

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

**Francis Janik  
Medical Cannabis Patient and Patient Advocate**

**April 26, 2018 11am**

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





Greetings Representative Pugh and other members of the committee,

My name is Eli Harrington and I write today as an advocate for cannabis reform in Vermont and as the co-owner of Heady Vermont an independent publishing and events company, as well as a consultant who works with entrepreneurs and businesses in Vermont hoping to understand the future impact of cannabis reforms. I am not a registered patient or caregiver, however, over the past three years, I've dedicated myself to speaking with thousands of Vermonters about cannabis — including hundreds of registered medical patients — and to understanding the policy decisions being made in Vermont and other states.

To be completely transparent, our company, Heady Vermont, has worked directly and successfully with Vermont's medical marijuana dispensaries (as well as their multiple affiliated companies operated under different trade names) and received direct funding for sponsorships, as well as in-kind contributions for their staff speaking at our events.

Let's start with the outrageous, but true fact, that today in Vermont, it is harder for someone suffering from chronic pain — whether from cancer, Crohn's or arthritis — to legally acquire a medical marijuana card to reduce their suffering, than it is for perfectly healthy me to legally acquire a firearm. This isn't about firearms, but it's a pretty dramatic contrast when we think about individual rights.

It's also outrageous, but true, that today in Vermont, having a debilitating medical condition which qualifies you to become a registered medical marijuana patient means that if you choose to treat your illness with cannabis, you have fewer rights than healthy Vermonters.

For panel members: Did you ever need to buy a membership card from Rite Aid to pick up your Tylenol? How about being told by the state that if you want to purchase your Midol or Ibuprofen, that you can only ever shop at Walgreen's? You don't know if Kinney Drugs has better prices or selection, because the state says that even though you've paid \$50 for the right to buy your aspirin, you can only shop at Walgreens.

Considering the restrictions imposed — never mind the price discrepancy — it's surprising that Vermonters who use cannabis for therapeutic purposes don't ALL turn to the grey market in Vermont, where prices are literally half of the dispensaries, or travel to any of our neighboring states, such as Maine, where medical marijuana patients can easily and inexpensively purchase legal cannabis. Many do.

If anything, with the passage of Act 85/H.511 and recognition that Vermonters 21+ can possess and cultivate cannabis, we need to change the paradigm with medical marijuana so that new legislation is giving people with debilitating medical conditions MORE rights than the rest of us, not fewer.

Changing the laws to allow trained, qualified medical professionals to ALLOW (doctor's don't recommend or prescribe cannabis in Vermont) patients to try cannabis would give

more Vermonters the ability to use safe, tested, medical cannabis products (with their doc's knowledge). It's hard to imagine how allowing a willing medical professional to sign a medical marijuana patient for someone with glaucoma or Lyme disease would pose a public safety risk or impact anyone except that patient and the dispensary serving him/her.

As for dispensaries themselves, the request to sell THC clones to the general public not only flies in the face of the purpose of the medical marijuana registry — to serve sick people with therapeutic cannabis options, not sell to the general public — but is downright disrespectful to the 6000+ patients who would watch their service provider(s) dedicate time and effort to growing and selling clones for profit, rather than spend those resources serving their patients.

Did you know that according to their own internal survey, 33% of the patients at the state's largest dispensary have an income of LESS than \$19,000 per year?? Learn more about the patient experiences in their own words from this 2016 survey, funded and commissioned by the dispensary itself.

There is already a systemic imbalance in the supply and demand in the Vermont Medical Marijuana Registry, created by a legislative mindset that prioritized “public safety” over the rights of sick and suffering Vermonters. After fourteen years of medical marijuana in Vermont, it's time to shift the balance back towards the rights of individual patients.

