



To: House Government Operations Committee
From: Jill Sudhoff-Guerin, Vermont Medical Society, American Academy of Pediatrics VT Chapter, Vermont Academy of Family Physicians and Vermont Psychiatric Association
Date: February 22, 2023
RE: H.270, Cannabis Regulation

On behalf of the 2,600 physician and physician assistant members of the Vermont Medical Society (VMS), the American Academy of Pediatrics Vermont Chapter (AAPVT), the Vermont Psychiatric Association (VPA) and the Vermont Academy of Family Physicians (VTAFM) we thank the Committee the opportunity to weigh in on H.270. Respectfully, this bill is not a technical, “housekeeping” bill. **Rather the proposed changes could have significant health impacts and therefore we urge you to send this bill to either the House Health Care or Human Services Committee for their review.**

Below are the sections of [H.270](#) our organizations believe raise important health concerns, in order of priority:

Sec. 10: § 951(8)(A) VMS opposes the proposed expansion of qualifying medical conditions for the medical cannabis registry. Conditions should only be added to Vermont’s Medical Cannabis Registry program if peer-reviewed scientific research demonstrates that cannabis is safe and effective for a specific condition. A comprehensive review published in 2017ⁱ by the National Academies of Sciences, Engineering, and Medicine, found strong evidence that cannabis treatment provided relief for chronic pain, nausea and vomiting due to chemotherapy, and multiple sclerosis (MS) spasticity symptoms – all of which are current qualifying medical conditions in Vermont law. However, the review found there was insufficient or no evidence of benefit for a whole host of other conditions, specifically posttraumatic stress disorder, cancer, anxiety, epilepsy, and irritable bowel disease. A review by Vermont’s Academic Detailing clinician prescription education program completed in 2019 similarly found a lack of evidence for most indications.

Of particular concern, is the proposal to expand the qualifying conditions to include psychological and mental health conditions including Alzheimer’s disease, autism spectrum disorder and removing the requirement that PTSD patients receive treatment from a mental health professional. Cannabis use can have adverse mental health impacts and is associated with increased urgent and emergency department psychiatric visits and increased mental health disorders including psychosis. According to a January

2020 report presented by the Vermont Department of Health, cannabis use can lead to the development of schizophrenia or other psychoses, as well as suicidal ideation and suicide completion.¹

The Alzheimer's Association said there is not enough evidence to support medical cannabis as an Alzheimer's therapy, "There's a lot of misinformation about cannabis products out there," Alzheimer's Association Director of Scientific Engagement Rebecca Edelmayer, Ph.D. says. "It's important that we follow the science to see if a product is safe as well as effective. So far, any claims made about these products are speculative."ⁱⁱ

The American Academy of Child and Adolescent Psychiatry adopted a policy in 2019ⁱⁱⁱ recommending against the use of medical cannabis or isolated cannabinoids for core symptoms or co-occurring emotional or behavioral problems in children and adolescents with Autism Spectrum Disorder. In the policy they state, "Exposing children and adolescents with developmental disorders such as Autism Spectrum Disorder to marijuana or cannabinoids could further increase the prevalence or severity of psychiatric disorders and intellectual disability in this highly-vulnerable population."

In 2019, the American Psychiatric Association, adopted a policy opposed to using medical cannabis treatment for PTSD. They cited the lack of any high-quality, randomized, controlled studies proving that cannabis helps PTSD. Therefore the VMS does not support removing mental health treatment requirements for patients with PTSD using medical cannabis for treatment.

The other proposed conditions would largely be covered by 7 VSA § 951(8)(C) which includes these symptoms as qualifying medical conditions: cachexia or wasting syndrome, chronic pain, severe nausea, or seizures.

Given the current state of research, patients and health professionals expect the program to be driven by data – please keep the registry a source that patients and health professionals can rely on in contrast to a long list of conditions being added as an avenue to shore up the financial survival of dispensaries. Cannabis is further distinguishable from other medications in that it is difficult to coordinate care involving cannabis use even for medicinal purposes: it does not show up in the Vermont Prescription Monitoring System, may not be documented in an EHR, and dose, type, and mode of administration may be difficult or impossible to know. Finally, expansion of the registry to non-evidence-based conditions becomes even less necessary when Vermonters can choose to legally grow or purchase cannabis for any purpose. If they desire cannabis for other indications, they have avenues to obtain it that do not involve health care providers.

