

Vermont Cannabis Control Board

Report to the General Assembly Pursuant to Section 11a of Act 166 (2024)

November 15, 2024



Executive Summary

Introduction

Review Act 166 (2024) Sec. 11a
Evolution of Vermont Medical Registry
Benefits of Medical Registry

Recommendations

Improve patient and provider education
Modify process for evaluating and approving new qualifying conditions
Consider limits on materials and temperature controls in electronic cannabis delivery systems

Introduction



Act 166 (2024) Sec. 11a

CANNABIS CONTROL BOARD REPORTING; MEDICAL CANNABIS REGISTRY

(a) The Cannabis Control Board shall work in consultation with the Vermont Department of Health, the Vermont Medical Society, the Green Mountain Patients' Alliance, the Cannabis Retailers Association of Vermont, and other interested parties to assess the efficacy of the Medical Cannabis Program in serving registered and prospective patients. The assessment shall include recommendations regarding:

- (1) improvements to the process of evaluating and approving new qualifying conditions;
- (2) improvements to how the use of cannabis is communicated to patients and patients' providers; and
- (3) appropriate regulations regarding electronic or battery-powered devices that contain or are designed to deliver cannabis into the body through the inhalation of vapor.

(b) The Board shall provide recommendations regarding the Medical Cannabis Registry to the Senate Committee on Health and Welfare and the House Committee on Human Services on or before November 15, 2024.

Evolution of Vermont Medical Registry

2004: Legislature legalizes medical cannabis

2011: Legislature permits the establishment of medical-marijuana dispensaries

2013: Legislature decriminalizes possession of up to 1 oz. of cannabis for personal use

2018: Vermont legalizes cannabis home cultivation and possession

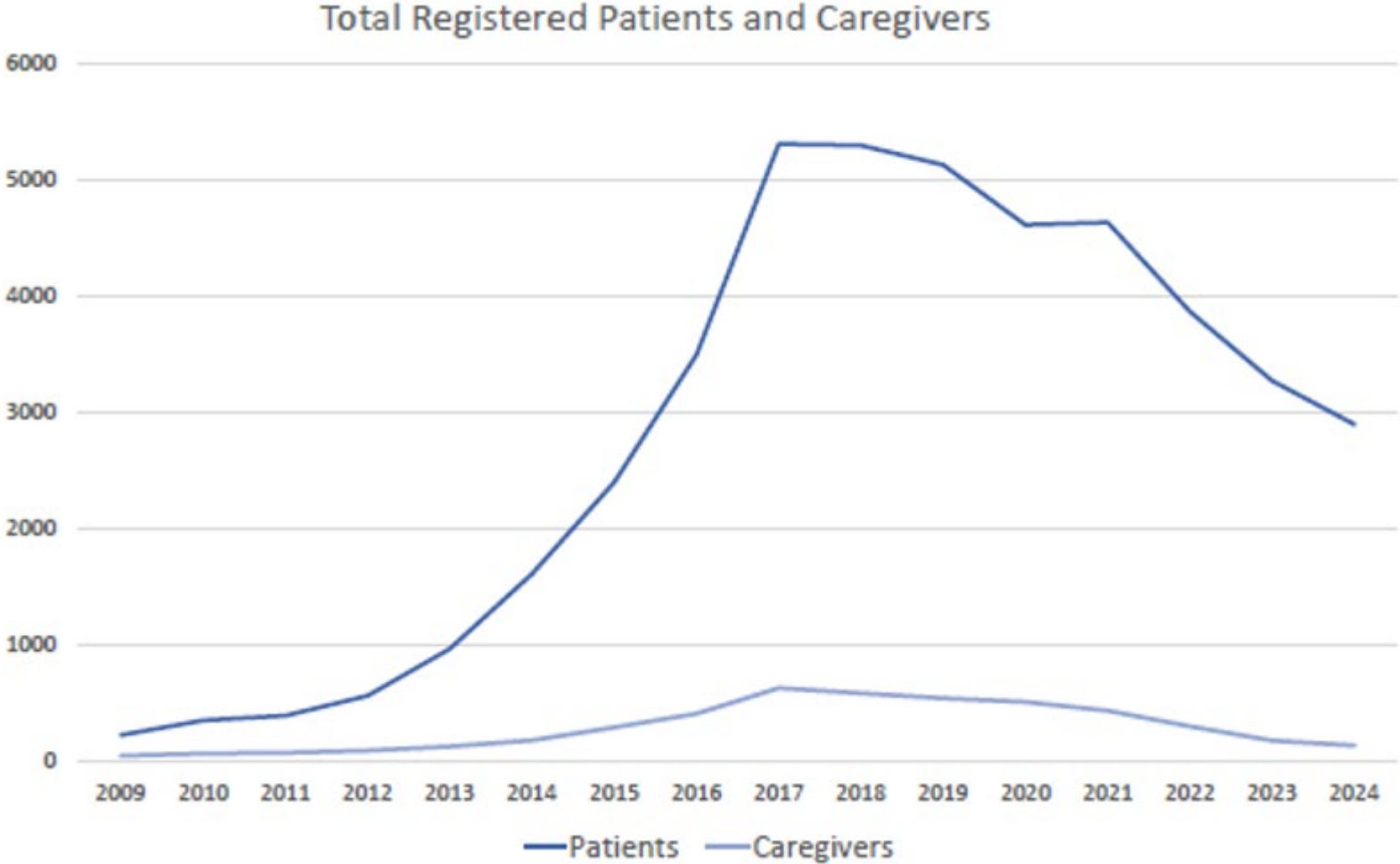
2020: Legislature legalizes commercial adult-use cannabis sales and creates the Cannabis Control Board (Act 164)

2022: Vermont Marijuana Registry transfers from Department of Public Safety to CCB

2022: Adult-use cannabis retail opens in October

2024: Act 166 creates medical-use endorsement; requires report on future improvements

Evolution of Vermont Medical Registry



2707 registered patients, 121 registered caregivers as of 11/15/2024

Evolution of Vermont Medical Cannabis Registry

Dispensary Locations:

- Vermont Patients Alliance (Montpelier)
- Grassroots Vermont (Brandon)
- CeresMed (S. Burlington)
- CeresMed South (Brattleboro)
- ~~CeresMed South (Middlebury)*~~
- ~~Phytocare Vermont (Bennington)*~~

*Ceased operations in 2024

Evolution of Vermont Medical Cannabis Registry

Act 164 (2020)

7 VSA § 971. INTENT; PURPOSE

It is the intent of the General Assembly to provide a well-regulated system of licensed medical cannabis dispensaries for the purpose of providing cannabis, cannabis products, and related services to patients and caregivers who are registered on the Medical Cannabis Registry pursuant to chapter 35 of this title. Vermont first authorized dispensaries in 2011, and it is the intent of the General Assembly that dispensaries continue to provide unique goods and services to registered patients and caregivers for therapeutic purposes in a market that also allows cannabis establishments licensed pursuant to chapter 33 of this title.

Benefits of Medical Cannabis Registry

- Privacy / confidentiality
- Access to specialty products
 - Custom formulations; high potency products; any product approved by CCB
- Access to specialty services
 - Personalized consultation / education, reservations, delivery, curbside pickup, caregivers
- Access for qualifying minors
- Increased possession and home cultivation allowances
- Tax free purchases

Evolution of Vermont Medical Cannabis Registry

Medical Use Endorsement – Act 166 (2024)

Permits a cannabis retailer to apply for a medical endorsement to allow the retailer to serve medical patients and their caregivers and directs the Board to adopt rules regarding requirements for a medical-use endorsement, including rules regarding:

- (i) protection of patient privacy and confidential records;
- (ii) enhanced training and educational requirements for employees who interact with patients;
- (iii) segregation of cannabis products that are otherwise prohibited for sale to nonmedical customers
- (iv) record-keeping;
- (v) delivery;
- (vi) access for patients under 21 years of age; and
- (vii) health and safety requirements.

