

Final Proposed Filing - Coversheet

Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the "Rule on Rulemaking" adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms shall be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of "Proposed Rule Postings" online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

**PLEASE REMOVE ANY COVERSHEET OR FORM NOT
REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!**

Certification Statement: As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

Rule 3: Medical Cannabis

_____/s/ James Pepper_____, on 3/9/2022
(signature) (date)

Printed Name and Title:

James Pepper, Chair, Cannabis Control Board

RECEIVED BY: _____

- ☐ Coversheet
- ☐ Adopting Page
- ☐ Economic Impact Analysis
- ☐ Environmental Impact Analysis
- ☐ Strategy for Maximizing Public Input
- ☐ Scientific Information Statement (if applicable)
- ☐ Incorporated by Reference Statement (if applicable)
- ☐ Clean text of the rule (Amended text without annotation)
- ☐ Annotated text (Clearly marking changes from previous rule)
- ☐ ICAR Minutes
- ☐ Copy of Comments
- ☐ Responsiveness Summary

1. TITLE OF RULE FILING:

Rule 3: Medical Cannabis

2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE

22P002

3. ADOPTING AGENCY:

Cannabis Control Board

4. PRIMARY CONTACT PERSON:

(A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

Name: David Scherr

Agency: Cannabis Control Board

Mailing Address: 89 Main Street, Montpelier, VT 05620-7001

Telephone: (802) 558-6022 Fax:

E-Mail: david.scherr@vermont.gov

Web URL *(WHERE THE RULE WILL BE POSTED)*:

<https://ccb.vermont.gov/>

5. SECONDARY CONTACT PERSON:

(A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).

Name: Kimberley Lashua

Agency: Cannabis Control Board

Mailing Address: 89 Main Street, Montpelier, VT 05620-7001

Telephone: (802) 636-7708 Fax:

E-Mail: kimberly.lashua@vermont.gov

6. RECORDS EXEMPTION INCLUDED WITHIN RULE:

(DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE, EXEMPTING IT FROM INSPECTION AND COPYING?) Yes

IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

7 V.S.A. § 952(c) and 7 V.S.A. § 973(b).

PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

The exemption in 7 V.S.A. § 952(c) protects the privacy of individuals with diagnosed medical conditions. The exemption in 7 V.S.A. § 973(b) keeps certain cannabis dispensary information confidential that is related to public safety, security, transportation, and trade secrets in order to keep citizens safe and maintain a

fair commercial playing field for dispensary operations.

7. **LEGAL AUTHORITY / ENABLING LEGISLATION:**

(THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).

7 V.S.A. § 843(b)(1), 7 V.S.A. § 956, and 7 V.S.A. § 974.

8. **EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:**

The following statutory citations provide legal authority for the provisions of the proposed rules: 7 V.S.A. §§ 901, 953, 954, 956, 971, 974, 975, 976, and 978.

9. **THE FILING HAS CHANGED SINCE THE FILING OF THE PROPOSED RULE.**

10. **THE AGENCY HAS INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.**

11. **SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE NOT RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.**

12. **THE AGENCY HAS INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.**

13. **THE AGENCY HAS INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.**

14. **CONCISE SUMMARY (150 WORDS OR LESS):**

This rule will regulate the use of therapeutic cannabis in Vermont. The rule will regulate patient access to cannabis and cannabis products and will regulate the dispensaries that provide cannabis and cannabis products to patients. These activities are currently regulated by the Department of Public Safety (DPS). They will come under the purview of the Cannabis Control Board in accordance with Act 164(2020) and Act 62(2021).

15. **EXPLANATION OF WHY THE RULE IS NECESSARY:**

The rule is necessary to maintain a regulated system for patient access to therapeutic cannabis products.

In 2022, the Cannabis Control Board will assume from DPS responsibility for regulating the Patient and Caregiver Registry, which currently regulates medicinal and therapeutic cannabis use. Further, the statutes in Title 18 that govern the registry will be repealed in accordance with Act 164(2020) and Act 62(2021). These laws require the Cannabis Control Board to draft regulations that will replace the DPS rules. This proposed rule provides the required regulations.

16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:

There is extensive factual basis for this rule, the rule is rationally connected to the factual basis, and the Board believes the rules make sense to a reasonable person.

As discussed further below, in formulating these rules the Board has received extensive information from agencies with relevant expertise and heard input from many current and prospective medicinal cannabis users and caregivers, and others who will be affected by an updated medical cannabis regulatory environment. The Board has further consulted with experts and affected individuals regarding how a legalized recreational cannabis market will affect medicinal cannabis.

The decisions embodied by these rules are directly and rationally connected to the input the Board has received. The decisions made by the Board in drafting these rules will make sense to a reasonable person.

17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:

All currently registered patients, caregivers, and dispensaries will be affected by this rule. Ancillary businesses that service dispensaries may have new opportunities to boost business if new dispensaries are licensed pursuant to this rule, which is more permissive of new dispensaries than the DPS rule or current governing statutes. People seeking to register as patients and caregivers pursuant this rule will face a similar regulatory process to the one they do currently.

The rule may affect government entities such as the Department of Health, the Agency of Agriculture, Food, and Markets, the Board of Natural Resources, the Agency of Natural Resources, and others.

18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):

In accordance with the governing statutes, the proposed rule is designed to avoid increased compliance burden. For this reason, this rule will not have an ongoing economic impact on currently operating dispensaries, caregivers, and patients. There may be some initial transition costs associated with a transfer to new systems implemented by a new regulatory body.

Although the Board does not anticipate significant numbers of new dispensaries, new dispensaries are more likely under the new statutory and regulatory scheme. To the extent that new dispensaries are licensed they will provide economic opportunity for the new business owners and employees and for ancillary businesses that service dispensaries, including construction, HVAC, agricultural enterprises, and others.

19. A HEARING WAS HELD.

20. HEARING INFORMATION

(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING, PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date: 2/18/2022

Time: 11:00 AM

Street Address: 89 Main Street, Montpelier, VT

Zip Code: 05620-7001

Date:

Time: AM

Street Address:

Zip Code:

Date:

Time: AM

Street Address:

Zip Code:

Date:

Time: AM

Street Address:

Zip Code:

21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING):

2/25/2022

KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

Dispensary

Patient

Caregiver

Adopting Page

Instructions:

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

1. TITLE OF RULE FILING:

Rule 3: Medical Cannabis

2. ADOPTING AGENCY:

Cannabis Control Board

3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW*):

- **AMENDMENT** - Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment if the rule is replaced with other text.
- **NEW RULE** - A rule that did not previously exist even under a different name.
- **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

This filing is **A NEW RULE** .

4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE*):



INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES

Meeting Date/Location: January 12, 2022, Virtually via Microsoft Teams; Physical Location in Montpelier, VT

Members Present: Chair Douglas Farnham, Diane Bothfeld, Jennifer Mojo, John Kessler, Diane Sherman, Clare O'Shaughnessy and Michael Obuchowski

Members Absent: Dirk Anderson

Minutes By: Melissa Mazza-Paquette

- 1:01 p.m. meeting called to order, welcome and introductions.
 - New appointments by Governor Scott on December 23, 2021:
 - Chair Doug Farnham, Agency of Administration
 - Member Brendan Atwood, Agency of Human Services
 - Resignation effective January 13, 2022:
 - Dirk Anderson, Department of Labor
- Review and approval of minutes from the December 15, 2021 meeting.
- No additions/deletions to agenda. Agenda approved as drafted.
- No public comments made.
- Note: The following emergency rules were supported by ICAR Chair Farnham:
 - 'PUC Emergency Rule 2.600 COVID-19 Emergency Disconnection Rule' by the Public Utility Commission, on January 4, 2022.
 - On July 15, 2021, the moratorium on gas, electric, and basic telephone disconnections was lifted in order to encourage greater participation in the Vermont COVID-19 Arrearage Assistance Program II ("VCAAP II") and the Vermont Emergency Rental and Utility Assistance Program ("VERAP") that distribute federal funds. On June 15, 2021, the statutory moratorium on water disconnections was lifted. The VCAAP II stopped taking applications in October 2021, but the VERAP continues to take applications until September 2022 or later. This rule encourages continued participation in the arrearage and financial support programs available to utility customers and provides enhanced consumer protections to customers who may be experiencing financial hardship due to COVID-19.
 - 'Emergency Administrative Rules for Remote Hearings for the Board of Medical Practice' by the Agency of Human Services, Department of Health, on January 6, 2022.
 - The proposed rule establishes the process for the Board to conduct virtual hearings.
- Presentation of Proposed Rules on pages 2-4 to follow.
 1. Immigrant Health Insurance Plan, Department of Vermont Health Access, page 2
 2. Rule 3: Medical Cannabis, Cannabis Control Board, page 3
 3. Rule 4: Compliance and Enforcement, Cannabis Control Board, page 4
- Next scheduled meeting is February 14, 2022 at 2:00 p.m.
- 3:05 p.m. meeting adjourned.

Proposed Rule: Rule 3: Medical Cannabis, Cannabis Control Board
Presented By: David Scherr

Motion made to accept the rule by Brendan Atwood, seconded by Mike Obuchowski, and passed unanimously with the following recommendations:

1. Proposed Filing Coversheet, #9: Consult with the Department of Public Safety regarding the potential to repeal their rules.
2. Proposed Filing Coversheet, #12: Clarify 'significant'.
3. Economic Impact Analysis, #3: Include the estimated costs and benefits anticipated.
4. Incorporation by Reference: Cross reference Vermont rules.
5. Scientific Information Statement, #5: Provide instructions.
6. Proposed Rule, Section 3.1.1: Review the authority sections for appropriateness; include page numbers if deemed helpful; include 7 V.S.A. §§ 881 and §§ 956; remove §§ 971; add (b) to §§ 975, (b)(2) to §§ 976, and (d) to §§ 978; state that there are fees addressed in the rule; and articulate what other applicable laws.
7. Proposed Rule, including Section 3.1.5: Move all define terms to the definitions section.
1. Proposed Rule, Section 3.9: Change language to 'will keep information confidential' and clarify what information.

DRAFT

Economic Impact Analysis

Instructions:

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose. If no impacts are anticipated, please specify “No impact anticipated” in the field.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn’t appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

1. TITLE OF RULE FILING:

Rule 3: Medical Cannabis

2. ADOPTING AGENCY:

Cannabis Control Board

3. CATEGORY OF AFFECTED PARTIES:

LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:

Patients, caregivers, dispensaries, persons seeking to become a patient or caregiver, persons seeking to operate a dispensary, cannabis testing facilities, banking and insurance industries, the Cannabis Control Board, and local governments.

There may be costs for dispensaries associated with transitions to new regulatory systems, but these will

be one-time costs, not an ongoing regulatory burden. The Board will make every effort to minimize them.

The benefits will be to all patients, caregivers, and dispensaries who will maintain access to cannabis for therapeutic purposes. There may also be a benefit to small business owners who will have a greater opportunity to open new dispensaries than they had under the prior rules. New dispensaries will also provide opportunity for ancillary businesses that will service dispensaries.

4. IMPACT ON SCHOOLS:

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:

Schools are not affected by this rule.

5. ALTERNATIVES: *CONSIDERATION OF ALTERNATIVES TO THE RULE TO REDUCE OR AMELIORATE COSTS TO LOCAL SCHOOL DISTRICTS WHILE STILL ACHIEVING THE OBJECTIVE OF THE RULE.*

Schools are not affected by this rule.

6. IMPACT ON SMALL BUSINESSES:

INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):

In accordance with statutory requirements, this rule is intended to avoid an increase in regulatory burden on currently operating dispensaries.

New dispensaries are more likely to be licensed under the new statutory and regulatory scheme. This will expand business opportunities for small businesses, both those who choose to operate as a dispensary and those businesses that serve the dispensaries.

7. SMALL BUSINESS COMPLIANCE: *EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.*

Due to the nature of cannabis production and sales, including its federal legal status, cannabis businesses must be tightly regulated. In Vermont this will be

especially true for dispensaries, which are currently permitted, and will continue to be permitted, to perform functions that regular cannabis businesses may not. This includes selling products with high THC concentrations and delivering cannabis directly to patients.

Although tight regulation is required, the rule does account for dispensaries that choose to operate on a smaller scale by allowing them to avoid certain application requirements that will not be relevant to their proposed operations.

