

**Cannabis Public Health Advisory Council Meeting #15 -Minutes  
Wednesday, January 21, 2026 · 4:00 – 6:00pm**

**Members Present:**

Dr. Deondra Asike  
Dr. David Gorelick  
Jocelyn Bratton-Payne  
Karrissa Miller  
Dawn Berkowitz  
Jason Semanoff  
Audrey Johnson  
Arinze Ifekauche  
Tim Kerns (on behalf of Christine Nizer)

**Members Not Present:**

Dr. Leigh Vinocur  
Sen. Benjamin Kramer  
Martin Proulx  
Del. Terri L Hill  
Dr. Nishant Shah  
Christine Nizer  
Dr. Elizabeth Kromm

**MDH Staff Present:**

Erin Portillo  
Dana Moncrief  
Kate Natafgi  
Alexandra Nowalk

**LRC- Cannabis Technical Staff  
Present:**

Mathew Swinburne  
Annie Carver  
George Townsend

**Members from Public:**

Dr. Dan Morheim

## **1. Open Meeting. 4:05 PM.**

- a. The meeting was called to order by Dr. Deondra Asike, Council Chair, at 4:05 PM on Wednesday, January 21, 2026.
- b. Erin Portillo took a roll call; a quorum of 8 members was present.
- c. Dr. Asike introduced the minutes from the December 10, 2025 meeting. One suggested edit had been submitted by Dr. Gorelick. No additional edits were proposed. Karrissa Miller motioned to approve the minutes with the suggested edits. Dr. Gorelick seconded the motion. The minutes were approved unanimously.

## **2. Beyond Brownies and Joints: The New Landscape of Cannabis Products**

Dr. Asike introduced Dr. Beatriz Carlini of the University of Washington, a public health researcher specializing in cannabis use, policy, and high-THC product impacts, delivered a presentation on the evolving cannabis marketplace and the public health implications of increasingly potent THC products. Dr. Carlini explained that legalization has significantly shifted the market from lower-potency cannabis flower (averaging approximately 3% THC in 1993) to products with much higher concentrations, with flower now averaging over 20% THC and concentrates typically ranging from 60-70% THC, with some products approaching 90%. Dr. Carlini described the proliferation of emerging product forms, including concentrates such as wax, shatter, and oil; vape cartridges; dabbing products; and pre-rolls infused with concentrates.

Dr. Carlini highlighted growing public health concerns associated with these high-potency products, including increased risk of cannabis use disorder (CUD), associations with psychotic disorders and first-episode psychosis, cannabis hyperemesis syndrome (CHS) leading to emergency department visits and hospitalizations, and heightened vulnerability among youth and individuals with pre-existing mental health conditions. Citing research demonstrating a dose-response relationship between THC concentration and adverse outcomes, Dr. Carlini noted higher international conversion rates from cannabis-induced psychosis to schizophrenia compared to other substances and rising cases of CHS concurrent with legalization and increasing THC potency.

Dr. Carlini also reviewed policy recommendations advanced in Washington State for products containing 35% THC or more, including a potency-based excise tax, equity-focused allocation of revenue, advertising restrictions, raising the purchase age to 25, establishing a 10 mg standard serving size, point-of-sale education by budtenders, and targeted public health campaigns. Dr. Carlini reported that most of these proposals encountered strong industry opposition, with only limited budtender education provisions ultimately adopted.

### 3. Legislative Updates and Discussion

Mr. Mathew Swinburne from the UMB Legal Resource Center (LRC)- Cannabis presented an overview of four cannabis-related bills under consideration. Mr. Swinburne began by explaining Maryland's adult-use cannabis tax structure to provide context for understanding the fiscal implications of the proposed legislation. Maryland currently imposes a 12% sales and use tax on adult-use cannabis (increased from 9% the previous year). Of the total revenue collected, 25% is distributed to the State's General Fund. The remaining 75% is first used to cover administrative and enforcement expenses of the Maryland Cannabis Administration (MCA) and the Office of Social Equity (OSE) through the Cannabis Regulation and Enforcement Fund. Only after these administrative costs are paid are funds distributed to other designated programs, including 35% to the Community Reinvestment and Repair Fund (CRRF), 5% to local governments, 5% to the Cannabis Public Health Fund, and 5% to the Cannabis Business Assistance Fund (which sunsets in FY28). Any remaining funds revert to the General Fund.

**HB 108 / SB 61** would establish a Division of Correction Release Preparation Program to allow formerly incarcerated individuals to assist incarcerated individuals with release planning. While the program was described as commendable in intent, the bill proposes funding it through the Cannabis Regulation and Enforcement Fund. Because expenses from this fund are paid prior to allocations to the Cannabis Public Health Fund, members discussed the potential for reduced funding for public health initiatives if the new program's costs are drawn from the same source.