Recommendations



Recommendation 1

Improve patient and provider education

Problem: Registered patients generally have complex medical histories

“Qualifying medical condition” means:

(A) cancer, multiple sclerosis, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, glaucoma, Crohn’s disease, Parkinson’s disease, post-traumatic stress disorder, ulcerative colitis, or the treatment of these conditions, if the disease or the treatment results in severe, persistent, and intractable symptoms; or

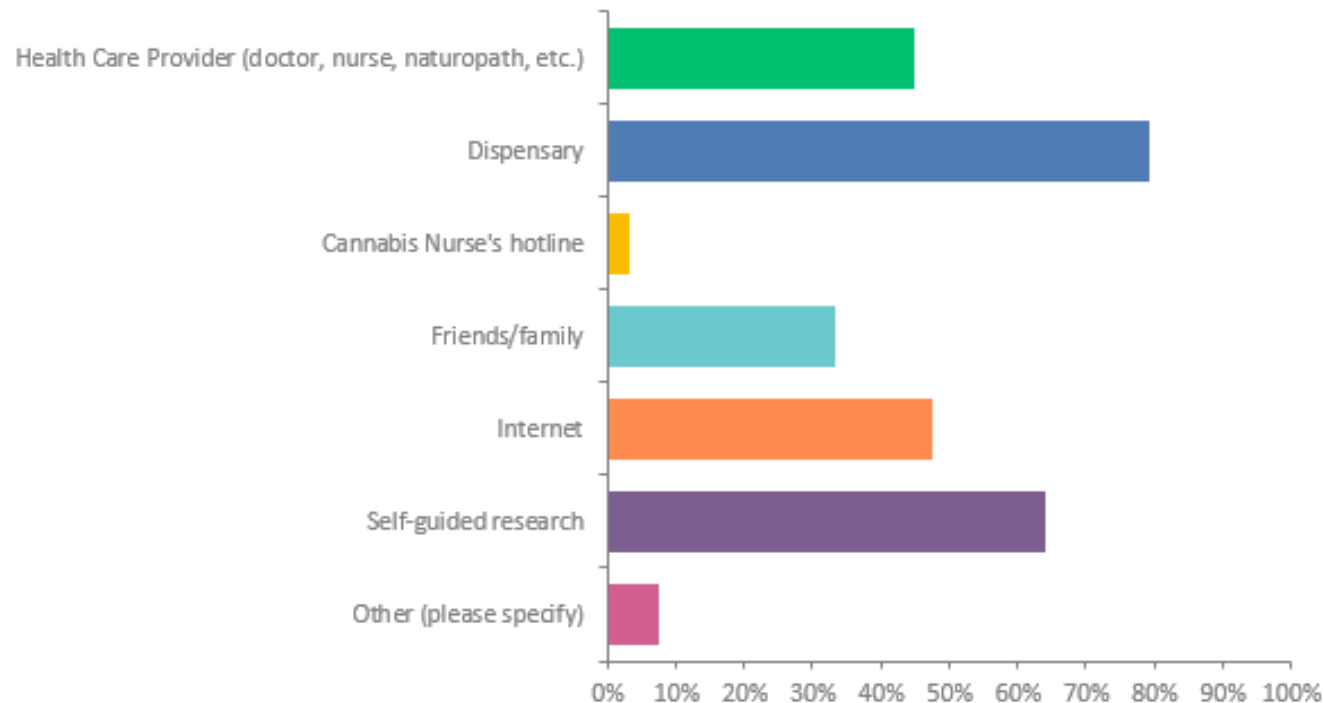
(B) a disease or medical condition or its treatment that is chronic, debilitating, and produces one or more of the following intractable symptoms: cachexia or wasting syndrome, chronic pain, severe nausea, or seizures.

7 V.S.A. § 951(8)

Improve patient and provider education

Problem: Many physicians and pharmacists are uncomfortable discussing cannabis use leaving patients to source their information from the internet, self-guided research, and advice from dispensary employees

What are your sources of information regarding cannabis use?



Improve patient and provider education

Recommendation*

- Acquire state-owned Cannify.us license (see Attachment A) and customize information in consultation with VDH
- Develop an evidence-based cannabis education curriculum and mandatory educational requirements for employees that interact with medical registry patients regarding:
 - Physiological effects of cannabinoids
 - Appropriate dosing protocols
 - Modes of administration
 - Potential drug-drug interactions
 - Risks and common side effects of cannabis
 - Restrictions on providing medical advice or making health claims
- Develop a continuing medical education course on cannabinoids for health care professionals

*See Attachment D

Recommendation 2

Modify process for evaluating and approving new qualifying conditions

Problem: The federal status of cannabis as a Schedule I controlled substance limits the research opportunities necessary for determining accepted medical uses

Scientific reports purporting both positive and negative effects of cannabis are often complicated for a lay person to understand or evaluate for quality and bias

The legislature often lacks the time and resources necessary to effectively weigh the benefits and detriments of adding new qualifying conditions

Recommendation*

Authorize a health care professional (7 V.S.A. § 951) with specialized cannabis medical education to recommend access to the Vermont Medical Cannabis Registry for a patient in their care; or

Authorize a non-legislative entity to evaluate and either recommend or approve new qualifying conditions

*See Attachment B, C, and D

Modify process for evaluating and approving new qualifying conditions

Medical-use states with a non-legislative review and/or approval process: 12

Alaska	Department of Health and Social Services
Arizona	Department of Health Services
Connecticut	Medical Marijuana Program Board of Physicians
Hawaii	Department of Health
Illinois	Department of Public Health
Maryland	Maryland Medical Cannabis Commission
Michigan	Cannabis Regulatory Agency
Minnesota	Department of Health
Nevada	Department of Health and Human Services
New Jersey	Cannabis Regulatory Commission
New Mexico	Department of Health
Utah	Compassionate Use Board

Qualifying Provider discretion: 11

California, Maine, Massachusetts, Michigan, Missouri, New York, Oklahoma, Virginia, Guam, U.S. Virgin Islands, Washington D.C.

Recommendation 3

Consider limits on materials and temperature controls in electronic cannabis delivery systems

Problem: Random testing of vaping cartridges in California¹, Canada², and New York³ has identified presence of heavy metals above generally accepted tolerance limits

1. Vaping cartridge heating element compositions and evidence of high temperatures, Jeff Wagner, Wenhao Chen, Gordon Vrdoljak

2. Evidence That Metal Particles in Cannabis Vape Liquids Limit Measurement Reproducibility, Zuzana Gajdosechova, Joshua Marleau-Gillette, et. al.

3. Novel Δ 8-Tetrahydrocannabinol Vaporizers Contain Unlabeled Adulterants, Unintended Byproducts of Chemical Synthesis, and Heavy Metals, Jiries Meehan-Atrash , Irfan Rahman

Concentrations of heavy metals were often significantly higher in illicit market vaping cartridges⁴

4. Supra 2

Higher temperatures required to aerosolize Δ 9-THC may contribute to component decomposition and leaching in electronic cannabis delivery systems^{5,6}

5. Supra 1, 3

6. Effects of Model, Method of Collection, and Topography on Chemical Elements and Metals in the Aerosol of Tank-Style Electronic Cigarettes, Monique Williams, Jun Li & Prue Talbot

Electronic cannabis delivery systems without easily removable batteries may complicate requirements under the State battery stewardship program⁷

7. See generally Title 10, Chapter 168

Recommendation

Consider implications of:

- **limiting certain materials and heavy metals in electronic cannabis delivery systems**
- **establishing maximum heat and voltage limits of heating elements**
- **requiring electronic cannabis delivery systems be manufactured according to current Good Manufacturing Practice (cGMP) requirements for medical devices**

Align battery regulations in electronic cannabis delivery systems with recommendations from the “ANR Battery Assessment” as required by Section 3 of Act 152 (2024)

