



Advancing Legal Medical Marijuana Therapeutics and Research

Which safe access bill would best serve Maryland patients: HB 302 or 1101?

Protecting Patients

HB 1101: Protects patients and caregivers from arrest; however, no civil or privacy protections are offered. Additionally, the bill does not provide for any documentation that patients may present to law enforcement (like a state ID card) in the event of a police encounter. This deficiency will likely result in patients getting arrested for conduct that is permitted by the bill.

HB 302: In addition to protecting patients and caregivers from arrest, patients are given protection from various forms of civil discrimination, including: housing, employment, education, child custody, and organ transplants. The bill also creates a confidential patient registry system, which would allow law enforcement agents to access patient registry only to check on if a particular patient or caregiver have a valid registration card and has not surpassed their monthly purchase amount.

Accessibility of Medicine

HB 1101: Would allow patients to obtain medicine from an Academic Medical Center that is overseen by the U.S. Dept. of Health and Human Services. The number of qualified institutions in the state of Maryland is small and not well distributed geographically. Even if an qualified Academic Medical Center would wish to participate, the source of the medicine would be in doubt. Patients would have to wait for either the National Institute of Drug Abuse's strict policy preventing medical marijuana research is lifted, or for the state to issue cultivation licenses, something that recently took New Jersey and the District of Columbia more than two years to accomplish.

HB 302: By utilizing the experience and best practices in existing medical marijuana states, qualifying patients and registered caregivers may access medicine either from a dispensary or through personal cultivation. Personal cultivation not only provides necessary access to medicine as the state bureaucracy figures out implementation, but allows patients greater variety of medicine to suit their particular needs while providing a check to help keep retail dispensary prices competitive.

Advisory Board or Commission

HB 1101: By adding law enforcement agents to the Oversight Commission such as the police and state's attorney's office, 1101 would essentially reconstitute the workgroup that was created by SB 308 (2011). This workgroup failed to meet its statutory deadline and could not come to a consensus on a single piece of legislation, due in large part law enforcement's presence on the group. This is proven to be an unworkable formula. Just the creation of this Commission could delay implementation significantly, resulting in an even greater likelihood of qualified patients not having access to legal medicine for at least two years.

HB 302: Creates the Medical Marijuana Advisory Board, consisting solely of medical professionals, who would advise the Dept. of Health and Mental Hygiene rather than have authority over the program.

**For the Strongest Safe Access Bill for Maryland Patients,
Support HB 302!**

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