information. The size limits are small and tightly controlled.

Another fix clarifies that news stories, interviews, and documentaries can mention cannabis businesses without being treated as illegal advertising. This removes confusion that has made media outlets hesitant to cover the industry.

Just as important, the bill keeps all the existing protections aimed at preventing youth exposure. Advertising still cannot target anyone under 21, cannot use cartoons or youth-focused imagery, cannot show consumption, and must continue using age gates online.

Bottom line: this bill does not open the floodgates. It simply lets legal businesses communicate basic information in a responsible way while keeping strong protections for minors in place. For these reasons we respectfully request a favorable report.

Submitted on behalf of Bloom Medicinals by Carrington & Associates, LLC.

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Cellphone: 732-763-7398 – Email: darrell.carrington@verizon.net

SB0594 Senate Finance Committee Curio Wellness Wri

Uploaded by: Obie Chinemere

Position: FAV



**Senate Finance Committee – [Senate Bill 594](#)
Position: Support with Amendments**

Written Testimony of Curio Wellness
Thursday, February 26, 2026

Madam Chair and members of the Senate Finance Committee:

Curio Wellness supports (with amendments) the direction and intent of Senate Bill 594 because it continues Maryland’s work of treating regulated cannabis like the lawful, accountable industry it is—moving policy toward maturity and away from stigma-driven fear.

We especially appreciate SB0594’s effort to replace subjective standards with clearer, enforceable guardrails. For example, the bill narrows the “targets minors” framework by focusing on direct targeting and specific youth-oriented depictions (e.g., cartoons/mascots) rather than broader, more subjective tests. This shift makes compliance more predictable while preserving strong youth protections.

SB0594’s intent to modernize cannabis advertising is welcome. **However, the exterior signage provisions – like the narrow “allowed content” list and sizing specifications – risk undermining that goal by treating dispensary signage as if it were primarily a public-safety disclosure panel rather than a normal, regulated retail communication.** In practice, this checklist does not help adult consumers navigate lawful businesses, **and it does not reflect how Maryland successfully handled public signage under the medical program for more than six years without incident or obscenity concerns.**

The medical market’s experience is instructive: Maryland operated a tightly regulated, age-gated cannabis system for years with a signage approach that did not require an overly prescriptive, regulator-written list to prevent inappropriate messaging. That history suggests the State can protect youth and prevent objectionable content through clear, objective standards and enforcement—without hard-coding a narrow set of “permitted” words that will quickly become outdated and that may unintentionally keep the legal industry from communicating like other lawful, regulated businesses.

Suggested amendment concepts:

- Remove the statutory content checklist outlined on pages 3 and 4 of the bill and instead align adult-use exterior signage rules with the medical cannabis signage framework that was in place for years without incident—while retaining strong prohibitions on content that is obscene, deceptive, or directed to minors.
- If the Committee prefers to retain guardrails in statute, use objective prohibitions (e.g., no youth-targeting imagery, no false or misleading claims, no obscene material) rather than a restrictive “only these items may appear” list that functions like a quasi-warning label and creates compliance confusion.

We appreciate SB0594’s recognition that audience composition compliance should be grounded in real, readily available data from the advertising medium itself. However, the bill also requires the Maryland Cannabis Administration to adopt an “alternative method” for determining audience composition. From an operator’s lens, creating a new, open-ended discretionary pathway risks becoming a future constraint on lawful advertising—especially if the alternative method becomes more restrictive than the baseline standard after businesses have already invested in campaigns, contracts, and compliance reviews.

If the statute already sets workable guardrails (including the 85% 21+ expectation), any additional “method” should be clearly bounded so it cannot become a hidden “gotcha” or shift requirements midstream without legislative transparency or remove entirely.

Suggested amendment concepts:

- Eliminate or define parameters/limits for any “alternative method” in statute (objective, readily verifiable, and not more restrictive than the baseline standard).
- Require stakeholder input and clear public guidance so licensees can comply confidently and consistently.

Maryland’s legal cannabis industry is at an inflection point. The policy conversation is increasingly—and appropriately—about how to de-regulate thoughtfully so compliant private businesses can grow, compete, and deliver on the State’s goals: tax revenue, quality jobs, social equity success, and strong public health and safety outcomes.

SB0594 is directly connected to those outcomes because the legal market cannot fully displace illicit activity if the most regulated actors remain unable to communicate responsibly while less regulated or illegal actors advertise freely.

The Maryland Cannabis Advisory Board has underscored this point: overly restrictive and arbitrary limits on public-facing communications and outreach stunt market maturation and



undermine economic and social equity goals, while unregulated markets fill the information vacuum.

Curio supports SB0594 as a targeted improvement. At the same time, HB1519 reflects a broader package of reforms that—alongside SB0594—would help the market mature with clearer rules and performance:

- Modernizing “control” and allowing common financing/management structures with guardrails (including clearer treatment of management service agreements and related business relationships).
- Reducing barriers that prevent capital formation and social equity operationalization, including reforms that can expand compliant investment pathways and reduce prolonged transfer restrictions.
- A more workable advertising framework—consistent, predictable, not paternalistic, including clearer rules for outdoor advertising locations.
- Clearer enforcement and penalties targeted at real public health and safety risks, including stronger consequences for unlicensed sales of intoxicating products that bypass Maryland’s testing, labeling, and age-gating safeguards.

For these reasons, Curio Wellness respectfully supports SB0594 with amendments to ensure the bill fully achieves its intent: normalization, clearer standards, and responsible adult communications with strong youth protections. We would welcome the opportunity to meet with the sponsor and Committee staff, provide operator perspective (including real-world compliance examples), and—if helpful—share redline concepts consistent with the bill’s goals. Thank you for your consideration and for your continued leadership on smart, workable cannabis policy.

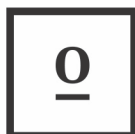
Respectfully submitted,



Wendy Bronfein
Co-Founder, Curio Wellness

Founded and based in Maryland, Curio Wellness is a family-owned and operated cGMP-certified cannabis company and trusted wellness partner, available in over 90 dispensaries statewide. Curio is committed to a diverse and inclusive workforce*: more than 40% of our workforce is female and 35% identifies as Black, Hispanic, Asian, American Indian or Alaska Native, or multi-racial; among management, 40% are female and 18% identify as Black, Hispanic, or multi-racial.

*Demographic percentages are based off employee self-reporting. Approximately 20% of employees “opt-out” of self-reporting race.



SB594 Testimony Advertising.pdf

Uploaded by: Pamela Beidle

Position: FAV

PAMELA G. BEIDLE
Legislative District 32
Anne Arundel County

Chair, Finance Committee

Executive Nominations Committee

Joint Committee on Gaming Oversight

Joint Committee on Management
of Public Funds

Spending Affordability Committee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 24, 2026

SB 594
Cannabis – Advertising – Alterations

Good afternoon Vice Chair Hayes and Members of the Finance Committee,

Thank you for the opportunity to present SB 594, Cannabis – Advertising – Alterations. Senate Bill 594 endeavors to balance public health safeguards while acknowledging the struggles both newly awarded social equity licensees and operating cannabis licensees have competing in a market saturated by unlicensed and illegal sales of intoxicating THC products – whether hemp or cannabis derived.

Unlicensed businesses :

- do not follow the restrictions on advertising that a licensed business must follow;
- do not charge or remit the higher Cannabis sales and use tax in the State that is imposed on cannabis sold in the regulated market; and
- may be more likely to target and sell intoxicating THC products to minors.

SB 594 balances these policy interests through the careful alteration of existing restrictions on advertising for cannabis licensees in the State.

The bill defines several terms including “Therapeutic or medical claim” to provide clarity for cannabis licensees and consumers on what types of medical claims must be supported with scientific evidence.

SB 594 expands the amount of signage that a licensed standard dispensary is authorized to display on the exterior of the business while also carefully limiting the area of individual signs and the total area of all signs collectively. Currently, a cannabis licensee may only place exterior signage on the premises of the business for the limited purpose of identifying the business to the public. Under the bill, a licensed standard dispensary may also place exterior signage, within the size limits established, to, among other things:

- Identify a business as a Cannabis Trusted Source, an MDH designation indicating a business is licensed;
- Identify a special ownership designation such as a “veteran owned business” or “woman owned business”; and

- Provide public health resources that can be used if an adverse cannabis event occurs, such as the contact information Maryland Poison Center;

SB 594 also creates predictability in advertising for cannabis licensees and ensures that the audience composition for cannabis advertisements meets the requirement that at least 85% of the audience be over the age of 21 by:

- Establishing a statutory method for determining whether an advertisement or a proposed advertisement meets the audience composition threshold; and
- Requiring that the Cannabis Administration establish regulations by January 1, 2027 identifying at least one alternative method for determining audience composition.

News media articles, interviews, and other editorial content over which a licensee has no control from the application of the advertising restrictions are excluded from the requirements.

I respectfully request a “Favorable Report” for SB 594.

MCCE_SB594_Testimony FINAL.pdf

Uploaded by: Taylor Green

Position: FAV



SB 594 — Cannabis — Advertising — Alterations

Written Testimony — Senate Finance Committee

February 26, 2026

MCCE Position: Favorable with Amendments

Background

The Maryland Coalition for Cannabis Equity (MCCE) is a coalition of Maryland Social Equity Licensees formed to ensure that Social Equity Licensees have a meaningful, organized voice in Maryland’s cannabis program. MCCE currently includes 15 founding members and maintains active communication with more than 60 Social Equity Licensees statewide. The Coalition came together so that Social Equity Licensees have an ongoing forum to connect, be heard, and work together—both with one another and with policymakers—so that equity businesses are not only licensed, but supported in practice through clear rules, consistent enforcement, and real opportunities to participate at the table.

