

ASA Supports HB 490, HB 601, HB 1068, and SB 456

HB 490 - Natalie M. LaPrade Medical Marijuana Commission - Miscellaneous Revisions
Del. Dan Morhaim (D), Del. Cheryl Glenn

We are pleased to see the common sense improvements to the program that would be made via HB 490. Adding another patient perspective as an additional voice on the Commission will help ensure that patient concerns are being well-represented during the Commission's decision making process. Additionally, preventing the Commission from imposing additional requirements to become a certifying physician will help patients because Maryland's physician registration process is already limiting factor in the number of physicians who will participate in the program. Maryland is a small minority of states that require physicians to register before having the right to recommend marijuana under the state program. The treatment plan requirement in 13-3307(b) is already more extensive than what is required in other states and requires a certain expertise in the therapeutic application of marijuana in order for a treatment plan to be viable. Additional requirements only will prevent from being able to use this treatment option in their practice. Ideally, ASA would prefer that Maryland repeal the physician registry, but limiting the burdens of physician registration is a good first step that we can endorse.

ASA's Position: **Support**

HB 601 - Medical Marijuana - 30-Day Supply - Adequacy and Possession
Del. Karen Young (D)

Allowing physicians the ability to recommend above the regulatory definition of a 30-day supply is a good common sense compromise. There is evidence to suggest that for certain conditions, such as nail-patella syndrome, multiple congenital cartilaginous exostoses, congenital cataracts and glaucoma, a dose of approximately 8 grams per day may be appropriate.¹ Additional, patients who do not inhale their medicine through smoking or vaporization will likely require greater amounts of marijuana, perhaps 3-5 times the amount.² Based on the available evidence, patients could conceivably need in excess of 240 grams over a 30-day, about double the current 120-gram limit. Generally speaking, the 120-gram limit will satisfy the medical needs of most patients. However, physicians should have the right to recommend for an amount greater than this amount if they think 120 grams truly is insufficient.

ASA's Position: **Support**

HB 1068 - Natalie M. LaPrade Medical Marijuana Commission - Nonresident Cardholders
Del. Karen Young (D)

ASA considers reciprocity to be an important component of any truly comprehensive medical marijuana law. All states that pass medical marijuana laws wish to see that the patients of their state not get arrested for their medical use. The realities of life dictate that patients must (and deserve to) be able to travel; however, since patient protections only extend to the state border, medical marijuana states must rely on each other to be good neighbors in order make certain patient rights are preserved. This bill addresses reciprocity in the type of manner that Maryland would want its resident patients treated when they must travel, and will not create an extra burdens on law enforcement because the Commission will have a record of the patient.

ASA's Position: **Support**

¹ Sunil K. Aggarwal, Muraco Kyashna-Tocha, and Gregory T. Carter, Dosing Medical Marijuana: Rational Guidelines on Trial in Washington State, MedGenMed. 2007; 9(3): 52, available at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2100129/>

² Id.

National Office

1806 Vernon St. NW, Suite 100, Washington DC 20009
PHONE: 202.857.4272 FAX: 202.857.4273

California Office

770 L Street, Suite 950, Sacramento, CA 95814
PHONE: 916.449.3975

General Information

WEB: www.AmericansForSafeAccess.org
TOLLFREE: 888-929-4367

SB 456 - Criminal Law - Marijuana and Drug Paraphernalia - Medical Necessity
Sen. Robert Zirkin (D)

ASA strongly supports this improvement to Maryland's medical marijuana affirmative defense. While the state adopted a comprehensive medical marijuana program in 2014, access to medical marijuana through the program will not happen for until 2016 according to the latest projections. Even then, some patients with true medical need will have difficulty finding legal access to medicine because their physician may wish not to register in the program, or they themselves may feel it is an invasion of their privacy to register under any circumstances. It is not a good use of the state's resources to convict these patients if they truly have a documented medical necessity.

ASA's Position: **Support**

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