



September 23, 2016

Cannabis.Pro LLC: OpenCannabis in a Safe & Standardized Industry
Testimony for Joint Legislative Justice Oversight Committee on Medical Cannabis in Vermont

Every year the non-profit organization Americans for Safe Access rates US States on medical cannabis laws and changes to state sanctioned programs. In 2015, Vermont's grade was a D+ while the highest grade was a B+ for several states: California, Illinois and New Mexico

These grades are derived from 5 general categories and the report is available online via ASA's website at <http://www.safeaccessnow.org> Here are the 5 Categories:

- I. Patient Rights and Civil Protection from Discrimination
- II. Access to Medicine
- III. Ease of Navigation
- IV. Functionality
- V. Consumer Safety and Provider Requirements

According to the report, areas for improvement for the State of Vermont are as follows:

Facility sanitary conditions, Recall protocol, Allergens on product labelling, Potency/compound identification, Active ingredient identification, contaminants, facility and equipment sanitary conditions, workforce safety protocols, water management, required testing, sample retention, shelf life testing, lab operations training, method validation in accordance with AHP guidelines, result reporting- disclose the type of testing used, equipment and instrument calibration, sample tracking, disposal/waste protocols and storage protocols. Report Card 347 out of 500 points with Product Safety breakdown of 39 Points out of 100. Vermont was awarded 25 bonus points for improvements to the program and not enacting laws that would harm the program in place on the Report Card.

As a medical patient for over 11 years I have had access to the California program for a number of years and found a great deal of issues with the law in Vermont. I'm a US Army veteran that is disabled and it took me months to find a doctor willing to write a recommendation for me when I first came to Vermont. Vermont failed to allow PTSD as a qualifying condition in 2014, which is a slap in the face to not only Veterans but also for anyone else who has dealt with trauma in their lives in which cannabis can be a safe medicine to alleviate symptoms and anxiety. PTSD has been recently approved in states with programs much worse than Vermont's, even Chris Christie recently signed legislation adding the condition to New Jersey's list.



My recommendations to the State of Vermont are as follows beyond addressing issues brought up in the ASA report:

- Allow doctors to prescribe medical cannabis for any condition they see a fit.
- Raise the cap on the number of dispensaries operating- there is not a large enough supply of medicine in the state, dispensaries are growing mediocre cannabis and charging top dollar. By there not being competition and too many patients to serve, dispensary operations are able to get away with selling subpar medicine at above black market prices.
- Dispensaries are growing thousands of plants but patients are restricted to 9. Many things can happen to a harvest and plants for individuals growing their own medicine. Plant limits should be doubled in total to 6 flowering and 12 vegetative.
- Court Qualified Cannabis Expert Chris Conrad states that patients should be allowed to have between 3-6 pounds of cannabis on hand to address shortages and supply chain issues. This is too often the case in Vermont: Find a new strain and buy a small amount to see if it is suitable. Patient tries the strain and is happy with the effects, on their next appointment they visit the dispensary and realize that strain is out of stock or no longer available. Patients are forced into this scenario daily in Vermont because of the barriers to safe access and a micro-monopoly supply chain in which they are forced to rely upon if not growing for themselves.
- Adopt reciprocity into the Vermont law- Vermont should allow out of state patients to have access to the dispensary system in Vermont while visiting. Medical cannabis patients moving to Vermont from other states should not be restricted access to the State's dispensary system. In terms of doctor patient relationship, the previous 6 month wait that is now 3 month is still outlandish and borders on patient abandonment. Is this provision in place for opiate/opioids?
- Patients should be able to visit any dispensary they wish and purchase medicine from all operating facilities in compliance with State law. Charging patients \$25 to switch dispensaries is detrimental to the program and the filing of paperwork is tedious for a patient to find the medicine or medicines that help them best. This is most certainly the case when black market cannabis can be acquired for less than the price sold at state licensed dispensaries.



- Patients growing medicine for themselves should have access to the dispensary system to buy medicine and not be forced into perpetually providing for themselves if they choose to grow. The systems should be open as a rule, not closed due to fear and over regulation. Protocols should be established to minimize diversion but punishing patients shouldn't be part of that equation.
- Vermont's medical cannabis program has an immense carbon footprint due to the paranoia protocol enacted in its medical cannabis laws. This past legislative session on adult use marijuana had amendments proposed that would have allowed any adult in the state to grow cannabis in an outdoor plot. Why can't patients do the same now? Why is special permission only given to dispensaries in this regard? Vermont is an agricultural state, medical cannabis is an agricultural crop that can give great yields when properly grown outdoors or in greenhouse environments. For more information on the carbon footprint and indoor marijuana growing read this report by Evan Mills called "The carbon footprint of indoor Cannabis production": <http://evanmills.lbl.gov/pubs/pdf/cannabis-carbon-footprint.pdf>
- Federal IND program allows a minimum of 7 grams per day in smoked form via joints delivered from the University of Mississippi federal facility, that's 210 grams per month, almost 6 pounds per year compared to Vermont's 1.5 pounds. For patients choosing an ingestion route of administration orally or sublingually, the amount of cannabis needed can be 3-5 times that amount. Patients choosing vaporization as a form of delivery may also need twice the amount compared to cannabis that is smoked. Meanwhile patients in Vermont may have to choose opiate/opioid alternatives to supplement their pain relief needs when they could be using cannabis alone if the law permitted real world scenario amounts to prepare foods, tinctures, oils, lotions, concentrates and/or salves beyond dried flowers.
- Vermont should become a hub of cannabis cultivars for New England by establishing a repository of genetic material and seed stock at the University of Vermont for research within the State's medical cannabis program. This program should work to make as many strains as possible public domain for the benefit of greater good for everyone in the State that may eventually need access to this vital plant.