

Dear Committee members of Senate Economic Development, Housing and General Affairs,
and House Government Operations and Military Affairs,

I am writing to share perspectives from Vermont physicians and health care professionals regarding S.278 - an act relating to cannabis. I am a pediatric intensivist at UVMMC although I write on behalf of the Vermont Medical Society (VMS) and the Vermont Chapter of the American Academy of Pediatrics (AAP-VT) and not my employer. My written remarks here are based on my own experience as a Pediatric Intensivist as well as discussions with Vermont Toxicologists, Emergency Medicine Physicians, Paramedics, Pediatricians, Researchers, and the Northern New England Poison Center.

VMS has concerns with some aspects of S.278. In particular, we oppose moves to increase potency, increase the amount of THC in a package, and decrease excise tax and reduce prevention funding.

Over the last three years, Vermont health care professionals have noted an increase in cannabis-related health impacts.

We'd like to share our experience with you as you consider changes to cannabis policy.

- We believe that adults who choose to use cannabis should be provided with information about potential negative health impacts so that they can make informed decisions.
- There is a lack of awareness among cannabis users about Cannabinoid Hyperemesis Syndrome (CHS)
- Every effort should be made to prevent children from cannabis exposure and toxicity
- The increase in THC use in Vermont has led to more Emergency Medical Services (EMS) transportations, Emergency Medicine visits, and inpatient hospitalizations in the last few years
- More funding and resources are needed for prevention efforts, public messaging, warning labels, and safe home storage

More about Cannabinoid Hyperemesis Syndrome (CHS):

- EMS calls in Vermont have significantly increased in the last three years for CHS. Patients call 911 for intense, severe vomiting and are brought to the Emergency Department (ED). EMS crews have newly started carrying droperidol specifically to treat CHS.
- Emergency Departments are seeing more CHS. Treatment involves intravenous fluids and anti-nausea medications. Patients are often surprised that THC can cause CHS. There is a public awareness gap here that should be addressed.
- In rare cases, vomiting has been so severe as to cause pneumomediastinum and pneumopericardium requiring ICU admission.
- Patients try to find relief with hot showers, some lead to scald burns requiring medical attention

- Those most at risk are the patients consuming THC at high potency, high volume, and high frequency (daily).

More about Pediatric Toxic Ingestions:

- Pediatric THC ingestions have increased in the last three years, most common in the under 5 years age group
- Symptoms vary from mild to severe
- Severe symptoms include seizures, altered mental status, respiratory depression
- For the first time in my career, I cared for a toddler requiring tracheal intubation and mechanical ventilation after a THC edible ingestion that led to respiratory failure.
- Maine and Vermont have higher rates of pediatric THC-related ingestions than New Hampshire
- Some children in Vermont have undergone significant work-ups for depressed mental status and significant obtundation after THC edible ingestions including: head CT, brain MRI, lumbar puncture, EEG
- There is no reversal agent for THC toxicity
- The degree of toxicity is related to dose. This [2023 paper](#) suggests that doses greater than 1.7mg/kg in a child under 6 years of age predicts severe toxicity. This would be 30mg in the average 5 year old and 17mg in the average 1 year old.
- The American College of Medical Toxicity recommends in their [2025 updated position statement](#) on preventing cannabis exposures in children to **limit maximum total package content to 50mg THC**. They also recommend child proof packaging and a warning label.

Prenatal THC exposure:

- Research over many decades show that prenatal exposure affects brain development and correlates with ADHD and behavioral problems later in life
- This data is based on decades of research when potency was much lower than it is currently
- Fetuses today are exposed to more THC than in the past
- Pregnant individuals have low risk perception of THC use and are looking for more information. There is an opportunity for awareness and education
- [American College of Obstetricians and Gynecologists](#), [American College of Medical Toxicity](#) and the [American Academy of Pediatrics](#) recommend against use during pregnancy or while breastfeeding

Other health effects noted by Vermont Health Professionals:

- 1 in 10 users will develop dependency or cannabis use disorder
- THC causes impairment and can effect the ability to operate a motor vehicle safely
- THC use can unmask psychosis

[Vermont Department of Health](#) has excellent resources on the health effects of cannabis exposure.

We believe that Vermont can provide an environment where adults can safely consume THC with safeguards in place to protect children from toxic effects and provide adults with information they need to consume safely. More investments and resources are needed for prevention efforts and public health awareness. We are concerned that aspects of S.278 undermine that goal. In particular, we worry about moves to increase potency limits, increase the amount of THC in a package, and decrease excise tax and reduce prevention funding.

Vermont health care professionals appreciate the opportunity to provide input on cannabis policy. Vermont Emergency Medicine Physicians, Pediatricians, Psychiatrists, Addiction Medicine specialists, paramedics, and the Northern New England Poison Center are available to provide further information. Please reach out to Jill Sudhoff-Guerin at VMS to connect with medical experts.

Thank you for all you do for Vermont.

Rebecca Bell, MD, MPH, FAAP
Pediatric Critical Care
Past President, Vermont Medical Society
Immediate Past President, Vermont Chapter of the American Academy of Pediatrics