Overview

We support SB 594’s efforts to improve clarity and operational consistency in Maryland’s cannabis framework. However, we respectfully request targeted amendments to ensure the bill does not unintentionally create disproportionate compliance burdens for Social Equity Licensees. While SB 594 includes helpful clarifications, its new “therapeutic or medical claim” framework could create outsized challenges for Social Equity Licensees (SELs). The bill requires that any therapeutic claim be supported by “competent and reliable scientific evidence” and accompanied by warnings about serious side effects—standards that resemble those applied to pharmaceuticals. Large, multistate operators can absorb the resulting costs much more readily than newly licensed SELs. For equity businesses, many of whom are startups with limited capital, every additional layer of regulation translates into higher legal fees, greater compliance expenses and an increased risk of penalties for inadvertent non-compliance. SB 594 should therefore keep youth protections while ensuring that compliance remains proportionate and accessible for the small businesses Maryland’s equity program is designed to support.

Why clarity matters

Licensed businesses operate under strict rules, while unlicensed sellers market intoxicating products aggressively online and in person, unhindered by Maryland’s safeguards. Clear, enforceable advertising standards help steer consumers toward regulated, lab-tested products with accurate labeling, safety disclosures, and age controls—and allow licensees to counter misinformation that circulates in the illicit market. Clarity also protects the MCA by reducing ad-hoc enforcement and supporting uniform application of legislative intent. Most important for Social Equity Licensees, clear rules ensure that well-intentioned educational outreach and community engagement are not inadvertently penalized.

Provisions MCCE Supports in SB 594

- Narrowing the minor-targeting standard by removing vague language that increases subjective, inconsistent enforcement risk.
- Clarifying how the 85% audience-composition rule may be demonstrated, including for media buys and event participation, so compliance is feasible in real time.
- Permitting limited exterior signage beyond a bare identifier, so licensed businesses can provide basic wayfinding and customer information without being treated as unlawful advertising.
- Protecting bona fide editorial/news content so that third-party reporting is not automatically treated as an advertisement attributable to a licensee.

Amendments Requested

1. Therapeutic or medical claims – narrow the definition and adopt a practical substantiation standard

MCCE supports preventing licensees from claiming cannabis products cure, treat, or prevent specific diseases. However, SB 594’s definition of “therapeutic or medical claim,” combined with an elevated substantiation requirement, risks capturing ordinary product-effect descriptors (*e.g.*, relaxing, stimulating) and basic cannabinoid education. Such statements help consumers make informed choices and are distinct from disease-treatment claims. MCCE requests amendments to limit the definition to disease or condition treatment claims and permit truthful, non-misleading statements about typical effects and ingredients with appropriate disclaimers. Small businesses should not be held to pharmaceutical-style evidentiary standards; instead claims should be truthful, not misleading, and reasonably substantiated, with a disclaimer that statements have not been evaluated by the FDA. For example, small vitamin companies can, under the DSHEA act, list “supports immune health” so long as other disclaimers are attached.

2. Exterior signage – confirm basic identification, wayfinding, and equity identifiers are permitted

Current interpretations have limited exterior signage to a bare business name, precluding common, non-promotional signage such as “Open,” operational hours, basic wayfinding in shopping centers, or ownership identifiers like “social equity owned”, “woman-owned” or “minority-owned.” These messages support consumer navigation and promote Maryland’s equity goals without targeting youth. MCCE requests confirmation that exterior signage may include basic wayfinding and operational information, truthful ownership/status identifiers aligned with equity objectives, and a website or QR code linking to age-gated information, all subject to local sign ordinances.

3. Events and print media – clarify audience composition verification

Licensees must demonstrate that at least 85% of an event’s attendees or a publication’s audience is 21+. In practice, ‘current audience composition data’ has sometimes excluded reliable historical attendance or circulation metrics used in other industries. This can force small licensees to hire third-party consultants—an expense that disproportionately burdens Social Equity Licensees. MCCE requests clear guidance on acceptable verification methods (*e.g.*, prior-year audited attendance or media kits), allowance for reasonable, good-faith documentation, and a safe-harbor for licensees relying on specified documentation in good faith.

4. Appeal-to-children language – tether to objective criteria

MCCE supports youth protections. To avoid subjective judgments that invite inconsistent enforcement, any remaining ‘appeal to children’ concepts should be tied to objective factors, such as depictions of cartoons, toys, or school themes, rather than open-ended judgments. This ensures that compliance is achievable without guesswork, especially for small operators without in-house legal teams.

Conclusion

MCCE appreciates the Committee’s work to refine Maryland’s cannabis advertising framework. We believe SB 594 can better protect youth, support compliant businesses and reduce the market space for unlicensed sellers if targeted amendments are adopted. These include clarifying that the therapeutic and medical claim provisions do not capture routine education and effect descriptions, permitting basic exterior signage and equity identifiers, and establishing a workable audience composition verification requirement. Social Equity Licensees often operate under thin margins and limited compliance budgets, so well-intentioned legislation can still disproportionately affect us. We urge the Committee to consider these impacts carefully and collaborate with MCCE and other stakeholders to ensure a regulatory framework that remains fair, clear and workable for all licensees. MCCE stands ready to work with the bill sponsors, the Committee and the Maryland Cannabis

Administration to craft language that protects consumers while ensuring fairness in the marketplace.

Thank you for your consideration.

Respectfully submitted,
Maryland Coalition for Cannabis Equity (MCCE)

SB0594 Written Testimony_VH.pdf

Uploaded by: Venus Hemachandra

Position: FAV

Written Testimony – In Support of Cannabis Advertising Alteration Bill (SB0594)

Dear Chair Beidle and Members of the Committee,

My name is Venus Hemachandra. I have been part of Maryland’s cannabis industry since 2017. I previously held a medical cannabis dispensary license from 2017–2023 and I am now in the process of establishing a new dispensary in Parkville, Maryland as a social equity licensee. I also serve as the current President of the Maryland Dispensary Association.

I am writing in strong support of the proposed alterations to Maryland’s cannabis advertising laws.

Maryland’s cannabis industry already operates under highly restrictive advertising limitations. Since the transition to adult-use, dispensaries are no longer permitted to use basic on-site signage tools that were previously allowed under the medical program — such as flags or additional directional signage on licensed premises, including parking lots. Today, dispensaries are effectively limited to a single exterior name sign.

This presents a particular hardship for newer dispensary licensees who are predominantly social equity operators. New social equity businesses are launching in a more restrictive environment and without the same opportunity to build early community awareness. As a result, we have fewer tools to indicate to the public that a new, licensed dispensary has opened and is operating legally.

In my specific case, our dispensary is located within a shopping plaza alongside multiple other businesses. We are not a freestanding building. Without reasonable directional signage — such as inclusion on the plaza’s pylon sign or limited wayfinding signage — customers and patients may not be able to locate us. These are not promotional advertisements; they are basic tools to allow interested adults and registered patients to find a licensed, regulated business.

This issue becomes even more pressing when we are competing against unlicensed operators who advertise freely and without regulatory oversight. When licensed dispensaries are restricted from advertising and from clearly communicating that we are licensed facilities, it prevents us from distinguishing ourselves from illicit operators. This creates unnecessary confusion for consumers and weakens the regulatory framework the State has worked hard over the past 9 years to establish.

Additionally, several dispensary members have been cited or fined for alleged advertising violations in circumstances we would not normally consider advertising. For example:

- When dispensaries were featured in local news coverage or educational videos for informational purposes.
- When patients or customers voluntarily posted unsolicited reviews on social media while wearing apparel with a company logo — apparel they independently purchased to support the business.
- One member was fined for displaying signage identifying that they are proudly one of the few women-owned dispensaries — a factual statement reflecting ownership status, not a promotional inducement.

Licensed dispensaries cannot control independent third-party speech. We cannot control what customers post online, especially when those posts are not solicited or coordinated. Nor should licensees be penalized for truthful, factual statements about ownership. Holding businesses accountable for independent third-party activity — or for accurately identifying themselves — creates uncertainty and regulatory risk that disproportionately impacts small and social equity operators.

Clearer standards around what constitutes advertising and prohibited claims would provide needed guidance to licensees and ensure consistent enforcement while maintaining appropriate safeguards.

I also want to express support for the addition of a clear definition of “therapeutic” and “medical” claims within the statute or regulations. Currently, members are being cited or fined for statements on their aggregated websites in product descriptions that include general effect-based language such as “help promote stress relief” or “effects may include relaxation, hunger, or happiness.” These types of descriptions are common industry terminology used to describe consumer-reported experiences with specific strains or products. Clear regulatory definitions would provide guidance to licensees and ensure consistent enforcement, while still prohibiting inappropriate or unsupported medical claims.

Maryland’s cannabis businesses want to comply with the law. We simply need clear, fair, and workable standards that allow licensed operators, especially social equity businesses, to compete in a regulated marketplace.

I respectfully urge the Committee to support these advertising alterations and provide clarity and fairness to Maryland’s licensed cannabis operators.

Thank you for your consideration.

A handwritten signature in blue ink, appearing to read "Venus Hemachandra", with a horizontal line underneath.

Venus Hemachandra

CEO/Founder – Moment Cannabis Dispensary
President, Maryland Dispensary Association

DOSEM_SB0594_FWA_2.26.26.docx (1).pdf

Uploaded by: Audrey Johnson

Position: FWA



Governor Wes Moore

Lt. Governor Aruna Miller

Secretary Walter L. Simmons

Bill Number: Senate Bill 594
Title: Cannabis – Advertising – Alterations
Committee: Finance Committee
Hearing Date: February 26, 2026
Position: Favorable with Amendments

Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee:

Thank you for the opportunity to submit testimony in support of Senate Bill 0594 with amendments. The Office of Social Equity (OSE) generally supports the measures set forth in SB 0594 and appreciates the bill’s intent to modernize cannabis advertising standards while maintaining appropriate safeguards.

OSE supports reasonable flexibility in exterior signage to allow cannabis businesses to better differentiate themselves, build brand recognition, and compete in a regulated marketplace. Signage visibility is particularly important for small businesses and social equity licensees, many of whom rely on walk-in traffic and local brand awareness to remain viable.

