

Dear Legislators,

On behalf of The Collaborative and as a lead for Vermont's Region 4 Prevention Lead Organizations, I would like to offer feedback regarding **S. 278**. With over two decades of professional experience in substance misuse prevention, I have identified specific areas within this legislation that raise **critical concerns** for the well-being of Vermonters. I hope to provide the Committee on Economic Development, Housing, and General Affairs with a clearer picture of these potential impacts.

Loosening the Potency Standards

Data consistently shows a direct correlation between THC concentration and public health risks; as potency increases, so does the likelihood of cannabis use disorder and acute adverse reactions. These risks are particularly acute for vulnerable groups. Specifically, high-potency products pose a heightened threat to the developing brains of young adults under 26, pregnant individuals and their infants, and those with a genetic or personal predisposition to mental health challenges or addiction.

Health Implications of High-Potency Cannabis

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- [Cannabis](#)
- [Use Disorder](#): Higher concentrations are linked to a higher likelihood of
- addiction.
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- Mental Health Risks: Increased risk of psychosis, anxiety, paranoia, and hallucinations.
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- Physical Effects: Potential for rapid heartbeat, severe vomiting ([Cannabinoid](#)
- [Hyperemesis Syndrome](#)), and respiratory issues.
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You may have heard some misinformation shared at last weeks committee meeting.

Cannabinoid Hyperemesis Syndrome (CHS) is real and recognized by the medical community. In 2025, The Collaborative worked with a team from **Southern Vermont Medical Center** to share their data on CHS :

SVMC data from 6/1/23 to 12/31/24

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- SVMC sees roughly 2 patients with suspected CHS in the ED daily
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- Over 7,000 CHS ED visits per year in VT Over 3.1 million CHS ED visits per year nationally
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- 18% of CHS patients spent more than 6 hours in ED
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- 76% of patients are VT residents
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- 42% of individuals are 20-40 years old
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- 47% of these patients are covered by Medicaid \$5.5M in healthcare spending annually by
- Vermont patients and insurers.
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Maintaining limits on high-potency products is fundamental to a genuine public health framework for cannabis. These safeguards are designed to protect those most susceptible to adverse outcomes, allowing Vermont's industry to grow without sacrificing the safety of our most vulnerable residents. Arguments suggesting that the removal of potency caps aligns with public health goals are contradictory. If there are concerns regarding the additives used to moderate potency, those should be managed through separate, specific regulatory standards rather than by eliminating safety caps entirely.

Larger Purchase & Possession Limits

Bigger quantities create easier access. An ounce of flower (28 grams) looks like enough cannabis to fill a sandwich-sized bag and provides approximately 50/60 average-sized joints. For reference, 28 grams weighs about the same as five AA batteries. Currently, 1 ounce is the transaction limit. **Why would VT raise this to 2 ounces?** Overconsumption and diversion to youth is a risk that Vermont can not support.

Consumption Site

The open consumption will further normalize and broaden contexts for use, challenging controls on impaired driving and youth access, with overconsumption being a significant impact on public safety. Our knowledge of second-hand exposure to substances (tobacco) glaringly tells us that this is not a healthy idea. Many families in Vermont go to farmers' markets with children, looking for family-friendly activities not to be exposed to cannabis.

Removing Advertising Review Process

More Ads, More Influence: Looser advertising rules increase the chance that young people will see and be influenced by cannabis marketing. Advertising that reaches higher proportions of under-21 audiences is shown to increase initiation; mandatory health warnings help but are not sufficient alone. We have learned from a legacy of alcohol advertising and multiple studies link exposure to alcohol advertisements with an increase in youth consumption of alcohol. Let's learn from other substance use and not bring parity to cannabis advertising.

Lower Excise Tax

Lowering the excise tax sends a dangerous signal: it makes cannabis more affordable for youth while reducing the very funds used to protect them. Currently, nearly half of Vermont's 18-25 year-olds use cannabis—a figure that leads the nation and demands a cautious approach. We can safeguard the health of all Vermonters by upholding evidence-based potency limits, protecting minors from advertising, and maintaining price levels that serve as a barrier to youth access. Furthermore, robust tracking of health outcomes is essential for an honest assessment of this industry's impact.

Thank you for keeping public health at the center of these decisions.

Maryann Morris

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