

Testimony on the proposed bill s.216 in The House Human Services Committee

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Medical Cannabis Patient and Patient Advocate**

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I thank the Human Services Committee for inviting me to testify on s.216 today.

I am here today representing both my self as a registered patient and to relay the experiences of other medical patients as observed and communicated to me over the last several years in my capacity as an advocate for cannabis reform.

My concerns regarding our Medical Marijuana Program include but are not limited to issues surrounding, the availability of safe, affordable and effective cannabis based products. The barriers to success of the MMJ program include but are not limited to the limitations placed on the program by overly restrictive legislation and high fees that are being charged for the limited licenses currently available.

I support opening up the program to all conditions. I speak with many in the medical professions who support this change.

The information that is currently being shared with me, indicates that a large number of patients are not benefiting from the continuation of the present monopolistic structure of the Medical Marijuana program.

Many feel the need to allow Patient Caregivers to be allowed to serve more than one patient. This change will lower the cost of cannabis therapy and provide a much needed choice for patients who cannot grow or afford to purchase there much needed medicine at the dispensaries.

I ask the committee to restore the Statement of purpose as introduced to s.216 which proposed moving the responsibility of the administration of the Marijuana program from the Department of Public Safety to the Department of Agriculture. My request comes after being concerned about several events of the recent past.

The interface between the Department of Public Safety and the current license holders has given four (4)of five (5) licenses to two (2) companies. These companies have formed as an Association.

Consequently, this control of the legal market pricing is keeping patients who cannot grow from obtaining cannabis therapy which is by law, not covered by insurance. I have had conversations that suggest the probability of irregularities in the process of how the 5th Dispensary license was awarded. This and the assertions of others who applied for the 5th dispensary license cause me to question the focus and agenda of the program administrators.

Additionally, The Department of Public Safety failed to use the funds provided by patients fees to benefit low income patients in any other way. I speak of the missing \$300,000.00 that was allowed to accumulate before being siphoned by the Department of Finance. Was this an incidence of a grab as in a “use it or lose it” situation? It should be noted that this event occurred while many seriously ill individuals who are registered patients and have paid fees, go with out access to medication.

Another matter concerning the sale of contaminated product was reported to me and others in several separate events beginning on April 20, 2017. These reports were made by two concerned employes of Ceres PM. These individuals shared primary knowledge of the event. This was later confirmed at Hemp Fest in the Fall. This indicates to me that the program administration had failed to protect patients from contaminated product that was sold as flower or recycled through a supercritical CO2 process by Ceres PM. While I understand that these issues can occur during production of the plant and its products, I object to the deception and recycling and sale of the contaminated product.

I note that upon her return from a leave of absence, The Program Administrator, Lyndsey Wells, had been made aware of this issue by me and some of the patients who purchased the contaminated flower and clones.

It should also be noted that Vermont Patient Alliance had a possible issue that was handled in a responsible manner which resulted in a costly, but responsible product recall.

While the fact that many seriously ill individuals cannot access the current program is concerning, even more egregious is the continuing lack of the availability cancer oils such as RSO or FECO. My friend Ruth has just experienced a lack of available cannabis oil to treat her breast cancer at the Grass Roots dispensary In Brandon. She stated that, QUOTE: “these life saving oils were not on the menu.” I have spoken with cancer patients have been forced to source this life saving therapy in Canada or Maine where costs for effective clean products are dramatically lower and the supply is stable. Additionally, I hope that an amendment will be added to s.216 to create a new category of licenses to allow current patients to caregiver for more than one patient. We will need these care givers to provide competition with lower prices and support the increase in the number of medical patients after the program is opened up to all conditions. The competition will help low income patients.

Finally, we need to give all patients equal benefits. If the dispensaries are being allowed additional plants for the patients that they serve, then ALL patients should be allowed the same plant increase. All patients should be allowed to grow outside and keep the any amount harvested. Patients should not be required to carry medicinal cannabis products in a locked box. I note that we do not do this for prescription medications or for alcohol or tobacco.

In closing, I ask that we change the focus of this program from one of containment and

control to one that concentrates on serving patient needs. I feel we need less Supervision and more caregivers and a patient led advisory panel all resulting in fair access and less containment and control.

Sincerely,

Francis Janik