Good Morning. I thank the Committee for the opportunity to address you on the topic and relevance of Medical Cannabis and its oversight and distribution in the State of Vermont for all conditions. My name is Nancy Diafario and I am a successful businesswoman who owned Al Ducci's in Manchester for over 25 years; now I am being addressed and accessed in my role as a Pro-Cannabis Activist and as a Medical Cannabis Patient. In these roles, I am often confronted by the lack of information on how to access the Program, when to use Medical Cannabis and why the economics and fear that surround Medical Cannabis often stymie access and foster fear of a very valuable therapy that should be used at all disease stages, not simply as a last resort. Allow me to address these points with what I hope are fear-fighting facts that are research based and also are insights that only a patient would uniquely have.

1) Program Access:

Many potential appropriate candidates for Cannabis Therapy do not have access to online forms that frequently change and have to be downloaded and printed. Often, the most current form is not available at a Provider's Office. Further, Providers, i.e., Medical Doctors, Doctors of Osteopathy and Naturopathy, Physicians' Assistants and Advanced Practice Nurses will not sign condition certification from fear of liability or will hold out Cannabis therapy until a problem becomes end stage. Even then, there are those providers who refuse patients who believe they are left with no good recourse. Their beliefs are not facts in the Science based art of practicing and applying real medical knowledge with current Patient Rights.

That makes no sense and shows insensitivity in the Gatekeepers to an early intervention with the humane healing properties and symptom and sequelae therapy that is available with Cannabis. While it has been shown to be effective in treating seizures, chemo and radiation therapy side effects and is frequently used in the Nation of Israel for pain management as well as the aforementioned conditions. Currently my use is for the symptoms associated with Celiac Disease for which I have been offered addictive drugs and also ones that would potentially attack my immune system, not reduce inflammation or would eventually produce Diabetes, Kidney, Heart and Liver disease. Cannabis therapy will not lead me to these eventualities, as would current standard therapy. To choose Cannabis is to use a very helpful, healing therapy and it may be delivered by various routes other than smoking. Out of fear, from lack of appreciation of current developments as shown in research that is difficult to conduct, produces a "Reefer Madness" mentality rather than a "Best Practice" model for many patients who presently hold cards or who would a qualify and apply for one through the simple authentication by a qualified practitioner. Over seventy-five (75) years of misinformation, dubious business practice sanctioned and endorsed by government administrations and officials (see H. Aslinger, Jeff Sessions et. al.,) and business (see Dupont and Hearst, GW, etc.,) is tough to dispel in its entrenchment. It becomes even more difficult when Cannabis is associated with an unnatural illegality and containment enforced by other, often

competing industries, Federal Government and often otherwise opinion based, rather than fact based practice by those Gatekeepers also occurs. As a State that Legislates, simply, we ask that ALL CONDITIONS be legislated as open to therapy so that prejudice against use until Hospice or end stage disease and its concomitant suffering is prevented as well. Medical Societies and other entities that deny the reality of efficacy of Cannabis are complicating lives and causing needless suffering and expense. The prejudice and/or fear surrounding validation of a verifiable condition is very real and additional when participating in such a controlled and contained program that is onerous and expensive.

2) Program Funds and Potential for Maximization of Participation

Currently the Medical Marijuana Registry has been relieved of approximately three hundred thousand (300, 000.00,) dollars that has been added into the General Fund without Patient input. How was that determined? With Dispensary costs escalating due to the demand for uncontaminated product, based on a business model that passes on the cost of doing business, not only in production costs onto the patient makes the current market Dispensary prices of four to five hundred (400 – 500) dollars (USD) per 28.2 grams (an industry weight, not considered full medical measure that would be thirty (30) grams by weight) that is not covered by insurance due to Federal FDA/DEA scheduling rules create and encourage Monopolistic pricing practices when done in secret or done in lock-step Associations. When it costs a self-grower anywhere from ten to fifty dollars (10-50 USD) and time invested to grow an ounce of 30 grams, the Dispensary costs are out of line with margins of profit and are due to exorbitant fees and control measures that are directly attached to the price of the medicines in not always available forms. With the diverted patients funds were taken, these could have been used to create cost assistance on a sliding scale for low income patients to not only cover products, but travel to a Dispensary and card associated fees like the application fees or Provider costs to be evaluated and certified for need. Yes it could be done with less expense if that money had not been siphoned away by the Department of Public Safety/General Fund with any accountability being offered whatsoever.

Without the Self-funding model, the program may be left with not enough to do the work that the Registry must do under current law. In no way does any of it actually support the cost of patient access particularly when many are spent down and/or have not been able to work due to their varied conditions. While maintaining a supply of medicine under the terms of "Home Grow", work must be done. It is possible by either an empowered patient who could care take for others who would prefer to go to a known, local and more local resource who can insure quality/purity via home testing. This would assure a clean product within a reasonable distance for travel, equality of the number of plants for Home Growers and Care Givers without the overhead and improve the income streams for local, proven producers and their patient base without destroying a base for those who would use a Dispensary in the aid of procuring safe product from a tested source as well. Safety, affordability and reasonable price points for the producers and patients would be welcome in a tightening market that we all anticipate with the inclusion of all conditions. However, this demands a Care Giver system outside of the Monopolistic and non-competitive pricing structure that is a result of having two plus (2+)

Dispensaries instead of five (5) in places, that even though they be regional, are still outside of an hour's driving distance. Most of the Medical providers or payers would not adhere to this as being real patient accessibility by their own industry standards/definitions and by third party payer benchmarks. (See HEDIS and NCOA) Until the Program is opened to ALL Conditions, until there is patient choice and a workable business model that creates availability, affordability and from where they chose to purchase if not grow their own medication, there will be no fairness let alone more EARLY INTERVENTION with this form of therapy. That de facto is cruel and unusual as attention to patient care, patient rights to self-determination and patients' struggle to afford their lives as well as their treatment (in which they should have the right of self-determination as do other patients with other care,) models. In a business model and a care model that actually serves patients, I see only potential for relief when others believe that this therapy is end stage or not even valid for the hundreds, if not thousands. I end with the statement that people and corporations do not patent substances or single agents for therapy unless there is both profit and hope that are derived from it. Why should we be left out of that loop when we are able to grow an excellent product and/or produce uncontaminated, varietal strains that tailor therapy to the need of the people who cannot be currently served with current models of practice and distribution that weighs so heavily for so long on the backs of many? That is why I today am testifying to the truths and facts I have experienced as a result of being an Patient and a Medical Cannabis Advocate as well as being a citizen simply applying common sense with easement for a very tilted system that is not friendly to those in need.