Below are a list of some specific recommendations that I believe would dramatically improve the rights of patients:

Specific recommendations:

- Allow patients to grow up to six mature plants (anyone 21+ can grow six plants in Maine and Mass; registered patients in Vermont can grow exactly the same amount as anyone 21+ as of July 1st.
- If, and only if, individual patients/caregivers can grow more plants, allow dispensaries to grow three (3) mature plants per patient. If the ones selling the plant for profit are the only ones allowed to grow more plants, than this is a special interest bill, not a medical marijuana bill.
- Allow caregivers and patients to act as caregivers for up to five (5) registered patients in order to better serve individual patient needs not met at dispensaries, and to
- Allow patients to purchase cannabis from any registered Vermont dispensary...there is no reason to maintain what is the definition of an economic cartel and subject patients to artificial pricing.
- Allow dispensaries to sell to out-of-state registered patients...medical patients from other states also come to VT, and building a regulated supply for tax-and-regulate

It's up to the legislature to decide what the arrival of a paradigm in which any 21+ Vermonter can cultivate and/or possess cannabis means for those 6000+ Vermonters who are sick and suffering and have proven and paid for the right to use cannabis for therapeutic purposes. In the future, our policies can promote both a safe atmosphere for all 21+ cannabis consumers, AND still protect the rights of those who need access to this plant the most.

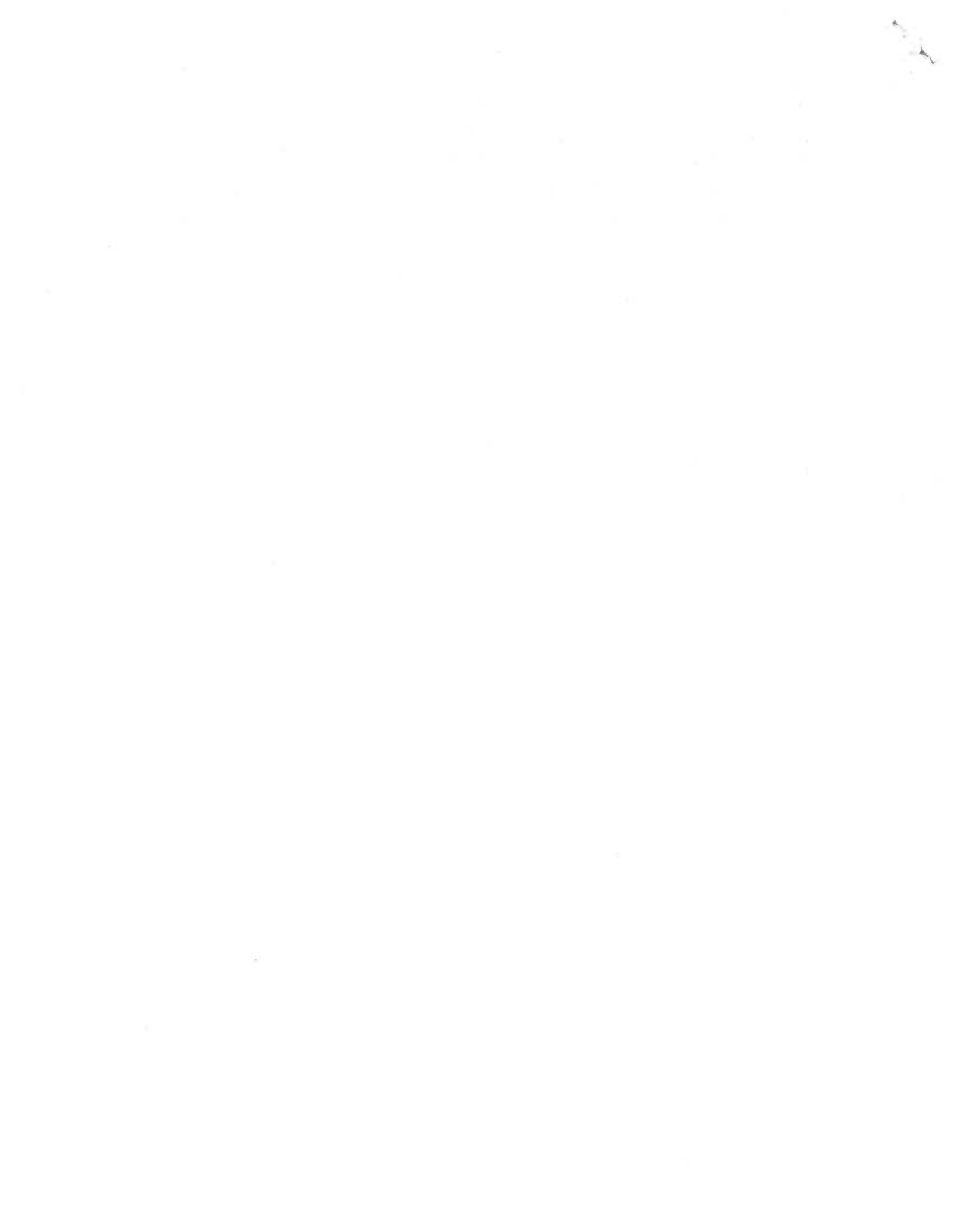
Thank you for your time and consideration.  
Very Respectfully,

