MARIJUANA FOR SYMPTOM RELIEF OVERSIGHT COMMITTEE



Title 18 Chapter 86: Therapeutic Use of Cannabis

2018

Annual Report

Submitted Date:

2018 Annual Report on the Therapeutic Use of Cannabis

INTRODUCTION

Title 18 Chapter 86 established the Marijuana for Symptom Relief Oversight Committee. The Oversight Committee was created to evaluate and make recommendations to the General Assembly. This report has been provided by the Committee to fulfil these requirements and address the following:

(A) The ability of qualifying patients and registered caregivers in all areas of the state to obtain timely access to marijuana for symptom relief.

(B) The effectiveness of the registered dispensaries individually and together in serving the needs of qualifying patients and registered caregivers, including the provision of educational and support services.

(C) Sufficiency of the regulatory and security safeguards contained in this subchapter and adopted by the Department of Public Safety to ensure that access to and use of cultivated marijuana is provided only to cardholders authorized for such purposes.

ANALYSIS

- The General Assembly has recognized the importance of independent testing of marijuana and marijuanainfused products sold to registered patients and caregivers by registered dispensaries. Quality controls are essential when providing a product to Vermonters and even more so when the products are intended for a vulnerable population, such as registered patients. It is critical to address potency and contaminant testing. Proper labeling guarantees should also be verified in accordance with 18 V.S.A. § 4474e. The Committee strongly urges and supports requiring laboratory sampling and testing of all marijuana and marijuanainfused products cultivated and produced by registered dispensaries.
- The use of marijuana for symptom relief is greatly aided by providing patients with as much information as possible. Therefore, the Committee advocates for requiring testing and labeling of terpene and cannabinoid profiles contained within medical marijuana products which would help direct patients to products that may best relieve their specific symptoms. Testing results should be public information that is easily available to patients.
- The Committee recommends the General Assembly authorize the Vermont Marijuana Registry to establish procedures for potency and contaminant testing including mold, heavy metals, solvents, bacteria, and pesticides for marijuana and marijuana-infused products cultivated and produced by registered dispensaries.
- Creating a registration process for cannabis testing entities is crucial for facilitating adequate quality controls. Presently, the only entities with the ability and authorization to analyze marijuana and marijuana-infused products are the registered dispensaries. The number of registered dispensaries is currently limited to five (5) and is inadequate to facilitate the quality assurances needed. The Committee recommends allowing entities, such as current laboratories operating in Vermont, to register as a testing entity, provided they meet the requirements. Evidence of participation in a nationally recognized proficiency testing program being one of those requirements.
- Registration fees collected by the Vermont Marijuana Registry (VMR) have historically exceeded the operating costs of the Registry. The Committee proposes restricting funds deposited into the VMR account for administering the provisions contained in Title 18 Chapter 86 and prior to the State reallocating excess receipts a reduction in fees should be required to lessen the financial burden on patients and caregivers. The VMR should have the ability to charge a fee equal to the rate for reimbursable services provided by the program.
- The total number of dispensing sites has expanded, since July 2017, from four (4) to seven (7) locations as a result of Act 65 (2017). The Committee does suggest allowing qualifying patients and registered caregivers to schedule appointments at the dispensary of their choosing.

Creating a Resilient Medical Marijuana Program

- As Vermont considers whether to legalize the sale of marijuana for recreational use it is important that the medical marijuana program be modernized to allow for its continued operation. In the event that Vermont legalizes recreational sales, the Committee is advocating that the following considerations be made for the existing medical marijuana program:
 - Remove the current two ounce per 30-day purchase limit for medical card holders. For some patients the current limit is an impediment to their treatment if heavy use is needed to relieve symptoms.
 - The availability of marijuana for medical patients should be prioritized. A supply shortage caused by the opening of recreational dispensary sales would have a negative effect on the patient population and steps should be taken to prevent that from happening.
 - Medical marijuana should maintain its tax-exempt status and patients with a valid medical marijuana ID card should have the option of making tax-free purchases from non-medical retail stores.
 - Review Title 18 Chapter 86 for revisions that should be made to existing statute in light of changes to the overall legal status of marijuana in Vermont. Uniform language and definitions should be created that address both the medical and recreational markets.

S.117 Bill Recommendations

- Removal of the psychotherapy or counseling with a licensed mental health care provider for patients diagnosed with PTSD.
 - This requirement appears to only add another barrier for patients diagnosed with PTSD. Other patients diagnosed with other anxiety disorders would not be subject to this requirement under the current bill.
- Currently, the amended language contained in section C of the definition of debilitating medical condition appears challenging for health care professionals to confirm that the applicant patient has a debilitating medical condition. The addition of the following language would enable a health care professional to confirm the applicant patient's debilitating medical condition similar to cancer, HIV, AIDS, glaucoma, Crohn's disease, and Parkinson's disease.
 - o "if the disease or the treatment results in severe, persistent, and intractable symptoms."
- Removing the requirement for patients with chronic diseases to renew annual will have a significant impact on the Vermont Marijuana Registry. The patient registration fees account for 70% of the Registry's funding. This change would be a wonderful benefit the patients but would be detrimental to the Registry. This reduction in funding would require reduction in staffing from the current 3.5 FTEs to one (1) FTE.
- The Committee is in favor of the increase to the 30-day dispensing limit to 3 ounces, but still does not align with adult use allowed by home cultivation. The dispensing limit should be at least equal to what a non-patient can possess at any given time, one ounce, without a specified period of time.
- As a result of the decreased funding proposed in the bill, the Registry would not have the funding for the proposed testing, unless staffing was reduced to only one (1) part-time position.



Registered Individuals