8. COMPARISON:

COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:

For the reasons noted in Question 7 of this section, cannabis businesses must be tightly regulated. A separate rule for small dispensaries is not possible because dispensaries of all sizes will engage in cannabis production and sales, activities that require heavy regulation.

As noted in Question 7, the rule does make accommodation for dispensaries that choose not to engage in all permitted aspects of cannabis dispensary operations by eliminating application requirements that will be irrelevant to their proposed operations.

9. SUFFICIENCY: *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*

The Board has created these rules with extraordinary public input, including from patients, caregivers, and dispensary workers and operators. For its understanding of the broader commercial cannabis market, the Board has relied on a sophisticated model developed by its consultant, VS Strategies, which is available on its website at this page: <https://ccb.vermont.gov/market-structure> (with the September 9, 2021 materials). The Board's understanding of the dispensaries' place within

the upcoming legalized market has derived from the extensive public input referenced above.

Environmental Impact Analysis

Instructions:

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis. If no impacts are anticipated, please specify "No impact anticipated" in the field.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

1. TITLE OF RULE FILING:

Rule 3: Medical Cannabis

2. ADOPTING AGENCY:

Cannabis Control Board

3. GREENHOUSE GAS: *EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):*

The general environmental impact of this rule will not be significant. The Board's market analysis shows that the entire commercial recreational cannabis market in Vermont will be supplied by a total of less than 15 acres of cannabis. Dispensaries, which are limited to supplying cannabis to registered patients and caregivers for therapeutic use, will comprise a small portion of that.

Dispensaries are already in operation, and this rule is intended to allow them to keep operating largely as they

have been. For this reason the rule should create minimal new environmental impact.

To the extent that new dispensaries come into operation, they could create greenhouse gas impacts through the use of vehicles to transport cannabis, through cannabis manufacturing that utilizes CO₂, ethanol, and hydrocarbons, and the waste associated with this solvent-based manufacturing. Even for the entire commercial market the greenhouse gas impact is expected to be low, as noted in the Environmental Impact Analysis that accompanied the Board's prefilings of its proposed Rule 2 on November 24, 2021. The Board anticipates that new dispensary activity will be a comparative fraction of commercial cannabis activity so their impact should be a fractional portion of an already low impact.

4. WATER: EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):

As noted in the Environmental Impact Analysis that accompanied the Board's prefilings of its proposed Rule 2 on November 24, 2021, the overall risk to the environment from wastewater discharge is minimal and mitigated by the requirements of Rule 2.2.4, which will also apply to dispensaries. The impacts of irrigation will similarly be minimal due to the relatively small size of cannabis cultivation operations.

These impacts are further reduced by the likely small size and number of any new dispensary operations.

5. LAND: EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):

Even for commercial cannabis operations, the environmental impacts on a per site basis are presumed to be negligible to insignificant in relation to current farming operations, especially when compared to the average Vermont farm size. New dispensaries will likely be on the smaller end of cultivation sizes due

to the restrictions inherent to the medicinal cannabis market, which can only sell to registered patients and caregivers.

In order to comply with public health and safety requirements, cannabis products will generate additional packaging waste compared to standard consumer packaged goods. This additional packaging will increase landfill material. Allowing for organic material to be composted (as is permitted in part by Rule 2.2.8, which also applies to dispensaries) will remove a significant portion of cultivated wastes from entering the municipal waste stream. Allowing for the collection of recyclable post-consumer packaging at dispensary retail locations will increase the amount of material entering the recycling stream. Allowing for hazardous materials such as vape batteries that contain lithium ion will increase the diversion of this material to landfills.

Again, all such impacts are smaller for dispensaries, and likely quite small for any new dispensaries.

6. RECREATION: *EXPLAIN HOW THE RULE IMPACT RECREATION IN THE STATE:*

There will be no impact on recreation.

7. CLIMATE: *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*

Certain methods of manufacturing, discussed in Question 3 of this section, can off-gas into the environment, and may require a certain level of investment and expertise to ensure recirculation and other techniques are utilized to minimize climate impacts. This impact will be small for the full commercial market, and will be much smaller for the new dispensary market.

8. OTHER: *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*

There is a potential for public concern related to cannabis odors proximate to residential areas. Agricultural operations are not typically monitored for odor and have an Odor Nuisance Exempt from Right to Farm Ordinances. This will not be the case for cannabis. Depending on input during the notice and

comment period the Board may choose to implement an odor abatement plan requirement that could reduce potential impacts of nuisance odors.

9. SUFFICIENCY: *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*

For this analysis, the Board adapted a review of proposed Board Rules 1 and 2 by Jacob Policzer, an outside expert in environmental and sustainability issues related to cannabis. Mr. Policzer's review focused on the commercial cannabis market. This adaptation notes the lesser impacts that dispensaries are likely to have.

Public Input Maximization Plan

Instructions:

Agencies are encouraged to hold hearings as part of their strategy to maximize the involvement of the public in the development of rules. Please complete the form below by describing the agency's strategy for maximizing public input (what it did do, or will do to maximize the involvement of the public).

This form must accompany each filing made during the rulemaking process:

1. TITLE OF RULE FILING:

Rule 3: Medical Cannabis

2. ADOPTING AGENCY:

Cannabis Control Board

3. PLEASE DESCRIBE THE AGENCY'S STRATEGY TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE, LISTING THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

The Board's strategy has been, and will continue to be, to hear from all possible stakeholders in the cannabis market. The Board has already sought and received extraordinary public involvement and input in the development of its rules. Since the Board was seated in May, 2021, The Board has held more than 25 Board meetings, each of which was noticed, recorded, open to the public, and accessible to all through electronic means, and each included a public comment session. The Board has also received more than 100 written comments submitted through its website. During its meetings the Board has heard from small cannabis cultivators and cannabis policy advocates, experts on racial justice and social equity issues and individuals with lived experience of such issues, medicinal cannabis patients and experts, public health experts and advocates, environmental and energy experts and advocates, agricultural experts and advocates, and more. The Board has considered all of this input in formulating its rules.

In addition to the Board's own meetings, the Board's Advisory Committee (provided for by 7 V.S.A. § 843(h)) has met four times and its Advisory subcommittees have met more than 65 times. Each Advisory Committee and subcommittee meeting was noticed, recorded, open to the public, and included a public comment period.

One of the subcommittees was dedicated to issues of medicinal cannabis, and its recommendations, as well as the public comments that came in during its meetings, have been considered by the Board in formulating this rule.

Board members have individually had extensive discussions with members of the public and various experts and advocates in medicinal and therapeutic cannabis, along with many current participants in Vermont's therapeutic cannabis system.

The Board has worked with VS Strategies, a cannabis policy consulting firm that has provided national regulatory experience and economic expertise. The Board plans to hold public hearings during the notice and comment period for these rules, and plans to engage seriously with comments that it receives during the notice and comment period. The Board is ready to make appropriate amendments to the rules on the basis of that feedback.

4. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

In addition to the people and organizations named above, the Board has relied extensively on the expertise of other Vermont state government agencies. The Department of Health helped design warning labels and packaging. The Agency of Agriculture, Food, and Markets provided expertise on laboratory testing and cannabis cultivation issues. The Department of Public Service provided expertise on building and energy

Public Input

standards. The Agency of Natural Resources assisted with environmental standards. The Natural Resources Board consulted on matters related to Act 250. Each of these regulatory areas are applicable to dispensary regulation as well as commercial market regulation.

The Board will continue to seek the advice of experienced regulators to ensure any changes that may be made during the notice and comment period are consistent with the best practices of regulatory experts in the relevant field.

PLEASE REMOVE THIS FORM PRIOR TO DELIVERY IF IT DOES NOT APPLY TO THIS RULE FILING:

In completing the Scientific Information Statement, an agency shall provide a summary of the scientific information including reference to any scientific studies upon which the proposed rule is based, for the purpose of validity.

5. INSTRUCTIONS ON HOW TO OBTAIN COPIES OF THE SOURCE DOCUMENTS OF THE SCIENTIFIC INFORMATION FROM THE AGENCY OR OTHER PUBLISHING ENTITY:

Incorporation by Reference

THIS FORM IS ONLY REQUIRED WHEN INCORPORATING MATERIALS BY REFERENCE. PLEASE REMOVE PRIOR TO DELIVERY IF IT DOES NOT APPLY TO THIS RULE FILING:

Instructions:

In completing the incorporation by reference statement, an agency describes any materials that are incorporated into the rule by reference and how to obtain copies.

This form is only required when a rule incorporates materials by referencing another source without reproducing the text within the rule itself (e.g., federal or national standards, or regulations).

Incorporated materials will be maintained and available for inspection by the Agency.

1. TITLE OF RULE FILING:

Rule 3: Medical Cannabis

2. ADOPTING AGENCY:

Cannabis Control Board

3. DESCRIPTION (*DESCRIBE THE MATERIALS INCORPORATED BY REFERENCE*):

This rule references Board Rules 1 and 2, prefiled on November 24, 2021.

4. FORMAL CITATION OF MATERIALS INCORPORATED BY REFERENCE:

Board Rule 1 has been assigned rule number 21P038 by the Secretary of State. Board Rule 2 has been assigned rule number 21P039 by the Secretary of State.

5. OBTAINING COPIES: (*EXPLAIN WHERE THE PUBLIC MAY OBTAIN THE MATERIAL(S) IN WRITTEN OR ELECTRONIC FORM, AND AT WHAT COST*):

Board rules can be accessed at no cost on the Board's website: <https://ccb.vermont.gov/>.

6. MODIFICATIONS (*PLEASE EXPLAIN ANY MODIFICATION TO THE INCORPORATED MATERIALS E.G., WHETHER ONLY PART OF THE MATERIAL IS ADOPTED AND IF SO, WHICH PART(S) ARE MODIFIED*):

Board Rules 1 and 2 are modified by Board Rule 3 only to the extent required to ensure the statutory and terminology references in Board Rules 1 and 2 make sense when applied to the dispensaries that are regulated by Rule 3. Further explanation of these modifications are contained in the rule, at Rule 3.4.2 and 3.5.2.

Run Spell Check

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**STATE OF VERMONT
CANNABIS CONTROL BOARD**

RULE 3: MEDICAL CANNABIS

- 3.1 Section 1: General Provisions
 - 3.1.1 Authority
 - 3.1.2 Scope and Purpose
 - 3.1.3 Definitions
 - 3.1.4 Applicability
 - 3.1.5 Time
 - 3.1.6 Severability
- 3.2 Registration of Patients
 - 3.2.1 Forms and Fees
 - 3.2.2 Patient Application
 - 3.2.3 Health Care Professional Verification Form
 - 3.2.4 Patient Registration and Issuance of a Registered Patient Identification Card
 - 3.2.5 Renewal of Patient Registration and Patient Identification Card
 - 3.2.6 Patient Renewals for Registrations Pursuant to 18 V.S.A. chapter 86
- 3.3 Registration of Caregivers
 - 3.3.1 Forms and Fees
 - 3.3.2 Caregiver Application
 - 3.3.3 Criminal History Records
 - 3.3.4 Caregiver Registration and Issuance of a Registered Caregiver Identification Card
 - 3.3.5 Renewal of Caregiver Registration and Caregiver Identification Card
 - 3.3.6 Caregiver Renewals for Registrations Pursuant to 18 V.S.A. chapter 86
- 3.4 Licensing of Dispensaries
 - 3.4.1 Forms and Fees
 - 3.4.2 General Licensing Requirements
 - 3.4.3 Departures from Board Rule 1 for Dispensary Licensing
 - 3.4.4 Dispensary Renewals for Licenses Granted Pursuant to 18 V.S.A. chapter 86
 - 3.4.5 Dispensary Identification Cards
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- 3.11 Regulatory Waiver

3. Rule 3: Medical Cannabis

3.1 Section 1: General Provisions

3.1.1 Authority

The Cannabis Control Board adopts this rule pursuant to 7 V.S.A. §§ 901, 953, 954, 956, 971, 974, 975, 976, 978, and other applicable law.

3.1.2 Scope and Purpose

The Board is charged with implementing and regulating a legal market for Cannabis in Vermont. This rule regulates the Patient and Caregiver Registry, as well cannabis dispensaries.