ATTACHMENT A

HARBORING PUBLIC HEALTH IN AN EXPANDING CANNABIS MARKET – EDUCATION STRATEGIES

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HARBORING PUBLIC HEALTH IN AN EXPANDING CANNABIS MARKET

EDUCATION STRATEGIES

Cannify[®]
2024



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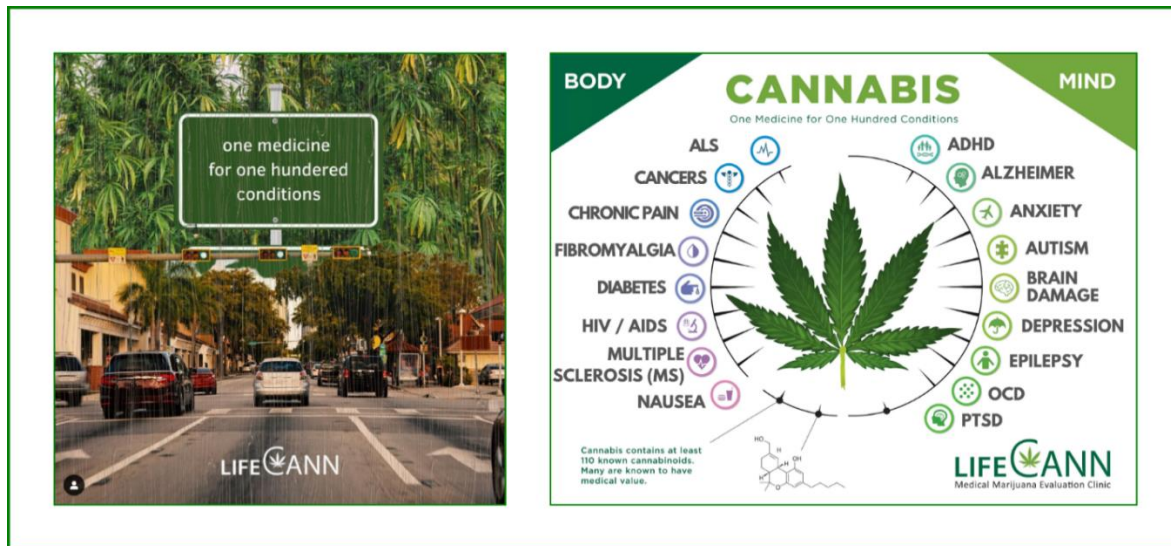
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Introduction: Emerging Cannabis Market and Its Challenges for Public Health

The cannabis market has been expanding along with the changing legal landscape throughout the United States (Spindle et al., 2019). The Department of Health and Human Services recently recommended rescheduling marijuana to Schedule III, which would have implications on state medical marijuana programs for patients, and recreational programs (Sacco & Sheikh, 2023). It seems that the market will only continue to grow (Reiman, 2023a) with individual states changing their regulations and more states legalizing (adult) cannabis use. As a result, an increasing number of people, including children, are being exposed to cannabis, which, in turn, has consequences for consumer and public health (e.g. Wang, 2017).

The State of Vermont adopted a medical cannabis program almost 20 years ago, and in 2022, it opened a recreational cannabis marketplace (Act 164, 2020). Consequently, a wider audience now has access to cannabis, and the assortment of cannabis-derived products has expanded. For example, it has diversified to products of various effect strength (potency), administration route, ingredients and formulation, etc. This diversification is not just a contrasting palette compared to the lower effect strength, raw flower used recreationally decades ago, but also to the limited number of pharmaceutical products studied in clinical trials (University of Vermont professors and industry professionals, personal communication, 2020-2023).

This new marketplace creates various levels of confusion. Most importantly, companies, 'medical marijuana doctors', and other professional parties market and recommend cannabis products or cannabinoids (cannabis molecules), often as a panacea (see the image below), or as a healthy supplement that anyone could use, like daily vitamins (e.g. Denton, 2023).



Contrary to scientific findings, these figures present misleading and wrong information as advertisements of a physician in Florida. They are no exception in spreading such information. Sources: LifeCann Instagram (<https://www.instagram.com/p/CzEbF4ssbHL>) and website (<https://lifecannmd.com/consumer-reported-uses-of-medical-marijuana-for-ocd/>)

Next to that, once a patient has determined that a cannabis product might benefit their symptoms, the product array and product information can be overwhelming and confusing. Therefore, patients, although often held back by the fear of being stigmatized or otherwise shamed, turn to their healthcare providers, which is where another issue arises: physicians and pharmacists are generally uneducated on cannabinoids. At the same time, sales associates at cannabis retail stores, or budtenders, oftentimes have no scientific or health-related background. Moreover, 39% of sales associates reported that they receive sales commission, which biases their recommendation to patients (Peiper et al., 2017). All these issues combined can complicate consumer health related to use of cannabis and cannabis-derived products.

While typically being aware of the issues related to bias and the lack of knowledge by health care providers and budtenders, patients often refer to the internet for cannabis-related information. An initial analysis by Cannify on popular cannabis effect search terms on Google found that over 80% of the information is unscientific and mostly unhelpful. A far majority of information still comes from biased sources.

To understand how and to what extent cannabis can affect consumer health, researchers around the world have been studying its effects in numerous conditions. There is a plethora of evidence that shows both positive and negative effects of cannabis, depending on the patient, dose, administration method, etc. However, scientific reports are often too complicated for a lay person to fully understand.

A glaring gap between complex science, biased (online) information, and an overabundance of cannabis products has been bridged with a simple educational tool called the Cannify Quiz, developed by Dr. Linda Klumpers in 2016 after observing a similar discrepancy in the earlier emerging cannabis markets. **Its main purpose is to bring together people and cannabis science to help avoid unsafe, wrong, and potentially unnecessary use of cannabis and cannabis-derived products.**

Below are key points that will be addressed in depth:

- What Cannify Does
- How the Cannify Quiz Works
- How Cannify Was Built
- Cannify Use Cases
- Cannify in Practice

About the Founder, Dr. Linda Klumpers

Dr. Klumpers earned a M.Sc. in Neuroscience from the University of Amsterdam and a Ph.D. in Clinical Pharmacology of Cannabinoids from Leiden University. She is also a registered Clinical Pharmacologist. Her research on cannabis in humans started in 2006. She has (co-)authored numerous [publications](#) and her cannabis-related scientific work has received six honors and awards. She is a Research Assistant Professor of Pharmacology with the University of Vermont, and co-founder of Verdient Science, a drug development consulting company. Next to her teaching and consulting work, she is actively involved in various clinical trials, including the ones that are performed under a four-year €1.9M (≈ \$2M) grant that was awarded by the Netherlands Organization for Health Research and Development (ZonMw).

After moving to the United States in 2015, she identified a lack of objective and actionable cannabis information: much of the education contained incorrect information, was provided by the industry or other biased sources, or was not useful, for example by being too complex to understand. As a result, she founded Cannify.

What Cannify Does

Patient-Science Matching: In the sea of biased information on the risks and benefits of cannabis products, Cannify has found its purpose as the first company that matches patients and others to relevant scientific information. It translates complex cannabis science into simple reports, customized for personal symptoms and characteristics. Cannify only relies on scientific information from human studies, as the human body can never directly compare to the body of a lab animal.

“Our mission is to understand the science of cannabis effects and share this knowledge with everyone.” - Cannify

Data Gathering & Analysis: Another purpose of Cannify is to gather (anonymous) data from users for scientific analyses. Using data collected via the Cannify Quiz, Cannify has presented various work at scientific conferences, including the “Analysis of Covariates Associated with Self-

Reported Cannabis Use Disorder Symptoms” at the 29th Annual Symposium of the International Cannabinoid Research Society in the USA, 2019 by Dr. Klumpers.

Cannify’s main feature is the Cannify Quiz which will be described in depth in the following section.

