Dear Senator Lyons –

I really appreciate your willingness to spend some time on the medical cannabis program. I copied/pasted an annotated explanation of the changes to the program that are in H.270. All of the changes that were requested by the House Human Services Committee were accepted by the House Government Operations Committee. I think VMS's remaining gripe with this section is the removal of the requirement for active therapy as a condition of licensure for the medical program. The rationale for this request below. All of these requests were based on extensive input the Board has received over the past two years, so please let me know if you'd like me to line up any witnesses.

Thanks again!!

Pepper

Section 13 – medical program amendments

This section eliminates the need for an applicant seeking a medical card for PTSD to be actively undergoing psychotherapy in order to qualify for the program. This requirement is only applicable to PTSD and is in addition to a health care provider verifying that the patient has PTSD. The rationale for removing this requirement is that not everyone living with PTSD and needs the benefits of the medical program (patient confidentiality, specialty products, delivery, access to caregivers, reduced cost / tax free products) is either in need of psychotherapy, can afford or otherwise has access to psychotherapy, or is ready to engage in psychotherapy.
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This section expands the home grow allowance for registered patients from 2 mature / 7 immature to 6 /12. This is an important expansion to ensure patients have year-round access to sufficient quantities and varieties of cannabis. Many patients that chose to home grow, do so because the dispensaries are either unaffordable or too far from home. Many of these patients prefer to grow outdoors to avoid purchasing expensive equipment and paying increased electric charges. Anyone growing outdoors in Vermont is lucky to get one full harvest given the grow cycle of cannabis, the climate, and the susceptibility of this plant to pests, molds, and fungi. This means that patients growing outdoors really only get the benefit of the 6 mature plants—they are not able to rotate in the immature plants once the mature plants have been harvested in the fall.

A single patient might use cannabis for different reasons—sleep, pain, appetite, nausea—and will benefit from being able to grow a greater variety of strains/cultivars that are engineered to target a specific condition.

This expansion is in-line with some of our neighboring states: NY & CT 3 / 3; ME 6/12; MA 12/12; RI 12/12 (mature / immature).
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This section also substitutes the requirement for caregivers to acquire a fingerprint-supported background check with a requirement for a Vermont criminal conviction background check and checks of the Child Protection Registry and the Vulnerable Adult Abuse, Neglect, and Exploitation Registry. Given the limited, but very critical role caregivers play (cultivating on

behalf of a patient, picking up product from a dispensary on behalf of a patient, administering cannabis), the CCB feels that requiring a fingerprint-supported background check is unnecessary. The CCB can run Vermont background and registry checks internally, without charging a prospective caregiver an additional fee, and much more quickly than it would take a person to get a fingerprint-supported background check.

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This section allows a single caregiver to serve up to two patients at a time and would allow the CCB to appoint more than two caregivers to a patient who is a minor on a case-by-case basis. It's important to note that the vast majority of the current 223 caregivers in Vermont have a close familial relation to the patient they serve. Very often, caregivers are adult children helping an aging parent or a spouse. Allowing more flexibility in this patient-to-caregiver ratio will be a benefit to the registered patients that experience these lifelong, debilitating ailments.

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This section extends the expiration date of a medical card from one year to five years for patients with lifelong conditions (everything other than chronic pain which can be lifelong, but is technically defined as pain lasting longer than three months). It is important to remember that the role health care providers play in the medical cannabis program is merely to verify that a patient in their care has been diagnosed with a qualifying condition. They are not prescribing or recommending cannabis use. Therefore, requiring a patient to submit an annual renewal that merely verifies that they continue to have in incurable condition is unduly burdensome for the patient, wasteful of medical resources, and staff intensive for the CCB. (JFO prepared a fiscal note indicating that extending the renewal period to five years would cost the program $120k per year in avoided renewal fees).

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Finally, this section removes a statutory provision that appeared in Act 164 (2020) requiring future updates to the rules governing the medical program be "no more restrictive" than the then-current rule. That rule was promulgated in 2015 and is inadequate in several key areas. Most immediately, the rule did not require independent, third-party testing of medical cannabis / cannabis products, nor did it require minimum training standards for employees of the medical dispensaries. Both of these mandates are requirements in the adult-use program but could not be incorporated into the medical rule because of this "no more restrictive" language. The CCB has requested this amendment so that it can align the medical- and adult-use rules more closely with respect to these basic consumer protection regulations.

James Pepper, Esq. (he/him), Chair
Vermont Cannabis Control Board