3.1.3 Definitions

All definitions in 7 V.S.A. §§ 861 and 951 shall apply to this rule. The following definitions shall also apply:

- (a) "Board designee" means a person designated by the Board to act as its agent for the purpose of executing the Board's responsibilities. This may be an employee of the Board, another government agency, or a contractor.
- (b) "Caregiver" means a resident of Vermont who has been issued a Caregiver registration card by the Board, identifying the person as someone who has agreed to undertake responsibility for managing the well-being of a Patient with respect to the use of Cannabis or Cannabis Products for symptom relief.
- (c) "Inventory Tracking System" means a method implemented by the Board for tracing all Cannabis and Cannabis Products grown, manufactured, and sold in Vermont.
- (d) "Licensee" means a person who has been issued a license pursuant to Board Rule 1 or this rule. A licensee does not include a person who has been issued a provisional license.
- (e) "Patient" means a resident of Vermont who has been issued a Patient registration card by the Board, identifying the person as having a qualifying medical condition pursuant to the provisions of this rule.
- (f) "Pesticide" shall have the same meaning as "economic poison" as defined in 6 V.S.A. §

911(5).

(g) "Physical site of operations" means:

- i. a cultivator's grow site;
- ii. a wholesaler's product storage facility;
- iii. a manufacturer's site of manufacture;
- iv. a retailer's store location; or
- v. a testing laboratory's testing facility.

(h) "Resident of Vermont" means a person who is domiciled in Vermont.

Any time this rule references a retail Cannabis Establishment or otherwise references retail stores, such references shall include the retail portion of an integrated licensee unless the text of the rule plainly states that it does not.

3.1.4 Applicability

This rule applies to persons who seek to become Patients or Caregivers, who are Patients or Caregivers, who seek to operate a dispensary, or who operate a dispensary pursuant to 7 V.S.A. chapters 37 and 39.

3.1.5 Time

(a) In computing any time period, measured in days, that is established or allowed by this rule or by order of the Board or Chair:

- i. the day of the act or event that triggers the period shall be excluded;
- ii. every day, including intermediate Saturdays, Sundays, and legal holidays shall be counted;
- iii. the last day of the period shall be counted, but if the last day is a Saturday, Sunday, or legal holiday, the period continues to run until the end of the next day that is not a Saturday, Sunday, or legal holiday.

(b) A "legal holiday" means:

- i. any day declared a holiday by the President or Congress of the United States; and
- ii. any day declared a holiday by the State of Vermont.

3.1.6 Severability

If any portion of this rule is found to be invalid, the remaining portion of the rule shall remain in force and effect.

3.2 Registration of Patients

3.2.1 Forms and Fees

Individuals applying to register as a Patient are required to submit an application in a format determined by the Board. The Board will make the application form readily accessible to the public. Applicants may have to pay a fee in accordance with a fee schedule that the Board will make readily accessible to the public.

3.2.2 Patient Application

The Patient application shall require the following information:

- (a) Name, address, phone number, email if available, and date of birth;
- (b) A valid Vermont driver's license or non-driver identification number if the individual has such documentation. The Board will review alternative documentation demonstrating residency on a case-by-case basis for individuals without such documentation;
- (c) Name, address, phone number, email if available, and date of birth of a person the Patient is requesting serve as his or her Caregiver pursuant to section 3.3 of this rule, if applicable;
- (d) A Health Care Professional Verification Form, as provided for by section 3.2.3 of this rule;
- (e) A recent electronic photograph; and
- (f) An attestation that all information provided in the application is truthful, provided that if an individual is under 18 the attestation must be signed by a parent or legal guardian.

3.2.3 Health Care Professional Verification Form

The Board will make Health Care Professional Verification Forms available in a format readily accessible to the public. The Health Care Professional Verification Form must contain the following:

- (a) A statement by a health care professional that the Patient has a qualifying medical condition, as defined in 7 V.S.A. § 951(8), including the specific disease or condition which the Patient has;
- (b) A signed certification which provides in substantial part: "I certify that I meet the definition of a "health care professional" as defined by 7 V.S.A. § 951(5), that I am a health care professional in good standing in the state of and that the facts that I stated on the form are accurate to the best of my knowledge and belief";
- (c) The date upon which the health care professional signed the certification, which shall be no older than 6 months prior to the submission of the application submitted pursuant to section 3.2.2 of this rule;
- (d) The health care professional's contact information, certification or license number, professional classification, and issuing state of professional certification or license;
- (e) A statement by the Patient that the Patient is undergoing psychotherapy or counseling to the extent required by 7 V.S.A. § 951(8)(B); and
- (f) A release of information signed by the Patient applicant authorizing the Board to verify and confirm the accuracy of the information contained within the Health Care Professional Verification Form.

3.2.4 Patient Registration and Issuance of a Registered Patient Identification Card

- (a) The Board shall register as Patients all individuals who are residents of Vermont and who submit a complete and truthful application pursuant to section 3.2.2 of this rule.
- (b) Patients will be entitled to the privileges accorded to them in 7 V.S.A. chapter 35 and

must comply with the requirements of that chapter and this rule.

- (c) The Board shall issue Patients a registered Patient identification card in a format determined by the Board.

3.2.5 Renewal of Patient Registration and Patient Identification Card

- (a) Patient registrations shall be valid for the time period set by 7 V.S.A. § 955.
- (b) Patients must submit a renewal form, which shall be created by the Board and readily available to the public, that:
 - i. updates any information that was provided in their original application or their previous renewal application to the extent the information has changed; and
 - ii. contains a new Health Care Professional Verification Form with a certification that is dated less than 6 months prior to the submission of the renewal application, provided that the Health Care Professional Verification Form and electronic photo will only be required every second renewal application;
- (c) Patients who do not submit renewal forms prior to the expiration of their registration must apply in accordance with section 3.2.2 of this rule.
- (d) Patients who submit renewal forms prior to the expiration of their registration but who do not get a response from the Board prior to the expiration date shall retain their prior registration until such time as the Board grants or denies their renewal.

3.2.6 Patient Renewals for Registrations Pursuant to 18 V.S.A. chapter 86

- (a) On the date that this rule takes effect, individuals who have valid Patient registrations pursuant to the rules set forth by the Department of Public Safety under 18 V.S.A. Chapter 86 shall be deemed to have valid Patient registrations under this rule until such time as those registrations would have expired under the Department of Public Safety's rules.
- (b) Such Patients may renew their registrations by submitting a renewal form to the Board pursuant to section 3.2.5 of this rule, provided that the information they will be required to update will be limited to the information requested in section 3.2.2 of this rule.

3.3 Registration of Caregivers

3.3.1 Forms and Fees

Individuals applying to register as a Caregiver are required to submit an application in a format determined by the Board. The Board will make the application form readily accessible to the public. Applicants may have to pay a fee in accordance with a fee schedule that the Board will make readily accessible to the public.

3.3.2 Caregiver Application

The Caregiver application shall require the following information:

- (a) Name, address, phone number, email if available, and date of birth;

- (b) Name, address, phone number, email if available, and date of birth of a Patient whom the Caregiver will serve;
- (c) A valid Vermont driver's license or non-driver identification number if the individual has such documentation. The Board will review alternative documentation demonstrating residency on a case-by-case basis for individuals without such documentation;
- (d) any authorization or disclosure deemed necessary by the Board for the purpose of conducting a background check;
- (e) A recent electronic photograph of the individual;
- (f) An attestation that all information provided in the application is truthful.

3.3.3 Criminal History Records

To become registered Caregivers, individuals must be deemed qualified in accordance with the standards regarding criminal history records in section 1.11 of Board Rule 1, provided that if a spouse, domestic partner (as defined in 17 V.S.A. §2414(e)(1)), child, legal guardian, parent, sibling, grandparent, or grandchild of a Patient seeks to be their Caregiver the Board may, at its discretion, temporarily register the Caregiver pending the completion of criminal history check.

3.3.4 Caregiver Registration and Issuance of a Registered Caregiver Identification Card

- (a) The Board shall register as a Caregiver an individual who meets the following requirements:
 - i. Is a resident of Vermont;
 - ii. Is 21 years of age or older;
 - iii. Submits a complete and truthful application pursuant to section 3.3.2 of this rule; and
 - iv. Meets the criminal history record qualification standards to the extent required by section 3.3.3 of this rule.
- (b) Caregivers will be entitled to the privileges accorded to them in 7 V.S.A. chapter 35 of the Vermont Statutes and must comply with the requirements of that chapter and this rule.
- (c) The Board shall issue Caregivers a registered Caregiver identification card in a format determined by the Board.

3.3.5 Renewal of Caregiver Registration and Caregiver Identification Card

- (a) Caregiver registrations shall be valid for the time period set by 7 V.S.A. § 955.
- (b) Caregivers must submit a renewal form, which shall be created by the Board and readily available to the public, that:
 - i. updates any information that was provided in their original application or their previous renewal application to the extent the information has changed; and
 - ii. provides for an updated background check.
- (b) Caregivers who do not submit renewal forms prior to the expiration of their registration must apply in accordance with section 3.3.2 of this rule.
- (c) Caregivers who submit renewal forms prior to the expiration of their registration but who

do not get a response from the Board prior to the expiration date shall retain their prior registration until such time as the Board grants or denies their renewal.

3.3.6 Caregiver Renewals for Registrations Pursuant to 18 V.S.A. chapter 86

- (a) On the date that this rule takes effect, individuals who have valid Caregiver registrations pursuant to the rules set forth by the Department of Public Safety under 18 V.S.A. Chapter 86 shall be deemed to have valid Caregiver registrations under this rule until such time as those registrations would have expired under the Department of Public Safety's rules.
- (b) Such Caregivers may renew their registrations by submitting a renewal form to the Board pursuant to section 3.3.5 of this rule, provided that the information they will be required to update will be limited to the information requested in section 3.3.2 of this rule.

3.4 Licensing of Dispensaries

3.4.1 Forms and Fees

A person or persons applying for a dispensary license are required to submit an application in a format determined by the Board. The Board will make the application form readily accessible to the public. Applicants may have to pay a fee in accordance with a fee schedule that the Board will make readily accessible to the public.

3.4.2 General Licensing Requirements

- (a) The license application and renewal provisions of Board Rule 1 shall apply to any person or persons seeking to obtain or renew a license to operate a dispensary, subject to applicable provisions in section 3.4.3 of this rule.
- (c) Sections 1.4 through 1.9 of Board Rule 1 are each applicable to a dispensary application or renewal, except as provided by subsection 3.4.3(d) of this rule.
- (d) Dispensary licenses are valid for one year from the date of issue.

When applying Rule 1 to a person or persons applying to operate a dispensary:

- (e) "Cannabis Establishment" shall mean a dispensary;
- (f) "Applicant" shall mean a dispensary applicant;
- (g) "Licensee" shall mean a person or persons who have been licensed to operate a dispensary;
- (h) Fees will be understood to reference those required by 7 V.S.A. chapter 37; and
- (i) Where Board Rule 1 requires compliance with applicable statutes, such references shall be understood to mean compliance with 7 V.S.A. chapter 37.

3.4.3 Departures from Board Rule 1 for Dispensary Licensing

- (a) Dispensary applicants must submit plans to ensure Patient privacy and confidentiality.
- (b) Dispensary applicants must submit plans to educate their employees who interact

with Patients about the probable effects of the Cannabis and Cannabis Products available for Patient purchase.

- (c) Dispensary applicants must submit plans to provide educational materials to Patients and, if applicable, their Caregivers.
- (d) A dispensary applicant may declare on their application that their dispensary operation will not perform one or more of the activities permitted in 7 V.S.A. § 973(a)(1) or (2). To the extent that such a declaration would mean that the dispensary would not be performing the functions of one or more of the license types listed in sections 1.5 through 1.9 of Board Rule 1, the dispensary applicant need not fulfill the application requirements of the relevant section(s), provided that:
 - i. The Board shall retain discretion to determine whether application requirements must be fulfilled; and
 - ii. A dispensary applicant that makes such a declaration will not be permitted to perform the activity they declared they would not perform. If they wish to expand their operation to do so subsequent to gaining a license, they may do so only in accordance with a procedure to be set by the Board.

