



MELISSA MINOR-BROWN  
STATE REPRESENTATIVE  
17th District

HOUSE OF REPRESENTATIVES  
STATE OF DELAWARE  
411 LEGISLATIVE AVENUE  
DOVER, DELAWARE 19901

COMMITTEES  
Health and Human Development, Chair  
Administration, Vice Chair  
Ethics, Vice Chair  
Rules, Vice Chair  
Veterans Affairs

## House Health & Human Development Committee Meeting Minutes

1.25.23

*This committee meeting has been recorded and may be accessed via [legis.delaware.gov](http://legis.delaware.gov)*

Chair Minor-Brown called the meeting to order at 11:00. Members present included Reps. Baumbach, Briggs King, Chukwuocha, Harris, Heffernan, Hensley, Hilovsky, Johnson, Morrison, Neal, Parker Selby, Postles, Romer, Shupe, and Smith. Rep. Osienski was also present. For a list of guests present, please see the attendance list below.

Chair Minor-Brown introduced and recognized Kwame Tuffuor, a University of Delaware student completing his doctorate by studying health policy.

Chair Minor-Brown introduced **HB 52, AN ACT TO AMEND TITLE 11 OF THE DELAWARE CODE RELATING TO THE ADULT CORRECTION HEALTHCARE REVIEW COMMITTEE.**

Chair Minor-Brown said the legislation would add a Delaware licensed psychiatrist as a voting member of the Adult Correction Healthcare Review Committee.

Chair Minor-Brown opened the floor to committee members for questions.

Seeing none, Chair Minor-Brown opened the floor for public comment.

Robert Overmiller said he supported the bill because it allows both a psychiatrist and a forensic psychologist to be members of the committee.

A motion was made by Rep. Baumbach and seconded by Rep. Johnson to release HB 52 from committee; motion carried. Yes = 14 (Baumbach, Chukwuocha, Harris, Heffernan, Hensley, Hilovsky, Johnson, Minor-Brown, Morrison, Neal, Parker Selby, Romer, Shupe, Smith); No = 0; Absent = 2 (Briggs King, Postles). The bill was released from committee with a F=2, M=13, U=0 vote.

Chair Minor-Brown introduced **SB 28, AN ACT TO AMEND TITLE 24 OF THE DELAWARE CODE AND CHAPTER 420 OF VOLUME 83 OF THE LAWS OF DELAWARE RELATING TO DENTISTRY AND DENTAL HYGIENE.**

Chair Minor-Brown said that the legislation clarifies that a dentist's community health license to care for underserved populations through a federally-qualified health center or a government-operated dental clinic is renewable.

Rep. Shupe thanked Chair Minor-Brown and Sen. Sarah McBride for sponsoring the legislation. He said that his district struggles with a lack of available dentists.

Chair Minor-Brown opened the floor for public comment.

Robert Overmiller conveyed his support for the legislation.

Anne Farley, representing the Delaware State Dental Society, emphasized the importance of oral healthcare and expressed the organization's support for the bill. She thanked Sen. McBride for her leadership on this issue. She noted that dental care is still inaccessible for many Delawareans and encouraged legislators to make technical corrections to other legislation. She requested that they reinstate a loan forgiveness program for dentists, who graduate with an average of \$375,000 worth of debt.

Sarah Stowens, representing Christiana Care, said that they support the legislation and look forward to furthering collaboration with the General Assembly regarding dental care.

Nicole Freedman, speaking on behalf of the Mid-Atlantic Association of Community Health Centers, expressed gratitude for legislation passed in a previous session that created the Dental Care Access Task Force and assisted federally qualified health centers and government-operated dental clinics in recruiting dentists. She added that there has been an increase in applicants looking to work in these clinics, but have concerns about part-time hours and licensing. She said the legislation would address these issues.

A motion was made by Rep. Smith and seconded by Rep. Neal to release SB 28 from committee; motion carried. Yes = 14 (Baumbach, Chukwuocha, Harris, Heffernan, Hensley, Hilovsky, Johnson, Minor-Brown, Morrison, Neal, Parker Selby, Romer, Shupe, Smith); No = 0; Absent = 2 (Briggs King, Postles). The bill was released from committee with a F=6, M=9, U=0 vote.

Chair Minor-Brown introduced **HB 65, AN ACT TO AMEND TITLE 29 OF THE DELAWARE CODE RELATING TO BEREAVEMENT LEAVE.**

Rep. Heffernan said the legislation would provide bereavement leave to State employees who suffer a miscarriage, stillbirth or other loss. She explained that current Delaware law is unclear whether these employees are eligible for bereavement leave. She noted that approximately 20 percent of all pregnancies end in miscarriage. She said that providing bereavement leave for pregnancy loss would destigmatize the experience, which is fairly common. She mentioned that the issue was brought to her attention by a State employee named Samantha Hajek, who had

experienced a pregnancy loss but was ineligible for bereavement leave. The Act will be known as the "Sloane Hajek Act of 2023" in honor of her daughter

Chair Minor-Brown thanked Rep. Heffernan for sponsoring the legislation and expressed disappointment that the issue had not been addressed sooner.

Rep. Johnson concurred that the legislation should have passed long ago and thanked Rep. Heffernan for bringing it to the attention of the committee.

Rep. Smith thanked Samantha Hajek for sharing her story of loss to help others like her in the future. He added that five days is not enough time to recover emotionally and physically from pregnancy loss, but that he was glad to see this first step.

Rep. Baumbach mentioned that a constituent had brought this issue to his attention and was pleased that Rep. Heffernan was already involved.

Rep. Heffernan thanked Samantha Hajek for her bravery in stepping forward.

Rep. Hilvosky asked for clarification regarding lines 6 and 7, which defines pregnancy loss to include termination regardless of if it is considered medically necessary.

Rep. Heffernan responded that there may be situations in which a pregnant person must make a difficult decision that is best for them, their child and their family that may not be considered medically necessary, but still results in significant grief.

Rep. Hilvosky asked if the legislation meant that bereavement leave would be provided for abortions, and if so, in what circumstances.

Rep. Heffernan explained that the bereavement leave would be available to pregnant individuals who terminate a pregnancy and consider it a loss.

Rep. Hilvosky expressed concern as a former business owner that State employees receive too many benefits, which the private sector cannot necessarily provide. He asked if the legislation was necessary given that there are 12 weeks of family and medical leave already available to State employees. He said that the legislation will weaken the private sector and hurt small businesses.

Rep. Heffernan said the legislation is only applicable to State employees.

Rep. Hilvosky explained that the availability of bereavement leave makes working for the State of Delaware a more attractive option than working in the private sector.

Chair Minor-Brown shared that she had experienced pregnancy loss, which caused her significant emotional distress. The procedure she underwent at this time was considered an

abortion. She asked Rep. Hilvosky to what extent he thought she should have been offered bereavement leave.

Rep. Hilvosky expressed disappointment with the intensity of the dialogue and shared that his daughter experienced pregnancy loss as well. He said that five days leave would not have been enough, and that her private employer offered significantly more support. He said he would like clarification about the difference between family and medical leave and bereavement leave.

Chair Minor-Brown reminded Rep. Hilvosky that engaging passionately in a dialogue about an emotional subject does not necessarily indicate anger.