Other features:

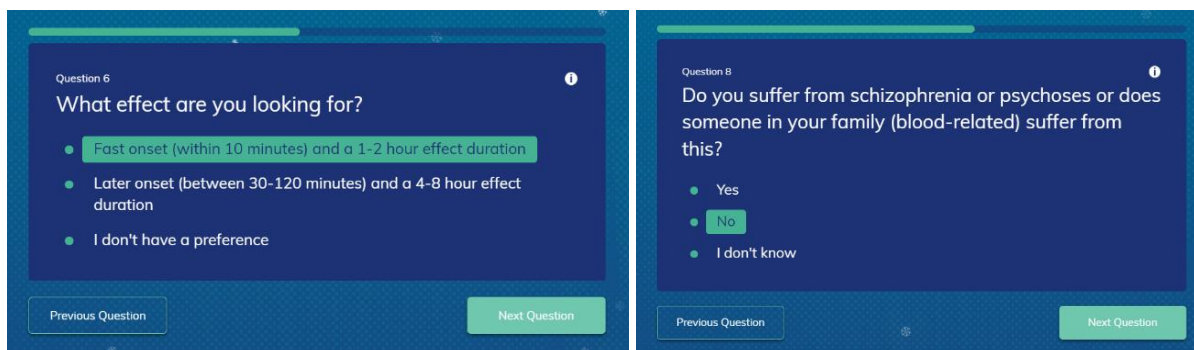
- Education Pages
- Educational Quizzes
- Cannify Account Features, including product searching and saving

How the Cannify Quiz Works

In a nutshell, the quiz works as follows: a questionnaire lets one fill in information including the symptom of interest and personal characteristics, such as gender and cannabis experience, as well as preferences. Next, a report with scientific information and cannabis-based treatments that helped people with comparable profiles is generated, after which one can compare the report with Cannify’s cannabis and cannabis-derived product database.

Questionnaire

All questions of the Cannify Quiz need to be answered truthfully to get a report with as relevant information as possible. Filling out the Cannify Quiz is anonymous, and no information provided can be traced back to the person filling it out. Examples of questions can be found below.



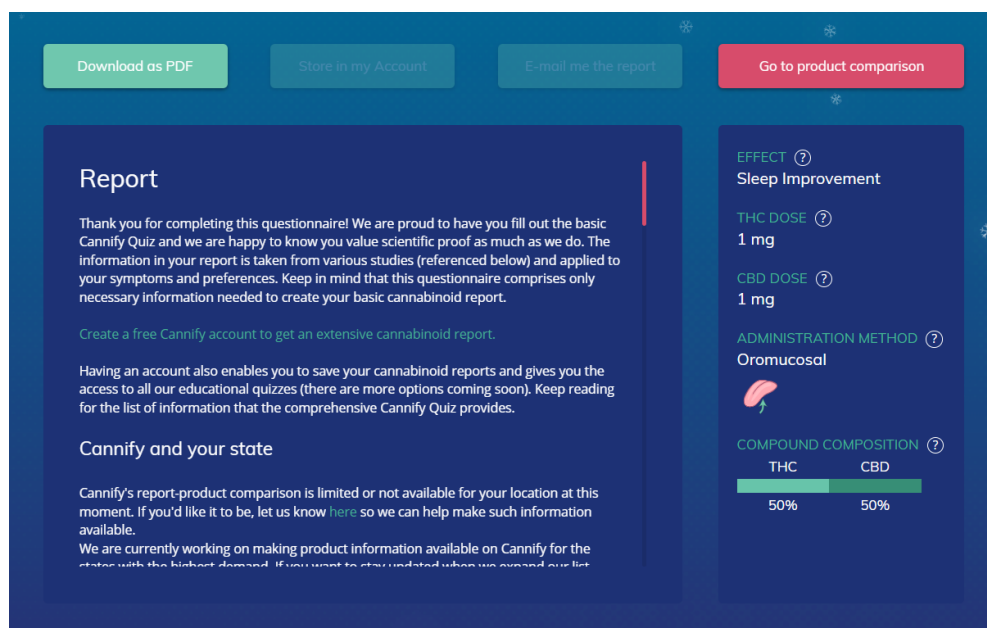
Questions from the Cannify Quiz as an example

Report

After completing the questionnaire, a personalized report will be instantly generated by selecting relevant information from hundreds of peer-reviewed studies. The report contains, if applicable:

1. A narrative containing a summary of findings from studies with cannabis products that were performed in people with similar personal characteristics and the symptom of interest.
2. Educational information about cannabis-related science and research findings.
3. A visual summary of the report that lists the symptom of interest, relevant compound (THC and/or CBD) and their doses, administration method, and the visualized compound ratio.
4. The button linked to the products matching page (see the following section).
5. A list of referenced studies.

The report allows one to learn about cannabis products and the symptom of interest. An example report is shown in the figure below.



Part of the personalized report with the visual report on the right-hand side

Product Matching Overview

The product matching page contains the visual report summary and lists the products available in the user's state with the highest matching scores. More information about the product matching score is provided in the section Product Matching .



Product matching page

How Was the Cannify Quiz Built?

Questionnaire

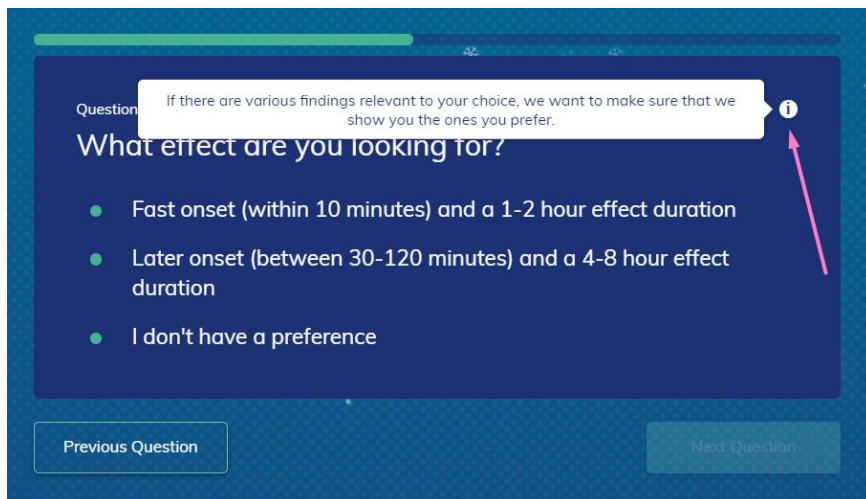
The questionnaire part of the Cannify Quiz has been built as a structured, targeted, and interactive means of getting the necessary information from the user to provide the relevant customized scientific information. Observing inconsistency in scientific information by healthcare providers, (social) media, industry, and other sources, a standardized questionnaire is the best way for Cannify to result in the structured and consistent approach that was lacking.

All answers are anonymous and cannot be traced back to the user.

The questions in the Cannify Quiz are necessary for one of three reasons:

- 1) For the algorithm to generate a personalized report that is as relevant and as accurate as possible.
- 2) For research purposes by the Cannify's scientific team.
- 3) For improvement of the Cannify Quiz.

Each question has a tooltip icon in the top right corner (see the image below) that explains the reason it is asked.



An example question with a tooltip

The Cannify Quiz contains two sets of algorithms:

- 1) Personalized report algorithms
- 2) Product matching algorithms

These algorithms have different types of input.

Personalized Report Algorithms

The report is generated based on multiple factors: the symptom of interest as the most important one, but also use frequency, potential drug interactions, etc. The algorithm will select relevant findings on the symptom in relation to our data input that is explained below. The information shown aims to be evidence-based and risk-averse. These are some simplifications of what our algorithms could look like:

1. The patient's symptom of choice is anxiety. Since studies have shown that anxiety can be decreased by CBD and by THC, but with a risk of increasing anxiety with THC, the conservative algorithm will filter out only the literature that has focused on CBD as a treatment for anxiety.
2. The patient reports daily use of cannabis products, which puts them in the heavy user category. Since studies have shown that heavy use of cannabis can lead to THC tolerance, a higher starting dose will be presented in the report. In contrast, a user who has never used cannabis will be presented with a much smaller THC dose compared to the heavy user.

These algorithm results are generated using three input sources:

- 1) Scientific literature: Cannify's scientific team mostly uses peer-reviewed literature as their source of information. Only the highest quality publications are selected, based on factors such as study design, statistical analysis, bias, etc. This selection process mitigates aspects such as wrong data interpretation, mixed results, and design issues. In various cases when there is not enough conclusive data on the Quiz user's interest, it will be stated so in the report.

- 2) Clinical data sets: Besides the scientific literature, Cannify collects raw data from top tier national and international research organizations. Reviewing data from multiple studies, including pooling data (when possible), can provide new insights, some of which Cannify plans on publishing in the coming years.
- 3) User feedback: The personalized report output containing unidentifiable user data can be supplemented by a follow-up questionnaire to assess what the user did after taking the Cannify Quiz, and to potentially understand more about the perceived effectiveness of the product of choice. It also allows collecting feedback about the Cannify Quiz in general. The follow-up answers create new data for analyses, leading to more unique input that can be used for improving the Cannify Quiz.

