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Virginia Burley: Medical marijuana bill too expansive

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Editor's note: This commentary is by Virginia Burley, who is a member of the steering committees of [SAM-VT](#) (Smart Approaches to Marijuana) and [Prevention Works](#). She was a longtime member of the U-32 School Board and the founder and director of the afterschool and summer learning program Community Connections.

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hen the Vermont Legislature legalized medical marijuana in 2003, our system was one of the most carefully regulated and safest in the country. Based on the advice of the Vermont Department of Health and the documented experiences in states that had already legalized medical marijuana, the bill's provisions were written to protect patients and limit, as much as possible, the potential harms to public health.

- The bill limited the number of dispensaries,
- required dispensaries to be nonprofit businesses,
- forbade advertising in any form,
- stipulated that doctors could prescribe medical marijuana only for patients they had been seeing in a professional relationship for several months,
- limited patients to one caretaker and caretakers to one patient at a time,
- limited the amount of marijuana that patients, caretakers, and dispensaries could grow,
- limited the amount of marijuana a patient could possess at any one time,
- and limited the list of qualifying medical conditions to the short list of those for which there was valid scientific evidence that marijuana might help.

Since then, the Legislature has expanded the system twice, and in both cases, the result made the system less safe. Now, Senate bill S.216 would turn the medical marijuana system into a de facto commercialized retail recreational marijuana industry by making it as wide open to access and fraud as California's notorious marijuana-card-mill.

In the earlier changes, the system was expanded to allow more dispensaries, and dispensary owners were allowed to open more than one outlet, even in the same community. Worse, dispensaries can now be for-profit and can advertise. In other words, the Legislature removed all of the rules set up specifically to protect patients from a Big Pharma style system driven not by compassion but by profit margins.

In addition, the definition of “health care provider” was widened to include physician’s assistants, registered nurses, and naturopaths, and the extent of the doctor-patient relationship was lessened.

Just last year, the list of qualifying conditions for medical marijuana was expanded to include conditions for which the evidence of benefit is so limited that every medical organization in Vermont and the Vermont Department of Health opposed their inclusion. In other words, the Legislature has taken on the job of prescribing medicine.

S.216 would have gone even further, by moving the administration of the medical marijuana system from the Department of Public Safety to the Department of Agriculture, treating an addictive substance with serious health and cognitive side effects as if it were a dozen eggs or a quart of milk. Luckily, wiser heads prevailed and that clause was stricken by amendment before the bill passed the Senate.

But S.216 still goes too far. It includes language that would make it possible for anyone in Vermont to get medical marijuana, not just for the specific qualifying conditions listed in the bill, but for any other “... disease, condition, or treatment as determined in writing by a qualifying patient’s health care professional ...”

In other words, there would be no limits at all on the judgment of the health care professional. This is the very language that made it possible for unscrupulous doctors in California to sell medical marijuana cards in bulk.

The last time a legislature tried to micromanage medicines, by making it easier for patients to sue if they felt they hadn’t been prescribed sufficient pain medicine, the result was our current opioid epidemic.

Once again, the medical societies in Vermont are opposed to a bill that tries to make medical marijuana too available, for conditions that it does not help – and in fact can even make worse. It’s time for our legislators to listen to our doctors and scientists instead of the proponents of Big Marijuana.

NOTE: This commentary as published did not include mention of the fact that this bill as written removes the ability of towns to enact local ordinances prohibiting restrictions on dispensaries and grow facilities. Much of our coalition’s work with cities and towns involves educating policy makers about steps they may take to enhance healthy community design. This would remove a significant tool from local decision makers.