



To: Senate Health and Welfare 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: April 24, 2024
RE: H.612

Chair Lyons and Senate Health and Welfare 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 comments on H.612.

Bona fide health care relationship

The VMS understands the concerns about the future of the medical cannabis program, but with only 2,800 patients currently on the registry and given Chair Pepper’s estimate that this number is decreasing at a rate of approximately 100 per month – we question the need for Vermont to create a whole new medical endorsement program.

These low registry patient numbers indicate that the products that are currently available on the recreational market are satisfying the majority of Vermonters. Whereas this endorsement system has the potential to increase access to high-potency THC products, which carries a risk of opening up loopholes, specifically for 18-21-yr-olds, who currently have some of the highest cannabis use rates in the country and who can now easily get on the medical registry. [Click here to read our prior testimony on the public health impact of high potency products.](#)

When Vermont’s original medical cannabis registry was created in 2004, patients were required to have a bona fide health care relationship, which required a 3-month relationship with their clinician before they were eligible for the registry. This was the law until very recently, and was also on the [CCB’s patient registry application](#) until about 3 months ago. This was to protect against medical card mills, which could expand the black market and work against an evidence-based medical program. The VMS suggests if you are going to advance this medical endorsement program – to put the bona fide health care relationship back in statute. Neighboring states, like: [MA](#), [RI](#), [ME](#) and [NJ](#) all require a bone fide relationship for patients to qualify for their medical cannabis programs.

Interested in Shopping Medical?

Utilize NuggMD for a seamless and efficient process to obtain your VT medical card. If approved, the total cost to you will be \$149 or less, and your medical card will arrive in approximately two weeks.

NuggMD

[APPLY NOW](#)

On the website for Ceres Collaborative, a cannabis seller that runs two medical cannabis dispensaries and one recreational shop, they are promoting [NuggMD](#), whose own website states:

“Get Your Vermont Medical Marijuana Card Online for only \$99

Get approved today in minutes with the nation’s #1 trusted med card provider.

[Get Your Card](#)

No appointment needed. Only billed if approved.”

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 over 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. 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.

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. 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 only allowed in medical dispensaries.

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% of 645 medical patients said they use solid concentrates above 60% THC potency**, which makes up 3 percent of Vermont’s entire 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 VT adult-use dispensaries offering 20% off prices for any individual on the medical cannabis registry.

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 new Cannabis 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.

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