Depending on client needs, the literature sources are updated every 3-9 months, while research data and follow-up data inputs are updated as needed.

Product Matching Algorithms

A matching score is a relative representation of the extent a product matches the product summary described in the report compared to other cannabis products. It is not a validated number, nor a recommendation, but a rough estimation that helps patients understand the importance of distinguishing between the parameters used for calculating the score, including: the compound, dose, and quality. As of December 2023, the matching score comprises six matching score algorithm categories, consisting of various parameters per category including for example compounds and starting dose.

Cannify algorithms never include financial compensation nor other incentives irrelevant to science, quality, and regulations.

It is emphasized in the disclaimer of the personalized report that medical and recreational cannabis products are not tested in clinical trials and cannot replace pharmaceutical products registered for treating symptoms as approved by the FDA. For product information, Cannify is dependent on the information provided by manufacturers and other relevant third-party sources. Therefore, Cannify does not hold responsibility over the information accuracy. These are some simplifications of what product matching algorithms could look like:

- 1) The report shows that systemic exposure which oral products provide has shown to be effective for the chosen symptom. On the product matching page, oral products will have a higher matching score than, e.g., topical products that work locally.
- 2) The report shows that 2 mg of THC as a starting dose could be beneficial to treat the symptom of interest. Products with the same administration method and the same starting dose will have a higher matching score than, e.g., a product with the same administration method containing 10 mg of THC per unit.

Product Database

There are multiple ways of entering products in Cannify's database which contains 1800+ products as of December 2023.

Manual entry: Most of the products have been entered manually. After locating a product web page or online shop of the manufacturer/dispensary of choice, a data entry clerk checks the availability of the following product information needed for the product matching algorithm:

- name
- net quantity
- compound
- THC and/or CBD concentration/dose
- regulatory category (medical or recreational use)
- administration method

If available, the clerk enters the above information, but also the additional information such as ingredients, product description, etc.

Bulk import: Products can be entered automatically, for example, by using an Excel list. It is preferred that the third party's product list contains all the required information.

Product import using an API: Cannify has an option to automatically import data from, e.g., a POS system with API functionality.

Product information is entered as it is listed on the product website at the time of the entry and Cannify does not hold responsibility for its accuracy.

Use Cases for Cannify

The following use cases are examples of how Cannify has been used in the past and present, and how it could be used in the future.

Governmental Organizations and Regulatory Bodies

Half of cannabis store visitors in Canada do not know beforehand what product they want to buy, which is similar to the US (Andrew Duffy, SparkPlug, formerly Best in Grow, personal communication, 2017). Consequently, at least half of cannabis store visitors make decisions based on information they find in the store, such as in-store signage and budtender recommendations, with 81% of budtenders reporting in one study that they commonly make strain recommendations to patients (Peiper et al., 2017). Not just recreational users, but also patients self-report to rely on dispensary staff (between 30-43%), even more so than on health care providers (<15%) as reported by MS patients in a 2022 study (Salter et al., 2022). The strong influence of budtenders was confirmed by physicians and companies working in and

researching this space, arguing that the actual number might be even higher than 90% of storage visitors relying on, or at least being influenced by budtenders (Physician survey for Cannabis Masterclass, 2019, data on file; Andrew Duffy, SparkPlug, formerly Best in Grow, personal communication, 2017). Other self-reported sources of information for product decision-making include friends and family (56%), websites or apps (38%), or celebrities (17%) (Irvine, 2021).

For public health and other government departments and organizations, the information transfer from store promotions and budtenders is opaque. Budtenders often receive their training and product information directly from product manufacturers and other biased sources. Budtenders are interested in finding and sharing information, and most of them do so typically via social media (Peiper et al., 2017).

Cannify can bridge this gap in the objective cannabis product information and create transparency in the black box created by industry-dominated in-store communications.

There are various ways which can be applied separately or simultaneously:

- 1) The Cannify Quiz provides objective information that is customizable depending on local rules and regulations, and other relevant desires.
- 2) Additionally, Cannify can provide ready-made education, customized articles, and professional curricula (e.g. sales associates, medical professionals).
- 3) The Cannify Quiz and other relevant quizzes (e.g. follow-up, educational) provide a dataset that can be used to study the population and their habits, as well as factors such as dispensary visit and product experiences.

If you are a Governmental Organization or Regulatory Body, the following Use Cases sections can also be applicable to your organization.

Patients

Most patients are intentional users (Reiman, 2022) and try to find more information about their symptoms, condition, treatment options, and scientific backgrounds via friends and the internet. This often leads to exposure to biased and wrong information on cannabis products. Cannify intends to provide objective information to these patients and others interested in cannabis products, such as their caretakers. They can find Cannify online, or on devices in stores or healthcare providers' offices, allowing them to explore the correlation between specific symptoms and personal traits on one side, and various types of cannabis-based products on the other, based on science (Irvine, 2021). Better understanding the science behind how cannabinoids work, their dosing, and their benefits and harms, allows people to find a product in a more cautious way than 'browsing the internet', or discourage them from trying products unnecessarily. Both outcomes should lead to lower rates of overdosing and safer, educated use. The seriousness of proper scientific information is facilitated by the option to download the personalized report as a PDF for, for example, to share during a doctor's appointment.

Cannify can be used by anyone in the US who is at least 21 years old. For valid medical marijuana cardholders, the minimum age is 18 years old.

Healthcare Providers: Physicians, Pharmacists, PAs, NPs, etc.

The human endocannabinoid system and cannabinoid drugs are not part of regular medical curricula, and most of our healthcare providers lack sufficient education to feel confident on discussing these topics with their patients (Benavides et al., 2020; Kruger et al., 2022). The Cannify Quiz is there to help these healthcare providers help their patients. It allows them the following:

- 1) For treatment and special populations - Find targeted science-based information on therapeutic and side effects of cannabis products. Difficult and specialized topics such as therapeutic effects ('Does cannabis help treat condition x?'), drug-drug interactions, use during pregnancy, etc. can be discussed with supporting literature references after taking a patient through the Cannify Quiz and generating a personalized report.
- 2) For prevention of toxicity and after care - Poison centers and emergency departments receive calls and visits from patients with cannabinoid intoxication. From Cannify's experience in Colorado, healthcare providers can feel empty-handed when they get cannabis-specific questions, or when discharging these patients, knowing that an overdose might happen again. Cannify helps these healthcare providers inform their patients by providing information to prevent overdosing or negative side effects in the future. The personalized report, as well as the FAQ and other information on Cannify's theme-structured education pages help healthcare providers find scientific backgrounds of common starting doses, dose titrations, and other relevant information of pharmaceutical cannabinoid products or study products, putting in perspective common misconceptions regarding product strength ('the more potent, the better'), product types ('indicas make you feel relaxed and wind you down'), wrong use of compounds ('use CBD to mitigate THC's side effects'), and other applicable fables. The information can also be shared with patients as an educational tool at home, or accessed via electronic devices such as tablets in waiting rooms, general practice offices, hospitals, etc.

Next to the Quiz, Cannify can also provide data insights and continuing medical education-level curricula to health care professionals who are interested in more in-depth and intense cannabinoid studies.

Other Parties

Dispensaries

As per a 2023 Consumer Survey released by New Frontier Data, 43% of present consumers indicate physical dispensaries are the main source of cannabis products for cannabis users in adult use and medical use states (Reiman, 2023b). For improving customer-dispensary

interaction, data gathering on clientele and assortment decisions, customer satisfaction, and various other reasons, dispensaries have been working with Cannify on their websites and on in-store devices. For example, inside dispensaries, budtenders can help the customers go through the Cannify Quiz, understand the personalized report, and the product overview that follows. More information on dispensary options can be provided upon request.

Manufacturers

Cannify's in-house research found that manufacturers can find the distance to the end-user troublesome. Despite online advertisements, (in-house) signage, promotions, budtender training, etc., manufacturers perceive the end-user communication as challenging as distributors and/or dispensaries often stand between them. The Cannify Quiz and Cannify's blog posts and education material are used by manufacturers to narrow this distance. Data analytics (explained in section 'General note on Data Analytics and Feedback Loop') are used to understand more about user desires, needs, and behavior.