OSE also supports continued protections against advertising that targets minors and encourages careful refinement of the bill’s language to ensure these guardrails remain strong and enforceable.

However, OSE has concerns about the bill’s definition of “therapeutic or medical claim.” As drafted, the definition requires claims to be explicit and supported by evidence demonstrating that a product can diagnose, treat, mitigate, cure, or prevent a disease or condition. This standard reflects a pharmaceutical-level evidentiary threshold that may not align with the realities of the current consumer goods industry. In practice, such a requirement could disproportionately advantage large entities with significant research capacity while creating barriers for small and emerging operators, such as social equity businesses.

Notably to date there have been no enforcement violations related to this issue, which suggests that the existing regulatory framework has not resulted in widespread harm or abuse.

OSE respectfully recommends striking the definition as drafted and collaborating with the Maryland Cannabis Administration and licensed operators to develop a balanced regulatory approach that protects public health while allowing licensees to make reasonable and responsible product representations.



For these reasons, the Office of Social Equity urges a favorable report on Senate Bill 0594 with amendments. OSE provides this information to assist the Committee in evaluating SB 0594. Should you wish to discuss this matter further, please contact me at (443) 610-1666 or audrey.johnson1@maryland.gov, or Courtney Davis, Deputy Director, at (443) 610-1730 or courtney.davis@maryland.gov.

Audrey Johnson

A handwritten signature in black ink, appearing to read "Audrey Johnson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Executive Director, Office of Social Equity

Testimony in Support of Senate Bill 594 with Amend

Uploaded by: Devona Austin

Position: FWA

Testimony in Support of Senate Bill 594 with Amendments
Submitted by Devona Austin, Peake 70
Senate Finance Committee
February 24, 2026

Chairman Beidle, Vice Chairman Hayes, and esteemed members of the Finance Committee,

My name is Devona Austin, and I am the Director of Business Development for Peake 70, a new, independently owned and operated cannabis dispensary preparing to open in Maryland. I am submitting this testimony to express our support for the intent of Senate Bill 594, while respectfully requesting amendments to ensure that new businesses like ours are not subject to undue restrictions that other legal businesses do not face.

As we prepare to open our doors, we are carefully reviewing the regulatory landscape to ensure we are compliant from day one. However, there are provisions within SB 594 that raise significant concerns for new licensees like Peake 70.

Signage Size Restrictions Are Unreasonably Restrictive (§36-903(a)(2)(III))

We are concerned about the proposed exterior signage size restrictions in §36-903(a)(2)(III), which limit individual signs to 900 square inches and total exterior signage to 1,200 square inches. While we are building a new business and have the opportunity to design compliant signage from the start, we believe these restrictions are unreasonable and single out cannabis businesses in a way that other entities are not held to. A 900-square-inch sign is roughly 2 feet by 3 feet, far smaller than what most retail businesses are permitted to display. If we are required to follow stricter rules than neighboring businesses simply because we are a cannabis dispensary, it puts us at a competitive disadvantage before we even open. Local zoning requirements should be sufficient to regulate signage, and we ask that the bill be amended to reflect that standard.

Additionally, the bill does not include a grandfathering provision for existing signage. While Peake 70 is a new licensee, we stand with our fellow dispensaries who have operated in good faith for years and now face the prospect of costly replacements. If this bill moves forward, we urge the Committee to include language that legacy signage in place before the effective date remains compliant.

Hiring Events and Community Participation Remain Restricted

As a new dispensary, we are eager to build relationships within the community we will serve. However, current regulations and the language in SB 594 regarding advertising and promotion surrounding hiring events create barriers to that engagement. It is important to note that hiring events were explicitly required as part of the application process for our license. To now face

restrictions on how we can advertise and promote those very same events creates a contradictory and confusing regulatory environment.

We want to be able to participate in local events, hire locally, and contribute to the community in meaningful ways. Unfortunately, historical community partners have been disappointed to learn that cannabis businesses are restricted from supporting and participating in events that benefit the neighborhoods we operate in. We ask that these restrictions be eased so that new businesses like Peake 70 can begin building those essential relationships from the start.

The "Intended" Standard for Editorial Content Is Subjective (§36-903(b)(4)(II))

We appreciate that §36-903(b)(4)(II) creates an exception for the use of our trademarks and business names in "news article, interview, documentary, or other editorial content." However, the inclusion of the phrase "not intended as commercial advertising" introduces subjectivity that could chill legitimate media engagement. Cannabis businesses value the ability to participate in interviews and editorial content, but we cannot control how that content is edited or presented after the fact. We recommend removing the word "intended" to provide clearer protection for free and fair press access.

Fairness in Enforcement and Appeals (§36-903(c))

Finally, on behalf of all licensed cannabis businesses, new and established, we want to raise a concern about the enforcement and appeals process. §36-903(c) states that "the Administration shall adopt regulations to establish procedures for the enforcement of this section," but the bill does not address the appeals process at all.

It is not fair for the Maryland Cannabis Administration to be the sole arbiter of compliance, leaving licensees to navigate lawsuits and lengthy appeals to determine whether a regulation was actually broken. If a business is found not in compliance, the process should be clear, fair, and timely. We ask that the bill be amended to include specific provisions for an impartial appeals process.

For these reasons, I respectfully encourage a favorable report on Senate Bill 594 with amendments that address these concerns and allow cannabis businesses to operate fairly, transparently, and as equal members of Maryland's business community.

Thank you for your time and consideration.

Respectfully submitted,
Devona Austin
Director of Business Development
Peake 70

Testimony in Support of Senate Bill 594. jaimeelwo

Uploaded by: Jaime Elwood

Position: FWA

Testimony in Support of Senate Bill 594

February 26, 2026

Chair and Members of the Committee,

My name is Jaime Elwood, and I submit this testimony in support of Senate Bill 594 as both a member of a Maryland dispensary leadership team for the past eight years and a 25-year veteran of the Maryland and national advertising industries working within many different industry verticals during that time. I am also a mother who has been raising three teenage children in this state during my tenure with Trilogy Wellness of Maryland and I am deeply committed to the on-going protecting our youth and all consumers through the appropriate regulation of the cannabis industry.

I have spent two decades working with regulated industries, national media platforms, third-party data providers, and compliance teams. I have overseen the purchase and placement of over 40 million dollars in advertising across every kind of advertising medium and have extensive background in working within the frameworks of regulatory bodies including the MCA, SEC, FTC, FDA and other industry specific bodies. I share this because I understand how advertising compliance functions in practice and I also understand and have seen how regulatory ambiguity can stall business operations, create uneven enforcement, and undermine public trust.

I support Senate Bill 594 and it is necessary because it introduces clarity. That said, I believe additional refinement and implementation guardrails are critical to ensure consistent, fair enforcement.

Audience Composition & Digital Advertising Compliance

Trilogy Wellness of Maryland, LLC currently has multiple pending advertising inquiries before the Maryland Cannabis Administration. In each instance, we have structured campaigns to require 21+ targeting and provided documentation from nationally recognized third-party data providers.

However, the Administration has requested proprietary raw data from vendors such as Nielsen and Epsilon. These organizations provide anonymized and aggregated audience data in compliance with privacy laws. Raw data is not accessible, even to us as the advertiser. Our proposed vendors have confirmed that age targeting is verified through linked accounts, registered data, and credit-based segmentation, and that 21+ targeting is mandatory for cannabis campaigns.

Industry Experience and Digital Advertising Reality

Again, as someone who has worked for 25 years in Maryland and national advertising across industries regulated by FTC, FDA for claims etc. I can state confidently:

- National platforms rely on anonymized, aggregated data.
- Raw data is not released due to privacy protections.
- Age targeting is conducted through accredited 3rd party providers such as Nielsen, and Epsilon.

The MCA requiring proprietary raw datasets creates an impossible compliance standard. Accepting aggregated, privacy-compliant, industry-standard data aligns cannabis advertising oversight with how regulated advertising works nationwide.

Good Faith & Reasonableness Standards

The statute should define “reasonable” and “good faith effort” in the context of advertising compliance.

If a licensee uses:

- Industry-standard age targeting tools
- Nationally accredited data providers
- Platform-required 21+ filters
- Documented compliance protocols

That should constitute a presumption of good faith compliance. Without such clarification, enforcement can become subjective and inconsistent.

Timeline for MCA Response to Compliance Inquiries

Licensed operators regularly reach out to the Maryland Cannabis Administration for advertising guidance. In our experience at Trilogy Wellness, responses can take months.

Despite providing all available documentation, we have experienced months-long delays without definitive guidance. During that time our campaigns have remained paused, market share has been lost, and we continue to see competitors operate without similar review or approval.

If the State expects pre-clearance or advisory consultation, there must be a statutory or regulatory timeline for response (e.g., 30 days). Without it, silence effectively becomes a business barrier.

Packaging Responsibility – Clear Allocation of Liability

There must be clarity regarding packaging and labeling responsibilities.

Growers and processors:

- Design packaging
- Draft label language
- Submit products for approval

Dispensaries:

- Sell finished goods
- May repackage only in limited, defined circumstances

The statute or regulation should explicitly state that the licensee who designs and produces the packaging is responsible for its content, labeling, and verbiage. A dispensary should not bear the burden of enforcement liability for language or design it did not create or control and it is an unreasonable burden on dispensaries for inquiries around packaging to be directed to them. Dispensaries are the front line to the consumer and have significant compliance burdens otherwise as part of the retail nature of the operation.

Appeal and Escalation Process

There must be a formal escalation or appeal pathway when:

- Advertising determinations remain unresolved
- Compliance interpretations conflict
- Violations are disputed

Currently, there is no clearly defined process to elevate issues to a neutral review level. Regulatory systems function best when there is transparency and procedural fairness.

Definition of “Advertisement” – Preventing Overreach

We would like to see further clarification and definition around the term advertisement with distinct language that clarifies that cannabis and non-cannabis merchandise sold in a

dispensary or given to customers as part of the customer's experience as well as employee uniforms are not considered advertising.

