Re: Comments regarding the 2/18/26 hearing on Cannabis Bill S278

Hello, my name is Myra Adams of Hidden Leaf Homestead and I am a licensed Tier One Outdoor Cannabis Cultivator. I listened to the live testimony on February 18th regarding bill S278 and would like to show my support for the statements made by my fellow growers that were able to speak, especially the need for direct to consumer sales for small cultivators and public consumption. I still can't believe after all this time we are still having the public consumption debate. How can we conscionably sell a legal consumable product, and then make it illegal to consume? This is not fair or equitable for the tourists our economy relies on nor for anyone that isn't a homeowner. My main intention for writing to you today is to address some of the concerns and statements made at the end of the hearing by those outside of the cannabis industry. I felt some of the issues raised did not necessarily have a place in this hearing, but I would like to address them in case they have an impact on your considerations.

To begin, Ms. Potter expressed concern that lowering the excise tax from 14% to 10% would result in less funds for substance misuse prevention programs. Currently 30% of the cannabis excise tax (up to $10 million) is allocated to such programs. The goal of lowering the excise tax is to help lower the overall cost of products to help drive consumers from the illicit market and from going over state lines where products are cheaper and taxes are lower (or non-existent in the case of the illicit market). Making regulated cannabis products more affordable would potentially increase sales, and therefore have the potential to increase tax revenue.

Ms. Potter went on to make judgmental, non-data driven, comments about purchase limits stating, "Who would need or be inconvenienced by not increasing the purchase limit? A person diverting cannabis or a person struggling with Cannabis Use Disorder." Firstly, I would like to say that the definition of Cannabis Use Disorder encompasses anyone that uses cannabis on a regular basis, so I would say she is right in this case, however the intention of using this term is to fear-monger those that don't know otherwise. There are many people that rely on cannabis and take it regularly just like they would any other medication or substance. The problem in limiting access, again, drives consumers to other markets with higher purchase limits, drives them to the illicit market, or to multiple dispensaries as a work around of the law. This negatively impacts retailers via the loss of business, negatively impacts tax revenue when consumers negate the VT regulated market, and can potentially hurt the consumer. Many medical patients now rely on adult use retailers because of the lack of access to medical dispensaries. Sometimes medical users have a lack of access to retailers due to mobility issues or illness and need to stock up whenever possible. Sometimes people have a high tolerance and need to consume more than the average person. Some folks like to make their own edibles and tinctures, which requires a large amount of flower. That's only to name a few non-nefarious reasons. Regarding the diversion of cannabis from the regulated to the illicit market does not make any sense. Why would someone purchase cannabis at the highest price possible and then divert it at a loss? Cannabis is much cheaper in the illicit market, online via the hemp derived THC market (which is still Federally legal, but VT state illegal), and cheaper in the legal markets just over our state borders.

Ms. Potter brought up concerns about entertainers and the media encouraging minors to use cannabis. We have no control over what others promote, however as a regulated industry, we work to discourage cannabis use among minors. Minors aren't even allowed in dispensaries let alone able to purchase cannabis from the regulated market. Retailers are required to hand out educational pamphlets with every sale and 30% of the cannabis excise tax goes to substance misuse prevention programs. Massive warning labels are affixed to every product and we can't even advertise without proving a majority of people seeing our ad are over the age of 21. There was even a program that provided free locking storage bags for a limited time. To my knowledge there have been zero cases of a minor walking into an adult use cannabis store or dispensary in Vermont and walking out with cannabis. The regulated cannabis industry is not where blame should be placed for minors accessing cannabis.

Ms. Potter then added, "Medical cannabis is a false narrative." I believe this was the most willfully ignorant statement made in the entire hearing. In fact, I could make the argument that all cannabis use is medicinal. There are countless books written about the medical benefits of cannabis and its use as a medicinal herb throughout human history. The Federal government has even done studies proving its medical efficacy and is finally taking steps to reschedule cannabis because it does have health benefits. Does that mean cannabis is completely safe? Of course not. Just like everything else we put into our bodies, it has to be consumed responsibly and in moderation. Adults should have the right to access cannabis no matter their reason for doing so.