3.4.4 Dispensary Renewals for Licenses Granted Pursuant to 18 V.S.A. chapter 86

- (a) On the date that this rule takes effect, dispensaries licensed pursuant to the rules set forth by the Department of Public Safety under 18 V.S.A. Chapter 86 shall be deemed to have valid dispensary licenses under this rule until such time as those licenses would have expired under the Department of Public Safety's rules, or until such time as a dispensary obtains an integrated license pursuant to Board Rule 1, whichever comes first.
- (b) Dispensaries licensed pursuant to the rules set forth by the Department of Public Safety under 18 V.S.A. Chapter 86 that do not obtain an integrated license may renew their dispensary licenses by submitting a renewal in a form to be determined by the Board. This initial renewal under the Board's authority will be no more burdensome than necessary for the Board to ensure compliance with 7 V.S.A. chapter 37 and ensure the Board has the information required by Rule 1.4. After the initial renewal under this rule, the standard renewal rules under section 3.4.2 of this rule will apply.

3.4.5 Dispensary Identification Cards

Owners, principals, and employees of dispensaries will be issued Cannabis Establishment identification cards in accordance with Board Rule 1.16. This will constitute compliance with 7 V.S.A. § 976. For the purposes of this rule, a dispensary cardholder will mean an employee of a dispensary who has a current and valid Cannabis Establishment identification card.

3.5 Regulation of Dispensaries

3.5.1 General Regulatory Requirements

- (a) Dispensaries may do everything permitted in 7 V.S.A. §§ 971 and 973 and must abide by the regulations of 7 V.S.A. chapter 37.
- (b) Except where Board Rule 2 conflicts with 7 V.S.A. §§ 971 and 973 or the provisions of

this section 3.5, dispensaries shall be regulated in accordance with Board Rule 2.

- (c) In accordance with 7 V.S.A. chapter 37, product restrictions in Board Rule 2 and 7 V.S.A. chapter 33 are not applicable to dispensaries.
- (d) Each activity in a dispensary's operation, including but not limited to cultivation, manufacturing, and retail sales, will be regulated in accordance with the relevant section of Board Rule 2, subject to the exceptions in this section 3.5.

When applying Board Rule 2 to dispensary operations:

- (e) "Cannabis Establishment" shall mean a dispensary;
- (f) "Licensee" shall mean a person or persons who have been licensed to operate a dispensary; and
- (g) Where Board Rule 2 requires compliance with applicable statutes, such references shall be understood to mean compliance with 7 V.S.A. chapter 37.

3.5.2 Transportation and Delivery

The provisions governing transportation of Cannabis and Cannabis Products contained in Board Rule 2 do not apply to dispensaries. The following rules govern transportation and delivery for dispensaries:

A registered dispensary electing to deliver to registered Patients and Caregivers, or transfer to another dispensary or a testing laboratory, shall:

- (a) Transport cannabis and cannabis-infused products in a secure locked container.
- (b) Only permit registered cannabis identification card holders in the vehicle.
- (c) Deliver only to a Patient's or Caregiver's physical address transmitted to the dispensary from the Board.
- (d) Ensure that dispensary personnel other than the personnel performing delivery services have knowledge of the delivery schedule.
- (e) Depart with only the amount of Cannabis or Cannabis Product scheduled for delivery;
- (f) Schedule deliveries to occur only during established operating hours.
- (g) Verify the identity of each registered Patient or Caregiver at the time of his or her initial delivery and prior to dispensing cannabis. Cannabis or Cannabis Product shall be transferred directly into the physical possession of the registered Patient or Caregiver.
- (h) Prior to dispensing Cannabis or Cannabis Product to the registered Patient or Caregiver who scheduled a delivery, verify his or her registry identification card is valid.
- (i) Ensure delivery vehicles are discreet and do not display advertising, cannabis-related insignia, or features indicative of dispensary operations.
- (j) Ensure that all dispensary cardholders performing deliveries have a mode of communication for contacting emergency services personnel.
- (k) Develop and implement policies and procedures to ensure employee safety and to provide security sufficient to prevent loss of inventory, theft, and diversion for the dispensing, delivery, and storage of Cannabis or Cannabis Product.
- (l) Require all dispensary cardholders to physically possess their registry identification cards when performing delivery services.
- (m) Retain documentation containing the following information for each delivery:

- i. Registered Patient name and registry identification number. If a registered Caregiver accepts a delivery on behalf of his or her registered Patient the documentation shall additionally include the registered Caregiver's name and registry identification number;
 - ii. Name(s) and registry identification number(s) of the dispensary cardholder(s) performing delivery;
 - iii. Date and time of delivery; and
 - iv. Strain, form, and amount of cannabis delivered. Amount of cannabis shall be in ounce or gram units of weight.
- (n) Generate a trip ticket for the transfer or transport of Cannabis or Cannabis Product between registered dispensary locations or to a registered Patient or Caregiver. A trip ticket will be provided to a registered Patient or his or her Caregiver and shall include the registered dispensary's name, product type, strain, weight in ounce or gram units, form, and time and date of transaction. A trip ticket when cannabis is transported by a registered dispensary to another registered dispensary or testing laboratory shall contain the originating and receiving dispensary or testing laboratory name and physical address, the weight and form of cannabis, and relinquishing time and date.

3.5.3 Dispensary Visitors

The provisions governing visitors to Cannabis Establishments contained in Board Rule 2 do not apply to dispensaries. The following rules govern visitors to dispensaries, but not visitors to the cultivation area of a dispensary:

- (a) Patients, Caregivers, and holders of cannabis establishment identification cards shall always have their identification cards on-site while at a registered dispensary.
- (b) Dispensaries must make accommodation for Patient privacy upon request, including allowing Patients to purchase Cannabis or Cannabis Products inside the dispensary without compromising Patient privacy.
- (c) A record shall be maintained of all individuals who purchase Cannabis or Cannabis Products from the dispensary, provided that when an integrated licensee operates a dispensary location that also serves as an adult use retail location, records related to adult use consumers shall not violate the provisions of Rule 2.8.3. The record shall contain first and last legal name of all individuals, time, date, and registry identification number.
- (d) A licensed dispensary shall limit access to Patients and Caregivers, except for the situations listed in this subsection (d). In these situations, the record shall contain entity affiliation and purpose of entry and may omit a registry identification number:
 - i. A contractor or vendor, or the owner of the property on which a dispensary is located, who is performing services related to the operation of a dispensary and who needs access to the registered dispensary may be allowed access for a limited time under the direct accompaniment of a registered dispensary cardholder.
 - ii. A government employee who, in the performance of his or her job duties requires access to the registered dispensary shall be allowed access for a limited time under the direct accompaniment of a registered dispensary cardholder.
 - iii. Emergency services personnel, such as firefighters, police officers or other officials, who in the performance of their life safety duties require access to the registered dispensary in an emergency life safety or protection situation may enter

- a registered dispensary without escort in order to perform his or her job.
- iv. A health care professional as defined by 7 V.S.A. § 951(5) may be allowed access under the direct accompaniment of a dispensary cardholder.

The following rules govern visitors to the cultivation or processing area of a dispensary:

- (e) Only dispensary cardholders may access a licensed dispensary cultivation or processing location, except in one (or more) of the circumstances set out in subsection 3.5.3(d) of this section.
- (f) Licensed dispensaries conducting dispensing appointments in the same facility as cultivation and/or processing shall secure the cultivation and/or processing area(s) from the dispensing area of the facility with a lock or other security device in addition to all other security measures required by these rules.

3.5.4 Dispensary Security

- (a) The provisions governing security at Cannabis Establishments contained in Board Rule 2 apply to dispensaries.
- (b) Each activity that a dispensary engages in, including but not limited to cultivation, manufacturing, production, and sales, must abide by the relevant security requirements contained in Board Rule 2.

3.5.5 Quantity Limits

- (a) In a single transaction, dispensaries may provide no more Cannabis than a patient is permitted to possess in accordance with any limit set by 7 V.S.A. § 952, no more than the equivalent in Cannabis Products, or no more than the permitted limit in a combination of Cannabis and the equivalent in Cannabis Product.
- (b) Non-edible, non-psychoactive Cannabis Products including ointments, lotions, balms, and other non-transdermal topical products are exempt from the two-ounce quantity limit on sales.
- (c) Equivalencies referenced in subsection (a) of this section 3.5.5 shall be provided by guidelines promulgated by the Board and readily accessible to the public.

3.5.6 Transfer or Sale to Adult Use Market Prohibited

Dispensaries and the dispensary operations of integrated licensees may not sell or transfer Cannabis or Cannabis Product to any person or licensee participating in the adult use market, except that the dispensary operations of integrated licensees may make such transfers to the extent permitted by Rule 2.10.5.

3.6 Integrated Licensees

- (a) If an integrated licensee is operating a dispensary, any portion of the licensee's operations that are servicing both the adult use market and the dispensary will be required to follow all relevant regulations in Board Rule 2, with the following exceptions:

- i. At a retail operation both medical regulations and adult use regulations will apply in accordance with Rule 2.10 and this rule; and
 - ii. In accordance with 7 V.S.A. §§ 971 and 973, integrated licensees that also operate a dispensary may produce and sell Cannabis and Cannabis Product in accordance with those statutes and this rule only to the extent required to serve Patients as part of the licensee's dispensary operation.
- (b) Integrated licensees with dispensary retail operations shall make accommodation for Patient privacy at a retail establishment upon request, including allowing Patients to purchase Cannabis or Cannabis Products inside the retail establishment without compromising Patient privacy.

3.7 Deregistration of Patients or Caregivers

- (a) A health care professional who signed the certification on a Health Care Professional Verification Form may withdraw their certification at any time by submitting to the Board a signed statement to that effect. This shall have the effect of canceling a Patient's registration. A Patient who has been deregistered in this manner may submit an application to the Board pursuant to section 3.2.2 of this rule at any time, provided that the Patient must submit a new and timely Health Care Professional Verification Form.
- (b) A Patient who stops using the services of a Caregiver may submit a notice to that effect to the Board. If a Caregiver is no longer serving any Patient due to such a cessation of services or due to a Patient's death, the Caregiver's registration shall expire 90 days after the cessation or death.

3.8 Patient's and Caregiver's Ongoing Duty to Disclose

Patients and Caregivers have an ongoing duty to fully and transparently update the information submitted with their registration application or their last renewal form if they have renewed their registration.

3.9 Dispensary's Ongoing Duty to Disclose

A dispensary has an ongoing duty to fully and transparently update the information submitted with their licensing application or their last renewal form if they have renewed their license.

3.9.1 Disclosure Insufficient For Changes In Control

If a dispensary seeks to alter the interest holders that control it, mere disclosure is insufficient to meet its obligations under this rule. It must seek a license renewal prior to any change in control, as required by Rule 1.17.

3.10 Confidentiality

The Board will abide by the confidentiality requirements of 7 V.S.A. § 952(c) and 7 V.S.A. § 973(b).

3.11 Regulatory Waiver

The Board, in accordance with the purposes and intent of 7 V.S.A. chapter 37 and this rule, may waive a regulatory requirement regarding the operations of a dispensary or the Patient and Caregiver Registry to the extent such waiver does not conflict with any other state law, if in the Board's determination, such a waiver:

- (a) is necessary to achieve the purpose of Vermont law; and
- (b) does not create a danger to the public health, safety, or welfare.



CANNABIS CONTROL BOARD

89 Main Street Montpelier, VT 05602 | ccb.vermont.gov

Date: March 8, 2022

To: Legislative Committee on Administrative Rules

From: Cannabis Control Board, drafted by David Scherr, General Counsel

Re: Board Response to Public Comments on Cannabis Control Board Proposed Rule 3

The Cannabis Control Board's rulemaking process has been marked by extraordinary public participation and cooperation. As detailed more fully in the "Strategy for Maximizing Public Input" section of this rule filing, the initial filing of this rule was preceded by extensive public comment and input.

The public notice and comment period has been no different, with the Board providing the public numerous opportunities to weigh in on the proposed rules. This included not only the official public comment hearing but also public comment portions of otherwise scheduled Board meetings, as well as many comments submitted through the public portal on the Board's website.

This memo provides the Board's response to each substantively distinct comment. The Board received numerous duplicative comments, which have not been repeated among the attached explanations. The comments as described in this memo are sometimes a summary compilation of the comments on the subject in question.

Verbal comments from public meetings and public comment sessions, and the Board's responses, have been included.