Rep. Heffernan thanked Rep. Hilvosky for sharing his story. She indicated that private employers have more flexibility than the state when it comes to granting leave. She agreed that five days was not necessarily enough time and expressed a willingness to collaborate with Rep. Hilvosky on this issue in the future.

Rep. Neal thanked Chair Minor-Brown and Rep. Hilvosky for sharing their stories, and indicated that they had also experienced pregnancy loss. They noted that women are often expected to grieve silently and resume their duties immediately. They pointed out that a person who has a miscarriage or terminates a pregnancy needs to physically recover. They conveyed gratitude for the existing family and medical leave available to State employees, and asked for clarification on the negative impacts of providing an additional five days of leave. They said that if an employee of a private sector business is considering accepting a State job because they are concerned about receiving bereavement leave, this may indicate a lack of trust in their employer to act with compassion during a difficult time.

Rep. Heffernan thanked Rep. Neal for sharing their story. She clarified that the existing family and medical leave does not cover the type of pregnancy loss addressed in this legislation.

Rep. Shupe thanked Rep. Heffernan for sponsoring the legislation. He noted that it is difficult to comprehend how many people around you might have experienced pregnancy loss. He said that they should re-examine existing bereavement leave policy as a whole rather than addressing one aspect.

Rep. Heffernan mentioned that she intends to introduce a companion bill that will set a minimum of five days for all types of bereavement leave.

Rep. Chukwuocha asked if the bereavement leave would be available to the spouse of the person who experienced pregnancy loss.

Rep. Heffernan clarified that the legislation is only applicable to the person who was pregnant. She indicated that this would be addressed in the companion bill.

Chair Minor-Brown opened the floor for public comment.

Samantha Hajek said that she had become pregnant after a long period of being treated for infertility. At 12 weeks, she experienced a hemorrhage and gave birth. She found out that she was ineligible for bereavement leave because pregnancy loss was not included. She thanked Rep. Heffernan for introducing this legislation.

Robert Overmiller said that he supports the bill, but expressed concern about how it is currently worded.

A motion was made by Rep. Baumbach and seconded by Rep. Johnson to release HB 65 from committee; motion carried. Yes = 12 (Baumbach, Chukwuocha, Harris, Heffernan, Hensley, Johnson, Minor-Brown, Morrison, Neal, Parker Selby, Romer, Smith); No = 1 (Hilvosky); Absent = 1 (Briggs King); Not voting = 2 (Postles, Shupe). The bill was released from committee with a F=7, M=5, U=0 vote.

Chair Minor-Brown introduced **HB 1, AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO MARIJUANA.**

Rep. Osienski said that the legislation allows adults over the age of 21 to legally possess and consume marijuana for recreational purposes. The bill would not alter existing state laws regarding driving under the influence of drugs. It would not permit individuals to cultivate their own marijuana at home. It also would not allow the sale of marijuana, and public consumption would still be prohibited. Use of marijuana under the age of 21 would come with a civil citation or penalty. He noted that the State of Delaware decriminalized personal possession of marijuana in 2015 but neglected to comprehensively address consumption. The civil citation cannot be expunged and may also show up as a misdemeanor in third-party background checks, leading to a loss of job opportunities. From 2016 to 2018 there were a total of 21,124 marijuana possession charges. He said the most frequent charge was for civil possession of marijuana, which amounts to 12,640, or 60 percent of all marijuana possession charges. He said that HB 1 will eliminate these civil possession charges, which will also eliminate the time spent by law enforcement and courts to process these charges.

Rep. Baumbach thanked Rep. Osienski for his dedication to this issue.

Rep. Neal asked if medical marijuana patients would still need a registry card and if they would continue being employed in a declared drug-free workplace environment.

Rep. Osienski said that medical marijuana patients will still need a registry card but noted that they have an existing set of protections against workplace discrimination.

Rep. Neal asked if Delaware residents receiving government assistance could be provided financial aid to purchase and maintain a medical marijuana registry card.

Rep. Osienski responded that HB 1 does not address medical marijuana in any capacity, but that he would be open to further discussion about the issue.

Rep. Neal thanked Rep. Osienski and expressed their support for the legislation.

Rep. Morrison thanked Rep. Osienski for his work on this issue, as well as former legislators and advocates.

Rep. Chukwuocha said that he supports this legislation but expressed some concerns. He said that one of his constituents lives next to a marijuana user and is negatively impacted by the smoke. The constituent calls the police to stop her neighbor from smoking. He asked how his constituent would be able to handle this issue if recreational marijuana was legal and she could not call the police. He encouraged the committee to consider potential property laws related to marijuana and to give those impacted an opportunity to go to civil court.

Rep. Osienski noted that he has also received many complaints about the smell of marijuana. He suggested that a conflict like this should be resolved between neighbors, but expressed his willingness to address this issue in future legislation.

Rep. Baumbach thanked Rep. Chukwuocha for his words, noting that one of his personal friends has allergies that are negatively impacted by marijuana smoke.

Rep. Hilovsky said that HB 1 is partially based on legislation in Colorado, which was one of the first states to legalize recreational marijuana. He said that traffic deaths in which drivers tested positive for marijuana have increased by 109 percent, and overall traffic deaths in Colorado have increased by 31 percent. Since marijuana was legalized, traffic deaths involving drivers who tested positive for marijuana more than doubled, from 55 deaths to 115 deaths in 2018. He said these amounts to one person killed every three days, compared to the previous rate of one person killed every six and a half days.

Rep. Hilvosky added that since marijuana was legalized in California, traffic deaths in which drivers tested positive for marijuana have increased from 15 percent in 2013 to 23 percent in 2018. He noted that Delaware already has one of the highest percentages of traffic deaths each year, and so they should proceed with caution.

Rep. Hilvosky said that, in Colorado, underage use of marijuana increased by 58 percent and is 78 percent higher than the national average. As a result, the state has the fourth highest rate of underage use of marijuana in the nation. He said adult marijuana usage increased by 94 percent and is 96 percent higher than the national average. He noted that the annual number of visits to the emergency room related to marijuana increased by 54 percent after legalization, and the annual number of hospitalizations increased by 101 percent. He said that across 25 states there were 192 felony arrests that resulted in 6.08 tons of marijuana and 60,000 marijuana plants being seized. He commented that there are significant health risks associated with marijuana, including

the impact of secondhand smoke, as Reps. Chukwuocha and Baumbach had mentioned. He said that marijuana directly affects brain health and has negative impacts on learning abilities and mental health. He remarked that marijuana also impacts reaction time, contributing to the increase in traffic accidents. He added that if a police officer were to pull someone over for driving under the influence of marijuana, there would be no way to measure if the driver is actually impaired, especially because of the way that marijuana is metabolized. He mentioned that 20 percent of pregnant people below the age of 24 have tested positive for marijuana.

Rep. Hilvosky asked if Article XIII Section 3 of the Delaware Constitution, which regulates the manufacture and sale of intoxicating liquids, would be applicable to marijuana.

