House Gov Ops Testimony

Thank you to Chair McCarthy for inviting me to speak today. My name is Amelia Machia, and I'm a patient, an advocate, and the co-founder of Green Mountain Patients Alliance. I'm here today to speak specifically to the medical policies addressed in bill H.270 as they pertain to the patient experience.

I'd like to start with a small bit of background on myself. In 1999, at the age of four, I was diagnosed with an incurable condition called Ehlers-Danlos Syndrome, a connective tissue disorder that causes thin skin that bruises and tears easily, joints that are loose and spontaneously dislocate, as well as comorbidities that affect my organs, immune and nervous systems. I also have Crohn's Disease, and deal with the mental effects of a lifetime of medical-related trauma.

The first point I'd like to touch on is the proposed language to expand the qualifying conditions to receive a medical card. As it's written, patients who are diagnosed with one of the approved conditions, or with a disease or medical condition or its treatment that is chronic, debilitating, and produces the symptoms of cachexia or wasting syndrome, chronic pain, severe nausea, or seizures qualifies for a medical card.

I would propose that, rather than continue with a list of conditions that patients will have to appeal to have updated with their own, we move to a symptom-based qualification system. Vermont already recognizes four symptoms as qualifiers, but replacing the existing conditions with the symptoms we recognize cannabis is used to relieve will expand registry access to thousands of currently unregistered patients. For example, cannabis has been known to relieve anxiety, depression, and panic attacks in patients with PTSD, but those three symptoms are not qualifiers on their own, even though the state recognizes the value of that relief in those with PTSD.

My suggestion is that Vermont looks into WHY certain conditions qualify for medical cards, and how each of those conditions shares symptoms with numerous other diseases that could be relieved with cannabis. Moving to a symptom-based model would not only increase access to the registry, but it would also give healthcare providers clearer guidelines to verify that their patients find tangible relief through cannabis.

When I was approved for my card at the age of 19 in 2014, it was under the symptom of chronic pain, since Ehlers-Danlos Syndrome, something that is both incredibly painful and degenerative, is not on the conditions list. In H.270, you seek to add Ulcerative Colitis and IBS to the conditions list, which I absolutely believe deserve to qualify for a card. However, Crohn's already qualifies for a card and shares a majority of symptoms with both UC and IBS. Under a symptom-based model, all chronic GI disorders would qualify, without needing to go through the process of individually approving every single one. Also in H.270, you seek to exclude chronic pain from the annual renewal exemption, I would remind you that many conditions not listed as

qualifying have chronic pain as a symptom. Excluding those folks punishes them for needing to settle on the closest qualifier available.

Moving on to the proposed plant count increase, I firmly believe we need to do away with numerical immature plant caps, and replace that with a canopy allowance of 250 sq ft for immature plants. Capping the number of immature plants someone can have also places a limit on the number of mothers, clones, and seedlings someone can have at once.This means that folks will have less genetic diversity in their own grow, and will take a lot longer to find cultivar and terpene combinations that do the best job of relieving their symptoms. In short, limiting genetic diversity also limits symptom relief potential. Six mature plants is also not enough for many patients who make their own concentrates and edibles with the flower those plants produce. I would recommend increasing this number to twelve mature plants with a square footage canopy allowance for immature plants.

Regarding the caregiver amendments, I agree that caregivers should be able to serve multiple patients, but patients also need to have multiple caregivers. There are many examples where this would apply, and GMPA is currently recommending a system where caregivers may care for 3 patients, patients may have 3 caregivers, and both can circumstantially apply for more on a case-by-case basis with approval by the CCB. Patients who are minors will automatically need multiple registered caregivers to relieve parents of the burden of a single family member being the only one in the house who can administer cannabis. Increasing the amount of caregivers that a patient can have also protects that patient in the instance that one of their caregivers experiences crop failure, and would ensure that patient still has medicine, should that occur.

Medical cannabis reform should be patient-centered. Throughout the history of Vermont's medical program, the state has failed to take into account patients' lived experiences. I have been navigating the healthcare system, advocating for myself, and educating doctors about my condition for 23 years now, longer than many healthcare professionals have even been practicing. My first-hand experience, and the experiences of thousands of Vermont patients, should hold as much weight as the opinions of doctors and their lobbyists.

I am no longer a registered patient on the Vermont medical cannabis registry. The program did not evolve in a way that supported my needs. That does not stop me from being a patient, and finding relief through cannabis. There are thousands of unregistered patients in our state who either do not qualify for the program, or do not see value in what it offers. We can make real, tangible changes to this program that will make life better for the most vulnerable people in our community. In order to do that, though, those changes need to vastly increase access to the registry, and once registered, needs to address the individual needs of each patient via caregivers who can provide the one-on-one care that a dispensary simply can't.

In summary, I'm asking that you do three things today:

1. Adopt a symptom-based qualification model for obtaining a medical card, rather than condition-based.

2. Increase the patient and caregiver plant count to twelve mature plants with a square footage canopy allowance of 250 sq ft for immature plants.
3. Allow caregivers to care for 3 patients, for patients to have 3 caregivers, and allow both to circumstantially apply for more on a case-by-case basis, with approval from the CCB.

Thank you for your time.