

Thank you for having me here today. I appreciate the opportunity to speak on behalf of medical cannabis patients and professionals.

My name is Jessilyn Dolan. I'm a research nurse at [UVM's College of Medicine](#), and I specialize in multi-substance use and comorbid mental health disorders. I managed Lund, have worked labor and delivery for years, and co-founded [UVM's Labor Doula Program](#).

I'm Vice President of the [American Nurses Association-Vermont](#) as well as starting on the SANE nurse advisory board.

I am also a medical cannabis nurse and patient who's had about 40 surgeries due to a childhood car accident. It's only with the help of a bunch of titanium rods plus human, cow, pig and stem cells holding my face together (and a row of fake teeth), and a lot of plastic surgery, that I can talk to you right now.

So, between my personal and professional lives, I take anything having to do with medication and patient care VERY seriously. I've tried more medications than I can name, and experienced my fair share of negative reactions and unfortunate side effects. Without cannabis, I would be on multiple pharmaceuticals with a much lower quality of life.

However, because I'm a research nurse, a single parent of teenagers, the child of an alcoholic, and spent decades working in addiction, I did not make the decision to use medical cannabis lightly.

My primary care doc had to mention cannabis half a dozen times before I would even try CBD. Soon enough I was beyond amazed at how helpful cannabis was for managing my chronic pain and migraines.

Unfortunately, when I first set foot in a Vermont medical cannabis dispensary, they didn't have any medical professionals or anyone I could turn to for help or guidance.

For several years now, I've been a cultivating cannabis caregiver for another nurse in cancer remission who also had no one she could turn to for information. So, for both our sakes, I worked to learn as much as I could about medical cannabis, and when you're using it in a medicinal context, you need to be well trained because you want to be **effective**.

You need to know which strains, how much, and what form will help achieve the best results.

Many medical professionals don't know much about cannabis, and can't help their patients.

I founded the [Vermont Cannabis Nurses Association](#) to help educate medical professionals and patients alike and I now serve on the board of the [American Cannabis Nurses Association](#).

Recognizing the urgent need for cannabis education, the American Nurse Association-Vermont and Vermont Cannabis Nurses Association recently started a virtual cannabis continuing ed curriculum for medical professionals to help close the knowledge gap.

But that will hardly be enough if we don't also have medical patients and medical professionals overseeing our **medical** cannabis program.

Just like we need utilities experts on the Public Service Board, we **must** have experienced, educated medical cannabis professionals and patients guiding the Cannabis Control Board.

At heart, this is a matter of consumer protection.

So, please, let's take patient well-being, education and consumer safety seriously, and re-allocate the 13th seat of the advisory board to a cannabis expert medical professional.

ANA-VT has shown the forethought and commitment to ensure we have a state full of cannabis-literate medical professionals. Placing ANA-VT or the VT Cannabis Nurses Association choose the 13th seat would ensure patient advocacy, professional advice, and vital cannabis education for the Cannabis Control Board.

While the Vermont Cannabis Trades Association does have an interest in medical cannabis, it's a **business** interest. Their job is to advocate for the financial wellbeing of the dispensaries - for-profit businesses which make their money off the medical cannabis patients they serve. It's an inappropriate conflict of interest for them to serve as the voice of patients or experienced medical professionals.

I suggest keeping and expanding the Committee On Symptom Relief as a subcommittee, which will give the dispensary patient's a voice.

Please remember, though, the Committee On Symptom Relief is not the voice of ALL medical cannabis patients. It's the voice of patients who can afford to use the medical dispensary system.

Medical cannabis is expensive. As a patient, nurse, and single mom, I couldn't afford it if I didn't grow it myself, and this is true for many other patients as well. So, we also need to hear from patients and caregivers who, for financial reasons, operate outside the dispensary system.

In other words, the cost of medical cannabis is an issue of both consumer protection and social justice, and cannot be ignored.

Speaking of justice, the Vermont Growers Association, Trace, NOFA, Rural Vermont, and the Vermont Racial Justice Alliance have been pushing hard for greater social equity in our cannabis program - including for felons - and I absolutely support and am grateful for those efforts.

For several years I've been attending all the symptom relief committee meetings to advocate for increasing the plant count for cultivating patients and increasing the patient count for caregivers.

As a cultivating patient and a caregiver I have to tell you, it's nerve-wracking to be the sole supplier and support system for both me and a nurse with cancer.

What if something happens to me and I can't grow? What if my 2 plants die or the strain I grow doesn't help? What if I get hit with mold or my plants don't yield enough to keep either one of us going until the next harvest? What if I burn the brownies or the butter trying to make edibles?

We need a higher plant count for cultivators and a higher patient count for caregivers. Maine allows **30** flowering plants for caregivers, plus their own personal 12 plants. NY caregivers can serve **five** patients, and in Massachusetts they're allowed up to **24** flowering plants. Vermont's 2 plant limit is extreme, fear-based, and puts an unfair burden on people who are already struggling to maintain their health and well being.

Also, while it's exciting to have a big pot of money at your disposal, transferring the medical program's current finances to the adult use program earlier than anticipated would be a huge loss for patients - and terribly unfair.

This money is, quite literally, the patients' money. It's money which came directly from their registration fees and purchases, and should be used on their behalf. Whether it's lowering registration fees, placing educated medical professionals in dispensaries to consult with patients, or by opening up access to rural patients with free delivery, our patients - people challenged by life-altering issues like cancer and Crohn's Disease - our patients need these funds. That's real consumer protection, too.

A couple final suggestions: I ask you to drop the fingerprint mandate for caregivers. Cannabis should never have been criminalized in the first place, and caregivers shouldn't bear the burden of past political mistakes.

Additionally, as a nurse who has specialized in substance use disorder, I ask you to include substance use disorder as a qualifying condition. In fact, like many states, you should allow ANY condition based on provider's discretion, as well as waive the fear-based 3-month relationship mandate. Educate the provider and trust the provider.

So, in summary:

- Please, continue the Marijuana For the Symptom Relief Oversight committee for the dispensaries' patients to have a voice BUT honor the subset of patients with less privilege who don't use the dispensaries.
- Please designate the 13th advisory board seat for a cannabis expert medical professional such as someone from ANA-VT and VTCNA .
- Please don't change the timeline for the medical program to get absorbed by the CCB.
- Please expand the list of qualifying conditions.
- Please increase the plant count and the amount of people someone can care for or have as a caregiver.
- Please strike the fingerprint mandate for caregivers.

Thank you for your time, and I'm available to answer any questions you might have.