Marketing, Media, and Other Parties

Cannify offers a Web Widget that can be embedded into any website interested to offer cannabis education to website visitors, without leaving the website. It is used by, for example, online magazines to make the website more attractive by adding a trustworthy, science-based source. The personalized aspect of the Quiz in the Web Widget keeps website visitors engaged.

General note on Data Analytics and Feedback Loop

Cannify can provide periodical analytical reports on the data gathered. Intermittent exchange of insights and suggestions can improve service offering and data collection for any organization. The objectives of periodical data analytics should be discussed as early as possible during licensee-Cannify interactions. Reports can comprise the following information:

- User demographics
- Symptoms of interest
- Cannabis use habits
- Common cannabis side effects
- Most often reviewed and saved products
- Correlations between various parameters (e.g. risk of developing cannabis use disorder and demographics)
- Parameter development over time

Cannify in Practice: Implementation Steps

This section describes examples of a typical pathway to implementation of Cannify. Adjustments of the different steps and elements can be discussed.

1. Definition of the Objectives

Every Cannify licensee has different needs and circumstances, and therefore each plan starts with the definition of the specific high-level objectives and their prioritization. After an estimation of the resources for the specific scenarios is made, the final high-level objectives and their prioritization can be decided upon, and an agreement can be put in place.

2. Customization Plan

Once the high-level objectives are in place, specific objectives and a customization plan can be created. The Cannify Quiz is highly customizable. The questions can be adjusted to reflect state rules and regulations (e.g. medical conditions approved for cannabis treatment), product assortment can be adjusted based on location and approved suppliers, and links to external/third-party product delivery and other ordering platforms (POS) can be added. Many other customizations can be made, dependent on the objectives and mutual agreement.

A licensee, such as the State of Vermont or the Cannabis Control Board (CCB), may request one or multiple Cannify features with desired customizations (e.g. a basic Quiz version vs. an extensive version, an adjusted symptom list in the Cannify Quiz, links to an online purchasing platform). The Cannify IT team can custom-build and test the requested feature.

Upon building and testing completion, the feature will be sent to the licensee for implementation. Cannify will present the feature to the State and explain its functions. The licensee will perform tests and send feedback to Cannify. If needed, Cannify will further adjust the feature. After the licensee and Cannify have confirmed that the feature functions as intended, it will be brought online.

Cannify will offer support directly to the licensee in case of any technical or content-related questions. Handling of inquiries on Cannify feature(s) by third parties will only be handled by Cannify if agreed on in the License Agreement.

3. Train the relevant people on the Quiz

To fully benefit from Cannify's implementation, be it online or on-site, e.g., in a hospital or dispensary, it is best for some user groups to be guided through the Cannify Quiz by trained personnel, e.g., health care professionals or budtenders. Cannify has on-site courses available to train dispensary personnel, dispensary managers, healthcare providers, and other relevant professionals. The basic training session for dispensary personnel takes 1.5 hours including Q&A, and can be expanded with educational content on plant, product, pharmacology, and people-interaction, and use of the Cannify account section. CME-level courses can take

anywhere from a few hours to three days. Cannify provides qualified trainers and course leaders to ensure high quality.

The basic dispensary personnel Cannify Quiz training session typically consists of these parts:

- The Cannify Quiz – understanding the background of the questionnaire
- Personalized report and product matching page interpretation
- Practicing with guiding patients through the questions, and answering typical questions patients might ask
- A knowledge quiz after each part checks whether the training was successful or whether additional training needs to be provided.

At the end of a training session, the participants will be provided with information on where to find additional readings, answers to follow-up questions, and contact information of relevant people.

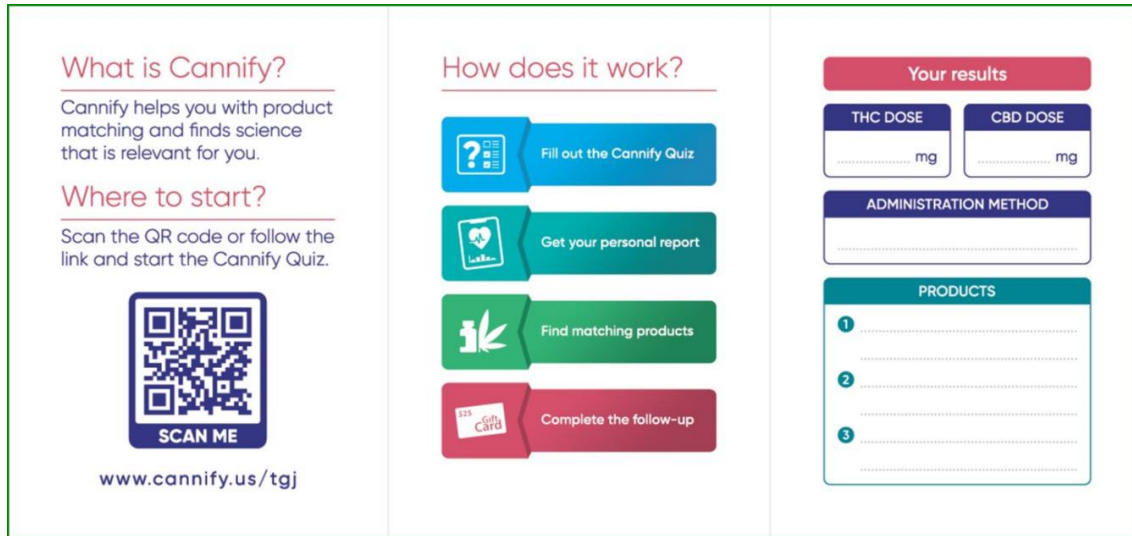
For understanding the situation at the site, lowering the threshold, getting more information from the personnel that you might otherwise not hear, and rapport building, we recommend training sessions to take place in person on site whenever feasible. The knowledge quiz can be performed at the site, or remotely. A system needs to be mutually agreed on with the licensee for intermittent knowledge checks, notifying trained people of significant changes, and refresher training sessions.

4. Promotion and Awareness

Customized promotion plans are made depending on the agreed objectives. In this section, we lay out some examples of Cannify's experience with Quiz promotion that has helped increase awareness.

Multichannel advertisement of the Quiz and promoting objective educational content was established directly via Cannify, and Cannify's partners. Examples include:

- Online efforts, e.g., newsletters, social media, Google advertising
- In-person courses, e.g., budtender training programs and CME-level education programs for healthcare providers
- Other static advertising, e.g., shopping bag cards (see the image below), stickers and brochures, (educational) videos on in-store TV screens
- Other dynamic advertising based on behaviors in the digital and real world, e.g., visits to specific places or brand preferences.



The inside of a three-panel shopping bag card used by a dispensary chain in Colorado. Budtenders explain the Cannify Quiz to the customers and show them where to copy the results in the card so that they can bring it to the next dispensary visit.

Furthermore:

- As indicated under the last bullet: objectives are typically made and discussed after market analysis.
- Cannify works with specialized advertising agencies.

Free Version vs. Premium License

Cannify provides two product offerings to accommodate various user preferences: a free version and a premium license version. The free version is intended for easy access to the basic features of our tool. Additionally, for professionals and those seeking advanced features, our premium license version offers enhanced capabilities. The differences are outlined in the table below.

	Free	Premium License*
Free basic Quiz version	✓	✓
Science updates	Occasional	At least 4x/year
Questionnaire adjustment (e.g. additional symptoms)	✗	✓
Target group Quiz adjustments (e.g. for consumers, patients, or HCPs)	✗	✓
Report text adjustment (e.g. addition of terpene information, information on counseling or other services)	✗	✓
Product selection display	State-dependent	Licensee-specific
Product import upon request	✗	✓
Product information**	Basic	Full
Data insights and analytics	✗	✓
Web Widget custom theme	✗	✓
Education Quizzes upon request	✗	✓
Feature customization (e.g. product notes, advanced report sharing)	✗	✓
Quiz training, remotely or on location	✗	✓
General cannabinoid educational courses, remotely or on location	✗	✓
Quiz promotion	Cannify social media posts	Licensee's Quiz promotion to a targeted audience
Customer service	✗	✓

*Charges may vary depending on the quantity or frequency of updates, imports, and other activities.