Sec. 10: § 955 (a) VMS opposes changing the duration of medical cannabis registration cards from 1 year to 5 years for those with a qualifying condition other than chronic pain management. What other medication does not require a clinician to review your health status for 5 years? Current regulations for prescription medications limit their validity to one year, even for ongoing, chronic conditions such as hypertension or diabetes. Medical conditions change, the patient could be prescribed different medication that could be contraindicated with cannabis, or there could be a new co-occurring condition. This is no different for qualifying conditions for medical cannabis and the qualifying conditions need to be reviewed by a clinician at least annually.

¹<https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Health%20Care/Regulation%20of%20Cannabis/W~Kelly%20Dougherty~Health%20Impacts%20of%20Marijuana~1-24-2020.pdf>

Sec. 4; § 881(a)(3) VMS opposes increasing the dose of a single cannabis product package from 50 mgs of THC to 100 mgs. With the recent reports of increased incidents of child poisoning due to cannabis ingestion, there is no justification to increase the single cannabis product package dosage. Nationally, regionally, and locally, unintentional pediatric cannabis edible ingestions for kids under the age of 6 is exponentially increasing. A 2021, American Academy of Pediatrics study reported an increase in cases of 1375% between 2017 and 2021, with 22% of those patients admitted to the hospital.^{iv} January 11, 2023, WCAX reported that the Northern New England Poison Control released data showing a spike in those under the age of 5 ingesting cannabis. Dr. Jill Rinehart, an associate professor of pediatrics at UVM Larner College of Medicine, said “Even a two-and-a-half or five-milligram cannabis chewy, if they take more than one or even one, that’s a really large amount for a small body to handle.”^v The [CCB’s own Point of Sale flyer](#) states that “People that choose to consume edibles should start with small amounts, usually 1 to 2.5 mgs.” Therefore, this bill proposes selling a package with 100 doses in it? The risk to the general consumer and to kids should outweigh the push for less packaging.

Sec. 2 VMS understands the need for ongoing oversight of cannabis sales in Vermont but has concerns with the budget implications for prevention funding of the continued growth of the administration of the Cannabis Control Board Currently, 30% of the cannabis excise tax revenue is allocated for prevention. But, in Vermont statute the CCB is made whole before the 30% is calculated. Last year, the Governor put \$3 million of general fund dollars into prevention, with the intention that cannabis revenue would replace that soon. According to the Joint Fiscal Office, the CCB budget has grown to support 22.5 FTEs and there is a **36.7% increase in the budget** from FY23 and the FY24 Governor’s Recommended Budget. Year over year, their budget has grown by approximately \$1.5 million since 2022, which ironically is the same amount as the current gap in Prevention Funding. The FY24 Budget only allocates \$1.5 million in cannabis excise revenues to prevention, with the remaining \$1.5 million coming from the general fund. VMS strongly recommends that 30% of excise tax revenue is allocated to prevention **before** any other administrative expenses are withdrawn.

Thank you for your consideration. Please reach out to me at jsudhoffguerin@vtmd.org with any questions.

ⁱ <https://nap.nationalacademies.org/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state>

ⁱⁱ <https://www.alz.org/news/2020/cannabis-helpful-or-harmful>

ⁱⁱⁱ https://www.aacap.org/aacap/Policy_Statements/2019/Use_of_Medical_Marijuana_in_Children_and_Adolescents_with_Autism_Spectrum_Disorder_for_Core_Autism_S.aspx

^{iv} <https://publications.aap.org/pediatrics/article/151/2/e2022057761/190427/Pediatric-Edible-Cannabis-Exposures-and-Acute?autologincheck=redirected>

^v <https://www.wcax.com/2023/01/11/kids-are-accidentally-ingesting-cannabis-products-an-increased-rate/>