Copies of all written comments submitted to the Board have been compiled into a single section at the back.

Below, each distinct comment is noted with bullet point, and the Board's response is noted below each comment or group of similar comments.

Rule 3 General Comments:

- Plant counts should be raised for caregivers.

Plant counts are in statute and the Board does not have authority to change them.

- The medical cannabis market is insufficiently regulated, there is not enough testing. When they say products are tested they are only referring to potency, but that isn't really clear. Plus there is no third-party testing to guarantee results. It is more like an unregulated, card-holders-only cannabis club. It isn't safe for some of the immuno-compromised people accessing the system. The medical market should be held to a higher standard than the recreational market, not a lesser one.

7 VSA 956 and 974 provide that Board rule may be no more restrictive than DPS rule. The legislature is currently considering an amendment that would require third-party testing for dispensaries.

- A commenter recommends that Maine's medical cannabis law, which is Title 22, chapter 558-C, be adopted by Vermont in its entirety.

The Board must work within its own set of statutes; it doesn't have the authority to draft legislation.

- There should be better networking and educational opportunities available for medical patients in Vermont.

The Board supports this idea, but this is an issue that will be addressed programmatically, not by rule.

Rule 3 Comments by Section:

3.2:

- The plant limits should be raised for what patients can grow, or at least the immature plant count should be raised or eliminated.

Plant counts are in statute and the Board does not have authority to change them.

- One commenter recommended looking at MA law with respect to allowing for "hardship cultivation," which allows for a 60-day supply for personal use.

The Board must work within its own set of statutes; it doesn't have the authority to draft legislation.

3.2.4(a):

- It says “The board shall register” but doesn’t identify what a reasonably timeframe is from application to registration. We might want to identify that we’ll register within X days, or something like that.

Board has not dictated timelines for itself in other parts of the rules except for adjudicative process. This is an internal process issue, not appropriate to address in rulemaking.

3.2.5:

- Medical cards should be permanent for those who have permanent conditions.
- Subsection (a): The time period of a single year should be extended. By requiring annual renewal, the regulation is not just a burden to patients whose maladies might make such an effort disproportionately difficult, but it also has the potential to put a strain on the state’s own verification system. Most importantly, it could result in patients not having access to their medication in times of great need.

This time period is set by legislature, Board doesn’t have the power to override it. Process set by rule has provided for some flexibility while operating within the existing statutory framework.

- Subsection (d): How will this be proven? Patient presents an expired registry card at a dispensary, how do they prove to the dispensary that the state hasn’t responded yet? It can’t just be their word that they haven’t heard back yet. And if they show the dispensary their application, they might be lying if the state rejected them and they don’t mention that. So is there a way for the dispensary to pull up a state system and see? Or something else?

This is an internal process issue for staff to work on. If this becomes an issue, we can amend the rule.

3.3:

- The plant limits should be raised for what caregivers can grow, or at least the immature plant count should be raised or eliminated.
- Also the plant count should be per person, not per caregiver.

This is set in statute; Board has no independent authority to change this. There may be an argument that plant count is already per person.

3.3.2(b):

- The Caregiver should also be required to give the Patient's registry identification number, or to indicate that the Patient is applying contemporaneously. And of course CCB will need to verify that the Patient is approved before approving the Caregiver.

This is an internal process issue, but not one that requires enumeration in the rule.

3.3.3:

- Background checks should be required for family members.

The rule already requires background checks for family members. There's a provision that allows a person to operate as a caregiver temporarily pending the results of the record review.

3.3.5:

- Renewal period should be extended beyond a year.

The Board has no independent authority to change this; it's a legislative requirement.

3.4.3:

- Education and training standardized and mandatory across the state, either state-mandated or state-approved curricula. Perhaps also social equity standardized training.

7 VSA 956 and 974 provide that Board rule may be no more restrictive than DPS rule; working within that restriction the Board has required newly licensed dispensaries to have a plan for education and training.

3.4.4:

- Dispensaries who get integrated licenses should be able to renew both dispensary and integrated licenses at the same time.

This is already true. As staff develops the application process, it will need to be clear about the protocol for this.

- Subsection (b): it is not necessarily clear what “such dispensaries” is referring to.

The reference will be clarified.

3.5:

- All dispensaries should be required to do full panel, third-party testing.

7 VSA 956 and 974 provide that Board rule may be no more restrictive than DPS rule. There is currently legislation pending that would make this a requirement.

- Patients should be able to access adult-use retail stores and purchase product there without paying the adult-use taxes.

Legislature made a choice that dispensaries are the only entities that may opt out of charging excise tax on cannabis products. Board doesn't have independent authority to require this.

3.5.3(c):

- What purpose is the record requirement serving? This is more restrictive than for adult use retail establishments, and by its own terms it won't apply to dispensaries that are also adult use establishments, so it will only capture a small portion of people accessing legal cannabis in the state.

This requirement allows for easier enforcement and assurance that dispensaries are only selling to patients and caregivers. The language will be clarified to make clear that all dispensary sales should be recorded, while adult-use sales should not.

3.5.4(a):

- Should delete second sentence of this provision because it is now 30 days for everybody in Rule 2 as well.

This is correct, Board accepts this recommendation.

3.5.5:

- Quantity limits should be raised.

Board has no independent authority to make this change given the legislative possession limit in 7 VSA 952. But instead of naming the amount in the rule, the reference will be to any existing patient possession cap in statute.

- The equivalencies may be a problem, it may not make sense to compare the weight of flower to the weight of a concentrate.

The rule does not dictate any particular way of measuring equivalency. Board will provide guidance on equivalency since it could change. Leave as is.

3.5.6:

- Should there be an explicit allowance for dispensaries to purchase from adult-use cannabis operations?

Rule currently allows for purchase from adult use, no purchasing by adult use from medical dispensaries.

- This provision seems to apply to both dispensaries that are part of integrated licensees and dispensaries that are not. But should it apply to stand-alone dispensaries that are not integrated licensees?

The rule as written correctly enacts the Board's intent to ensure that dispensaries produce product specifically for patients.

3.7:

- This would seem to imply that a Caregiver who serves multiple Patients needs to get different Caregiver ID cards for each patient? It might make more sense to clarify a process by which a registered Caregiver can add additional Patients to their registration (and their Caregiver ID only gets cancelled if their last Patient stops using them).

There is no current legislative authority for caregivers to have more than one patient. If this were to change, rule is flexible enough to accommodate whether a person needs multiple ID cards based on number of patients.

A section will be added to require patients and caregivers to keep information up to date with the Board.

3.8:

- This should include a duty to disclose lab testing requirements.

This isn't relevant to this section, but issues regarding dispensary lab requirements are covered in other areas of the rule.

3.8.1:

- Correct citation to 1.17.

Board agrees with this technical change.

Cannabis Control Board

Rule 3 Written Public Comment Compilation

See as follows for suggestions and feedback on Rule 3:

- 3.2.4(a) — It says “The board shall register” but doesn’t identify what a reasonable timeframe is from application to registration. We might want to identify that we’ll register within X days, or something like that.
- 3.2.5(d) — How will this be proven? Patient presents an expired registry card at a dispensary, how do they prove to the dispensary that the state hasn’t responded yet? It can’t just be their word that they haven’t heard back yet. And if they show the dispensary their application, they might be lying if the state rejected them and they don’t mention that. So is there a way for the dispensary to pull up a state system and see? Or something else?
- 3.3.2(b) — The Caregiver should also be required to give the Patient’s registry identification number, or to indicate that the Patient is applying contemporaneously. And of course CCB will need to verify that the Patient is approved before approving the Caregiver.
- 3.7 — This would seem to imply that a Caregiver who serves multiple Patients needs to get different Caregiver ID cards for each patient? It might make more sense to clarify a process by which a registered Caregiver can add additional Patients to their registration (and their Caregiver ID only gets cancelled if their last Patient stops using them).

Sival Cotel

I would add another comment for Rule 3. Anecdotally, I can tell you that many people are exceeding the limit of two plants for their home grow. We have restricted our home Growers in a fashion that is I’m my opinion inappropriate and unnecessary.

The State of Massachusetts allows any individual even those without a medical card to grow up to six mature plants. Separate from the medical program, I would like to see us match that amount for any household recognizing that we still have the “Marriage penalty” of two plants per household instead of two plants per individual adult.

I do however recognize the road blocks that will be put up to this in the legislature. I am speaking to senators and house members about this now.

Sincerely,

Fran

Francis Janik

Upon review of Rule 3, I offer the following suggestions to help medical patients who remain in the system.

3.2.5 Renewal of Patient Registration and Issuance of Patient Identification Card

I note that you have not provided a permanent card for a patient who has a medical condition that does not resolve. I have physical conditions that unfortunately will not resolve in this lifetime.

I see no reason to burden our medical providers with the additional paperwork. The requirement for annual renewal is also burdensome to patients without need. We do not charge a fee to pick up a prescription at the drug store. Low income Vermonters make up a large number of medical cannabis consumers.

I will note that I see many groups lining up with their hands out for a chunk of the tax dollars that have not yet been realized. I suggest that we prioritize the needs of medical patients who led the way for legalization in Vermont, In my considered opinion, everyone in this "gold rush" has gone belly up to an empty trough.

Thank you for giving your consideration to my suggestions.

Fran

Francis Janik

This needs to be included in Vermont's Medical program this is what it should look like. As a medical patient, this is the best medical cannabis rule for caregivers, growers, and medical patients.

<https://legislature.maine.gov/statutes/22/title22ch558-Csec0.html>

Â§2423-A. Authorized conduct for the medical use of marijuana

(CONFLICT)

1. Qualifying patient. Except as provided in section 2426, a qualifying patient may:

A. Possess up to 8 pounds of harvested marijuana; [PL 2017, c. 452, Â§4 (AMD).]

B. Cultivate, or designate a caregiver operating under subsection 3, paragraph C to cultivate under paragraph Fâ€™1, subparagraph (1), up to a total of 6 mature marijuana plants, 12 immature marijuana plants and unlimited seedlings for that qualifying patient. The total number of mature marijuana plants per qualifying patient, whether cultivated by the patient or by a caregiver operating under subsection 3, paragraph C, may not exceed 6. The total number of immature marijuana plants per qualifying patient, whether cultivated by the patient or by a caregiver operating under subsection 3, paragraph C, may not exceed 12. Two or more qualifying patients who are members of the same household and cultivating their own marijuana plants may share one cultivation area; [PL 2017, c. 452, Â§4 (AMD).]

C. Possess marijuana paraphernalia; [PL 2009, c. 631, Â§21 (NEW); PL 2009, c. 631, Â§51 (AFF).]

D. Furnish or offer to furnish to another qualifying patient for that patient's medical use of marijuana up to 2 1/2 ounces of harvested marijuana for no remuneration; [PL 2017, c. 452, Â§4 (AMD).]

E. [PL 2017, c. 452, Â§4 (RP).]

F. [PL 2017, c. 452, Â§4 (RP).]

F-1. Obtain or receive harvested marijuana for the patient's medical use without designating a caregiver or a dispensary, except that a qualifying patient or the parent, legal guardian or person having legal custody of a qualifying patient who has not attained 18 years of age or who is enrolled in a preschool or primary or secondary school must designate, as applicable:

(1) A caregiver operating under subsection 3, paragraph C in order to have that caregiver cultivate marijuana plants for the patient;

(2) A long-term care facility in order to have that facility assist with the qualifying patient's medical use of harvested marijuana. A long-term care facility that is designated by a patient may not be designated to cultivate marijuana plants for the patient;

(3) A person in order to have that person obtain harvested marijuana on behalf of the qualifying patient or transport the harvested marijuana to the qualifying patient. The person must possess the person's government-issued photographic identification that contains the person's address, the qualifying patient's written certification and the qualifying patient's designation in order to engage in this conduct; and

(4) A caregiver in order to have that caregiver possess and administer harvested marijuana for the patient's medical use pursuant to section 2426, subsection 1â€™A if the patient is enrolled in a preschool or primary or secondary school.

A designation pursuant to this paragraph must be in a standardized written document, developed by the department, that is signed and dated by the qualifying patient or the parent, legal guardian or person having legal custody of the qualifying patient and expires on a date not to exceed the expiration date of the qualifying patient's written certification. The document must include the signed acknowledgment of the person or facility that the person or facility may be contacted to confirm the designation of the person or facility to engage in the conduct authorized by the designation. The document must also include, if applicable, the total number of mature marijuana plants and immature marijuana plants the caregiver is cultivating for the patient; [PL 2017, c. 452, Â§4 (NEW).]