**The product page always displays the product and manufacturer names, active compound(s), starting dose, and administration method. The premium licensed products include additional information (when available), such as a product image, a vendor or manufacturer-provided product description, and the list of ingredients.

Patient-Budtender Use Case Examples

There are various ways that Cannify can be used in practice by various parties. The following examples are just illustrative use cases that do not represent the array of all possible use cases.

Case I

The following are roles in this case:

- Patient
 - Healthcare provider
 - Budtender
- 1) A long-suffering chronic pain patient, increasingly bothered by recent sleep issues, seeks a higher treatment dose despite troublesome side effects. They schedule a new appointment through their healthcare provider's website for the following week.
 - 2) While on the healthcare provider's website, something different catches their eye: the Cannify Quiz widget. "Learn more about the science of cannabis and cannabinoids". Why is this on my doctor's website: isn't cannabis an illicit drug?
 - 3) Curious, the patient takes the basic version of the Cannify Quiz on the website, to explore the effects of cannabis on sleep. The report brings the patient to education pages where they learn that a pharmaceutical product made with cannabinoid compounds does not improve sleep itself but can help sleep by making pain bearable.
 - 4) The patient wonders whether their doctor is aware of this and if it applies to them. The patient saves their report on their computer and sends it along with an appointment request for next week. Additionally, they create a Cannify Account to retain the information for later use.
 - 5) The following week, the patient sees the physician. Before the appointment, the doctor reviews the patient's Cannify report and finds in the scientific literature that a cannabis product might have a positive risk-benefit ratio. The physician guides the patient through the comprehensive Cannify Quiz for more insights, ensuring that the report results are saved in the patient's account.
 - 6) From the report, product matching page, and the scientific literature, the physician finds that pharmaceutical product nabiximols (Sativex®) aid the patient's pain and, consequently, their sleep. Unfortunately, as it is not available in the US, the doctor can't prescribe it, disappointing the patient. When asked about alternatives, the physician states that no alternative pharmaceutical option exists. The patient asks about similar cannabinoid products from dispensaries that they have heard about from friends. The physician discusses Cannify's product matching page, highlighting the lack of clinical trials, quality standards, and inability to prescribe the non-pharmaceutical products. Drawing from experience, the physician can tell the patient about products that seemed to satisfy other patients but stresses the lack of scientific evidence for their effectiveness, and their typical side effects.

- 7) At the doctor's office, the patient, logged into their account on their phone or tablet, saves the products in the Favorites section. They delve deeper into the report and referenced literature after getting home.

Scenario A:

- 8) The patient, interested in trying one of the saved products, clicks through the product detail page and is directed to an online purchasing platform. The product is ordered and tried out, according to its descriptions and the physician's notes.
- 9) Cannify automatically sends the patient a reminder to follow-up on their actions: did they try a product, and if so, what did they try, how did they try it, and what happened? Depending on the licensee's desires, this information may or may not be shared with the patient's physician. The notes are stored in the patient's Cannify Account and can serve for:
 - a. Non-medical physician feedback (if relevant)
 - b. Non-medical patient future reference
 - c. Improvement of the Cannify Quiz
- 10) After trying the product, the patient and physician can decide to continue, modify, switch, or stop using cannabinoid products.
- 11) The patient can retake the Cannify Quiz whenever their situation changes (symptom improvement, change of symptoms) and refer to the previous results and product notes. Also, they can retake the Quiz every one to five years for updates on the latest scientific developments in the relevant field.

Scenario B:

- 8) The patient plans to try a saved product and heads to the nearest dispensary that sells this product listed on Cannify. At the dispensary, the budtender invites the patient to take the Cannify Quiz on an in-store tablet, but the patient already has their report and product information on their smartphone.
- 9) The patient shows their saved products to the budtender for purchasing and use information. While the budtender cannot give any medical information, they can discuss other patients' experiences, and provide information about the product and its ingredients, how to use it comfortably, the product availability and supply, and related topics.
- 10) The product is bought and tried out, according to product descriptions and physician notes. From here, follow steps 9-11 from Scenario A.

Case II

The following are roles in this case:

- Patient or non-patient dispensary customer
 - Budtender
- 1) A patient or other customer seeks a cannabis product that can help improve their sleep based solely on a friend or family member's advice, without going to a physician's office. The customer heads to a local dispensary recommended by their friend.
 - 2) The budtender, being the only point of contact inside the dispensary, recommends the customer to always see a healthcare provider for medical questions and information on the pharmaceutical-grade cannabis products.
 - 3) The budtender offers the customer to take the Cannify Quiz on an in-store, but discreet, tablet. The budtender assists the customer in answering questions, explains their relevance, stresses the importance of truthful answers, and helps the customer feel comfortable.
 - 4) Upon completion, the personalized report is generated, and the budtender highlights the crucial aspects of the report, like the visual summary and symptom explanation for the customer.
 - 5) When relevant, the budtender will take the customer through the product matching page, and through the various products that are displayed and are of the customer's interest.
 - 6) The customer can decide to save their report and product overview and look at it at their convenience.
 - 7) The customer can decide to go home or to buy the product immediately. In case of the product purchase, the budtender provides product information and supplies a shopping bag card containing the budtender's name and contact information, Quiz results summary, and space for product information and other notes. The shopping bag card can be taken home for future dispensary visits.

Notes to this case: If, for example, the customer chooses not to fill in the Quiz on-site, the budtender can provide the customer with the Cannify website URL and QR code and explain what it does and how to take it. They can also bring a (partially) filled out Cannify shopping bag card (see point 7).

Contact Information

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ATTACHMENT B

Green Mountain Patients Alliance Comments on Act 166 (2024) Medical Legislative Report

GMPA Comments on Act 166 (2024) Medical Legislative Report

October 29, 2024

This document includes Green Mountain Patients Alliance's comments on items (1) and (2) of Section 11a of Act 166 (2024) and additional remarks on the process for the legislative report.

Sec. 11a. CANNABIS CONTROL BOARD REPORTING; MEDICAL CANNABIS REGISTRY (a) The Cannabis Control Board shall work in consultation with the Vermont Department of Health, the Vermont Medical Society, the Green Mountain Patients' Alliance, the Cannabis Retailers Association of Vermont, and other interested parties to assess the efficacy of the Medical Cannabis Program in serving registered and prospective patients. The assessment shall include recommendations regarding:

(1) improvements to the process of evaluating and approving new qualifying conditions;

Comments

- The process of evaluating and approving new qualifying conditions decisions should be governed and maintained by the oversight body, including the recommending and approving new qualifying conditions.
- We recommend a 11-person panel for the new Medical Cannabis Oversight Advisory Panel, comprised of the following appointees:
 - One Cannabis Control Board Medical Program patient that cultivates, appointed by Vermont Cannabis Equity Coalition (Vermont Growers Association, Vermont Racial Justice Alliance, Rural Vermont, NOFA-VT, Green Mountain Patients Alliance);
 - One Cannabis Control Board Medical Program patient, appointed by Vermont Racial Justice Alliance.
 - One Cannabis Control Board Medical Program caregiver, appointed by Cannabis Control Board;
 - One Cannabis Control Board Medical Program patient that depends on a caregiver, appointed by Cannabis Control Board;
 - One representative from a MUE-retailer, appointed by Vermont Cannabis Equity Coalition (Vermont Growers Association, Vermont Racial Justice Alliance, Rural Vermont, NOFA-VT, Green Mountain Patients Alliance);
 - One lab professional representative, appointed by the Vermont Agency of Agriculture, Food and Markets Hemp Program
 - One nurse, appointed by the American Nurses Association-VT Chapter, or a similar body;
 - One nurse practitioner, appointed by the American Nurses Association-VT Chapter, or a similar body;

- One naturopath, appointed by the Vermont Association of Naturopathic Physicians, or a similar body;
- One physician, appointed by Vermont Medical Society and the Doctors For Drug Policy Reform.
- One medical professional serving marginalized communities, appointed by Vermont Racial Justice Alliance and Vermont Professionals of Color Network.