If routine uniforms or consumer-purchased or merchandise taken without payment voluntarily by a consumer is treated as advertising, we create unnecessary burdens for normal retail operations.

Medical and Therapeutic Claims – Consumer Education vs. Prohibited Claims

As Director of Marketing for Trilogy Wellness, I appreciate the effort to clarify statutory language surrounding medical and therapeutic claims and I have extensive experience in this area having worked in the food and weight loss industries in the past.

The original intent of this language — to prevent licensees from claiming that cannabis products cure, treat, or prevent specific diseases — is appropriate and necessary to protect all consumers, regardless of age. No responsible licensee should be marketing products as a cure for medical conditions without scientific evidence.

However, in practice, the current interpretation can unintentionally limit consumer education which erodes public trust and can actually leave consumer misinformed or uninformed completely.

There is an important distinction between:

- Claiming a product “cures anxiety” or “treats depression”
and
- Describing the expected consumer experience or general product effects.

Product descriptions must be able to communicate anticipated effects so that adult consumers — and especially medical patients that are managing other medications or chronic conditions — can make informed decisions based on safety, tolerance, and desired experience.

These types of descriptions are common across regulated cannabis markets and are intended to describe experiential effects — not to make disease claims.

In addition, dispensaries should be able to reference general cannabinoid, terpene and ingredient properties with consumers or product descriptions on age-gated websites and product menus. For example, explaining that a product contains higher levels of CBG or CBN or explaining the Terpene or ingredient profile of a product is necessary for consumer education and the consumers decision around which products are right for them based on the typical product effects.

From a business standpoint and marketing standpoint- this is not about promotion or advertising — it is about transparency and consumer education. Without the ability to describe product characteristics, consumers are left with less information, not more protection.

Clear regulatory guidance distinguishing prohibited medical claims from permissible product effect descriptions would better serve both compliance and public safety.

Signage – Practical Retail Identification

Current statutory language appears to limit exterior signage to identification “for the limited purpose of identifying the business to the public.” In practice, this interpretation creates unintended limitations.

Under the current framework, our dispensary may be restricted from including our website or allowing our business to promote the community engagement initiatives we have within our communities to gain the trust of the public as a regulated, responsible, professional and legitimate business. For example, we regularly participate in community drives to support local charities or collaborate with other local businesses within our community, however we are restricted from placing a sign indicating we are a drop off location for a homeless shelter coat drive.

We understand and respect concerns about excessive signage or promotional billboards. However, there is a meaningful distinction between aggressive advertising and practical retail identification and community-based initiatives and engagement.

Events and Print Media – Practical Barriers to Compliance

Under current statute, to participate in an event or advertise in print media, a licensee must demonstrate that at least 85 percent of event attendees or audience composition is 21 years of age or older.

The statute indicates that audience composition may be verified using “current audience composition data.” In practice, that single word — “current” — has created compliance challenges.

Licensees, including Trilogy Wellness, have attempted to comply in good faith however, because of the interpretation of the term “current,” historical data from prior years has at times been deemed insufficient — even when it is the only reliable dataset available for recurring annual events or established print publications.

From a marketing and advertising standpoint, this creates a practical problem.

In many cases, the most reliable demographic data is based on established trend data from prior years — the same type of data used across regulated industries such as alcohol, pharmaceuticals, and political campaigns.

When “current” is interpreted narrowly to mean same-year or real-time data, it creates an evidentiary standard that may not be feasible in the real world.

As Director of Marketing, I am accustomed to working with audience measurement standards across industries. Audience composition is typically determined using the most recent reliable dataset available — not necessarily collected within the same calendar year.

So long as the data supports a reasonable expectation that 85 percent of the audience is 21 or older, that should constitute good faith compliance.

Without clarification, the current interpretation creates a barrier not only to advertising but to community participation. Dispensaries are part of their communities. Participation in local events or hosting events on the premises of the dispensary — where appropriate and adult-oriented — supports economic integration and normalization of the regulated market.

We respectfully ask that the statute or implementing regulations clarify that “current” means the most recent reliable and verifiable data available, not necessarily real-time or same-year demographic reporting.

This approach preserves youth protection while aligning compliance expectations with how audience measurement functions in practice.

Conclusion

Senate Bill 594 is an important step toward modernizing Maryland’s cannabis advertising framework. However, clarity must extend beyond definitions to include:

- Defined terms
- Good faith standards and reasonable trust in credible 3rd party advertising data companies/ consultants
- Response timelines
- Clear packaging liability allocation
- Escalation rights
- Direct communication pathways and ability to interface with a person at MCA

- Transparent enforcement structure

Strong regulation and functional regulation are not opposites. Clear rules create better compliance. Better compliance strengthens public safety and consumer protection.

As both a dispensary leader and a long-time Maryland advertising professional, I urge the Committee to support Senate Bill 594 and consider clarifying amendments that ensure consistent, fair, and workable implementation.

This legislation maintains strong youth protection while introducing necessary clarity regarding:

- Advertising definitions
- Audience composition standards
- Data acceptance
- Good faith compliance
- Packaging responsibility
- Regulatory process and communication

Clear, predictable rules promote compliance. Compliance strengthens consumer protection and public confidence in Maryland's regulated cannabis marketplace.

I respectfully urge a favorable report on Senate Bill 594 and consideration of clarifying provisions to ensure consistent and fair implementation.

Thank you for your time and consideration.

Respectfully submitted,
Jaime M. Elwood
Director of Marketing
Trilogy Wellness of Maryland
Ellicott City, Maryland

SB594 Testimony - Maryland Advisory Board on Medic

Uploaded by: Justin Garcia

Position: FWA

Testimony of the Maryland Advisory Board on Medical and Adult-Use Cannabis

Bill: SB 594

Committee: Senate Finance Committee

Date: February 26, 2026

Position: Support with Amendments

Madam Chair and Members of the Senate Finance Committee:

The **Maryland Cannabis Advisory Board** respectfully offers **Support with Amendments** for **SB 594** because the bill moves Maryland toward a **more workable, enforceable approach to public-facing cannabis communications—an issue the Board identified** before SB 594 was introduced **as a structural barrier to a safe, transparent, and well-functioning regulated market**. Under current practice, public-facing communications rules have become so constrained that routine, responsible engagement with adult consumers, patients, and communities is effectively shut down. That constraint is not merely a business concern. It limits consumer education and growth of the medical cannabis program, reduces the visibility of compliant, age-gated operators, and leaves an information vacuum that unregulated actors can fill. We believe if this wasn't the cannabis industry, we would not see this degree of prescription, as we don't see this degree of instruction in alcohol or any other industry. This creates barriers to operate for both new and existing operators in an industry we are actively trying to destigmatize.

In its December 8, 2025 memorandum, the Board urged the General Assembly to revisit the regulatory framework governing public-facing communications and consumer education to restore a model more consistent with Maryland's successful medical program—one that allows responsible, age-appropriate outreach across modern channels with clear and workable standards. **The Board also emphasized that public education cannot be carried by government and public health agencies alone; a safe, informed market requires coordinated effort** among the State, regulators, public health experts, and licensed operators - **who are positioned to communicate directly with adults about product safety, dosing, responsible use, and why purchasing from regulated businesses matters.**

Against that backdrop, **SB 594's direction is constructive**. The bill attempts to replace subjective, hard-to-administer standards with clearer guardrails, including by tightening how "targeting minors" is evaluated and focusing on clearly youth-oriented depictions. **The Board agrees with the policy objective: protect youth through objective, enforceable rules while allowing responsible adult-facing communication that supports consumer education and market transparency.**

Testimony of the Maryland Advisory Board on Medical and Adult-Use Cannabis

The Board’s amendments focus on ensuring SB 594 does not inadvertently recreate the same problem it is trying to solve—namely, replacing one form of restriction with another that is overly prescriptive, hard to interpret, or easy to tighten over time without transparency.

Two areas warrant particular attention:

1) Exterior signage should rely on objective prohibitions, not a narrow statutory checklist.

SB 594 includes detailed exterior signage requirements, including an “allowed content” approach. **The Board’s guidance is that Maryland should pursue a “policy reset” in communications**—content safeguards, youth protections, and transparency—rather than a structure that functions in practice like a de facto ban. A rigid checklist risks becoming outdated quickly and can produce compliance uncertainty even when the underlying public-health goal is appropriate. **The Board recommends removing and replacing the prescribed list and size parameters list with signage rules consistent with that of the medical cannabis framework:** no youth-targeting imagery, no false or misleading claims, and no obscene content— when paired with fair enforcement practices, this is a far more sustainable and equitable approach.

2) IF the bill requires an “alternative method” for audience composition, it should be clearly bounded.

SB 594 contemplates audience composition compliance grounded in data from the advertising medium but also **directs MCA to adopt an “alternative method” for determining audience composition.** The Board’s broader implementation principle is predictability: Maryland should adopt “smart, predictable, and service-oriented oversight,” treating compliant operators as partners in achieving public health and safety objectives. **An open-ended alternative methodology**—without clear parameters—**risks becoming a moving target that chills lawful adult communications over time.** The Board **recommends either removing that requirement or specifying limits:** any alternative method should be objective, publicly explainable, and **not more restrictive than the baseline statutory standard;** it should also be implemented only after clear public guidance and stakeholder input.

Finally, the Board urges the Committee to pair SB 594 with implementation expectations that support consistent statewide administration. The Advisory Board has recommended a “regulation through partnership” model, including practical tools such as dedicated help

Testimony of the Maryland Advisory Board on Medical and Adult-Use Cannabis

lines/office hours, timeliness benchmarks for agency interpretations, and recurring public roundtables to identify compliance friction before it becomes enforcement driven. SB 594's success will depend not only on statutory text, but on whether licensees and regulators share a clear understanding of what is permitted, what is prohibited, and how questions are resolved.

