To: Senate Health and Welfare Committee
From: Jill Sudhoff-Guerin, VMS, AAPVT, VTAFP and VPA
Date: April 18, 2023
RE: H.270, Cannabis Regulation

On behalf of the 2,600 physician and physician assistant members of the Vermont Medical Society (VMS), the American Academy of Pediatrics Vermont Chapter (AAPVT), the Vermont Academy of Family Physicians (VTAFP), and the Vermont Psychiatric Association (VPA), we applaud the House for rejecting the expansion of medical conditions that qualify for the cannabis registry, as originally proposed in the bill, and urge the Senate to keep the registry as an evidence-based source that patients and health professionals can rely on. We do have remaining concerns about the House-passed version of H.270 and the potentially significant health impacts posed by:

- **Removing the requirement for patients with PTSD to receive treatment from a mental health professional**. Studies show that when PTSD is left untreated by a mental health professional it usually doesn't get better and often can get worse.[i]
- **Increasing the allowable size of a single cannabis product package from 50 mgs of THC to 100 mgs.** Accidental ingestion of cannabis products in kids up to age 6 has increased by 1375% from 2017 to 2021.
- **Cannabis products with enticing names like Super Lemon Haze and brightly colored packaging appear flavored and appeal to kids.**
- **Removing the requirement for anyone selling tobacco paraphernalia to get a tobacco license without including a requirement for the CCB to create an annual audit of compliance for cannabis retailers.**
- **The budget implications for prevention funding with the continued growth of the administration of the Cannabis Control Board.**
- **Changing the duration of medical cannabis registration cards from 1 year to 5 years for those with a qualifying condition other than chronic pain management.** The status of the use of medication to manage chronic conditions can fluctuate rapidly and should be checked annually.

PTSD and Treatment

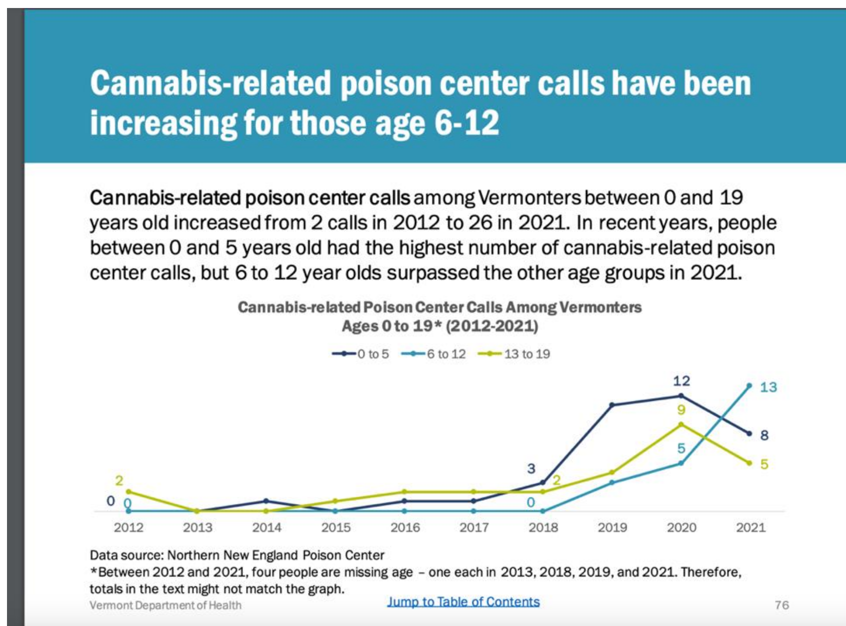
PTSD is a condition that is shown to be very responsive to mental health treatment and the VMS does not support removing mental health treatment requirements for patients with PTSD using medical cannabis. In 2019, the American Psychiatric Association adopted a policy opposed to using medical cannabis treatment for PTSD. They cited the lack of any high-quality, randomized, controlled studies proving that cannabis helps PTSD. There have been an increasing number of studies demonstrating that the use of cannabis can worsen PTSD symptoms over time. A recent study using 2019-2020 National

Health and Resilience in Veterans Study (NHRVS) data found veterans with PTSD that frequently use cannabis are twice as likely to have co-occurring major depressive disorder, generalized anxiety disorder, and suicidal ideation.

VMS supports the House-passed language that rejected the proposed non-evidence-based expansion of qualifying medical conditions for the medical cannabis registry. When reviewing the evidence for medical cannabis treatment the gold standard that most medical professionals turn to is a comprehensive review published in 2017 by the National Academies of Sciences, Engineering, and Medicine, which found strong evidence that cannabis treatment provided relief for chronic pain, nausea and vomiting due to chemotherapy, and multiple sclerosis (MS) spasticity symptoms – all of which are current qualifying medical conditions in Vermont law. However, the review found there was insufficient or no evidence of benefit for a whole host of other conditions, specifically posttraumatic stress disorder, cancer, anxiety, epilepsy, and irritable bowel disease. Another comprehensive review is VDH's Literature Review from the HIA from March 2020, which provides a wealth of information on efficacy, safety and long-term impacts of cannabis use for specific conditions.

