

Statutory Language Recommendations for Bill H.270

4.25.2023

Submitted by the Vermont Cannabis Equity Coalition (VCEC)

(Northeast Organic Farming Association of Vermont, VT Racial Justice Alliance, Vermont Growers Association, Rural Vermont, Green Mountain Patients' Alliance)

Social Equity

We strongly support including in H.270 the language from S.127 providing revenue from the cannabis excise tax for the Cannabis Development Fund and Funding For Communities That Have Been Disproportionately Impacted by Cannabis Prohibition beginning at Line 11 on page 14 and ending at line 14 on page 17. These have long been primary priorities of our coalition. We propose the following minor amendments to this language - which we believe were intended to be included in S.127 - and suggestions for administration and funding:

Amendments:

- Page 16, Line 20: *(b) ~~Ten~~ Twenty percent of the...*
- Page 15, Line 1: *~~Twenty~~ Ten percent of the revenues raised by the cannabis excise tax imposed by section 7902 of this title is transferred to the Cannabis Business Development Fund established pursuant to 7 V.S.A. § 987.*

Suggestions for Administration and Funding:

- Use a portion of the excise taxes to fund the Health Equity Advisory Commission (HEAC) - Up to 750K
- Consider administering the fund through - and the fund contributing to - the Land Access and Opportunity Board (LAOB) as opposed to the Cannabis Control Board. The intention of this proposal has been to have the communities who have been disproportionately impacted themselves be the administrators and directors of the investment in those communities.

Agriculture

We strongly support the proposed amendments to H.270 from the Senate Agriculture Committee. These have been long time priorities of our coalition as well, and we are very grateful that their importance is being recognized and included.

Propagation License

In this section we restore the CCB's original canopy size for the propagation license and expand access to the sale of immature plants from cultivators and propagators to the public who also need places to obtain immature plants legally and locally (in the current bill, only seeds can be directly sold). Here is [bill H.270 with the original text](#).

Sec. 6. 7 V.S.A. § 904b is added to read:

§ 904b. PROPAGATION LICENSE

(a) A propagation cultivator licensed under this section may:

(1) cultivate not more than ~~3,500~~ 2,500 square feet of cannabis clones, immature cannabis plants, or mature cannabis plants; and

(2) test, transport, and sell cannabis clones and immature cannabis plants ~~to licensed cultivators~~; and

(3) test, transport, and sell cannabis seeds and immature plants that meet the federal definition of hemp.

(b) A licensed propagation cultivator shall not cultivate mature cannabis plants for the purpose of producing, harvesting, transferring, or selling cannabis flower for or to any person.

(c) Tiers 1-3 Outdoor, and Mixed, and Tier 1-2 Indoor Cultivation License Types may directly sell seeds and immature plants which the cultivator produced themselves to the public without a propagation license.

Equitable Consumption

In this section we include public consumption, a policy priority of ours, supported by the CCB, which is included in bill S.127 from Sen. Vihovsky. VCEC considers this a housekeeping issue given its impacts related to consumers' and patients' ability to participate in the market and general consumption equitably. Here is [bill H.127 with the original text](#).

Sec. 2. 7 V.S.A. § 833 is amended to read:

§ 833. ~~CONSUMPTION~~ USE OF CANNABIS IN A PUBLIC PLACE

(a) ~~Any~~ ~~no~~ person shall consume or possess lighted cannabis or cannabis products in a public place unless specifically authorized by law any place where the use or possession of a lighted tobacco product, tobacco product, or tobacco substitute is prohibited by law pursuant to 18 V.S.A. chapter 37. Violations shall be punished in accordance with 18 V.S.A. § 4230a.

Medical Cannabis

In Response to Senate Health and Welfare Proposed Amendments:

Rather than create a new committee or group, as in Section 13 (d), we ask and encourage you to consider utilizing the former Symptom Relief Oversight Committee (SROC). This committee has been part of the medical program for many years and once met regularly to allow patients, medical providers and stakeholders in the medical cannabis program an opportunity for collaboration, and to have their voices heard. It has been tasked with providing an annual report to the Governor, which could also be presented to the legislature. Last year the Cannabis Control Board provided recommendations as to who should participate in the SROC, as to the goals and direction for the committee, as well as suggesting regular, more frequent meetings to essentially provide the intended amendments from the Senate Health and Welfare. Rather than recreate the wheel, we ask you to reinstitute the SROC, to both meet the needs of your intended amendments, as well as to follow the CCB's recommendations. We believe

Reinstituting the SROC will accomplish the needs and goals of the Senate Health and Welfare and ask you to help ensure that the SROC continues and expands. There is a seat for a member of the SROC on the Cannabis Advisory Board (CAB) that has sat empty for quite sometime now, including during the majority of the important program and policy formation stages, and unfortunately the CAB has not included medical professionals, patients, caregivers or other stakeholders from the medical community.stakeholders. We appreciate the proposed amendments from Senate Health and Welfare, and see the need for much of this work, but ask you to use and empower the existing SROC.

Proposed Amendments to Existing Statute:

In this section we restore the qualifying medical conditions the House removed, and add more housekeeping language. Here is [bill H.270 with the original text](#).

Sec. 10. 7 V.S.A. chapter 35 is amended to read:

CHAPTER 35. MEDICAL CANNABIS REGISTRY

§ 951. DEFINITIONS

As used in this chapter:

** * **

(8) "Qualifying medical condition" means:

(a) cancer, multiple sclerosis, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, glaucoma, Crohn's disease, Parkinson's disease, post-traumatic stress disorder, Alzheimer's disease: amyotrophic lateral sclerosis (ALS), autism spectrum disorder as provided by the latest edition of the Diagnostic and Statistical Manual of Mental Disorders, sickle cell disease, damage to the nervous tissue of the spinal cord with objective neurological indication of spasticity, epilepsy or uncontrolled seizure disorder, cerebral palsy, cystic fibrosis, irritable bowel syndrome, ulcerative colitis, or the treatment of these conditions, if the disease or the treatment results in severe, persistent, and intractable symptoms;

§ 954. CAREGIVERS

(d)(1) Except as provided in subdivision (2) of this subsection, a caregiver ~~shall serve only one patient~~ may serve not more than two patients at a time, can apply to serve more patients with approval by the Board, and a patient shall have only one registered caregiver at a time. A patient may serve as a caregiver for one other patient.