F-2. Choose a caregiver based solely on the patient's preference, except that a parent, legal guardian or person having legal custody of a qualifying patient who has not attained 18 years of age must serve as one caregiver for the patient; [PL 2017, c. 452, Â§4 (NEW).]

G. Be in the presence or vicinity of the medical use of marijuana and assist any qualifying patient with using or administering harvested marijuana; [PL 2019, c. 331, Â§5 (AMD).]

H. Accept marijuana plants or harvested marijuana from a qualifying patient, caregiver or registered dispensary if no remuneration is provided to the patient, caregiver or dispensary; [PL 2019, c. 331, Â§6 (RPR).]

I. Provide samples to a marijuana testing facility for testing and research purposes; [PL 2017, c. 447, Â§5 (AMD); PL 2017, c. 452, Â§4 (AMD).]

J. Manufacture marijuana products and marijuana concentrate for medical use, except that a qualifying patient may not manufacture food, as defined in section 2152, subsection 4, unless the qualifying patient is licensed pursuant to section 2167 and except that a qualifying patient may not produce marijuana concentrate using inherently hazardous substances unless authorized pursuant to section 2423â€F, subsection 3; [PL 2019, c. 331, Â§7 (RPR).]

K. Provide harvested marijuana to a manufacturing facility and obtain marijuana products and marijuana concentrate from the manufacturing facility that are produced from the harvested marijuana the qualifying patient provided to the manufacturing facility; [PL 2019, c. 331, Â§8 (RPR).]

L. Transport marijuana plants or harvested marijuana for a qualifying patient's medical use of marijuana in accordance with this chapter; and [PL 2017, c. 452, Â§4 (NEW).]

M. Use harvested marijuana in any form, except as provided in subsection 4â€A and except that qualifying patients who have not attained 18 years of age may not engage in smoking harvested marijuana. For the purposes of this paragraph, "smoking" has the same meaning as in section 1541, subsection 6, except that "smoking" does not include the use of a nebulizer. [PL 2017, c. 452, Â§4 (NEW).]

[PL 2019, c. 331, Â§Â§5-8 (AMD).]

2. Caregiver. Except as provided in section 2426, a caregiver, for the purpose of assisting a qualifying patient with the patient's medical use of marijuana, may engage in the following authorized conduct if the caregiver is a resident of the State, is 21 years of age or older and has not been convicted of a disqualifying drug offense:

A. Possess all harvested marijuana produced by the caregiver's cultivation of marijuana plants under paragraph B; [PL 2017, c. 452, Â§4 (AMD).]

A-1. Transfer up to 2 1/2 ounces of harvested marijuana to a qualifying patient in one transaction, except that a caregiver may not dispense more than 2 1/2 ounces of harvested marijuana to a visiting qualifying patient during a 15-day period; [PL 2017, c. 452, Â§4 (NEW).]

B. Cultivate up to 30 mature marijuana plants or 500 square feet of plant canopy, 60 immature marijuana plants and unlimited seedlings; [PL 2019, c. 256, Â§2 (AMD).]

C. [PL 2017, c. 452, Â§4 (RP).]

C-1. Assist a qualifying patient with the patient's medical use of marijuana; [PL 2017, c. 452, Â§4 (NEW).]

D. [PL 2017, c. 452, Â§4 (RP).]

E. Receive reasonable monetary compensation for costs associated with cultivating marijuana plants or assisting a qualifying patient with that patient's medical use of marijuana; [PL 2017, c. 452, Â§4 (AMD).]

F. Be in the presence or vicinity of the medical use of marijuana and assist any patient with the medical use, administration or preparation of marijuana; [PL 2011, c. 407, Pt. B, Â§16 (AMD).]

G. Manufacture marijuana products and marijuana concentrate for medical use, except that a caregiver may not manufacture food, as defined in section 2152, subsection 4, unless the caregiver is licensed pursuant to section 2167 and except that a caregiver may not produce marijuana concentrate using inherently hazardous substances unless authorized pursuant to section 2423â€F, subsection 3; [PL 2019, c. 331, Â§9 (RPR).]

H. [PL 2017, c. 452, Â§4 (RP).]

I. Hire any number of assistants who are 21 years of age or older to assist in performing the duties of the caregiver; [PL 2021, c. 367, Â§1 (AMD).]

REVISOR'S NOTE: (Paragraph I as enacted by PL 2013, c. 371, Â§3 is REALLOCATED TO TITLE 22, SECTION 2423-A, SUBSECTION 2, PARAGRAPH J) (Paragraph I as enacted by PL 2013, c. 393, Â§3 is REALLOCATED TO TITLE 22, SECTION 2423-A, SUBSECTION 2, PARAGRAPH K)

I-1. Hire any number of assistants who are 18 years of age or older and under 21 years of age if they are also a member of the family of the caregiver to assist in performing the duties of the caregiver; [PL 2021, c. 367, Â§2 (NEW).]

J. (REALLOCATED FROM T. 22, Â§2423-A, sub-Â§2, Â¶I) Use a pesticide in the cultivation of marijuana plants if the pesticide is used consistent with federal labeling requirements, is registered with the Department of Agriculture, Conservation and Forestry, Board of Pesticides Control pursuant to Title 7, section 607 and is used consistent with best management practices for pest management approved by the Commissioner of Agriculture, Conservation and Forestry. A registered caregiver may not in the cultivation of marijuana plants use a pesticide unless the registered caregiver or the registered caregiver's assistant is certified in the application of the pesticide pursuant to section 1471â€D and any assistant who has direct contact with treated plants has completed safety training pursuant to 40 Code of Federal Regulations, Section 170.130. An assistant of the registered caregiver who is not certified pursuant to section 1471â€D and who is involved in the application of the pesticide or handling of the pesticide or equipment must first complete safety training described in 40 Code of Federal Regulations, Section 170.230; [PL 2017, c. 452, Â§4 (AMD).]

K. (REALLOCATED FROM T. 22, Â§2423-A, sub-Â§2, Â¶I) Transfer marijuana plants and harvested marijuana to a qualifying patient, another caregiver or a registered dispensary for no remuneration; [PL 2017, c. 452, Â§4 (AMD).]

K-1. Transfer to and accept from another registered caregiver or a dispensary marijuana plants and harvested marijuana in a wholesale transaction in accordance with this paragraph. A registered caregiver may transfer in wholesale transactions for reasonable compensation or for no remuneration an unlimited amount of the mature marijuana plants grown by the caregiver over the course of a calendar year, including any marijuana products or marijuana concentrate manufactured from mature marijuana plants grown by the caregiver. A registered caregiver may transfer to or accept from other registered caregivers and dispensaries in wholesale transactions an unlimited amount of immature marijuana plants and seedlings. A registered caregiver that acquires mature marijuana plants, marijuana products or marijuana concentrate in a wholesale transaction under this paragraph may not resell the mature marijuana plants, marijuana products or marijuana concentrate except to a qualifying patient or to another registered caregiver or dispensary to assist a qualifying patient; [PL 2021, c. 367, Â§3 (AMD).]

L. Provide samples to a marijuana testing facility for testing and research purposes; [PL 2019, c. 331, Â§10 (RPR).]

M. Conduct marijuana testing at the request of anyone authorized to possess marijuana under this chapter for research and development purposes only; [PL 2019, c. 331, Â§11 (RPR).]

N. Provide harvested marijuana to a manufacturing facility and obtain marijuana products and marijuana concentrate from the manufacturing facility that are produced from the harvested marijuana the caregiver provided to the manufacturing facility; [PL 2019, c. 331, Â§12 (RPR).]

O. Transport marijuana plants or harvested marijuana for authorized conduct in accordance with this chapter; [PL 2017, c. 452, Â§4 (NEW).]

P. Operate one caregiver retail store to sell harvested marijuana to qualifying patients for the patients' medical use in accordance with this chapter; [PL 2021, c. 367, Â§4 (AMD).]

Q. Be organized as any type of legal business entity recognized under the laws of the State; and [PL 2021, c. 367, Â§5 (AMD).]

R. Accept a digital image of a written certification for the purposes of initiating a transaction for harvested marijuana. The caregiver must verify the written certification in person before transferring any harvested marijuana to the qualifying patient. [PL 2021, c. 367, Â§6 (NEW).]

[PL 2021, c. 367, Â§Â§1-6 (AMD).]

3. Cultivation of marijuana. The following provisions apply to the cultivation of marijuana plants by a qualifying patient under subsection 1 and a caregiver under subsection 2.

A. A patient who elects to cultivate marijuana plants must keep the plants in a cultivation area unless the plants are being transported pursuant to subsection 1, paragraph L. Access to a cultivation area is limited to the patient, except that emergency services personnel, an assistant of a marijuana testing facility or a person who needs to gain access to a cultivation area in order to perform repairs or maintenance or to do construction may access a cultivation area to provide those professional services while under the direct supervision of the patient. [PL 2017, c. 452, Â§4 (AMD).]

B. A caregiver cultivating marijuana plants for a patient's medical use must keep all plants in a cultivation area unless the plants are being transported pursuant to subsection 2, paragraph O. Access to a cultivation area is limited to the caregiver, except that an elected official invited by the caregiver for the purpose of providing education to the elected official on cultivation by the caregiver, emergency services personnel, an assistant of a caregiver or a marijuana testing facility or a person who needs to gain access to a cultivation area in order to perform repairs or maintenance or to do construction may access a cultivation area to provide those professional services while under the direct supervision of the caregiver. [PL 2017, c. 452, Â§4 (AMD).]

B-1. Except as provided in paragraph C, a caregiver is required to register with the department. [PL 2017, c. 452, Â§4 (NEW).]

C. The following caregivers are not required to register with the department:

(1) A caregiver designated to cultivate for a qualifying patient if that qualifying patient is a member of the household of that caregiver;

(2) Two caregivers who are qualifying patients, if those caregivers are members of the same household and assist one another with cultivation; and

(3) A caregiver who cultivates for a qualifying patient if that qualifying patient is a member of the family of that caregiver. [PL 2017, c. 452, Â§4 (AMD).]

C-1. A caregiver operating under paragraph C may engage in the conduct authorized in subsection 2, except that a caregiver operating under paragraph C may not:

- (1) Cultivate marijuana plants for more than 2 members of the family or members of the same household;
- (2) Cultivate more than 6 mature marijuana plants and 12 immature marijuana plants for each qualifying patient who has designated the caregiver to cultivate marijuana plants on the patient's behalf;
- (3) Possess more than 8 pounds of harvested marijuana;
- (4) Sell marijuana plants or harvested marijuana at wholesale under subsection 2, paragraph K¹;
- (5) Use a pesticide under subsection 2, paragraph J;
- (6) Operate a caregiver retail store under subsection 2, paragraph P; or
- (7) Organize as a business entity under subsection 2, paragraph Q. [PL 2019, c. 217, Â§3 (AMD).]

D. Two caregivers who are members of the same family or household may share the same cultivation area. [PL 2017, c. 452, Â§4 (AMD).]

E. A person who is authorized to cultivate marijuana plants under subsection 1 or 2 and who is an assistant of a caregiver pursuant to subsection 2, paragraph I may not cultivate that person's own marijuana plants in the cultivation area by the caregiver who employs that person. [PL 2017, c. 452, Â§4 (AMD).]

[PL 2019, c. 217, Â§3 (AMD).]

4. Long-term care facility. A qualifying patient may designate a long-term care facility to assist with the qualifying patient's medical use of marijuana if that use is consistent with the facility's policy and is pursuant to subsection 1, paragraph F¹, subparagraph (2). If a long-term care facility is designated, the facility shall complete the registration process with the department and obtain a registration certificate for the facility. For a long-term care facility to be issued a registration certificate, staff persons of the facility who will be assisting a qualifying patient with the patient's medical use of marijuana in accordance with this chapter must be at least 21 years of age and may not have been convicted of a disqualifying drug offense. The long-term care facility and the staff of the facility may not cultivate marijuana plants for the patient.

[PL 2019, c. 501, Â§12 (AMD).]