Rep. Osienski said that Colorado has served as a blueprint for legislation in many other states that have legalized recreational marijuana. He pointed out that even before legalization of marijuana, traffic accidents were still investigated to determine if the driver or drivers were under the influence of any intoxicating substances. He said there is no evidence that marijuana is a cause of impairment related accidents. He added that Delaware currently employs 48 drug recognition experts and 300 advanced roadside impaired driving enforcement officers. He said that he has discussed the possibility of additional training to address marijuana impairment with law enforcement officers. He mentioned that the New Jersey State Police Alcohol and Drug Testing Unit has 4 federally reimbursed positions that are responsible for hosting law enforcement training, and that they offered additional training within the year prior to legalizing marijuana. He spoke to Lieutenant Andrew Rubin of the Newark Police Department about implementing similar procedures. He said that law-abiding citizens have been waiting for this legislation for a long time. With permission from the chair, he asked House Attorney Karen Lantz to address the concerns raised by Rep. Hilvosky.

Karen Lantz said that Article XIII of the Delaware Constitution solely addresses alcohol, not marijuana.

Rep. Hilvosky replied that the last line of Article XIII Section 3 references intoxicating liquors. He asked if marijuana should be considered an intoxicating liquor.

Karen Lantz reiterated that the phrase intoxicating liquor refers to alcohol and not marijuana.

Rep. Osienski asked Karen Lantz if a constitutional amendment would be required to include marijuana in Article XIII of the Delaware Constitution.

Karen Lantz confirmed that Article XIII of the Delaware Constitution would only be applicable to marijuana if a constitutional amendment was passed to include it.

Rep. Neal thanked Rep. Osienski for sponsoring this legislation. They said that after becoming physically disabled they were offered oxycontin and other narcotics to treat their chronic pain. They added that if they were in a traffic accident, law enforcement would assume that it was not

due to impairment because there would be no evidence of alcohol or marijuana use. They were prescribed fentanyl patches, which interfered with their mental health and day-to-day activities. They sought access to medical marijuana but was offered Dilaudid instead. Rep. Neal said that this legislation would aid people like them who were also experiencing chronic health issues by offering a healthier alternative to narcotics and prescriptions. They expressed their support for the legislation.

Rep. Briggs King said that she has medical concerns and would prefer conducting more research and testing before legalization. She mentioned that the definition of marijuana in the legislation does not include products approved by the U.S. Food and Drug Administration. She asked for examples of these products.

Karen Lantz said that no marijuana products are currently approved by the U.S. Food and Drug Administration, and as such are not included in the definition.

Rep. Briggs King asked how the definition of personal use quantity, which includes 12 grams or less of concentrated cannabis, was determined. She asked why the definition includes 750 milligrams or less of delta-9-tetrahydrocannabinol, when delta-8 is more likely to be used for therapeutic purposes.

Rep. Osienski replied that the definition in the legislation reflects those of neighboring states.

Karen Lantz said that the language was added to the legislation to address edible marijuana consumption along with leaf marijuana. The quantities were suggested by the Marijuana Policy Project and are equivalent to one ounce of leaf marijuana.

Rep. Briggs King reiterated that delta-eight is utilized for more medical purposes than delta-9, and suggested legalizing delta-8 for recreational purposes instead.

Rep. Osienski expressed his willingness to conduct further research.

Karen Lantz said that substances approved by the U.S. Food and Drug Administration are not included in the definition of marijuana in the legislation, which is why it does not include delta-8.

Rep. Briggs King expressed concern over the increased impact of delta-9 on the brain versus the less intense delta-8, particularly for underage marijuana users. She also mentioned increased incidents of infants being exposed to intoxicating substances, resulting in developmental issues.

Rep. Osienski replied that HB 2 will be responsible for regulating marijuana, and that the purpose of HB 1 is only to remove penalties for possession. He added that a regulated market for recreational marijuana is more likely to ensure that the products are safe.

Rep. Briggs King asked for clarification relating to the section of the legislation addressing drug paraphernalia.

Karen Lantz said that the bill is also legalizing the possession or use of marijuana paraphernalia.

Rep. Briggs King noted that the language of the bill still seems to indicate that paraphernalia is illegal.

Karen Lantz replied that marijuana paraphernalia will be legalized, while paraphernalia associated with other drugs will remain illegal.

Rep. Shupe said that it is important to distinguish between medical marijuana and recreational marijuana. He expressed concern that people would use recreational marijuana to self-medicate rather than seek treatment from a professional. He acknowledged that law enforcement officers are trained to handle impaired driving incidents, but noted that there is no established toxicity level that would determine if a person was under significant influence of marijuana. He added that it will be difficult for individuals using marijuana to know at what point after consumption they are legally permitted to drive.

Rep. Osienski recognized that there is no established level of toxicity for marijuana, but pointed out that drug recognition experts already have procedures in place to handle these situations. Field sobriety tests currently used by law enforcement officers provide them with the ability to somewhat detect marijuana impairment as well as alcohol impairment. If the officer finds cause to charge the individual with driving under the influence they will be taken into custody, at which point they can be evaluated by a drug recognition expert. Blood samples may also be collected to officially test for impairment caused by a substance aside from alcohol, including marijuana. He emphasized that these procedures are currently being utilized by Delaware law enforcement officers but will be discussing the possibility of an increase in relevant training.

Rep. Hilvosky mentioned that an increase in training for law enforcement officers will result in an increased cost for Delaware taxpayers. He added that, in Colorado, the percent of suicides in which the toxicology results were positive for marijuana increased from 14 percent to 23 percent after legalization. He added that 64 percent of local jurisdictions in Colorado have banned medical marijuana and recreational marijuana businesses.

Rep. Osienski reiterated that HB 2 is responsible for market regulations, and that the legislation being considered is only about personal possession. He pointed out that local jurisdictions in Delaware would have the same opportunities as local jurisdictions in Colorado regarding marijuana. He added that Colorado continues to adjust their legislation each year to account for any difficulties experienced.

Rep. Morrison pointed out that the dangers of alcohol far exceed the dangers of marijuana, citing his own personal experiences as a former alcoholic and cannabis user. He pointed out that DUIs

involve alcohol more than any other substance. He said that if legislators are concerned about the health effects of marijuana, then they should also be concerned about the health effects of alcohol. He added that historical prohibition of alcohol was a failure, and that current prohibition of marijuana is ineffective. He noted that the current policies regarding marijuana disproportionately impact people of color.

Chair Minor-Brown congratulated Rep. Morrison on his sobriety.

Rep. Postles expressed concern about the impact of marijuana usage on long-term development. He noted that the brain develops until the mid or late 20s, and that the law legalizes recreational marijuana at 21. He added that, in other states, underage use of marijuana has grown since legalization at the age of 21.

Rep. Romer thanked Rep. Morrison for his comments on the existing racial disparity in how marijuana laws are enforced. She noted that although the rates of marijuana usage across all races and ethnicities are the same, people of color are disproportionately more likely to be arrested.

Rep. Osienski said that several state agencies have reached out with concerns about the legislation and that these will be addressed.

Rep. Harris mentioned that nicotine use, formerly legal at the age of 18, is now legal at the age of 21 due to concerns about brain development. The legislation would follow this precedent by legalizing recreational marijuana at the age of 21.