Dr. Tirmarchi wanted everyone to know that Cannabis Hyperemesis Syndrome is real. And yes, it is. It is a terrifying and an awful thing to go through. He made it sound even more terrifying by citing opinion pieces like the latest one from the New York Times and using big numbers like, "CHS has spiked 650% since 2016." When doing some research I found an even scarier number from the Vermont Department of Health, "The annual rate of emergency department visits for cannabinoid hyperemesis syndrome steadily increased between 2017 and 2020. The rate per 10,000 visits increased by 700% in this time – a significant change." But, then you look at the numbers, which are listed as "per 10,000 visits." In 2016 it was too few to detect. In 2017 it was .4. 2018 was 1.2, 2019 1.6, and 2020 was 2.8. It would be interesting to see the current data for Vermont, as I imagine there would be an increase now that doctors are looking for CHS. But, it's not thousands of people, not even hundreds or tens. He went on to say that the cost of medical treatment of CHS would outpace the cannabis excise tax revenue for the state. But, in his presentation said that we spend 5.5 million annually for CHS diagnosis and treatment, meanwhile VT's cannabis excise tax revenue is projected to reach $21.7 million by the end of fiscal year 2025. He also went on to say the average ER visit for CHS is six hours because it's so hard to diagnose. My experiences being either a patient or observer in the ER always involve a lot of questions including about any prescribed and illicit drugs I may have taken. The body trying to reject everything inside of it is often a sign of poisoning. If CHS is suspected, a THC test kit from Walgreens is only $16.99, maybe hospitals could consider keeping these on hand? If the person is vomiting so much that they are too dehydrated to urinate, I'm pretty sure they could do a blood test at the

hospital? From what I've read the treatment for CHS is a hot shower, capsaicin cream applied to the stomach, and IV fluids if needed. Is CHS really going to be the cause of the bankruptcy of our healthcare system? I am not a doctor, or a mathematician, but the numbers and fear Dr. Tirmarchi presented don't seem to add up or warrant the rejection of the progress we would make as an industry by passing bill S278.

Dr. Hildebrant stated that they are seeing "psychosis in up to 50% of users." I thought maybe I misheard this statement, so I listened to it three times to confirm. While studies have been all over the place on the number of cannabis users that experience psychosis, I found a 2024 article from Science Alert that reported, "Where individual studies have suggested that psychosis occurs in anywhere from 1 to 70 percent of all cannabis users, the new analysis finds that roughly 1 in 200 (or just 0.5 percent) may experience a psychotic episode, which can involve hallucinations, delusions and paranoia." The article also states, "Past research has suggested genes for schizophrenia could explain why some cannabis users develop psychosis while others don't. High-potency cannabis has also become more common and has been found to double the risk of psychosis in young adults." There has been a movement in the industry to educate consumers about THC, other cannabinoids, terpenes, and what makes "good" cannabis. I myself grow some strains that contain lower amounts of THC and high amounts of CBD. But, these strains are more difficult to sell to retailers that prefer to stock high THC strains because it's what sells the fastest. Which helps bolster the need for direct to consumer sales for farmers, so that we can provide additional options for consumers they may not be able to find in recreational dispensaries.

I completely understand the want and need of Ms. Cooljmans and the others I mentioned above to protect minors from making poor decisions and preventing access to substances that have potential harms. As a highly regulated industry we have rules and laws in place to do everything in our power to prevent this from happening including the contribution of millions of dollars from tax revenue to support education and substance abuse programs. Eliminating THC caps, increasing purchase limits, and packaging sizes for adults is not going to impact access for minors that already cannot purchase these products in recreational retail stores or dispensaries. Making it harder for the regulated market to function is not the answer to substance abuse. I hope you will take this into consideration when making decisions about S278.

Thank you for your time.

Sincerely,
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