Requested amendments / committee direction (priority):

- Remove any statutory exterior signage content checklist and align exterior signage with enforceable standards akin to the medical cannabis framework.
- Remove or bound any "alternative method" for audience composition so it cannot become an unbounded discretionary constraint; require public guidance and stakeholder input before implementation.
- Direct MCA/ATCC to publish plain-language guidance and examples before enforcement, consistent with a partnership-based oversight model.

The Maryland Cannabis Advisory Board appreciates the Committee's continued leadership on smart, workable cannabis policy and stands ready to provide technical assistance on implementation design, so SB 594 achieves its purpose: clearer standards, strong youth protections, and responsible adult-facing communication that supports a safe, transparent, regulated market.

Sincerely,

Maryland Cannabis Advisory Board

Justin Garcia, Chair

Jamal Booker, Member

Wendy Bronfein, Member

Shannon Hoffman, Member

Wade Holshouser, Member

Chad R. Johnson, Ph.D., Member

Christina Johnson, Member

Tracey Lancaster-Miller, Member

Chase Lessman, Member

Rita Montoya, Member

Tereance Moore, Member

Travis Poonai, Pharm.D, Member

Alex Smith, Member

SB 0594 Testimony - Support W Amend R Davis.pdf

Uploaded by: Robert Davis

Position: FWA

Date: 2-24-2026

Senate Bill 0594– Testimony of Robert Davis R.Ph

Position: Support with Amendments

Owner hi Tide dispensary/OC botanicals LLC (SD 38) Ocean City Maryland.

Good afternoon,

I would like to voice my support with amendments for Senate Bill 0594. I am the owner and operator of a Maryland licensed cannabis dispensary that has been operating since 2018. I support less restrictive advertising policies as currently the Maryland Cannabis Administration and its interpretation of the regulations has made any advertising practically impossible. Legal state approved licensees in Maryland have been fined and given guidance that make it extremely difficult to understand how to communicate their business to consumers in the state of Maryland. Licensed legal cannabis operations in Maryland have been fined for having signage that says “woman owned dispensary” and using the word “open” in front of the business. The amount of citations have increased dramatically over the past year from the Maryland cannabis administration and have made it very difficult for consumers to determine the difference between a **legal state licensed dispensary** and an **illegal intoxicating hemp business**.

The illegal market of course has no governing agency and with state licensed dispensaries being unable to advertise to Maryland consumers this has stimulated and boosted up the illegal intoxicating businesses and their ability to endanger the public safety and welfare of consumers. My business has operated at the highest standards since 2018 when we were medical cannabis only. Throughout that time, my business and the industry successfully navigated the regulations as written prior to the advertising regulations being changed before recreational cannabis was launched.

I support amendments that would deregulate cannabis advertising that would allow cannabis dispensaries to communicate with 21 and older consumers so that the business can grow and contribute to tax revenue of the state of Maryland while also creating quality high paying jobs in the state of Maryland to residents.

As you may have seen on the news the cannabis industry in the state of Maryland is flat and not expanding and one of the main reasons for this contraction is the lack of businesses being able to operate as all businesses do by advertising to their consumers. The maryland cannabis industry should be regulated like the lawful, customer centric and accountable industry it is.

Thanks for your time and the opportunity to present this statement.

Sincerely,

Robert H Davis R.Ph

Owner/Clinical Director

hi Tide Dispensary

SB 594 FWA.pdf

Uploaded by: Selena Rawlley

Position: FWA



February 26, 2026

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

SB0594 – Cannabis – Advertising – Alterations
FAVORABLE WITH AMENDMENTS

Dear Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee,

I am writing on behalf of the Maryland Cannabis Administration (MCA) in SUPPORT with amendments of SB 594 – Cannabis – Advertising – Alterations.

SB 594 represents an effort to refine statutory language to reflect evolving advertising practices. MCA is greatly appreciative of the Chair for her leadership in clarifying and improving Maryland’s cannabis advertising framework and providing the Administration with additional flexibility in advertising enforcement. **In addition to supporting this work, MCA respectfully recommends three targeted amendments** to protect consumers from misleading health messaging, preserve core youth protection standards, and ensure statutory clarity surrounding editorial advertising. Draft language is attached at the end of this testimony.

Amendment 1: Strike the proposed definition of therapeutic and medical claims.

As introduced, SB 594 attempts to define what constitutes a “therapeutic or medical claim” that a cannabis licensee may make. The proposed definition in § 36-901 on page 2, line 8 states that a “therapeutic or medical claim means a claim that explicitly states a product can diagnose, treat, mitigate, cure, or prevent a disease or condition.” **MCA recommends striking this definition.**

Current regulatory guidance issued by the MCA states, “A medical or therapeutic claim is any statement that indicates cannabis use will relieve, treat, or prevent health conditions or any other ailment.” Since July 2023, there have been no enforcement violations against Maryland licensees related to medical or therapeutic claims, and the Administration has received no formal feedback on its interpretation thus far.

Furthermore, a statutory definition may unintentionally box the agency and industry into a narrow interpretation, hindering meaningful, reasonable, and truthful communication that licensees may need to make about products – especially in anticipation of federal rescheduling and evolving scientific evidence.

Instead, MCA recognizes this as an opportunity to work with our partners in the State and in industry to **develop a regulatory definition in COMAR that will continue to allow responsible licensees to make fair and reasonable claims while protecting consumers’ public health interests.** Proposed regulations are subject to a 30-day public comment period as well as informal comment periods, ensuring ample opportunity for all stakeholders to engage in meaningful discussions with the agency to strengthen any proposed regulatory definition.



Ultimately, moving the definition of therapeutic and medical claims into regulations positions Maryland's cannabis market for potential federal rescheduling, preserves the State's flexibility for future refinements as the marketplace and science evolve, and continues to protect consumers from misleading or unverified claims.

Amendment 2: Retain “Or Attractive To” in Youth Protection Standards

SB 594 proposes striking “or is attractive to” on page 2, line 25, from provisions prohibiting cannabis advertising that targets minors. **MCA recommends retaining this phrase.**

Maryland's cannabis statute was intentionally designed to establish strong youth protections at the outset of adult-use legalization. The existing language covers designs, imagery, and representation that may not expressly target minors but are nonetheless appealing to minors – a critical public health standard. Removing this phrase could unintentionally weaken protections against direct and indirect youth-oriented branding tactics. Maintaining this language aligns with longstanding practices in tobacco and alcohol advertising law to prevent youth appeal and helps ensure that youth protections remain robust as Maryland's legal cannabis market matures.

Amendment 3: Clarify Editorial Exception to Prevent Loophole

SB 594 appropriately clarifies that third-party use of a licensee's name, trademark, or product information in editorial or news content that is not intended as commercial advertising is permissible under statute. To prevent potential misuse of this exception, **MCA recommends adding the language “commissioned by or,”** on page 5, line 7, so that the relevant provision would read: “editorial content that is not commissioned by or is not intended as commercial advertising.”

This amendment ensures that the editorial exception cannot be used to circumvent advertising restrictions through sponsored content that is styled as journalism but is, in substance, commercial advertising. The recommended language provides clarity for media organizations, licensees, and regulators while maintaining the bill's intent to protect legitimate news reporting and journalism.

With the above amendments, the MCA supports SB 594's broader goals, including:

- Clarifying advertising standards in digital and broadcast media;
- Providing flexibility in evaluating audience composition data;
- Maintaining age-screening requirements for online platforms;
- Supporting limited exterior signage for licensed dispensaries to promote lawful consumer access; and,
- Strengthening the substantiation of medical or therapeutic claims.

For these reasons, the Administration respectfully requests the Committee to adopt these amendments and issue a favorable report. Should the Committee have any questions or concerns, please contact me at Tabatha.Robinson@maryland.gov, or Selena Rawlley, Deputy Chief of Legislative Affairs, at Selena.Rawlley@maryland.gov.

Sincerely,
Tabatha Robinson
Director, Maryland Cannabis Administration



Amendment 1

~~(C) "THERAPEUTIC OR MEDICAL CLAIM" MEANS A CLAIM THAT EXPLICITLY STATES A PRODUCT CAN DIAGNOSE, TREAT, MITIGATE, CURE, OR PREVENT A DISEASE OR CONDITION.~~

Amendment 2

REJECT amendment: 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;

Amendment 3

36-903

(4) (II) THE USE OF TRADEMARKS, BRANDS, NAMES, LOCATIONS, OR OTHER DISTINGUISHING CHARACTERISTICS IN A NEWS ARTICLE, INTERVIEW, DOCUMENTARY, OR OTHER EDITORIAL CONTENT THAT IS NOT COMMISSIONED BY OR IS NOT INTENDED AS COMMERCIAL ADVERTISING IS NOT SUBJECT TO THE PROHIBITION UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH.

02.24.2026 Public Comment from ILC on SB 594 Pleas

Uploaded by: Tim Gunther

Position: FWA

TESTIMONY ON BEHALF OF ILOVECOMPLIANCE

Senate Bill 594—Cannabis—Advertising--Alterations

SUPPORT with AMENDMENT

Senate Finance Committee

February 26, 2026

I Love Compliance.biz (ILC) was established in December 2015 and offers managed compliance services to cannabis operations and has been operating as the compliance team for multiple dispensary licenses in Maryland since 2017. ILC is currently the compliance team for fifteen different operators in the state, and we are writing on their behalf.

We appreciate the opportunity so provide comments on Senate Bill 594—Cannabis—Advertising—Alterations.

When the Maryland General Assembly legalized cannabis for adult use, it also enacted comprehensive advertising restrictions, some of the strictest in the nation. While unlicensed sellers aggressively promote intoxicating products online and in person without any regulatory oversight, licensed dispensaries must operate within strict rules. Allowing responsible advertising helps guide consumers toward regulated, lab-tested products that feature accurate labeling and clear safety disclosures. It also enables licensees to directly counter misinformation and unsafe claims that proliferate in the illicit market.

Licensed dispensaries and their trained staff play a vital educational role for the public, customers, patients, and caregivers. Four years after legalization, many Marylanders still do not realize that cannabis is legally available for adult use. Others remain unaware of its potential medical benefits. Regulated advertising gives licensees the ability to shape accurate consumer understanding and reduce the risk of misuse.