Rep. Heffernan thanked Rep. Osienski for sponsoring the legislation, adding that she has been a co-sponsor on all legislation related to recreational marijuana since 2016.

Chair Minor-Brown opened the floor for public comment.

Robert Overmiller said that he does not support the legislation.

Olivia Naugle, senior policy analyst at the Marijuana Policy Project, said that her organization supports the bill. She added that 21 states and D.C. have legalized marijuana for adult recreational use. She noted that most Delawareans support the legalization of recreational marijuana. She thanked Rep. Osienski for sponsoring the legislation.

Joe Aronson, representing the Delaware Division of Substance Abuse and Mental Health, thanked Rep. Osienski for collaborating with his agency on this issue. He said that the Division concurs with the position of the American Psychiatric Association and opposes recreational marijuana use before the age of 25. He added that the legislation may result in increased demand for the Division's services.

Marcia Scott, representing the Delaware League of Local Governments, said that her organization opposes the legalization of recreational marijuana. However, if the legislation passes, they believe that marijuana should be well regulated and taxed. She requested that the equivalent of a 3 percent sales tax is set aside for local governments.

Lizzie Golob, a member of the Delaware Cannabis Advocacy Network, expressed her support for the legislation. She said that people of color are disproportionately arrested for marijuana possession, and that this legislation would direct law enforcement attention and funding towards other issues. She added that, as a medical marijuana user, she has seen how existing dispensaries are overpriced and understaffed. She said that legalizing marijuana would create a competitive market, lowering the price of marijuana for consumers. She emphasized the importance of safe access to marijuana as an alternative to narcotics.

Bryan Callahan expressed his support for the legislation, adding that he had been charged with a felony for possessing half a gram of cannabis.

Ruth Bertrand, a recently retired nurse, testified that she has treated thousands of patients and never encountered any difficulties with those who consumed cannabis. She said that she supports the legislation because the pursuit of happiness is a constitutional right.

Joseph Taylor said that he served 17 years in prison for marijuana possession. There were no guns or violence involved. He emphasized that, by refusing to pass this legislation, people like him would continue to be unjustly incarcerated. He added that the way marijuana is perceived needs to be challenged.

Michael Wirtschafter, a veteran of the U.S. Air Force and a medical marijuana user, expressed his support for the legislation. He said that, after surviving a helicopter crash, he was prescribed a variety of opioids in the following two decades to treat his chronic pain. He emphasized that medical marijuana has allowed him to stop taking opiate based medications that would have resulted in devastating health impacts.

Zoë Patchell, executive director and co-founder of the Delaware Cannabis Advocacy Network, expressed her support for the legislation. She noted that although most cannabis consumers are issued citations rather than arrested, they may still experience detention and intrusive searches.

Lincoln Willis, representing the Rehoboth Beach-Dewey Beach Chamber of Commerce and the Delaware Medical Society, said that both organizations oppose the legislation.

Fred Calhoun, a retired law enforcement officer, said that he has witnessed how marijuana bans have negatively impacted certain communities. He expressed his confidence in the ability of law enforcement officers to adjust to the new legislation.

Tom Donovan, an attorney with the Office of Conflicts Counsel, said that he supports the legislation. He noted that although the state has already implemented less severe penalties for marijuana possession, the laws continue to disproportionately impact communities of color.

Jeffrey Rose, a member of the Delaware Cannabis Advocacy Network, expressed his support for the bill. He encouraged lawmakers to conduct individual research on the topic. He added that his first home had been raided as a result of marijuana possession, despite the fact that he is now a medical marijuana patient.

Kimberly Chandler, representing the Office of Highway Safety, said that there are significant concerns about how recreational marijuana may impact traffic safety. She added that traffic safety professionals are still conducting important research, but that they have already seen traffic fatalities increase in other states after legalization.

Alanna Mozeik, policy lead for the Division of Public Health, expressed concern about how the legislation may impact the existing medical marijuana program. She added that the Division wants to ensure that patients have continued access to extensively tested marijuana products regardless of the availability of recreational marijuana.

John Sybert said that he supports the legislation, noting that a 2020 study conducted by Temple University showed that marijuana use had a positive impact on productivity. He added that marijuana is a safer alternative to opioids.

Lindsey Baffone said that marijuana is a gift from nature and can lead to a spiritual experience. She added that this legislation would allow law enforcement to focus their attention on other illegal substances such as heroin.

Lyle Dykstra, a retired pastor and member of the Delaware Poor People's Campaign, said that his organization supports the legislation. He added that access to recreational marijuana promotes personal freedom, which benefits society overall. He noted that although the rates of marijuana use are the same across all races, people of color are more likely to be arrested.

A motion was made by Rep. Johnson and seconded by Rep. Neal to release HB 1 from committee; motion carried. Yes = 11 (Baumbach, Chukwuocha, Harris, Heffernan, Johnson, Minor-Brown, Morrison, Neal, Parker Selby, Romer, Smith); No = 4 (Briggs King, Hensley, Hilvosky, Shupe); Absent = 1 (Postles). The bill was released from committee with a F=7, M=2, U=0 vote.

Chair Minor-Brown adjourned the meeting at 1:30.

Respectfully submitted by:

Wyatt Patterson

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## Attendance List

- Robert Overmiller
- Olivia Naugle
- Joe Aronson
- Marcia Scott
- Lizzie Golob
- Bryan Callahan
- Ruth Bertrand
- Joseph Taylor
- Michael Wirtschafter
- Zoë Patchell
- Sarah Stowens
- Lincoln Willis
- Nicole Freedman
- Fred Calhoun
- Tom Donovan
- Jeffrey Rose
- Kimberly Chandler
- Alanna Mozeik
- John Sybert
- Lyle Dykstra
- Lindsey Baffone



Testimony from Gracie Johnson  
State Policy Director  
Last Prisoner Project

**RE: Last Prisoner Project Calls on Delaware Legislature to Prioritize Criminal Justice Measures in Legalization Bills This Session**

January 25, 2023

Dear Members of the House Health and Human Development Committee,

When a state legalizes adult-use cannabis, it is acknowledging that public interest has shifted on the criminalization of cannabis. The magnitude of this shifting perception is clear in the landscape of national legalization, as adult-use cannabis is now legal in 21 states. However, simply repealing the prohibition of cannabis is insufficient: millions of individuals across the U.S. still bear the lifelong burden of having a cannabis record, and tens of thousands are actively serving sentences for cannabis-related convictions.

While LPP was thrilled to see that Delaware's legalization bill HB 2 includes funding for a Justice Reinvestment Fund, the processes set forth fail to offer justice to impacted individuals. In order to adequately address the past harms of cannabis criminalization, HB 2 must not only provide funding, but also outline legislative avenues for retroactive relief through state-initiated record clearance and resentencing processes.

State-initiated record clearance is an evidence-based policy that is key to redressing the lasting harm caused by cannabis criminal records and the significant and lingering barriers they impose to success. The negative effects of a criminal record on an individual's life are well-documented. Even minor offenses, such as nonviolent drug possession, carry lifelong consequences that can impact an individual's access to employment, housing, voting, financial stability, social assistance programs, and other opportunities, despite the debt that has already been paid to society. State-initiated record clearance is a process in which local and state agencies identify and clear eligible records, with no action or payment required by the record holder.

