

**RE: HB 331 - Support**

Committee Chairs, Vice-chairs and Members:

Thank you for your consideration of HB331 which I hope you will support, and thanks to Delegate Lisanti and the bi-partisan co-sponsors.

For those of you who don't know me, I served 24 years in the House of Delegates, from 1995-2018. I am an emergency medicine physician, Emergency Department Chair at Franklin Square Hospital from 1981-1995. After election to the House of Delegates, I moved to Sinai Hospital in Baltimore where I am still on staff. Other activities include volunteer physician and board member at Health Care for the Homeless, medical staff at the VA Hospital, faculty at the Hopkins School of Public Health, and the author of two books, the second of which will be published by Johns Hopkins Press later this year.

As our state's medical cannabis program matures, we learn of new areas that require attention and adjustment. HB331 speaks to an issue that could not have been anticipated when the medical cannabis program was created.

It's worth reviewing Maryland legislative history, noting the bi-partisan support for medical cannabis, and HB331 reflects this again.

The first medical cannabis bill in Maryland was introduced in 1980 by Baltimore County Republican Delegate Wade Kach. Delegate Kach served for 40 years in the House and is now in his second term as a Baltimore County Councilman. His original bill was 2 pages long and essentially did everything later bills did. It was another Baltimore County Republican, Delegate Don Murphy, who introduced similar legislation in 2001 and 2002. I supported his efforts. When he left the legislature, I introduced legislation in 2003 which evolved into an affirmative defense bill, and it became the first enacted bill in Maryland to acknowledge the medical benefits of cannabis. It took another 15 years, in fits and starts, to get today's program underway, and while it's not ideal, it is working for thousands of Marylanders.

I read medical scientific articles about cannabis regularly, and we've learned a lot. More and more we are finding potential uses for medical cannabis, chemical receptors of which are in almost every cell in our bodies. There will be more and more discoveries as new refined extracts of cannabis are identified, studied, and used. For example, there are even cannabinoids that may someday help in healing broken bones.

From my perspective as a physician, medical cannabis should be viewed like any other medicine. It has its benefits and risks. It can help in many cases, and it has side effects. Fortunately, no one has ever died of a cannabis overdose in the history of medicine.

We know that cannabis can be useful in a wide variety of diseases, including for cancer, gastrointestinal disorders, neurologic conditions, and others. Cannabis can be used safely for adults and for children.

We recognize that children should not be deprived of any needed medication at school. We want them to attend classes in the best health possible. That's why there are provisions for children who may need medicine for asthma, diabetes, epilepsy, or any number of other medical conditions. It follows logically that it ought to be same rules for children who benefit from medical cannabis when it is provided under our state's regulatory system that allows any patient access in Maryland.

Speaking personally, our 3 children – adults now – all graduated from Baltimore County Public Schools. One had a serious chronic medical condition, and had she not been able to take her medications at school, her situation would have been life-threatening.

Putting any child at risk for an exacerbation of a treatable condition during school hours or having a child miss class because they can't get the medication they need - medical cannabis or otherwise - is simply not fair or right.

There is no reason this can't be done safely and responsibly. This bill thoughtfully brings together the key stakeholders to work out the details, and it should be passed.

Submitted by

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