Over the past year, however, licensees have faced a sharp increase in advertising-related citations and fines for activities previously permitted. This has generated widespread confusion about what is and is not allowed under Maryland's advertising laws and regulations. Even when no fine is ultimately issued, the uncertainty has left many businesses increasingly reluctant to advertise at all.

1. Medical and Therapeutic Claims / Product Descriptions

We support the statutory intent (Alc. Bev. § 36-902) to prevent unsupported medical or therapeutic claims that products “cure” specific ailments or diseases. Advertisements making such claims must be supported by competent and reliable scientific evidence (e.g., two or more blinded, well-controlled clinical trials) and include information on significant side effects or risks.

However, product descriptions should be permitted to include specific product effects, cannabinoid or ingredient properties, and experiential/sensory language. This is essential for patient and consumer education, safety, and informed decision-making aligned with physician recommendations or desired experiences.

Examples of product descriptions that have been inappropriately flagged include:

- “guides you to a night of peaceful rest, helps ease muscle and joint pain”
- “fast-acting effects...a refreshingly natural mood enhancer”
- “delivers a wave of soothing relaxation, easing to a peaceful night sleep, replaces stress and worry with blissful tranquility”
- “cerebral stimulation with gentle body relaxation; sweet berry aroma jolts creativity.”

These are conditions recognized by the General Assembly in Md. Code, Alcoholic Bevs. & Cannabis §36-301(c) as being appropriate for treatment by cannabis. The MCA's regulations mirror that language. The law has already determined those conditions are treated by cannabis.



Recommended change:

Before the period on line 10 page 2 of SB 549, insert “except for those conditions recognized by this Article or the Administration’s regulations as conditions appropriate for treatment by medical cannabis.”

2. Signage

Current statutory language (§ 36-903(a)(1)(v) & (a)(2)) and MCA guidance limits dispensaries to only being able to put the name of the business on exterior signage. This is overly restrictive, and SB 549 has some reasonable restrictions included.

Recommended change: Expand allowable on-premises exterior signage to include limited additional professional information, such as:

- Ownership/diversity statements (woman-owned, Black-owned, veteran-owned, etc.)
- Hours of operation, phone number, and website URL or a QR Code to scan.
- Wayfinding/directional information

3. General Comments

Update the definition of Advertising in the regulation, here is a recommendation:

“ADVERTISEMENT” means the publication, dissemination, or circulation of any auditory, visual, digital, oral, or written matter paid for, expressly authorized in writing, or directed by a licensee or the licensee’s agent, that is calculated to induce the direct sale of cannabis or any cannabis-related product or service. “ADVERTISEMENT” does not include a trade name, logo, or branding on employee uniforms or on merchandise, whether sold or provided without charge.

If licensees choose to complete the MCA Maryland Cannabis Administration Advertising Audience Composition Data Submission, the MCA must provide a reasonable service-level agreement for how long it will take to review the information. In multiple cases, licenses have submitted information along with requested follow-up, and responses remain open for several months, in some cases over five months. No licensee can plan a marketing campaign and have a decision made several months later, as the event or opportunity has passed. Also, the MCA has stated in this process that they will not meet via call or web meeting, and communication must be done through email.

If the packaging that dispensaries received from licensed cultivators and processors is out of compliance, the dispensary should not be held liable, and the MCA should enforce the issues with those who produced it. In an active MCA case, a licensee was told they are liable for the product names that is on a package provided by a licensed cultivator, one product name was "Pain Killer" which was the strain name of the product, and the MCA cited that it was making health and therapeutic claims, stating that it was the responsibility of the dispensary and there was a potential for the dispensary to get fined because of the name. Although this product was approved for the state's seed-to-sale tracking system, the MCA does not go back to the product's manufacturers. Currently, the MCA only performs packaging approval on edible products, when in reality, they should be approving all packaging for all products before they go to market. This is how it is done in other states that offer cannabis products, such as Missouri, Florida, and Ohio.



Tim Gunther

CEO

I Love Compliance.biz

MDWRG SB 594.pdf

Uploaded by: Tracey Miller

Position: FWA

Testimony in Support with Amendments
Senate Bill 594
February 26th, 2026

Chair Beidle and members of the committee,

My name is Tracey Miller, and I am a **conditionally licensed standard grower in the Western region**. My team and I are currently working through the conditional licensing process and hope to be in operation next year. I respectfully submit this testimony in support of Senate Bill 594 with amendments.

Current advertising laws make it extremely difficult to conduct hiring events. Most colleges, universities and many county and state workforce development organizations do not allow cannabis businesses to participate in their job fairs, leaving cannabis businesses to host their own hiring events. However, because audience composition must be documented and show at least 85% individuals who are 21 years or older, hiring events must be held in private locations where the general public does not pass by. This makes advertising the event critical to its success, yet heavily restricted.

Licensees also want to **support local events and engage with our communities**. However, most community events do not maintain attendance records in a format accepted by MCA, making participation difficult or impossible and discouraging engagement that the state otherwise encourages from other small businesses.

I support the language that clarifies that **news coverage and interviews are not advertising**. At the same time, I encourage caution regarding the phrase “intended as commercial advertising”, as determining intent can be subjective. Licensees have no control over how a reporter frames a story, chooses a headline or what quotes they use. Clear, objective standards would better serve all stakeholders.

Lastly, I have concerns regarding the **hearing process with the MCA**. When the same body is involved in the investigation, enforcement and review, it raises concerns about neutrality. Licensees should have access to an impartial forum in the hearing and appeals process. This is important because if an event is deemed noncompliant, enforcement is carried out through that hearing and appeals process.

Thank you for your consideration.

Respectfully,
Tracey Miller
CEO
MDWRG - Conditional Licensee
Standard Grower - Western Region

Senate Bill 594_ FWA_Peake Releaf.pdf

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WELLNESS CENTER
2001 Chapman Ave.
Rockville, MD 20852

Testimony: SB 594

Position: Favorable with Amendment

Committee: Senate Finance

Hearing Date: February 26, 2026

Chair Beidle, Vice Chair Hayes, and Members of the Finance Committee:

My name is Warren Lemley, and I am the President of Peake ReLeaf, an independently owned cannabis dispensary. I am here today to testify in **support of Senate Bill 594 with amendments.**

While we applaud the intent of SB 594 to modernize advertising rules, the current draft still leaves independent dispensaries with undue restrictions that do not apply to other regulated retail industries. I respectfully request the following amendments to ensure parity and operational clarity:

1. To ensure regulatory consistency and protect existing small business investments, this bill should include a **'Grandfathering Clause'** for all exterior signage installed and in compliance with local ordinances prior to the effective date of this Act. Moving forward, the State should **defer to local county or city zoning requirements** for all permanent and supplemental signage. If a sign meets established local standards for a retail corridor, it should be deemed sufficient for a state-licensed dispensary.

The necessity for clear communication is high; for years, our community actually thought we sold tea because our signage was too restricted to define our retail services. To avoid such public confusion and ensure operational safety, a clear distinction must be made between 'marketing' and **'operational signage'**—such as '21+' age-verification notices, curbside pickup instructions, and contact information. We propose a total signage allotment of **10,000**

square inches per street frontage. This provides ample space to communicate with the public without providing a nuisance, ensuring that corner-lot businesses can adequately inform their neighbors while maintaining parity with surrounding commercial businesses."

2. **Restoring Community Partnerships:** Current rules have effectively banned us from participating in community events we previously supported. Our historical community partners were disappointed to lose our contributions. We ask for language that clarifies that **sponsorship of community-based events** is permissible, provided the 85% adult-audience threshold is met from standard historical resources provided by the event organizer.
3. **Clarifying News and Editorial Content:** Regarding the new exception for news and editorial content, we request the **removal of the word "intended."** Determining "intent" is subjective and creates a legal gray area. Removing this word provides a cleaner safe harbor for licensees to participate in legitimate journalism and documentaries without fear of advertising violations.

Maryland's cannabis businesses are part of the community fabric. We deserve the same ability to identify our locations and support our neighbors as any other legal business in the State.

I urge a **favorable report on SB 594 with these necessary amendments.** Thank you.

SB0594_UNF_MedChi_Cannabis - Advertising - Alterat

Uploaded by: Ashton DeLong

Position: UNF



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Senate Finance Committee
February 26, 2026
Senate Bill 594 – *Cannabis – Advertising – Alterations*
POSITION: OPPOSE

MedChi, The Maryland State Medical Society (“MedChi”), the largest physician organization in Maryland, **opposes** *Senate Bill 594: Cannabis – Advertising – Alterations*. Among other alterations to the cannabis advertising regulatory scheme, Senate Bill 594 includes the removal of the current prohibition on indirect advertising targeting individuals under 21 years old, the removal of the current prohibition on designs, illustrations, pictures, or representations that may be attractive to minors, and the alteration of the definition of audience composition data.

Consistent with MedChi’s mission to serve as Maryland’s foremost advocate and resource for physicians, their patients, and the public’s health, MedChi is particularly concerned about the proposed removals of restrictions on indirect advertising and on youth-appealing imagery—guardrails that are foundational to preventing increased exposure and interest among adolescents. Without further evidence-based data demonstrating that loosening these advertising restrictions would not result in public health harms to minors and individuals under 21 that the current law is designed to prevent, Maryland should not depart from the protections present in fellow states with legalized cannabis and should continue Maryland’s public-health-focused approach to cannabis advertising.

MedChi, therefore, respectfully requests an unfavorable report on Senate Bill 594.

For more information contact:
Ashton DeLong, Esq., CIPP/US
General Counsel
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FINAL Letter Senate Bill 594 Cannabis Advertising

Uploaded by: Deondra Asike

Position: UNF

MARYLAND CANNABIS PUBLIC HEALTH ADVISORY COUNCIL

February 24, 2026

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The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

**RE: Senate Bill 594 –
Cannabis - Advertising - Alterations – Letter of Opposition**

Dear Chair Beidle and Committee Members:

The Maryland Cannabis Public Health Advisory Council (CPHAC) respectfully submits this letter in opposition to Senate Bill 594 Cannabis Advertising Alterations.