State-initiated resentencing is another cornerstone of comprehensive cannabis policy. The War on Drugs and the criminalization of cannabis-related activities have created a racially inequitable criminal legal system where people of color are nearly four times more likely than

their white counterparts to be arrested for cannabis, despite similar consumption rates. Requiring Delaware courts to reconsider cannabis-related sentences upon prohibition's repeal provides a pathway to relief for individuals whose continued incarceration will no longer be in the interests of justice.

We urge the Delaware legislature to ensure that HB 1 and HB 2 include a state-initiated record clearance process for cannabis records and guarantee the reconsideration of cannabis-related sentences in light of prohibition's repeal. It is essential that Delaware's legalization allows those trapped in jails, prisons, or on supervision for cannabis-related activities to have a fair pathway to relief.

### **About Last Prisoner Project**

The Last Prisoner Project, 501(c)(3), is a national nonpartisan, nonprofit organization focused on the intersection of cannabis and criminal justice reform. Through policy campaigns, direct intervention, and advocacy, LPP's team of policy experts works to redress the past and continuing harms of unjust cannabis laws. We are committed to offering our technical expertise to ensure a successful and justice-informed pathway to cannabis legalization in Delaware.



## DELAWARE LEAGUE OF LOCAL GOVERNMENTS

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*President Lew Killmer*

*Executive Director Marcia S. Scott*

January 23, 2023

Representative Minor-Brown/Members of the House Health & Human Development Committee  
Legislative Hall  
411 Legislative Avenue  
Dover, DE 19901

RE: Opposition to HB 1 and Proposed Amendment to HB 2 (if HB 1 is passed)

Dear Representative Minor-Brown and Members of the House Health & Human Development Committee:

The Delaware League of Local Governments (DLLG) respectfully would like to go on record to **strongly oppose** [HB 1](#) – Legalization of Recreational Marijuana and, if HB 1 is passed, propose an amendment to [HB 2](#).

### **DLLG Opposition of HB 1**

As noted in a 2020 report on *Effects of Marijuana Legalization on Law Enforcement and Crime*<sup>1</sup>, the legalization of recreational marijuana may impact public safety/law enforcement (and related costs), including:

- Traffic safety and higher incidences of drug-impaired driving;
- Increasingly complex and time-consuming nature of investigations related to cannabis-involved DUI incidents/arrests;
- Extent of law enforcement lost time due to blood-draw search warrants for suspected marijuana impairment investigations;
- An increase in THC-positive drivers who are involved in fatal automobile accidents;
- A possible relationship between neighborhood recreational dispensaries and violent crime;
- An increase in EMS calls for medical assists through overdoses, or psychological episodes due to the higher-grade marijuana;
- Possible correlation between legalization of recreational marijuana and shifts in calls associated with “welfare checks;”

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<sup>1</sup> Stohr et. al., (2020, July). *Effects of Marijuana Legalization on Law Enforcement and Crime*. Retrieved from <https://www.ojp.gov/pdffiles1/nij/grants/255060.pdf>

- Increased difficulty for police to “interdict illegal marijuana” and address new forms of the black and gray markets that may arise and/or persist.

### **Proposed Amendment to HB 2 (if HB 1 is passed)**

While DLLG opposes the legalization of recreational marijuana, the League agrees that a regulatory framework is needed. Should HB 1 be passed, DLLG is requesting an amendment to [HB 2](#) to address public safety/law enforcement impacts. The League requests that the equivalent of a 3% sales tax to be set aside for municipal and county revenue, with the remaining 12% going to the state, as follows:

- **1.5% to municipalities** – formula to mirror the two factors for the distribution of Municipal Street Aid (MSA):
  - Population (certified by the U.S. Bureau of Census or Delaware Population Consortium)
  - Mileage as verified by the Data Collection Unit
- **1.5% to counties** – formula to mirror the distribution of funding for the statewide paramedic program

### **Recreational Marijuana Local Revenue Sharing in Other States**

Most states with legal recreational marijuana sales include local government revenue in their marijuana tax system. Some states allow localities to raise revenue through the already existing local sales tax, while others specifically include a local marijuana tax. [The Urban Institute](#) has a helpful summary of state and local marijuana taxes by state. As detailed below, 11 out of 13 states that have legalized recreational marijuana provide revenue sharing with local governments.

1. CA - State retail sales tax applies (7.25% plus local taxes)
2. CO - Retail Tax of 15% (10% before July 2017) - local government receive 10% of this tax. (2.9% retail sales tax before July 2017). Local Option Retail Tax up to 8%.
3. CT - 6.35% retail sales tax plus 3% municipal sales tax
4. IL - Retail Excise Taxes
  - 10% on marijuana with THC level of 35% or less
  - 20% on cannabis-infused products
  - 25% for marijuana with THC level above 35%
  - Local option tax up to 3% [effective 7/1/2020]
5. MA - 6.25% Retail Sales Tax applies Local Option Excise Tax of up to 3% is permitted (initially 2% on ballot)
6. ME - Retail sales tax of 10%
7. MI - 6% State Sales Tax (effective February 6, 2020)
8. NJ:
  - The ballot measure would apply the state sales tax (6.625 percent) to recreational marijuana but prohibit additional state sales taxes.
  - The state Legislature would be authorized to allow local governments to enact an additional 2 percent sales tax on recreational marijuana.

9. NV - Sales tax imposed 6.85% (plus local)
10. NY - A Retail Tax of 9% plus a statewide 4% local tax
11. OR - Local Option sales tax up to 3%
12. VA - Retail sales tax of 21% for all products sold through Marijuana stores; A 3% local options sales tax may also apply
13. WA - 6.5% Retail Sales Tax (plus local tax)

Again, should recreational marijuana be legalized in Delaware, the Delaware League of Local Governments requests that the equivalent of a **3% sales tax to be set aside for municipal and county revenue**, with the remaining 12% going to the state.

Thank you for your consideration to this issue of critical importance to Delaware local governments and local law enforcement agencies in Delaware.

Sincerely,



Marcia Scott  
Executive Director  
Delaware League of Local Governments

Cc: DLLG Executive Committee  
DLLG Legislative Advocacy Committee  
Lincoln Willis, Principal, The Lincoln Willis Group, LLC  
Jeff Horvath, Executive Director, Delaware Association of Chiefs of Police



DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
**DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH**

ADMINISTRATION

Thank you to Chair Minor-Brown and the committee members for allowing me to comment on HB 1 on behalf of the Division of Substance Abuse and Mental Health.

- Evidence is inconsistent, inconclusive, and lacking regarding the impact of recreational cannabis legalization on outcomes significant to public health, including cannabis use, cannabis use disorder, cannabis-related hospitalizations, and other substance use.
- However, we know that people who use cannabis are more likely to develop temporary psychosis and long-lasting mental disorders, including schizophrenia.
- Use has also been linked to depression, social anxiety, thoughts of suicide, suicide attempts, and suicide.
- Additionally, cannabis use is associated with cognitive decline, impaired educational or occupational attainment, risk of other substance use disorders, and poor quality of life.
- Therefore, the Division believes that HB 1 would increase the demand for the Division's services but not provide the Division with additional resources.
- Given the lack of scientific support for safe cannabis use and the known adverse impacts and risk for addiction, the Division concurs with the American Psychiatric Association's position and opposes the use of cannabis by children, adolescents, and young adults up to 25.
- Cumulative years of use and earlier onset are risk factors for greater consequences, making the delay to onset of cannabis use essential.

