



To: House Government Operations Committee
From: Jill Sudhoff-Guerin, Vermont Medical Society, Vermont Psychiatric Association, American Academy of Pediatrics VT Chapter, and the Vermont Academy of Family Physicians
Date: February 22, 2024
RE: H.612, Proposed Act 65 Recommendations

Chair McCarthy and House Government Operations Committee,

On behalf of the physician and physician assistant members of the Vermont Medical Society (VMS), the Vermont Psychiatric Association (VPA), the American Academy of Pediatrics Vermont Chapter (AAPVT) and the Vermont Academy of Family Physicians (VTAFP) we want to thank you for allowing us to provide additional comments on the updated draft of H.612.

VMS Strongly Supports Retaining Statutory THC Potency Caps

Our clinicians appreciate and strongly support your Committee's decision to retain the current statutory THC potency caps. We have commented since the consideration and passage of S. 54 in 2019 that potency limits are an important factor to protect public health and a growing body of evidence shows regular use of high concentrations of THC are more likely to produce psychosis, paranoia, suicidality, and uncontrollable vomiting.¹

Understanding the aim of this bill is to preserve Vermont's Medical Cannabis program, and to protect patient access to preferred products and services, the VMS is unclear why the focus has been preserving access to high potency products. This past fall, the VMS participated in the CCB's Act 65 study. During these conversations, the CCB was less concerned about maintaining access to high potency THC products, but rather if the adult-use shops would be willing to carry the low THC/CBD products, that many on the cannabis registry use, but have less commercial value.

In terms of the medical cannabis program, researchers like the [Yale School of Medicine](#) are questioning the therapeutic value of high potency products and publishing the increasing adverse effects and risks related to regular use of dabs and high THC concentrates. There is also [increasing evidence](#) that chronic pain is best managed with products with THC potency that is less than 10-15% THC. [Click here to read our prior testimony on the public health impact of high potency products.](#)

¹<https://pubmed.ncbi.nlm.nih.gov/26213314/>

Future of Medical Program in Commercial Cannabis Landscape

Vermont currently has five medical dispensaries, 3 of which are integrated licensees (meaning they also sell adult-use products) and 75 adult use (recreational) dispensaries. With little over a year of legal adult use sales, the demand for medical cannabis has decreased significantly and reportedly, upended the viability of the Medical Cannabis dispensaries. As of this testimony, the CCB reported there are 2,800 patients. When Vermont's medical dispensaries were created in 2004, safe, discreet access was the primary objective. Now that customers and patients have access through the adult use dispensaries, the ability to maintain these two business models for so few patients is in question.

The VMS understands wanting to meet registry patients' needs for them to maintain access to preferred products and understands the desire to create a medical endorsement for adult-use retail establishments, but we are wondering is it necessary? Can it be done safely and not promote high-potency products, including to youth, or create incentives or loopholes for tax-free cannabis products?

With only 2,800 patients statewide, VMS is aware of the pressure on the medical dispensaries and the patients currently using them. However, it is unclear to VMS how many patients actually need access to specific medical cannabis products or services that are not currently available in the adult use dispensaries, and therefore which regulations need to be changed in this endorsement process.

According to the responses in the 2023 CCB Medical Program Survey, included in [this meeting video](#), very few patients reported they need access to specialty products like high-potency THC concentrates, and or delivery or curbside pick-up, as currently allowed for medical dispensaries, but not commercial sales. Of the 645 medical patient survey respondents who indicated which cannabis products they use, the majority of patients reported using smokable flower and edibles. **Only approximately 15% said they use solid concentrates above 60% THC potency**, which makes up 3 percent of Vermont's registry. Our members are also very concerned about the fact that high potency medical products are available to children and teenagers on the medical registry. If these products become more easily available in more sales locations, we are concerned about more young adults seeking medical cards when not indicated.

If the State moves forward with an endorsement process, the VMS urges you to ensure it meets all of the current statutory and regulatory requirements for both the adult-use cannabis program and the medical program, and includes provisions for:

- Requiring a bona-fide patient/health care provider relationship to avoid medical card mills;
- Protecting patient confidentiality;
- Protecting patient health information;
- Disclosing that any consultation regarding medical interactions with cannabis and dosing is not evidence-based, medical advice;
- Requiring all medical advertising laws and rules are adhered to; and
- Delivery must meet all patient verification rules.

Also, any rulemaking should clearly address the delineation of the sale of medical and adult use products. We are already aware of adult-use dispensaries offering 20% off prices for any individual on the medical cannabis registry. While tax is still collected on these products, it is off of a lower price than others pay.

The VMS supports authorizing a non-legislative entity to recommend / approve new qualifying conditions.

This could be very similar to the previous “Cannabis for Symptom Relief Oversight Committee,” or the “Marijuana Review Board.” The legislature established the Review Board to review denials of applications by patients as well as to “meet periodically to review studies, data, and any other information relevant to the use of cannabis for symptom relief.” VMS believes a Review Board could alleviate the current legislative burden of making determinations on qualifying conditions and could be used to review the most up to date, evidence-based data on the use of cannabis for symptom relief, as well as make decisions regarding THC potency caps, and clinically appropriate dosing limits. VMS supports having a Review Board housed at the Vermont Department of Health, like many other states have done. Understanding the capacity of Vermont departments, it could also be a Sub-Committee of the [Substance Misuse Prevention Council](#).

The composition of the Review Board would need to represent the needs of medical patients and their caregivers, along with providing for a data-driven medical cannabis program. The VMS recommends membership to include health care professionals who have knowledge of the use of cannabis for symptom relief and have treated cannabis use disorder, accidental ingestions, and hyperemesis. We recommend including, at a minimum, specialists in emergency medicine, psychiatry, and addiction medicine.

Ulcerative Colitis - VMS would urge the CCB to develop a new protocol and review process for adding conditions before adding ulcerative colitis. That being said, many symptoms of ulcerative colitis already fall under: “a medical condition, or its treatment that is chronic, debilitating, and produces one or more of the following intractable symptoms: chronic pain and severe nausea” and VMS does not support it being added separately to the list of conditions.

Extending Renewal to 3 years for All Conditions

The VMS opposes this recommendation. Patients managing chronic conditions of all kinds are not granted any other prescription renewals without having an appointment with a provider and being issued a new prescription each year.

There are very good reasons for this, including changes in medical history, new medications other providers may have prescribed, and changes in symptoms that may mean medication is no longer necessary or something more serious needs to be evaluated. Especially with a complex, multi-faceted condition cannabis should not be extended beyond other listed conditions and carries liability concerns.

If the State wants to waive renewal fees that is a revenue decision, but in terms of recertification of the qualifying conditions most states including [MA](#), [NY](#), [CT](#), [RI](#) and [ME](#) all require recertification after one year. [NH](#) allows a clinician to determine how long the certification lasts – anywhere from 3 months to 3 years based on the medical condition of the patient.

Thank you for your consideration and please contact me with any questions at jsudhoffguerin@vtmd.org or 802.917.5817