Eli Harrington

--

Eli Harrington - COO, Cofounder  
Heady Vermont | [eli@headyvermont.com](mailto:eli@headyvermont.com)  
802.424.7642  
[www.headyvermont.com](http://www.headyvermont.com)  
[@headyvermont](#)  
[@Vermontijuana Podcast](#)

WATCH: Heady Vermont presents, "Rick Steves Discusses Cannabis Reform LIVE on Facebook"





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 DiFario 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.



I am writing to submit testimony regarding the Vermont medical cannabis Program. I am currently a registered patient in the Vermont Medical Cannabis Program and have been involved with this program as a registered patient for many years.

I am sad to say that most of my experience with this program has been less than positive. From my first appointment at Champlain Valley Dispensary in Burlington VT when I was informed that they did not have enough stock to cover my needs, thus I could not purchase ( what I had driven 2 hours one way to purchase ) nor did they have the products I was in need of to my last appointment at Grass Roots Dispensary in Brandon VT ( in April 2018) when I was again told that they did not have the products that I was in need to help combat side effects from Chemotherapy.

The prices being charged to patients utilizing the Vermont Medical Cannabis Program are very high and make obtaining this medicine unattainable, as patients have to pay out of pocket. At my last appointment at Grass Roots Dispensary I was charged \$55.00 for 1 Oz of glycerin tincture containing 1.09 gram of flower. Grass Roots charges \$12.50 per gram for flower. I was taken aback by the price of the tincture and contacted Grass Roots requesting an answer as to why the cost for the tincture was so high. I never received an answer to my email or to my question regarding the price of the tincture. I was purchasing this tincture to combat the side effects of chemotherapy for a second diagnosis of breast cancer. Due to the high price that Grass Roots charges its patients, I was unable to purchase the medication that I needed.

I am asking that Vermont Medical Cannabis patients be allowed to grow the same three (3) plants that dispensary's are allowed to grow for each of their patients. I am asking that this grow be allowed to exist outside as building an inside, contained room is not possible for me nor for many other patients needing to grow cannabis to ensure a better quality of life for themselves.

I am very concerned about the funds that were diverted from the Vermont Medical Cannabis Program into the general fund. Why were these funds not used to offset the cost associated with obtaining cannabis for the patients who are currently registered? I am quite sure that those who are involved in these hearings are aware that many patients are unable to obtain their needed medicine due to the high cost that the dispensary's are charging for their product.

I am also aware of the sub par product that has been offered for sale as a medicine by many of the dispensary's. Moldy Product. Infested with bugs product. Underweight product. Product being sold that was grown with contaminants. If this was product that YOU were being asked to purchase for the high price that is asked.....how you YOU feel?

I am asking for compassion, empathy and understanding on the part of those who are administering the Vermont Medical Cannabis Program. I do not think this is too much to ask for.

Thank you for your time.

Ruth Reich  
3011 Highland Gray Rd Poultney VT



Hello, Name is Vince Mulac and I have been a registered caregiver for 12 years. I would like to thank the Human Services committee for allowing me to testify on S-216 Today. I am here to day representing myself as a registered caregiver and my registered patient.

I support opening the program to include all medical conditions.

I feel that patient and patient caregivers should be allowed to serve more than 1 patient as the cost to cultivate would be decreased and more patients could have access to medications. a mature plant takes from 8 to 10 weeks to flower and would cost no more in electricity. to flower more than two. And it would be a more a cost effective use of electricity and space. More plants would also allow for growing more than one or two strains. On that I would like to add that I would like to see patients and caregivers be allowed to grow out side.

in closing I would like to add that If the dispensaries are going to be allowed 3 mature plants per registered patient then registered patients and registered caregivers who grow their own should also be allowed 3 mature plants.

I've been a registered caregiver since 2006. The program has come a long way but we're not there yet.

Sincerely

Vince Mulac