Thank you for your time.

## **HB 1 DPH testimony**

Thank you to Chairwoman Minor-Brown and members of the committee for the opportunity to speak on behalf of the Division of Public Health regarding HB 1.

While DPH has separate concerns regarding the regulatory structure of adult use marijuana legalization that we have shared with the sponsor, one of DPH's primary concerns with HB 1 is the detrimental impacts on our state's Medical Marijuana Program. In other states, the medical marijuana programs were decimated once adult use laws were passed, with some states finding that over 75% of patients did not renew their cards.

Revenue from the patient, caregiver, and employee ID cards and the compassion center licensure fees are the only funding mechanism for the Medical Marijuana Program, and the program has fixed expenses associated with the cost of running the statewide software, administrative staff that issues the cards, and the compliance investigators who enforce the health regulations for medical marijuana and marijuana-infused edible products.

There is a difference in oversight and regulation for medical and adult use programs due to the vulnerable nature of medical marijuana patients, and DPH wants to ensure that patients have continued access to extensively tested marijuana products regardless of the availability of recreational marijuana.

Thank you again for the opportunity to provide these comments.



STATE OF DELAWARE  
OFFICE OF HIGHWAY SAFETY  
DEPARTMENT OF SAFETY & HOMELAND SECURITY  
800 S. BAY ROAD, SUITE 2  
DOVER, DELAWARE 19901-4685  
302-744-2740  
[ARRIVEALIVEDE.COM](http://ARRIVEALIVEDE.COM)

The Office of Highway shares its concerns with HB-1 and the legalization of recreational cannabis and its effects on traffic safety. This concern is not solely based with driving under the influence of only cannabis but also increased polydrug use, including driving under the influence of alcohol and cannabis. Traffic safety professionals are still learning the full picture of the impact that cannabis legalization has on traffic safety. However, a recent study conducted by the Insurance Institute for Highway Safety noted that after cannabis legalization, the rate of car crashes with injuries increased by 6% and fatal crashes rose by 4%. In 2022, Delaware matched the highest number of traffic fatalities on record at 165, and that high rate is continuing in 2023.

The Office of Highway Safety also has concerns that under current DUI laws, fatal crashes involving driving under the influence of cannabis will become exponentially more difficult to prosecute. Currently zero tolerance laws are based on cannabis being an illegal substance.

OHS works to promote safe driving behaviors, including educating on the dangers of driving while under the influence of drugs and coordinates Drug Recognition Expert and Advanced Roadside Impaired Driving Enforcement Training programs, among other efforts, but much still needs to be done to prepare for any anticipated increases in cannabis use. We struggle to cover the current costs associated with drug impaired driving and are concerned that the increasing costs for education, enforcement, training, and testing systems will not be able to be absorbed.

## HB 1 testimony

Lizzie Golob <lizziegolob@gmail.com>

Tue 1/24/2023 5:41 PM

To:HouseCommitteeComment (Mailbox Resources) <HouseCommitteeComment@delaware.gov>

### **Testimony in Support of HB 1**

### **AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO MARIJUANA**

**Submitted by: Lizzie Golob**

**To the House Health and Human Development Committee**

**Wednesday, January 25, 2023**

Good afternoon Chairman Minor- Brown and members of the committee. My name is Lizzie Golob; I am a retired teacher and a cannabis consumer. I advocate for the passing of this bill with my fellow Delaware Cannabis Advocacy Network and Delaware NORML volunteers. I am asking that you please vote 'Yes' on HB 1.

Cannabis prohibition is only harming our communities and research shows that it is mostly people of color. People are being locked up over having a small amount of a non-toxic plant on them. This is unjust and by passing HB 1 we can change that. Money would be saved by stopping the unnecessary arrests and directing law enforcement to real crimes. No one should have to go to jail over a plant!

I have been a medical cannabis patient for several years and have seen first hand how overpriced and under stocked our dispensaries are. The passing of this bill would allow for the market to even out. It would allow adults to choose a safe, non-toxic way of relaxing together. Having access to cannabis can also prevent opioid usage. I was able to switch off several harmful, addictive prescriptions several years ago because of cannabis.

Once again I ask that you please vote 'Yes' on HB 1 to remove penalties for cannabis possession in the first state; today and when it comes to the house floor. Thank you for listening to me today.

Lizzie Golob

20476 Asheville Dr

Millsboro, DE 19966

January 25, 2023

The Honorable Members of the Delaware General Assembly  
411 Legislative Avenue  
Dover, DE 19901

Dear Honorable Members of the General Assembly,

As the six medical cannabis operators in the State, we urge you to consider the critical services we provide to the 14,000 Delaware patients across the State when deliberating the proposed legislative package (HB2) to legalize adult-use cannabis in the State. We support the creation of a responsible adult-use program; righting the past harms of prohibition and welcoming additional licensees to the Delaware cannabis industry are important to us, too. However, as currently written, we fear that these bills will be one of the first steps in failing medical patients as the industry expands. We urge you to amend the legislation to ensure the existing medical operators can work with and help mentor new adult-use licensees to build a robust and mature cannabis industry while expanding patient access. Integrating the medical market with the adult-use market makes sense and ensures patients can access the life-changing medicine they need; it will also support new businesses as they emerge.

The State of Delaware has invested millions of dollars and many years into building the current, successful medical cannabis program, which provides essential treatment for patients across the State. Just last year, the State acknowledged the growing needs of the medical program in Delaware and issued an RFP to attract more medical operators to enter the market. We urge you to preserve this effort and investment when contemplating legislation to legalize adult-use in Delaware. Without language that considers the future of the medical cannabis program, Delaware runs the risk of cratering a growing \$30 million industry known to be a huge job creator and economic driver in the State.

As we have seen in other jurisdictions, passing legalized possession of cannabis ahead of regulated retail outlets for consumers to purchase legal products will only serve to enhance the illicit market. Our communities will be flooded with illegal, untested and unsafe products, which will create a public health issue in Delaware.

Medical operators are highly regulated and produce very safe and thoroughly tested products. Passing this legislative package as proposed, without an amendment for medical providers, will establish an unbalanced regulatory structure (and operating costs) between medical and adult-use operators. Less regulated adult-use operators will be able to produce and sell products at a much lower price point than medical operators. We support lower prices and have done (and will continue to do) everything we can to offer high-quality products at the lowest prices to our patients; however, we simply will not be able to compete in an unbalanced regulatory environment. A parallel regulatory structure where everyone plays by the same rules and has the same standards for safe and tested products will assure that all patients and non-patient consumers can purchase products at the best prices based on fair market competition. Without standardized requirements, our businesses are at risk of failing, jeopardizing the employment of thousands of DE residents, and preventing patients from receiving needed medication.