4-A. Use and storage in inpatient long-term care facility permitted. A qualifying patient who is a resident of a long-term care facility while in the facility may use forms of harvested marijuana consistent with the facility's policy. A qualifying patient who uses a form of harvested marijuana pursuant to this subsection may store the harvested marijuana in the qualifying patient's room and is not required to obtain a registry identification card or to designate the long-term care facility under subsection 1, paragraph F¹, subparagraph (2). A long-term care facility is not required to be designated by a qualifying patient who uses harvested marijuana pursuant to this subsection. This subsection does not limit the ability of a long-term care facility to prohibit or restrict the use or storage of harvested marijuana by a qualifying patient.

[PL 2017, c. 452, Â§4 (AMD).]

5. Incidental amount of marijuana.

[PL 2017, c. 452, Â§4 (RP).]

6. Onsite assessments by the department.

[PL 2011, c. 407, Pt. B, Â§16 (RP).]

7. Excess marijuana; forfeiture.

[PL 2017, c. 452, Â§4 (RP).]

8. Repeat forfeiture.

[PL 2017, c. 452, Â§4 (RP).]

9. (REALLOCATED FROM T. 22, Â§2423-A, sub-Â§7) Collectives prohibited.

[PL 2017, c. 452, Â§4 (RP).]

Keith Rowe

There is nothing that allows for medical patients to network. There is nothing to help medical patients to help each other or find a caregiver that is knowledgeable. When looking at this link please consider this could be something self-organized by a person or group but would be better the CCB helps medical patients find the resources needed to participate in the entire medical cannabis program.

<https://mmcm-online.org/index.php/legislative-update>

Keith Rowe

You can grow it at home.

Massachusetts law allows you to grow up to six cannabis plants in your home for personal use, or up to 12 plants for two or more adults. You may also apply for a Hardship Cultivation, which allows Registered Qualifying Patients to grow enough marijuana to yield a 60-day supply for personal medical use.

14-day Supply means that amount of Marijuana, or equivalent amount of Marijuana in MIPs, that a Registered Qualifying Patient would reasonably be expected to need over a period of 14 calendar days for his or her personal medical use, which is 2.5 ounces, subject to 935 CMR 501.010(9), unless otherwise determined by a Certifying Healthcare Provider.

60-day Supply means that amount of Marijuana, or equivalent amount of Marijuana in MIPs, that a Registered Qualifying Patient would reasonably be expected to need over a period of 60 calendar days for his or her personal medical use, which is ten ounces, subject to 935 CMR 501.010(9), unless otherwise determined by a Certifying Healthcare Provider

Learn more about Home Cultivation.

Learn more about Hardship Cultivation.

Keith Rowe

Medical Cannabis Dispensaries should have to test their harvest crops, trim, flower and concentrates to the same standards as the recreational standards stated in Rule 2 . Currently, according to rule 2, recreational cannabis has to be tested for Potency, Moisture, Heavy Metals, Microbiological, Pesticides, and residual solvents (where applicable).

Vermont has no mandatory testing requirements for legal medical marijuana products sold within the state. Some dispensaries use their own in-house labs to test for potency and purity, but there's no third-party assurance at this time.

Please hold medical dispensaries to a higher standard of testing than the recreational market for consumer and employee safety. It makes no logical sense that the recreational market has to test their products while the medical market does not. Please address this issue.

Austin Sachs

3.2.2b

Thank you for recommending alternative documentation demonstrating residency. This allows greater inclusivity, which then allows greater access.

3.4.3b

No one would deny that the level of education and understanding of cannabis for symptom relief in the medical program amongst staff is alarmingly low. Allowing dispensaries to continue in house education would be a continuation of a process we know is not working.

Mandating a state approved and standardized training and education program is absolutely necessary to help support our patients and work towards a program patients can begin to rely on and trust. Medical professionals should be in house and in staff, or at the least educating and supporting a medical program. Medical Program = medical professionals.

3.4.4b

This would essentially allow a current medical dispensary to make no improvements to what we already know is a failing and unsupportive program. Medical dispensaries must have product lab testing and educational programs equivalent to the adult use market, not subpar in comparison to.

It's illogical that Medical dispensaries would have less lab testing and staff education than all adult

use licensees. Requiring a medical professional in each dispensary, the way Maryland and other state programs do, would be the best choice for maximizing patient support and program betterment.

3.5.5a

Please allow dispensaries to provide more than two ounces as the maximum for a single transaction. Many patients travel very long distances to dispensaries, and for those who need higher dosing protocols, it becomes a transportation and time availability problem to say the least.

Patients are already dealing with a host of expensive, draining, time-consuming issues. Forcing them to make frequent trips to the dispensary for already overpriced (and sometimes unattainable) medicine becomes, essentially, a social equity issue.

That said, please include a price cap on dispensary products to help affordability, which in turn increases accessibility. Given that dispensaries will have the option to charge top dollar for their adult use products, they should be charging bottom dollar for medical patients.

3.8

The dispensaries' ongoing duty to disclose should also include all lab tests on any products, sold or not able to be sold. Tests should be reported and publicly accessible. This is necessary for transparency, safety and support. If a dispensary fails lab testing, that should not remain a secret. Transparency is key to consumer safety and trust - two of the most important components for a medical patient and program.

Respectfully submitted by the Green Mountain Patients Alliance and Vermont Cannabis Nurses Association

Jessilyn Dolan

Hello CCB

All caregivers and medical dispensaries need to have this requirement in place for the medical cannabis program. Patients deserve safe medicine that is not contaminated with microbes and heavy metals.

<https://www.maine.gov/dacf/php/pesticides/applicators/MedicalMarijuana.html>

https://link.springer.com/chapter/10.1007/978-3-319-54564-6_22

Keith Rowe

VERMONT **GENERAL ASSEMBLY**

The Vermont Statutes Online

Title 7 : Alcoholic Beverages, Cannabis, And Tobacco

Chapter 031 : Cannabis

Subchapter 002 : Cannabis Control Board

(Cite as: 7 V.S.A. § 843)

[Section 843 repealed effective July 1, 2024.]

§ 843. Cannabis Control Board; duties; members

(a) Creation. There is created within the Executive Branch an independent commission named the Cannabis Control Board for the purpose of safely, equitably, and effectively implementing and administering the laws enabling access to adult-use cannabis in Vermont.

(b) Duties. The duties of the Board shall be:

- (1) rulemaking in accordance with this chapter, chapters 33-37 of this title, and 3 V.S.A. chapter 25;
- (2) administration of a program for licensed cannabis establishments, which shall include compliance and enforcement;
- (3) administration of the Medical Cannabis Registry on and after March 1, 2022;
- (4) administration of a program for licensed medical cannabis dispensaries, which shall include compliance and enforcement, on and after March 1, 2022; and
- (5) submission of an annual budget to the Governor.

(c) Membership.

- (1) The Board shall be composed of a chair and two members appointed by the Governor in accordance with sections 841 and 842 of this title.
- (2) All Board members shall serve for a term of three years or until a successor is appointed and shall be eligible for reappointment, provided that no member may serve more than three terms.
- (3) A vacancy created before the expiration of a term shall be filled in the same manner as the original appointment for the unexpired portion of the term. A member appointed to fill a vacancy created before the expiration of a term shall not be deemed to have served a term for the purpose of subdivision (2) of this subsection.
- (4) A member may be removed only for cause by the remaining members of the

Commission in accordance with the Vermont Administrative Procedure Act. The Board shall adopt rules pursuant to 3 V.S.A. chapter 25 to define the basis and process for removal.

(d) Conflicts of interest.

(1) No Board member shall, during his or her term or terms on the Board, be an officer of, director of, organizer of, employee of, consultant to, or attorney for any person subject to regulation by the Board.

(2) No Board member shall participate in creating or applying any law, rule, or policy or in making any other determination if the Board member, individually or as a fiduciary, or the Board member's spouse, parent, or child wherever residing or any other member of the Board member's family residing in his or her household has an economic interest in the matter before the Board or has any more than a de minimus interest that could be substantially affected by the proceeding.

(3) No Board member shall, during his or her term or terms on the Board, solicit, engage in negotiations for, or otherwise discuss future employment or a future business relationship of any kind with any person subject to supervision or regulation by the Board.

(4) No Board member may appear before the Board or any other State agency on behalf of a person subject to supervision or regulation by the Board for a period of one year following his or her last day as a member of the Cannabis Control Board.

(e) Salaries. The Chair and all members of the Board shall be full-time State employees and shall be exempt from the State classified system. The Chair shall receive compensation equal to two-thirds that of a Superior Court Judge and other members shall receive compensation equal to one-half that of a Superior Court Judge.

(f) Executive Director. The Board shall appoint an Executive Director who shall be an attorney with experience in legislative or regulatory matters. The Director shall be a full-time State employee, shall be exempt from the State classified system, and shall serve at the pleasure of the Board. The Director shall be responsible for:

(1) supervising and administering the operation and implementation of this chapter and chapters 35 and 37 of this title and the rules adopted by the Board as directed by the Board;

(2) assisting the Board in its duties and administering the licensing requirements of this chapter and chapters 35 and 37 of this title;

(3) acting as Secretary to the Board, but as a nonvoting member of the Board;

(4) employing such staff as may be required to carry out the functions of the Board;
and

(5) preparing an annual budget for submission to the Board.

(g) Consultant. The Board is authorized to hire a consultant as needed to assist with its duties under this section.

(h) Advisory committee.

(1) There is an advisory committee established within the Board that shall be composed of members with expertise and knowledge relevant to the Board's mission. The Board shall collaborate with the advisory committee on recommendations to the General Assembly. The advisory committee shall be composed of the following 14 members:

(A) one member with an expertise in public health, appointed by the Governor;

(B) the Secretary of Agriculture, Food and Markets or designee;

(C) one member with an expertise in laboratory science or toxicology, appointed by the Governor;

(D) one member with an expertise in systemic social justice and equity issues, appointed by the Speaker of the House;

(E) one member with an expertise in women- and minority-owned business ownership, appointed by the Speaker of the House;

(F) the Chair of the Substance Misuse Prevention Oversight and Advisory Council or designee;

(G) one member with an expertise in the cannabis industry, appointed by the Senate Committee on Committees;

(H) one member with an expertise in business management or regulatory compliance, appointed by the Treasurer;

(I) one member with an expertise in municipal issues, appointed by the Senate Committee on Committees;

(J) one member with an expertise in public safety, appointed by the Attorney General;

(K) one member with an expertise in criminal justice reform, appointed by the Attorney General;

(L) the Secretary of Natural Resources or designee;

(M) the Chair of the Cannabis for Symptom Relief Oversight Committee or designee; and

(N) one member appointed by the Vermont Cannabis Trade Association.

(2) Initial appointments to the advisory committee as provided in subdivision (1) of this subsection (h) shall be made on or before July 1, 2021.

(3) The Board may establish subcommittees within the advisory committee to accomplish its work.

(4) Members of the advisory committee who are not otherwise compensated by the member's employer for attendance at meetings shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than six meetings annually. These payments shall be made from the Cannabis Regulation Fund. (Added 2019, No. 164 (Adj. Sess.), § 2, eff. Oct. 7, 2020; amended 2021, No. 62, § 2, eff. June 7, 2021; repealed on July 1, 2024 by 2019, No. 164 (Adj. Sess.), § 6e(3).)

VERMONT **GENERAL ASSEMBLY****The Vermont Statutes Online****Title 7 : Alcoholic Beverages, Cannabis, And Tobacco****Chapter 035 : Medical Cannabis Registry**

(Cite as: 7 V.S.A. § 956)

§ 956. Rulemaking

The Board shall adopt rules for the administration of this chapter. No rule shall be more restrictive than any rule adopted by the Department of Public Safety pursuant to 18 V.S.A. chapter 86. (Added 2019, No. 164 (Adj. Sess.), § 9, eff. June 1, 2021.)

VERMONT **GENERAL ASSEMBLY**

The Vermont Statutes Online

Title 7 : Alcoholic Beverages, Cannabis, And Tobacco

Chapter 037 : Medical Cannabis Dispensaries

(Cite as: 7 V.S.A. § 974)

[Section 974 effective March 1, 2022.]

§ 974. Rulemaking

(a)(1) The Board shall adopt rules to implement and administer this chapter. In adoption of rules, the Board shall strive for consistency with rules adopted for cannabis establishments pursuant to chapter 33 of this title where appropriate. No rule shall be more restrictive than any rule adopted by the Department of Public Safety pursuant to 18 V.S.A. chapter 86.

