To: House Human Services Committee
From: Monique McHenry, Ph.D., Executive Director, Vermont Patients Alliance Inc. (VPA)
Re: S.16
Date: April 13, 2017

Thank you for the opportunity to testify. My name is Monique McHenry and I am the Executive Director of Vermont Patients Alliance. My testimony will highlight the current activities in the Vermont dispensaries, clarify ideas we support in S.16, and identify issues we have with S.16.

Current Vermont Dispensary Services

At the Vermont Patients Alliance we

- Serve 30% of the 3,500 Vermonters with debilitating medical conditions on the *Cannabis* for therapeutic use registry.
    - We see one patient at a time and spend 10-30 minutes discussing each patient's condition and which products will provide the best therapeutic advantage.
- Employ 20 Vermonters at wages above the Vermont livable wage.
- Develop and implement clinical trials to build evidence-based results that correlate symptoms to the most effective relief options.
- Test chemical composition of products, and develop new plant-based pharmaceutical products and protocols.
- Utilize our own novel medical outcomes app. The app is HIPAA compliant and allows for tracking of pain and other symptoms.
- Educate physicians and patients on plant-based medicines, including medical *Cannabis*, as a safe alternative to conventional medications, such as opioids for chronic pain.
    - In particular, we explain dosage, delivery, and side effects.
    - I am one of the co-directors for the new UVM COM *Cannabis* Science and Medicine program. Included in the program is an on-campus undergraduate course, a series of online modules that have been accredited for continuing Medical Education (CME, up to 7.75 hours), a certificate program offered online for the general public, a free webinar series, and community medical lectures.

Future Vermont Dispensary Goals and S.16

Sustained Viability

In order for the Vermont dispensaries to remain viable businesses, we need to grow the program in a safe and responsible manner.

We support the additional qualifying medical conditions in S.16. Our clinical research and that of others has demonstrated that there appears to be a substitution effect, where access to *Cannabis* leads to decreased pain medication and opioid use.

We suggest the committee establish a plan for where and how to open additional dispensaries for the sole purpose benefitting patients, not for the companies lobbying for additional licenses. Setting an arbitrary number of dispensaries that is not tied to any concrete data will

not achieve this goal. One way to consider expansion of the number of dispensaries might be to establish that a minimum number of patients must be registered in the therapeutic use of *Cannabis* program for a given geographic area prior to an open application period.

Testing
Currently, the dispensaries do our own testing. We have fine-tuned our testing methods for levels of Cannabinoids and impurities.

While we support the testing and labeling of a product's chemical content, we believe that our labs continue to be permitted to test product as long as they are accredited. Accreditation can be as simple as passing an inter-laboratory proficiency test (ILPT), or as stringent as earning ISO certification.

Note that we are not opposed to the Department of Agriculture doing the testing. However, we are concerned about the Department's suggestion that the dispensaries pay for the testing as we have already invested in purchasing our own equipment, and developing protocols for testing. Requiring additional testing by an outside vendor will be huge expense that we cannot absorb – it will be in addition to the $25,000/year that we pay to the state to operate in Vermont, plus $20,000 for the independent audit required.