Medical operators offer expertise to help expand the cannabis industry in Delaware. Clearly, medical cannabis operators have the most experience in growing, processing and the retail of cannabis in the

State. This experience can be shared and help new licensees become operational faster and more efficiently and pave the way for new operators to strengthen the Delaware cannabis industry and assure success. Medical operators in a leadership role will increase the perceived legitimacy of the new sector as existing medical licensees have already undergone public scrutiny and established confidence with regulators, legislators and the consumer base.

The cannabis industry should be viewed as one entity, not medical versus adult-use, and not us versus them. There are many examples of how medical and adult-use operators can work together and co-exist in a robust state market, and no one is left out. Neighboring New Jersey, which started adult-use sales just a few weeks ago, protected and expanded patient access by ensuring the automatic inclusion of existing medical operators. The regulator performed a rigorous review to ensure patient supply was not interrupted and required day one support for community reinvestment programs. In contrast, when Oregon legalized adult-use, the poorly concocted plan did not consider the medical cannabis operators, which caused most to go out of business. Today there is only one medical cannabis dispensary remaining. Let us learn from Oregon and other states who made that same mistake and fix this legislation now.

It is not too late for Delaware; we can design a solid adult-use program where medical operators can lead the way and help other new licensees succeed. Please amend the legislative package to create a clear on-ramp for medical cannabis operators so we can continue to be there for the patients that rely on us every day. We are proven, trusted operators in the market with the [expertise to provide care](#) to people with the most debilitating diseases, including cancer, HIV/AIDS, glaucoma, and multiple sclerosis. As the State expands the cannabis market, ensuring that operators the public can trust are at the forefront will be critical to the program's success and, most importantly, to the safety and well-being of all customers and patients.

Thank you for the opportunity to provide this critical perspective as you contemplate the next steps in Delaware's cannabis industry. We are happy to answer questions and provide any additional resources needed through this journey. We appreciate your support in amending the proposed legislation to provide an on-ramp for medical operators to ensure the future viability of the medical program for patients and are happy to be a resource for any questions.

Sincerely,

## The Medical Cannabis Operators of Delaware



**Hannah Iglesias, Esq.,  
Chief Compliance Officer**



**William Rohrer  
Director of Cultivation**



**Kristopher Klely  
Chief Executive Officer**



**Ngiste Abebe  
Vice President, Public Policy**



**Mark Lally  
President & CEO**



**James Brobyn  
President**



January 25, 2023

HB 1

**Testimony from Olivia G. Naugle, senior policy analyst, MPP, in support of HB 1**

Dear Chair Minor-Brown and members of the House Health and Human Development Committee:

My name is Olivia Naugle and I'm the senior policy analyst for the Marijuana Policy Project, the largest marijuana policy reform organization in the United States. MPP has been working to improve marijuana policies for over 25 years. As a national organization, we have expertise in the approaches taken by different states. MPP is also the co-convening organization of the Delaware Cannabis Policy Coalition, a diverse group of organizations that acknowledge that cannabis prohibition has failed and support equitably legalizing cannabis for adults.<sup>1</sup>

MPP has played a leading role in most of the major cannabis policy reforms since 2000, including more than a dozen medical cannabis laws and the legalization of marijuana by voter initiatives in Colorado, Alaska, Maine, Massachusetts, Nevada, Michigan, and Montana. MPP's team also spearheaded the campaigns that resulted in Vermont and Illinois becoming the first two states to legalize marijuana legislatively and played an important role in the legalization efforts in Connecticut, Virginia, Rhode Island, and Maryland.

MPP supports Rep. Osienski's House Bill 1, which would simply legalize possession of up to one ounce of cannabis for adults in Delaware.

I am here today to discuss the positive impacts this policy change will have and to encourage the legislature to move forward with this important reform.

**I. Delawareans support legalizing cannabis.**

The public recognizes the harms associated with marijuana prohibition. Popular support for legalization has increased significantly over time. Nationwide, an October 2022 Gallup poll found that 68% of Americans support making cannabis legal for adults, up from 60% in 2016, 48% in 2008, and 36% in 2005.<sup>2</sup> Public support is also strong here in Delaware. An October 2022 poll conducted by the University of Delaware found that 60% of Delawareans support

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<sup>1</sup> A note on terminology: marijuana is the legal term normally used to refer to the cannabis plant. This bill uses the botanical term "cannabis," defining it in the same way that "marijuana" is currently defined in the criminal law. The terms are used interchangeably throughout this document.

<sup>2</sup> "Marijuana Views Linked to Ideology, Religiosity, Age," Gallup, Nov. 15, 2022. Available at <https://news.gallup.com/poll/405086/marijuana-views-linked-ideology-religiosity-age.aspx>

legalization.<sup>3</sup> As Delaware does not have a ballot initiative process, it is up to the legislature to bring this important policy change to the state.

## **II. Legalizing cannabis would improve the fairness and efficiency of the criminal justice system.**

Unfortunately, while white and Black Delawareans consume cannabis at similar rates, the same cannot be said of the rate at which they are arrested. Nationwide, Black Americans are 3.5 times more likely to be arrested for cannabis than their white counterparts.<sup>4</sup> Even after Delaware decriminalized cannabis in 2015, Black Delawareans are still four times as likely to be arrested for cannabis possession than white Delawareans.<sup>5</sup> As a result of this disparity, Black Delawareans are far more likely to be plagued with an arrest record and conviction for cannabis, which makes it harder to get jobs, housing, an education, professional licensing, and other opportunities.<sup>6</sup>

The way cannabis prohibition is enforced erodes trust between police and minority communities at a time when such trust is sorely lacking. As Washington, D.C.'s former police chief bluntly put it: "All these [marijuana] arrests do is make people hate us." In addition to being valuable in and of itself, positive police/community relationships improve public safety. A Department of Justice study found that trusting relationships with the local community was one of the most important factors in whether police were effective in solving violent crimes.<sup>7</sup>

Unsurprisingly, legalizing cannabis has significantly reduced the number of searches and arrests for cannabis in legalization states among people of all races.

Data analyzed by the Stanford Open Policing Project found in the first two legalization states — Colorado and Washington — there have been dramatic decreases in traffic searches, which are disproportionately performed on cars with Black or Latino drivers.<sup>8</sup> Traffic stop interactions

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<sup>3</sup> University of Delaware poll shows strong support for Democrats in First State. October 21, 2022. *Available at* [www.delawarepublic.org/show/the-green/2022-10-21/university-of-delaware-poll-shows-strong-support-for-democrats-in-the-first-state](http://www.delawarepublic.org/show/the-green/2022-10-21/university-of-delaware-poll-shows-strong-support-for-democrats-in-the-first-state)

<sup>4</sup> "A Tale of Two Countries: Racially Targeted Arrests in the Era of Marijuana Reform," *ACLU*, 2020.

<sup>5</sup> *Ibid.*

<sup>6</sup> Rebecca Vallas, "Should a Criminal Record Be a Life Sentence to Poverty?," *The Nation*, March 11, 2015. (Nearly nine in 10 employers and four in five landlords conduct background checks.) *See also*, the American Bar Association's National Inventory of the Collateral Consequences of Conviction, [www.americanbar.org/groups/criminal\\_justice/niccc/](http://www.americanbar.org/groups/criminal_justice/niccc/) (cataloging over 45,000 federal and state statutes and regulations that impose collateral consequences on persons convicted of crimes.)