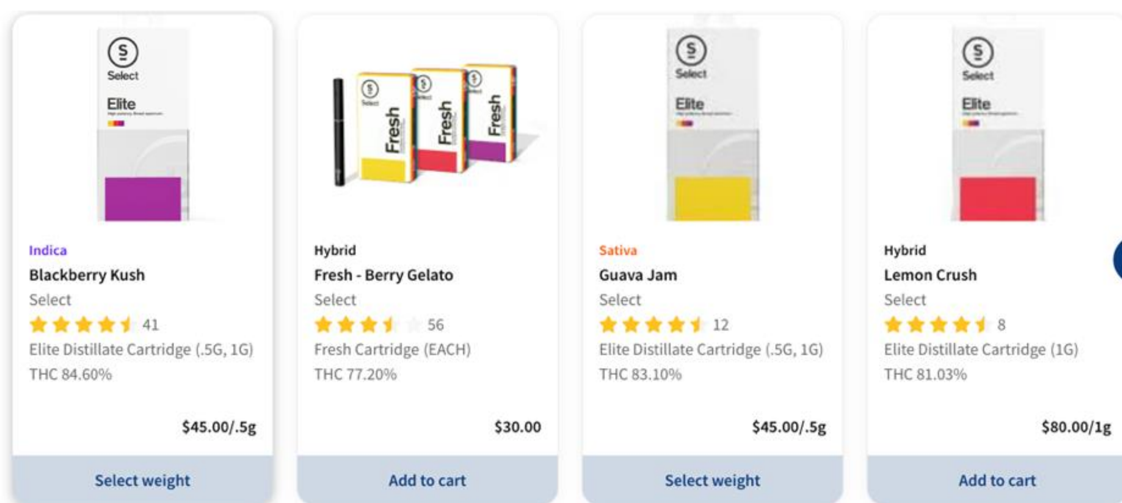
Single Cannabis Product Package Size

With the recent reports of increased incidents of child poisoning due to cannabis ingestion, there is no justification to increase the single cannabis product package size. Nationally, regionally, and locally, unintentional pediatric cannabis edible ingestions for kids under the age of 6 is exponentially increasing. A 2021, American Academy of Pediatrics study reported an increase in cases of *1375% between 2017 and 2021*, with 22% of those patients admitted to the hospital. January 11, 2023, WCAX reported that the Northern New England Poison Control released data showing a spike in those under the age of 5 ingesting cannabis. "Even a two-and-a-half or five-milligram cannabis chewy, if they take more than one or even one, that's a really large amount for a small body to handle," said UVM pediatrician Dr. Jill Rinehart. The CCB's own Point of Sale flyer states that "People that choose to consume edibles should start with small amounts, usually 1 to 2.5 mgs." **Increasing the size of a single cannabis product package from 50 mgs of THC to 100 mgs will lead to more accidental cannabis ingestions.**



In April of 2020, the Journal of Studies on Alcohol and Drugs published results from a study, "Does Unit-Dose Packaging Influence Understanding of Serving Size Information for Cannabis Edibles?" Over 28,000 study participants were asked to correctly identify the standard serving of a cannabis brownie based on the product label information. The study concludes: "*Packaging in which each product unit contained one dose of THC enhanced consumers' ability to identify how much of a product constitutes a standard serving or dose. Packaging products as individual doses eliminates the need for mental math and could reduce the risk of accidental overconsumption of cannabis.*"

What are We Regulating?
Included in 7 V.S.A. § 868 under **"prohibited products"** are **"any cannabis, cannabis products, or packaging of such items that are designed to make the product more appealing to persons under 21 years of age."** Yet, cannabis products come in brightly colored packages with names like Super Lemon Haze, Orange Cream and Blueberry Muffin. These names can appear to be flavored products, which are prohibited under law, but instead we have been told these are "strain names." On cannabis dispensary websites it is very difficult to differentiate all of the different products and potency limits, vs dosing limits. Now that medical dispensary owners can simultaneously own recreational dispensaries it can also be difficult to discern between medical cannabis products and recreational cannabis products. It is unclear to us how or whether these products and these flavors (or strain names) are not in violation of the prohibition on products designed to appeal to minors?



Sec. 14 of the bill removes the requirement for anyone selling tobacco paraphernalia in cannabis retail establishments to get a tobacco license from the Department of Liquor and Lottery (DLL). This would leave the regulation of the sale of tobacco paraphernalia to the Cannabis Control Board. **This change should not be made unless the CCB creates an annual auditing process similar to that of the DLL.**

VMS opposes changing the duration of medical cannabis registration cards from 1 year to 5 years for those with a qualifying condition other than chronic pain management. What other medication does not require a clinician to review your health status for 5 years? Current regulations for prescription medications limit their validity to one year, even for ongoing, chronic conditions such as hypertension or diabetes. Medical conditions change, the patient could be prescribed different medication that could be

contraindicated with cannabis, or there could be a new co-occurring condition. This is no different for qualifying conditions for medical cannabis and the qualifying conditions need to be reviewed by a clinician at least annually.

VMS understands the need for ongoing oversight of cannabis sales in Vermont but has concerns with the budget implications for prevention funding of the continued growth of the administration of the Cannabis Control Board. Currently, 30% of the cannabis excise tax revenue is allocated for prevention. But, in Vermont statute the CCB is made whole before the 30% is calculated. Last year, the Governor put $3 million of general fund dollars into prevention, with the intention that cannabis revenue would replace that soon. According to the Joint Fiscal Office, the CCB budget has grown to support 22.5 FTEs and there is a **36.7% increase in the budget** from FY23 to the FY24 Governor's Recommended Budget. Year over year, the CCB budget has grown by approximately $1.5 million since 2022, which ironically is the same amount as the current gap in Prevention Funding. The FY24 Budget only allocates $1.5 million in cannabis excise revenues to prevention, with the remaining $1.5 million coming from the general fund. VMS strongly recommends that 30% of excise tax revenue is allocated to prevention **before** any other administrative expenses are withdrawn.

Thank you for your consideration. Please reach out to me at jsudhoffguerin@vtmd.org with any questions.

[ii] https://www.ptsd.va.gov/publications/print/understandingptsd_booklet.pdf