

Begin forwarded message:

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Date: April 4, 2016 at 3:14:46 PM EDT

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Subject: Medical Registry Administration and S.241

Dear Committee Members,

This is a new version of an email that I sent to the Senate Judiciary Committee when they were considering the bill in Late January 2015. I have not received a response from them.

Regarding Medical Marijuana administration:

1) I see no reference in S.241 to standing laws regarding medical marijuana and I would **implore that you remove the administration of the medical marijuana registry from the Vermont Crime Information Center/Department of Public Safety/Division of Criminal Justice Services** and place it within the control of the Dept. of Health and Human Services.

I personally know a retired 70 year old who suffers from debilitating pain due to an illness that falls under the accepted guidelines for Vermont's registry. This person has recently chosen to stop years long pain treatment with doctor prescribed opiates due to their deleterious health impacts and their inability to control the pain. Though skeptical that it would help, this person tried marijuana for the first time in 45 years and found immediate and profound relief of symptoms and the ability to sleep through the night.

When I heard of the success this person had with marijuana, I advised them to join Vermont's legal registry so they could have access to a supply of tested, safe and **legal** marijuana. Upon going to download the registry form, the person immediately noticed that the program is associated with the Vermont Crime Information Center, DPS and DCJS! The person felt intimidated and made the choice **not** to seek registration. This person is on a fixed income (Social Security) and is worried that participation in a registry that is administered by the above bodies could jeopardize their sole source of income. This was a real eye opener for me and I assume this is not a lone example.

It is obvious to me that substances which are legally approved for medical use and cultivation should NOT require registration through the Vermont Crime Information Center, DPS or DCJS nor the associated stigma and feeling of intimidation that goes along with those titles.

2) I would also ask that the committee reconsider the threshold for access to the marijuana registry. Currently, only terminal patients or people with the most dire symptoms are eligible to register for the use and cultivation of medical marijuana. Many more could be helped with a wide range of health problems if access was broadened.

I understand that you are in the thick of it right now, but would appreciate an answer to the following questions from one of your members:

Will the medical marijuana registry regs stay as-is for the foreseeable future or might they be impacted by parts of the legalization bill? Specifically:

- 1) Would there be a ban on medical edibles and medical home cultivation?
- 2) Is there an expansion of eligibility in the works for access to the medical registry?
- 3) Is it possible to amend the bill so it will change the administering body for medically available marijuana to a more appropriate body than the VCIC, DPS, DCJS?

I know that if marijuana is made legal in VT, this may seem to be of no consequence, but medical patients should be able to access marijuana in a professional medical context that is specific to their healthcare needs and should be able to access their medicine through a care provider

Regarding Edibles and Home cultivation for private use:

I have read some consider the issue of home cultivation and legal edibles a non-starter for the passage of this bill. I would like to comment:

1) Edibles can be regulated and administered safely and should be considered for incorporation into this bill.

2) Home cultivation on some scale should be incorporated into this bill following the logic and example of the legal home production of alcohol. Any impact home cultivation would have on the black/grey market would be beneficial, and of minimal impact to the bottom lines of Vermont's future registered business growers.

Again, thanks for your efforts and consideration of the myriad of aspects of this bill. I hope you will work to incorporate the concerns of medical users into this bill as mentioned above.

Sincerely,
Nathan Stahler

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