<sup>7</sup> *See* "Getting Away with Murder," *The Economist*, July 4, 2015.

<sup>8</sup> Phillip Smith, "States that legalized marijuana see dramatic drop in police traffic searches," *Alternet*, April 1, 2019. (Before legalization, 1.3% of Black drivers were subject to traffic searches in Colorado. After legalization, the rate was under 0.2%. Among Hispanic drivers, the rate dropped from 1% to 0.1%. Among whites, the rate of searches dropped from 0.4% to 0.1%. Thus, Black drivers went from being 6.5 times as likely to be searched as whites to twice as likely, and the total likelihood of Black drivers being subject to a traffic search dropped eightfold.)

have led to violence and even death for Black Americans.<sup>9</sup> The data compiled by Stanford researchers shows searches dropped by about half in Washington and Colorado since legalization. Racial disparities have decreased but have not been eliminated.

Passing HB 1 will save hundreds of Delawareans from being searched, arrested, and cited for cannabis. By legalizing up to one ounce of cannabis, individuals will no longer face fines and stigma for choosing to consume a substance that is safer than alcohol. This is particularly important as legal sales have begun in New Jersey and are anticipated soon in Maryland.

Ending prohibition will also help police solve violent crimes in another way — by freeing up time and resources currently wasted on prosecuting adults for cannabis offenses. Legalizing cannabis will allow these resources to be redirected to solving crimes that victimize others.

### **III. Conclusion**

Thank you to Chair Minor-Brown and the members of the committee for your time and attention to this important issue. I respectfully urge a favorable report of HB 1 to legalize cannabis possession for adults 21 and older.

If you have any questions or need any additional information, I would be happy to help and can be reached at the number or email address below.

Sincerely,

Olivia G. Naugle  
Senior Policy Analyst  
Marijuana Policy Project  
[onaugle@mpp.org](mailto:onaugle@mpp.org)  
202-905-2037

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<sup>9</sup> Tanvi Misra, “Uncovering Disparities in Policing by Analyzing Traffic Stop Data,” *Pacific Standard*, June 7, 2018.

## Re: HB 1 and 1/17/23 (& other dates) marijuana decriminalization research findings

Teresa LoPorto <loporto06@aol.com>

Mon 1/23/2023 10:30 AM

To:HouseCommitteeComment (Mailbox Resources) <HouseCommitteeComment@delaware.gov>

Dear Health and Human Development Committee,

### **Re: HB 1**

**The public interprets decriminalization as approval of marijuana use. That's just human nature.** After that the:

"... effects of legal permissibility on risks...(find) a growing trend toward normalization of use, ease of access, and less likelihood of a belief that marijuana is harmful, despite scientific evidence that use during adolescence is detrimental to physical and mental health.

...broader normalization of marijuana use (finds) a significant uptick in several serious negative consequences, such as instances of marijuana-related prenatal exposure, unintentional childhood ingestion and poisoning, mental health problems, alterations in the developing reproductive system, marijuana use disorder, car crashes and other indicators of poor life functioning."\*

**Decriminalization in Colorado did little to improve their quality of life.\*\***

**And decriminalization does NOT decrease criminal justice expenditures:**

"This study finds that, so far, legalization in those states (Colorado, Oregon, Washington) has generated .....essentially no reductions in criminal justice expenditure."\*\*\*

Yours truly,  
Teresa LoPorto  
Hockessin, DE

\*Researchers: The legalization of marijuana comes at a hidden cost to our young people  
By Diana Fishbein, Linda Richter and Zili Sloboda  
Chicago Tribune  
Jan 17, 2023 at 12:55 pm

\*\*[The Legalization of Marijuana in Colorado: The Impact - PMC \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6913861/)  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6913861/>  
(Entire article C&P below)

\*\*\*[The Budgetary Effects of Ending Drug Prohibition | Cato Institute](https://www.cato.org/tax-budget-bulletin/budgetary-effects-ending-drug-prohibition)  
<https://www.cato.org/tax-budget-bulletin/budgetary-effects-ending-drug-prohibition>

## The Legalization of Marijuana in Colorado: The Impact

Volume 6, September 2019

Rocky Mountain High Intensity Drug Trafficking Area program

### Executive Summary

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The Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) program has published annual reports every year since 2013 tracking the impact of legalizing recreational marijuana in Colorado. The purpose is to provide data and information so that policy makers and citizens can make informed decisions on the issue of marijuana legalization.<sup>1</sup>

## Section I: Traffic Fatalities & Impaired Driving

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[Go to:](#)

- Since recreational marijuana was legalized, traffic deaths in which drivers tested positive for marijuana increased 109 percent while all Colorado traffic deaths increased 31 percent.
- Since recreational marijuana was legalized, traffic deaths involving drivers who tested positive for marijuana more than doubled from 55 in 2013 to 115 people killed in 2018.
- This equates to one person killed every 3 days in 2018 compared to one person killed every 6½ days in 2013.
- Since recreational marijuana was legalized, the percentage of all Colorado traffic deaths that were marijuana-related increased from 15 percent in 2013 to 23 percent in 2018.

## Section II: Marijuana Use

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[Go to:](#)

Since recreational marijuana was legalized:

- Past month marijuana use for ages 12 and older increased 58 percent and is 78 percent higher than the national average, currently ranked 4th in the nation.
- Adult marijuana use increased 94 percent and is 96 percent higher than the national average, currently ranked 4th in the nation.
- College age marijuana use increased 18 percent and is 48 percent higher than the national average, currently ranked 6th in the nation.
- Youth marijuana use decreased 14 percent and is 40 percent higher than the national average, currently ranked 6th in the nation.

### Section III: Public Health

[Go to:](#)

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- The yearly number of emergency department visits related to marijuana increased 54 percent after the legalization of recreational marijuana (2013 compared to 2017).
- The yearly number of marijuana-related hospitalizations increased 101 percent after the legalization of recreational marijuana (2013 compared to 2017).
- Marijuana-only exposures more than quadrupled in the six-year average (2013–2018) since recreational marijuana was legalized compared to the six-year average (2007–2012) prior to legalization.
- The percent of suicide incidents in which toxicology results were positive for marijuana has increased from 14 percent in 2013 to 23 percent in 2017.

### Section IV: Black Market

[Go to:](#)

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- RMHIDTA Colorado Drug Task Forces (10) conducted 257 investigations of black market marijuana in Colorado resulting in:
  - 192 felony arrests
  - 6.08 tons of marijuana seized
  - 60,091 marijuana plants seized
  - 25 different states the marijuana was destined
- Seizures of Colorado marijuana in the U.S. mail system has increased 1,042 percent from an average of 52 parcels (2009–2012) to an average of 594 parcels (2013–2017) during the time recreational marijuana has been legal.

### Section V: Societal Impact

[Go to:](#)

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- Marijuana tax revenue represent approximately nine-tenths of one percent of Colorado's FY 2018 budget.
- 64 percent of local jurisdictions in Colorado have banned medical and recreational marijuana businesses.

1. <https://rmhidta.org/files/D2DF/FINAL-Volume6.pdf>