Mr. Swinburne noted that a fiscal policy note had not yet been released, and the bill does not specify when program payments would be made. Council members discussed the uncertainty surrounding the program's fiscal impact and whether administrative cost fluctuations within MCA or OSE could offset potential impacts. MCA staff noted that while some expenditures vary, many agency budget items, such as salaries and contracts, are relatively fixed. Members expressed hesitation to oppose a program with positive public health implications but indicated concern about possible unintended funding reductions. The Council agreed to continue monitoring the bill pending additional fiscal information.

**HB 133** proposes reducing the cannabis sales and use tax from 12% to 3%. Using third-quarter revenue data from the Comptroller's report—the first quarter reflecting the 12% rate—he explained that \$26.8 million in tax revenue had been generated, while MCA expenses were approximately \$10 million. Under a 3% tax rate, projected quarterly revenue would drop to approximately \$6.7 million, creating a shortfall insufficient to cover MCA's operating expenses, let alone fund the Community Reinvestment and Repair Fund, Cannabis Public Health Fund, and other statutory allocations.

Members discussed both fiscal and public health implications. Concerns were raised that lowering the tax rate could reduce funding across all designated programs and potentially increase cannabis accessibility, particularly among vulnerable populations. At the same time, it was noted that tax policy can influence consumer behavior between legal and illicit markets. A motion was introduced to oppose the bill on fiscal and public health grounds; however, staff confirmed that quorum was not present, and no vote could be taken. The matter was deferred for consideration at a future meeting.

**HB 307** proposed changes to the administration of the Community Reinvestment and Repair Fund. The bill would strengthen guardrails to ensure funds are directed toward low-income communities disproportionately impacted by past cannabis enforcement. Proposed revisions include defining required stakeholders in county planning processes, requiring plans to be publicly available, mandating identification of impacted communities, and requiring consultation with the Office of Social Equity for plan amendments. The bill also changes statutory language from “may” to “shall” regarding permissible uses of funds and expands OSE’s authority by directing that the fund be administered by the Comptroller at the direction of OSE.

Audrey Johnson noted that while some local governments may resist constraints on discretion, others have expressed a desire for clearer guidance to ensure funds are used appropriately. Council members generally viewed the bill as supportive of public health and health equity objectives. Discussion included the possibility of submitting either a letter of support or a letter of education outlining the importance of targeted reinvestment in disproportionately impacted communities.

**HB 114 / SB 110** known as “Mateo’s Law,” would require mandatory impairment testing following motor vehicle accidents involving death or life-threatening injury. Under current law, testing is required only when law enforcement has reasonable grounds to believe a driver was impaired. The bill removes officer discretion and mandates both a breath test (for alcohol) and a blood test (for alcohol, drugs, or controlled substances) in qualifying incidents.

Council members discussed scientific limitations related to cannabis impairment testing. Several members emphasized that while alcohol impairment testing is supported by decades of research correlating blood alcohol concentration with impairment and crash risk, no validated biological marker exists for cannabis impairment. THC is highly lipid-soluble, demonstrates rapid redistribution after inhalation, and can remain detectable long after impairment has resolved. Additionally, variability in route of administration, product concentration, and chronic use complicates interpretation. Members cited national reports indicating that per se THC thresholds are not scientifically supported and that many drivers testing positive for cannabis also test positive for alcohol.

Concerns were raised about potential downstream prosecutorial implications if cannabis metabolites are detected absent reliable impairment measures. Members emphasized the importance of distinguishing between exposure and impairment and avoiding unintended disproportionate impacts, particularly on medical cannabis patients or frequent users.

Dr. Asike recommended the Council consider submitting a formal letter of information to clarify current evidence and limitations. Because quorum was not present and the hearing timeline was imminent, staff advised that any formal submission would need to be approved at the next full Council meeting or, if necessary, distributed informally to committee members prior to official filing deadlines.

#### **4. Public Comment**

During the public comment period, Dr. Dan Morhaim introduced himself as an emergency physician with 45 years of experience and a former Maryland legislator of 24 years. He expressed strong support for the Council submitting a letter on HB 114 / SB 110, emphasizing that legislators value input from subject-matter experts, even when the available evidence is not definitive. He noted that uncertainty can and should be acknowledged, as policymakers are accustomed to making decisions without complete data. Drawing on his clinical experience, Dr. Morhaim highlighted concerns related to impairment and the bill's broad use of the term "drug," observing that many substances can impair driving, making enforcement and interpretation challenging. He also raised practical questions about implementation, including how blood testing would be conducted in cases involving seriously injured drivers. While expressing sympathy for affected families, he encouraged the Council to clearly communicate key concerns in a concise and digestible manner. He concluded by offering his assistance and noting that he and Dr. Gorelick would also raise these issues through MedChi's Public Health subcommittee and Council on Legislation.

#### **5. Adjournment 6:01 pm**