

Testimony 3.15.23

House Gov Ops Testimony

I want to begin by thanking Chair McCarthy for allowing me to speak today.

My name is Jessilyn Dolan, and I am here on several fronts.

I am a registered nurse, specializing in addiction, mental health and chronic pain.

I was formerly the nurse director at Lund, inpatient and outpatient, as well as the school nurse at Soar, through Northwest Counseling Services.

I am the former director of the American Cannabis Nurse Association, the current president of the American Nurse Association Vermont, and the founder of Vermont Cannabis Nurses Association.

With Amelia, I am co-founder of the Green Mountain Patients Alliance, which is part of the VT Cannabis Equity Coalition, working collaboratively together on all of our recommendations and requests.

I am a cannabis patient myself for chronic pain, having had over 3 dozen surgeries as a child, ironically have the same genetic connective tissue disorder, Ehler Danlos, as Amelia, as well as a sexual abuse survivor with PTSD.

Without cannabis as medicine, I would be on disability and half a dozen or more, addictive and debilitating pharmaceuticals. I am able to be a nurse because of cannabis.

I have been a cannabis caregiver for another nurse in cancer remission for years, so am here to speak to you today about the many needs for patients and caregivers in the medical program and how together we can support these positive changes with bill H.270.

I applaud you for adding several new medical conditions to the current list of conditions allowing medical cannabis cards. As a medical professional, I am in support of changing from a disease based qualification system to a symptom based. I would ask you to please consider trusting the medical professionals and allow them to make the determination as to who is appropriate to recommend for medical cannabis rather than them only being able to if the patient's disease is already listed as allowable per legislation. Please consider changing to a symptom based system and again thank you for the additions.

Thank you for looking to remove the mandate for patients with PTSD to need two signatures. As a nurse and patient with PTSD, I know all too well that traditional therapy is not the answer for everyone, that not everyone can even find a therapist, not every therapist has education about cannabis, and that another signature is just another barrier for treatment.

Please work with the CCB so that patients with chronic diseases do not need to apply for their medical card annually. My genetic disorder is never going away unfortunately, yet I have to reapply every year. This is an undue burden on the chronically ill.

To speak to increasing the plant count limitations, I would like to share a personal story.

Several years ago, I immediately needed a lumpectomy for a breast lump, and only had two days to prepare for the surgery. I needed concentrated cannabis oil after surgery for the pain. To make enough of my own concentrated medicine, to not need opioids after surgery, I needed about half a pound of cannabis flower, which equates to one, if not two, entire indoor harvest and a minimum of three or four months of time growing.

Two plants is not enough cannabis for people who need higher doses of cannabis. I think it's important for you to understand the quantity of cannabis needed to treat certain conditions, and make certain products such as concentrated oil, and how one surgery utilized  $\frac{1}{4}$  of my annual cannabis medicine. It was made even worse when, due to being rushed and nervous before surgery, I ended up burning my own medicine, wasting half a pound of cannabis and didn't have more cannabis to replace it because of that two plant limit. Patients and caregivers need more than two plants when growing and making their own medicine for numerous reasons.

Outdoor grows, much more common, easier and much more affordable, are only able to get one harvest a year. One harvest a year, with only two plants, is not very supportive and helpful for patients.

If you only harvest a few ounces per plant, a few times a year, or once-outdoors, two plants is extremely limiting and even detrimental. If the plants aren't clean or healthy enough, people need to be able to destroy them knowing they have others, knowing they are allowed more than just two. We need to help make cannabis medicine more affordable, and growing your own is one way to do so, but two plants is not even close to enough.

Having been a cultivating caregiver for a long time, and understanding the trials and tribulations of growing, a cultivator needs the wiggle room to destroy a plant if it were not as healthy or clean as they need. Growing is not easy for everyone and has a big learning curve for many. Oftentimes, pests and diseases can attack the plant, and rather than trying to save or salvage that plant material, caregivers need to know they can destroy that crop and start over, to ensure cleanliness and safety for their patient. If caregivers could have the assurance that the patient has access through a higher plant count and even better, another cultivating caregiver on the team, we could help ensure that level of comfort and safety for the patient.

We need to increase the amount of caregivers per patient.

We need caregivers to be allowed to support more than one patient as well. Why not?

We need to put patients first, before prohibition.

As a nurse, I want you to consider what having one, or even only two, caregivers means and how that is a set up for burn out. The burden placed on that one caregiver, 24/7, 52 weeks a year, is inhumane. As baby boomers will need more care, we desperately need this to happen to avoid burnout and secondary trauma amongst family and caregivers.

Please remember that many people do not use cannabis or end up back on pharmaceuticals and opioids because cannabis is not affordable to many patients and cultivating caregivers can help bridge that gap.

Please increase the plant count to 12 flowering, the caregiver count to 3, and the patients count to 3.

Please also join us in asking the CCB to work on a price management system for patients at the dispensary I to make cannabis more affordable and accessible.

In summary for today, I ask you to please:

1. Adopt a symptom-based qualification model of and support the removal of the second sign off needed for PTSD.
2. Remove the necessity that patients with chronic diseases reapply annually.
3. Increase the patient and caregiver plant count to twelve mature plants with unlimited veg.
4. Allow caregivers to care for 3 patients, for patients to have 3 caregivers, with CCB discretion for more.

Lastly and one I feel so passionately about, is to allow patients access to shop at adult use retail shops without paying extra taxation. Patients drive from Newport to Burlington and would rather shop and support locals. There is no reason patients should not have access to adult use, without paying exorbitant taxes.

Many adult use retailers are shouldering the cost for patients by covering their taxes and shouldn't have to. Please please, allow patients to shop at adult use retailers without exorbitant taxation. This could be an enormous support for our patients and would ask you to discuss this with me and other patients more.

Thank you for your time. Please feel free to ask any questions you may have.

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