(2) Rules shall include:

(A) the form and content of license and renewal applications;

(B) qualifications for licensure that are directly and demonstrably related to the operation of a dispensary, including:

(i) a requirement to submit an operating plan, which shall include information concerning:

(I) the type of business organization; the identity of its controlling owners and principals; and the identity of the controlling owners and principals of its affiliates; and

(II) the sources, amount, and nature of its capital, assets, and financing; the identity of its financiers; and the identity of the controlling owners and principals of its financiers;

(ii) a requirement to file an amendment to its operating plan in the event of a significant change in organization, operation, or financing; and

(iii) the requirement for a fingerprint-based criminal history record check and regulatory record check pursuant to section 975 of this title;

(C) oversight requirements, including provisions to ensure that a licensed establishment complies with State and federal regulatory requirements governing insurance, securities, workers' compensation, unemployment insurance, and occupational health and safety;

(D) facility inspection requirements and procedures;

(E) records to be kept by licensees and the required availability of the records;

(F) employment and training requirements;

(G) security requirements, including any appropriate lighting, physical security, video, and alarm requirements;

(H) health and safety requirements;

(I) regulation of additives to cannabis and cannabis products, including those that are toxic or designed to make the product more addictive, more appealing to persons under 21 years of age, or to mislead consumers;

(J) procedures for seed-to-sale traceability of cannabis, including any requirements for tracking software;

(K) regulation of the storage and transportation of cannabis;

(L) sanitary requirements;

(M) procedures for the renewal of a license, which shall allow renewal applications to be submitted up to 90 days prior to the expiration of the cannabis establishment's license;

(N) procedures for suspension and revocation of a license;

(O) requirements for banking and financial transactions, including provisions to ensure that the Board, the Department of Financial Regulation, and financial institutions have access to relevant information concerning licensed establishments to comply with State and federal regulatory requirements;

(P) disclosure or eligibility requirements for a financier, its owners and principals, and its affiliates, which may include:

(i) requirements to disclose information to a licensed establishment, the Board, or the Department of Financial Regulation;

(ii) a minimum age requirement and a requirement to conduct a background check for natural persons;

(iii) requirements to ensure that a financier complies with applicable State and federal laws governing financial institutions, licensed lenders, and other financial service providers; and

(iv) any other requirements, conditions, or limitations on the type or amount of loans or capital investments made by a financier or its affiliates, which the Board, in consultation with the Department of Financial Regulation, determines is necessary to protect the public health, safety, and general welfare;

(Q) policies and procedures for conducting outreach and promoting participation in the regulated cannabis market by diverse groups of individuals, including those who

have been disproportionately harmed by cannabis prohibition;

(R) pesticides or classes of pesticides that may be used by cultivators, provided that any rules adopted under this subdivision shall comply with and shall be at least as stringent as the Agency of Agriculture, Food and Markets' Vermont Pesticide Control Regulations;

(S) standards for indoor cultivation of cannabis;

(T) procedures and standards for testing cannabis for contaminants, potency, and quality assurance and control;

(U) labeling requirements for cannabis sold to retailers and integrated licensees, including health warnings developed in consultation with the Department of Health;

(V) regulation of visits to the establishments, including the number of visitors allowed at any one time and record keeping concerning visitors;

(W) requirements that cannabis products are labeled in a manner that states the number of servings of tetrahydrocannabinol in the product, measured in servings of a maximum of five milligrams per serving, except cannabis products that are not consumable, including topical preparations;

(X) requirements that cannabis products are labeled with the date the product was manufactured, the date the product is best used by, the ingredients contained in the product, information on the length of time it typically takes for products to take effect, and appropriate warnings developed by the Board in consultation with the Department of Health;

(Y) requirements that a cannabis product is clearly identifiable with a standard symbol adopted by the Board indicating that it contains cannabis;

(Z) procedures and standards for testing cannabis products for contaminants, potency, and quality assurance and control;

(AA) requirements for opaque, child-resistant packaging;

(BB) requirements for verification of a customer's Registry status;

(CC) restrictions that cannabis shall be stored behind a counter or other barrier to ensure a customer does not have direct access to the cannabis;

(DD) requirements that if the dispensary sells hemp or hemp products, the hemp and hemp products are clearly labeled as such and displayed separately from cannabis and cannabis products;

(EE) requirements for opaque, child-resistant packaging of cannabis and cannabis products at point of sale to customer;

(FF) facility inspection requirements and procedures;

(GG) procedures and standards for testing cannabis and cannabis products for contaminants, potency, and quality assurance and control;

(HH) reporting requirements, including requirements for chain-of-custody record keeping; and

(II) procedures for destruction of all cannabis and cannabis products samples.

(b) The Board shall consult with other State agencies and departments as necessary in the development and adoption of rules where there is shared expertise and duties.

(Added 2019, No. 164 (Adj. Sess.), § 12, eff. March 1, 2022.)



Proposed Rules Postings

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Deadline For Public Comment

Deadline: Feb 25, 2022

The deadline for public comment has expired. Contact the agency or primary contact person listed below for assistance.

Rule Details

Rule Number:	22P002
Title:	Rule 3: Medical Cannabis.
Type:	Standard
Status:	Proposed
Agency:	Vermont Cannabis Control Board
Legal Authority:	7 V.S.A. § 843(b)(1); 7 V.S.A. § 956; and 7 V.S.A. § 974.
Summary:	This rule will regulate the use of therapeutic cannabis in Vermont. The rule will regulate patient access to cannabis and cannabis products and will regulate the dispensaries that provide cannabis and cannabis products to patients. These activities are

currently regulated by the Department of Public Safety (DPS). They will come under the purview of the Cannabis Control Board in accordance with Act 164(2020) and Act 62(2021).

Persons Affected:

All currently registered patients, caregivers, and dispensaries will be affected by this rule. Ancillary businesses that service dispensaries may have new opportunities to boost business if new dispensaries are licensed pursuant to this rule, which is more permissive of new dispensaries than the DPS rule or current governing statutes. People seeking to register as patients and caregivers pursuant this rule will face a similar regulatory process to the one they do currently. The rule may affect government entities such as the Department of Health, the Agency of Agriculture, Food, and Markets, the Board of Natural Resources, the Agency of Natural Resources, and others.

Economic Impact:

In accordance with the governing statutes, the proposed rule is designed to avoid increased compliance burden. For this reason, this rule will not have an ongoing economic impact on currently operating dispensaries, caregivers, and patients. There may be some initial transition costs associated with a transfer to new systems implemented by a new regulatory body. Although the Board does not anticipate significant numbers of new dispensaries, new dispensaries are more likely under the new statutory and regulatory scheme. To the extent that new dispensaries are licensed they will provide economic opportunity for the new business owners and employees and for ancillary businesses that service dispensaries, including construction, HVAC, agricultural enterprises, and others.

Posting date:

Jan 19, 2022

Hearing Information

Information for Hearing # 1

Hearing date:

02-18-2022 11:00 AM

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Location:

Cannabis Control Board

Address:

89 Main Street

City:

Montpelier

State:

VT

Zip:

05620-7001

Hearing Notes:

Contact Information

Information for Primary Contact

PRIMARY CONTACT PERSON - A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE.

Level: Primary
Name: David Scherr
Agency: Vermont Cannabis Control Board
Address: 89 Main Street
City: Montpelier
State: VT
Zip: 05620-7001
Telephone: 802-558-6022
Fax:
Email: david.scherr@vermont.gov

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Website Address: <https://ccb.vermont.gov>

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Information for Secondary Contact

SECONDARY CONTACT PERSON - A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON.

Level: Secondary
Name: Kimberly Lashua
Agency: Vermont Cannabis Control Board
Address: 89 Main Street
City: Montpelier
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Email: kimberley.lashua@vermont.gov

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Keyword Information

Keywords:

Dispensary

Patient

Caregiver

Cannabis

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	The Islander (islander@vermontislander.com)	Tel: 802-372-5600 FAX: 802-372-3025
	Vermont Lawyer (hunter.press.vermont@gmail.com)	Attn: Will Hunter

FROM: APA Coordinator, VSARA

Date of Fax: March 14, 2022

RE: The "Proposed State Rules " ad copy to run on
PAGES INCLUDING THIS COVER MEMO:

2

January 27, 2022

***NOTE* 8-pt font in body. 12-pt font max. for headings - single space body. Please include dashed lines where they appear in ad copy. Otherwise minimize the use of white space. Exceptions require written approval.**

If you have questions, or if the printing schedule of your paper is disrupted by holiday etc. please contact VSARA at 802-828-3700, or E-Mail sos.statutoryfilings@vermont.gov, Thanks.

PROPOSED STATE RULES

By law, public notice of proposed rules must be given by publication in newspapers of record. The purpose of these notices is to give the public a chance to respond to the proposals. The public notices for administrative rules are now also available online at <https://secure.vermont.gov/SOS/rules/>. The law requires an agency to hold a public hearing on a proposed rule, if requested to do so in writing by 25 persons or an association having at least 25 members.

To make special arrangements for individuals with disabilities or special needs please call or write the contact person listed below as soon as possible.

To obtain further information concerning any scheduled hearing(s), obtain copies of proposed rule(s) or submit comments regarding proposed rule(s), please call or write the contact person listed below. You may also submit comments in writing to the Legislative Committee on Administrative Rules, State House, Montpelier, Vermont 05602 (802-828-2231).

Reportable and Communicable Diseases Rule.

Vermont Proposed Rule: 22P001

AGENCY: Agency of Human Services, Department of Health

CONCISE SUMMARY: This rulemaking does the following: 1) Adds COVID-19 and multisystem inflammatory syndrome in children to the list of reportable diseases; 2) Adds SARS-CoV-2 to the list of reportable laboratory findings and requires that all results be reported including positive, negative, and indeterminate. 3) Adds race and ethnicity data as required reporting content; 4) Adds the definition of electronic reporting to clarify approved methods of reporting and establishes a basis to share data between the Department and Vermont Information Technology Leaders (VITL); 5) Adds standardization procedures for administrative specimen collection; 6) Clarifies the timeframe for reporting laboratory findings to the Department; 7) Removes certain animal diseases from the list of reportable diseases; 8) Reorganizes sections for clarity.

FOR FURTHER INFORMATION, CONTACT: Natalie Weill, Department of Health, 108 Cherry Street, Burlington, VT 05401
Tel: 802-863-7280 Fax: 802-951-1275 Email: ahs.vdhrules@vermont.gov URL: <http://www.healthvermont.gov/about-us/laws-regulations/public-comment>.

FOR COPIES: David Englander, Department of Health, 108 Cherry Street, Burlington, VT 05401 Tel: 802-826-7280 Fax: 802-951-1275 Email: ahs.vdhrules@vermont.gov.

Note: The two rules below have been promulgated by Vermont's Cannabis Control Board who has requested the notices be combined to facilitate a savings for the agency. When contacting the agency about these rules please note the title and rule number of the rule(s) you are interested in.

- Rule 3: Medical Cannabis. – 22P002
- Rule 4: Compliance and Enforcement. – 22P003

AGENCY: Cannabis Control Board

CONCISE SUMMARY: Rule 3 regulates the use of therapeutic cannabis in Vermont. The rule will regulate patient access to cannabis and cannabis products and will regulate the dispensaries that provide cannabis and cannabis products to patients. These activities are currently regulated by the Department of Public Safety (DPS). They will come under the

purview of the Cannabis Control Board in accordance with Act 164(2020) and Act 62(2021). Rule 4 regulates the enforcement mechanisms, procedures, and penalties for the Cannabis Control Board's Rules 1 through 3, which govern the licensing and regulation of commercial cannabis businesses and patient access to therapeutic cannabis.

FOR FURTHER INFORMATION, CONTACT: David Scherr, Cannabis Control Board, 89 Main Street, Montpelier, VT 05620-7001 Tel: 802-558-6022 Email: david.scherr@vermont.gov URL: <https://ccb.vermont.gov>.

FOR COPIES: Kimberley Lashua, Cannabis Control Board, 89 Main Street, Montpelier, VT 05620-7001 Tel: 802-836-7708 Email: Kimberley.lashua@vermont.gov

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