SB 594 weakens several key public health protections in Maryland law that prohibit advertising to minors (those under 21 years of age). These changes substantially narrow existing safeguards and increase the risk that cannabis marketing will reach and influence Maryland’s youth. There is no marketing justification for relaxing these public health safeguards, as Maryland’s legal cannabis market is flourishing under current law. Total cannabis sales topped \$1 billion in both FY 2024 and FY 2025¹. Adult-use sales increased almost five-fold from July to December 2025, without any loosening of advertising restrictions.

SB594 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 adolescents and youth 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 advertising². Research consistently shows that exposure to cannabis advertising is associated with^{3,4}:

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

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 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>

³ 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).

⁴ 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).

SB 594 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.” The FTC regulates all claims in advertising including implicit health claims⁵. SB 594 would weaken MCA’s regulatory authority over cannabis health claims. Majority of other states with adult use cannabis markets^{6,7} prohibit marketing which indirectly targets minors. SB 594 would make Maryland a pioneer in weakening cannabis public health standards.

SB 594 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 dispensaries is associated with increased interest in and actual use of cannabis by adolescents⁸. 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.

SB 594 changes the method for establishing that the expected advertising audience age composition is at least 85% adult. Current law allows the Maryland Cannabis Administration (MCA) to make this evaluation. SB 594 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.

SB 594 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 cannabis representative from promoting a dispensary on a news media, social media or podcast interview.

In conclusion, The Maryland Cannabis Public Health Advisory Council respectfully urges the Committee to issue an unfavorable report on SB 594. We urge the General Assembly to maintain strong, evidence-based protections that prioritize the health and wellbeing of Maryland’s children and adolescents.

Respectfully submitted,



Deondra Asike, M.D.

Chair, Maryland Cannabis Public Health Advisory Council

⁵ 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

⁶ 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>

⁷ States that only prohibit “attractive” or “appealing”: Ala. Code § 20-24-61; 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)(b)(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 Vi. 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)(b)(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 Vi. 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 Vi. R. § 1; Va. Code Ann. § 4.1-1401; Wash. Rev. Code Ann. § 69.50.369

⁸ Moran, M. B., Tharmarajah, S., Czaplinski, L., Thurl, 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>

SB 594 Testimony Legal Resource Center.pdf

Uploaded by: George Townsend

Position: UNF



**Testimony in Opposition to
Senate Bill 594
Cannabis – Advertising – Alterations
*Before the Finance Committee: February 26, 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 SB 594, which, among other provisions, allows for cannabis advertising that indirectly targets underage individuals and narrows the application of certain health and safety requirements for health claims in cannabis advertisements.

SB 594 proposes several changes to Maryland’s deliberate and robust requirements for cannabis business advertising, contained in Sections 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)(ii-iii), which would expand the ability of cannabis companies to indirectly target underage individuals or utilize elements that appeal to minors. The LRC-C does not take a position regarding the other proposed changes concerning audience composition data, exterior signage, or editorial content.

Targeting and Appealing to Underage Individuals

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 through direct targeting or indirect appeal.

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 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).

To that end, 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. 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

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 words “or indirectly” 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

The second significant change proposed by SB 594 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

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 385-391 (2018), <https://pmc.ncbi.nlm.nih.gov/articles/PMC6744951/>.

³ Joanna Jacobus and 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>.

significant and most common health risks of cannabis use. The definition proposed by SB 594 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.*”⁴ 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.⁵ 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.⁶

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.

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

⁵ *Health Products Compliance Guidance*, Federal Trade Commission, https://www.ftc.gov/business-guidance/resources/health-products-compliance-guidance#_edn17 (accessed Feb. 13, 2026).

⁶ 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).

Conclusion

Both allowing indirect targeting of and appeal to underage individuals and narrowing the definition of “therapeutic and medical claim” increase the ability of cannabis advertisers to attempt to achieve indirectly aims that the state has determined they may not perform directly, such as targeting underage individuals and implying health benefits without evidence or disclosure of side effects. These changes are unnecessary and will only serve to erode public confidence in the state’s public health regulation of the cannabis industry. For these reasons, we respectfully request this committee issue an unfavorable report on SB 594.

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,

Mathew Swinburne, J.D.

(he/him/his)

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Senate Bill 594 Cannabis-Advertising Alterations

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Position: UNF

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**STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL
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IRNISE WILLIAMS
Deputy Unit Director

February 24, 2026

TO: The Honorable Pamela Beidle, Chair
Finance Committee

FROM: Irnise F. Williams, Deputy Director, Health Education and Advocacy Unit

RE: Senate Bill 594 – Cannabis-Advertising – Alterations - **OPPOSITION**

The Consumer Protection Division of the Office of the Attorney General (the “Division”) opposes Senate Bill 594. Senate Bill 594 would allow, among other things, advertising that *suggests or implies* cannabis products can diagnose, treat, mitigate, cure, or prevent a disease or condition, even if that claim is not backed by science. The bill would also allow for the indirect targeting of children with cannabis advertisements and representations in cannabis advertisements that are attractive to minors. Senate Bill 594 would encourage violations of the Consumer Protection Act, which could result in lasting harm to consumers, including children. The Division urges the Economic Matters Committee to vote, No, on Senate Bill 594.

The Current Law

The following is a summary of sections of the current cannabis advertising law that are relevant to the Division’s opposition to the proposed changes in Senate Bill 594.

Therapeutic or Medical Claims

The current cannabis advertising law requires that any advertisement for cannabis, cannabis products, or cannabis-related services that makes “therapeutic or medical claims” be 1) supported by competent and reliable scientific evidence, and 2) include information on the most serious and most common side effects or risks associated with the use of cannabis. The law does not currently define, “therapeutic or medical claim.” Md. Code Ann., Alco. Bev. & Cann. § 36-902.

Advertising to Children

The current law, among other things, prohibits advertising for any cannabis licensee, cannabis product, or cannabis-related service that “directly or indirectly target(s) individuals under the age

of 21 years,” or contains a design, illustration, picture, or representation that “targets or is attractive to” minors, including a cartoon character, mascot, or other depiction commonly used to market products to minors. Md. Code Ann., Alco. Bev. § 36-903(a)(1). The law also prohibits advertising by television, radio, internet, mobile application, social media, or other electronic communication, event sponsorship, or print publication, unless the advertisement meets an audience composition requirement: it must be reasonably expected that at least 85% of the audience will be over 21 years old, based on reliable and current audience composition data. *Id.*

Third-Party Use of Advertisements

The current law prohibits a cannabis licensee from allowing the use of its trademarks, brands, names, locations, or other distinguishing characteristics for third-party use for advertisements that do not comply with the law. *Id.* § 36-903(b)(4).

The Proposed Amendments

Senate Bill 594 proposes the following related amendments to the current law.

Therapeutic or Medical Claims

Senate Bill 594 defines “therapeutic or medical claim” to include only claims that “explicitly” state that a cannabis product can diagnose, treat, mitigate, cure, or prevent a disease or condition. This specific amendment will cause confusion, because it appears to allow advertisements that make *implicit* therapeutic or medical claims that are not supported by competent or reliable scientific evidence and that do not include information on the most serious and most common side effects or risks associated with the use of cannabis.

Advertising to Children

Senate Bill 594 deletes “or indirectly” in Md. Code Ann., Alco. Bev. § 36-903(a)(1)(ii), removing the prohibition against advertisements that indirectly target individuals under the age of 21. The bill also removes “or is attractive to” from § 36-903(a)(1)(iii)(1), removing the prohibition against advertisements containing representations that are attractive to minors. Finally, the bill proposes for determining audience composition 1) “the most recent and readily available” audience composition data from the proposed advertisement source (*e.g.*, data available on the audience composition for whichever television or social media entity will run the advertisement); and 2) at least one alternative method for determining audience composition, to be adopted via new regulations on or before January 1, 2027.

Third-Party Use of Advertisements

Senate Bill 594 includes language that would hold harmless cannabis licensees whose trademarks, brands, names, locations, or other distinguishing characteristics are used in news stories, documentaries, or other similar content, not intended as commercial advertising.

The Division has the following concerns about Senate Bill 594.

Harms to Maryland Consumers

The Division enforces the Consumer Protection Act § 13-301, *et. seq.* (CPA), longstanding in Maryland, with the purpose of preventing unfair, or deceptive practices in connection with sales of merchandise in the state. Md. Code Ann., Com. Law § 13-102(a). The prevention of unfair or

deceptive trade practices and the protection of children are among the minimum standards the CPA has established, and the Division has enforced for the benefit of Maryland consumers, for decades. *See id.* § 13-103. Hence, the Division has the following concerns about Senate Bill 594.

Deceptive Trade Practices

The CPA prohibits *any* false, falsely disparaging, or misleading oral or written statement that has the capacity, tendency, or effect of deceiving or misleading consumers. Md. Code Ann., Com. Law § 13-301(1). Implicit claims and advertisements, whether to children or adults, are covered by the CPA. Senate Bill 594's elimination of the prohibition against misleading implicit medical claims from the statute is inconsistent with the CPA.

Harms to Children

Senate Bill 594 appears to allow for indirect targeting of individuals under age 21 with cannabis advertisements, including with representations that are attractive to minors. Advertisements for cannabis that target children, even indirectly or with language or images that are attractive to minors, can result in lasting harms. Advertising is impactful. A 2025 study from the International Journal of Drug Policy found that cannabis advertising of certain features shown to be appealing to adolescents significantly increased youth interest in cannabis use and positive attitudes toward the advertisement.¹ Another study, in 2021, found that adolescent cannabis usage increased exponentially based on the amount of exposure to billboards advertising cannabis.²

The negative impacts of cannabis use on children and adolescents are well-documented. A January 2026 study published by the American Association of Pediatrics found that adolescents who used cannabis once or twice a month reported higher rates of depression-like symptoms, anxiety, and impulsive behavior than those who abstained. Near-daily users were almost four times as likely to have poor grades and were frequently disengaged from school activities. These associations were even stronger for younger cannabis users.³

Emerging research shows a connection between teen cannabis use and an increased risk of developing certain serious mental illnesses. Just this past week, the JAMA Health Forum published a study that, after excluding adolescents who had symptoms of mental illness before

¹ See Alisa A. Padon et al., *Characteristics and Effects of Cannabis Advertisements with Appeal to Youth in California*, Int'l J. Drug Pol'y, Mar. 2025, art. 104718, <https://www.sciencedirect.com/science/article/abs/pii/S0955395925000179>.

² See Pamela J Trangenstein, et. al, *Cannabis Marketing and Problematic Cannabis Use Among Adolescents*, J. Stud Alcohol Drugs. 2021 Mar;82(2):288-296, <https://pubmed.ncbi.nlm.nih.gov/33823976/>.

³ See Ryan S. Sultan et al., *Cannabis Use Among US Adolescents*, Pediatrics, Jan. 2026, art. e2024070509, <https://www.binasss.sa.cr/ene26/52.pdf>.

using cannabis, found an increased risk of psychiatric disorders, including psychotic, bipolar, depressive, and anxiety disorders, in adolescents who self-reported cannabis use in the past year.⁴ Cannabis can be particularly addicting for children. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 1-in-6 people who start using the drug before the age of 18 can become addicted, versus 1-in-10 people who start using as adults.⁵ Advertising that indirectly targets children, including through images and media that is attractive to minors, will promote these known harms.

Allowing advertisements that are attractive to or indirectly target minors will undoubtedly lead to a proliferation of such advertisements like those in the attached document; Maryland children should not be subjected to such advertising.

Third-Party Use of Advertisements

The Division opposes the language in Senate Bill 594 that would hold harmless cannabis licensees whose trademarks, brands, names, locations, or other distinguishing characteristics are used by third parties in violation of the law, even if the content is not intended as commercial advertising. The proposed language would create a loophole in the law that could easily be exploited with news articles, documentaries and other editorial content. Moreover, without the addition of disincentives, such as fines for third-party violators, this change would increase legal violations, including CPA violations.

Proposed Action

The Division urges the Finance Committee to vote, No, on Senate Bill 594.

cc: Senator Gile

⁴ In this study, the link between adolescent cannabis use and depressive and anxiety disorders decreased with age, and were no longer significant among young adults aged 21 to 25 years. This reveals the particular risk cannabis use poses to children under 21. See Kelly C. Young-Wolff et al., *Adolescent Cannabis Use and Risk of Psychotic, Bipolar, Depressive, and Anxiety Disorders*, JAMA Health Forum, Feb. 20, 2026, at 1, <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2845356>.

⁵ Substance Abuse & Mental Health Servs. Admin., *Know the Risks of Marijuana*, <https://www.samhsa.gov/substance-use/learn/marijuana/risks>



- **Link:** <https://dopecooks420.com/>
- **Location:** Tacoma, Washington



- **Link:** <https://www.theguardian.com/us-news/2015/oct/21/buddie-responsible-ohio-mascot-joe-camel-big-business>
- **Location:** Ohio



- **Link:** <https://www.instagram.com/p/C7KO877y4nU/>
- **Location:** Could not retrieve location.



Cereal Milk Strain Delta 8 THC Flower

- **Link:** <https://maryjanesbakeryco.com/>
- **Location:** Miami, Florida

testimony SB 594 cannabis ads alterations MDDCSAM

Uploaded by: Joseph Adams, MD

Position: UNF

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

SB 594 Cannabis Advertising Alterations UNFAVORABLE

Senate Finance Committee (Feb. 26, 2026)

SB 594 substantially narrows 5 key public health protections in current Maryland law that prohibit advertising to minors (those under 21 years of age). These changes weaken existing public health safeguards, thereby increasing the risk that cannabis marketing will reach and influence Maryland's adolescents and youth. Maryland's legal cannabis market is flourishing under existing law, so there is no financial justification for relaxing these public health safeguards. Total cannabis sales in Maryland topped \$1 billion in both FY 2024 and FY 2025¹. Adult-use sales increased almost five-fold from July to December 2025.

- SB594 removes the current ban 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 adolescents and youth to influence their behavior. Exposure to cannabis advertising is associated with greater intention to use cannabis, increased cannabis use, and higher risk of developing cannabis use disorder.^{2,3} This is why many states that regulate cannabis advertising directed at minors include indirect targeting, as well as direct targeting, within their regulatory framework. The Master Settlement Agreement between the tobacco industry and state attorneys general (including Maryland) prohibits both “direct and indirect” targeting of underage individuals by advertising⁴.
- SB 594 prohibits making a “therapeutic or medical claim” for a cannabis product only if “a claim ... explicitly states a product can diagnose, treat, mitigate, cure, or prevent a disease or condition.” This narrow definition 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.” This would allow vaguer health claims. The Federal Trade Commission (FTC), which regulates consumer advertising, requires both explicit and implied health claims to be substantiated.
- SB 594 allows additional exterior signage on cannabis dispensaries beyond what is permitted by current law. This additional signage can only contain administrative and safety information, but any signage increases the environmental prominence of the dispensary. Exposure to dispensaries is associated with increased interest in and actual use of cannabis by adolescents.⁵ The information allowed on this additional exterior signage confers little or no consumer or public health benefit.
- SB 594 changes the method for establishing that the expected advertising audience age composition is at least 85% adult. Current law allows the Maryland Cannabis Commission (MCA) to make this evaluation. SB 594 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.

- SB 594 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 cannabis representative from promoting a dispensary on a new media, social media or podcast interview.

The Maryland-DC Society of Addiction Medicine respectfully urges the Committee to issue an unfavorable report on SB 594.

Respectfully submitted,

David A. Gorelick, MD, PhD, DLFAPA, FASAM
Clinical Professor of Psychiatry
University of Maryland School of Medicine

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. 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).
3. 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).
4. 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>
5. Moran MB, Tharmarajah S, Czaplicki L., et al. A Narrative Review of Research on Cannabis Advertising in the United States. *Current Addiction Reports*. 2025;12(1):92. doi: 10.1007/s40429-025-00703-1.

Public Health Law Clinic_SB594_UNF.pdf

Uploaded by: Steven McKechnie

Position: UNF

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.

SB594_TrilogyWellness_INFO

Uploaded by: David Robinson

Position: INFO

David Robinson

Dispensary Manager Trilogy Wellness of Maryland

9291 Baltimore National Pike.

The considerations proposed in Senate Bill 594 which will repeal and reenact portions of the law related to advertising help to pull back some of what felt like an overreach of government control.

The items which lead to this conclusion are listed below.

1. Clear definitions of “Advertisement” and “Therapeutic or Medical claim”.
2. Providing the process by which television, radio, internet, mobile application, social media or electronic communication, events sponsorship or print publication’s audience can be evaluated to be at least 85% over the age of 21.
3. Detailing out the purposes of approved exterior signage.
4. Considerations for social media postings based on a notification that the individual must be 21 or older to view the content.

The law, however, does not address some of the issues we have experienced over the past few years which are detailed below.

1. Expectations of the administration/MCA for the dispensary to be responsible for language approved on packages. The dispensary has no control of the labeling that is approved for a cultivator or processor.
 - a. Accountability for the design, color, images, and language that come on prepackaged products should be on the cultivator and processor.
2. Requests for answers taking sometimes up to 12 months to resolve.
 - a. Being unable to speak directly to someone who has authority over said requests.
3. The lack of interpretation from MCA officials.
 - a. There is no appeal process for the disagreement with interpretation of definitions and processes even when an inspector and other MCA personnel have varying opinions. The MCA only communicates via email, which can cause a need for further explanation and drag out timelines for solving problems.
 - b. Definitions and timelines for resolutions are most often not provided when there are questions on how the MCA interprets laws.

Thank you for the opportunity to provide this testimony.

SB594_MACHO_INFO

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Position: INFO



**2026 SESSION
POSITION PAPER**

BILL: SB 594 - Cannabis - Advertising – Alterations
COMMITTEE: Senate – Finance Committee
POSITION: Letter of Information

BILL ANALYSIS: SB 594 repeals certain prohibitions on cannabis advertising targeting minors; revises the definition of “therapeutic or medical claim”; removes requirements regarding data needed to determine the likely target audience for advertising; modifies signage requirements on the premises of licensed dispensaries, among other changes.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) submits this Letter of Information for SB 594. The bill proposes several changes to existing prohibitions on advertising targeting minors and loosens requirements on cannabis businesses to ensure that the likely audience for any given media is expected to be 21 years of age or older.

MACHO is worried about the potential impact of these proposed changes to the advertising requirements. Specifically, the bill would permit advertising that indirectly targets individuals under the age of 21 and permits the use of designs and images that may be attractive to minors. It also removes the requirement that cannabis businesses rely on current and reliable audience composition data to ensure that at least 85% of the audience is reasonably expected to be aged 21 or older.

As written, the bill weakens important protections enacted by the state to reduce the risk of cannabis use among youth. Repeated exposure to cannabis advertising reduces the perception of risk related to cannabis and increases the likelihood of cannabis use among youth. The negative consequences of cannabis use among youth are well-documented: increased risk of mental health issues such as depression and anxiety, challenges with maintaining attention, learning, and problem-solving, and increased risk for cannabis use disorder as an adult.

The current law provides important protections to limit youth exposure to cannabis advertising. From an economic standpoint, the legalization of adult cannabis use in Maryland has been a tremendous success, and there is little to suggest that existing law is a barrier to cannabis businesses in the state. Given the profound public health implications, MACHO respectfully requests that lawmakers give serious consideration to the changes SB594 proposes to the current law in Maryland.

For these reasons, MACHO respectfully submits this Letter of Information for SB 594. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*