(2) improvements to how the use of cannabis is communicated to patients and patients' providers; and

Comments

- These decisions should be deliberated and determined by the Medical Cannabis Oversight Advisory Panel that is detailed earlier in this document, and to do so, the Panel shall, at a minimum, be provided with administrative support, a physical and online meeting space, a website or section in the CCB website, mass email communications, and a social media presence to maintain effective communication and engagement with program registrants and the general public.
- The Medical Cannabis Oversight Advisory Panel shall work with the CCB and local stakeholders to establish standards and definitions for communicating with program registrants and providers.
- The Medical Cannabis Oversight Advisory Panel shall work with the CCB to develop rules and guidelines for education requirements in Medical-Use Endorsement Retailer establishments and how staff in Medical-Use Endorsement Retailers should communicate to patients and patient providers, such as print communications, placing nurses or medical professionals inside stores, etc.

ATTACHMENT C

Cannabis Retailer Association of Vermont Comments on Act 166 (2024) Medical Legislative Report

CRAV Feedback on GMPA Comments for Act 166 2024 Medical Legislative Report

The Cannabis Retail Association of Vermont (CRAV) Board would like to begin by acknowledging and extending our appreciation for the hard work that the Green Mountain Patients' Alliance (GMPA) has put into shaping medical cannabis recommendations over the past two-plus years. As Vermont's adult-use market continues to expand and mature, CRAV is excited to engage in this conversation, bringing an additional perspective to Vermont's evolving Medical Program.

With regard to GMPA's comments on Act 166, the CRAV Board supports the recommendations presented, with a few minor adjustments, which we'll outline below:

Sec. 11a. CANNABIS CONTROL BOARD REPORTING; MEDICAL CANNABIS REGISTRY (a)

The Cannabis Control Board shall work in consultation with the Vermont Department of Health, the Vermont Medical Society, the Green Mountain Patients' Alliance, the Cannabis Retailers Association of Vermont, and other interested parties to assess the efficacy of the Medical Cannabis Program in serving registered and prospective patients. The assessment shall include recommendations regarding:

(1) improvements to the process of evaluating and approving new qualifying conditions;

- CRAV recommends that the panel selection process ensures a diversity of perspectives, especially in the selection of patients who serve.
- To maintain patient confidentiality while reaching a broader pool of potential candidates, we propose a collaborative approach: using the Cannabis Control Board (CCB) to reach the full patient registry, with VCEC, CRAV, ANA-VT, and other relevant organizations screening and selecting applicants for the initial panel together.
- As part of this process, CRAV suggests appointing at least one patient who has specific experience with using a medical dispensary.
 - To further enhance diversity of thought, we recommend that CRAV be responsible for selecting the Medical Use Endorsement (MUE) Retailer to represent the panel.

(2) improvements to how the use of cannabis is communicated to patients and patients' providers;

CRAV agrees with these recommendations around enhancing communication and views the Medical Oversight Advisory Panel as an excellent resource for improving how medical cannabis information is conveyed in Vermont.

Separately from Act 166, we'd like to discuss the removal of protections for Health Care Professionals who participate in the patient application process, which was removed from statute

in 2019.

It was recently brought to our attention that on page 149 of the *Vermont Guide to Health Care Law*, it states:

What protections are there for Healthcare Professionals? (In reference to The Vermont Medical Cannabis Registry Program)

Previously, Vermont statute protected health care professionals involved in a patient's application process under the rules, policies, or procedures of the registry. These protections included immunity from arrest, prosecution, disciplinary action under 26 V.S.A. Chapter 23, and other state penalties or restrictions, with the exception of providing false information (18 V.S.A. § 4474c(f); 18 VSA § 4474b(b)). However, these protections were repealed with Act 164 in 2019 and are no longer in effect.

We'd love to get your insights on this, including any perspectives we might be overlooking or information about ongoing efforts to address it, as this Guide was published in 2022.

[Vermont Guide to Health Care Law](#)

Thank you again for your dedicated work on this important initiative. We look forward to collaborating further to ensure that Vermont's Medical Cannabis Program continues to evolve in ways that best serve patients.

Best,

The CRAV Board

ATTACHMENT D

Vermont Medical Society Comments on Act 166 (2024) Medical Legislative Report



To:	Cannabis Control Board
From:	Jill Sudhoff-Guerin, Vermont Medical Society
Date:	November 15, 2024
Re	Comments Regarding the CCB Medical Cannabis Recommendations in Act 166 Draft Report

Chair Pepper and Cannabis Control Board (CCB),

On behalf of the 3,100 physician and physician assistant members of the Vermont Medical Society (VMS) we appreciate being a named party of the Act 166 workgroup and for your consideration of our feedback on the CCB’s draft recommendations in the Act 166 report. Specifically, VMS submits comments at this time regarding:

1. **Recommendation 1:** The State acquiring a state-owned Cannify.us license and whether this is sufficiently objective and evidence-based and should serve as the cannabis education curriculum and mandatory educational requirements for employees that interact with medical registry patients;
2. **Recommendation 1:** The need to develop a continuing medical education course on cannabinoids for health care when one currently exists at UVM;
3. **Recommendation 2:** Support for the creation of a non-legislative entity to evaluate and either recommend or approve new qualifying conditions; and
4. **Bona fide healthcare relationship:** The need to reestablish the requirement for a bona fide healthcare relationship prior to the medical endorsement process for cannabis retailers goes into place.

1. **The VMS does not support the State acquiring a state owned Cannify.us license, as we do not believe an app can serve as an objective source of evidence-based cannabis education for all cannabis retailers, medical dispensaries and patients.** With the proliferation of Vermont’s retail cannabis landscape and the upcoming opportunity for retailers to obtain a medical endorsement for their shops, the VMS understands that with more access to higher potency cannabis products, home delivery, there is an increased need for objective, unbiased cannabis information and education. The CCB recommendation supposes Cannify as a definitive, evidence-based guide in which to reliably advise registry patients who are seeking specific symptom relief for their qualifying medical conditions. The app recommends specific dosing and specific branded products based on patient symptoms or desired effect. The problem is that with the current lack of substantive research, along with the explosion of new forms of cannabis products, there are no definitive answers on the potential risks vs. the therapeutic benefits of regular use of specific cannabis products for patients seeking to manage specific chronic conditions. Recommending specific branded projects also injects

the risk of commercial influence and runs counter to Vermont's policy to remove branded promotion of prescription medications through laws such as generic substitution and removing commercial influence over medical education (including through the academic detailing program and marketing price disclosure law - see <https://ago.vermont.gov/disclosures-manufacturers-prescription-drugs-biological-products-medical-devices>). This app could have significant influence over which products people use and the dosing.

We have concerns with the lack of oversight over Cannify's recommendations, how individualized they will be, and how this app would potentially endorse specific products over others or be a de facto advertiser of products. We are concerned that patients may look at these recommendations as a "prescription" and not consult their healthcare provider before or during use. Vermont physicians have the Board of Medical Practice, nurses and other health professions have the Office of Professional Regulation, who provide oversight of their scope of practice, training and ensure their medical information follows specific guidelines. Who will be ensuring the accuracy and validity of Cannify's recommendations?

The VMS is also concerned about the increasing CCB budget, as there currently is no price tag on the purchase of the Cannify license. The implication of the continued growth of the Cannabis Control Board budget also puts at risk the realization of 30% of the excise tax revenue going towards prevention - a key priority for the VMS.

- 2. The VMS does not believe there is a need to develop a continuing medical education course on cannabinoids for health care when one currently exists at UVM.** This recommendation does not elaborate on what is intended, but indicates that Cannify would be used as the educational source for an additional CME course on cannabinoids for health care when one [is currently established at the University of Vermont](#).
- 3. The VMS supports a non-legislative entity to recommend / approve new qualifying conditions.** As the Green Mountain Patient's Alliance (GMPA) suggested in this draft report and [the VMS advocated for in the Senate during the 2024 session](#), we support a research-based, independent advisory panel that 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.

The VMS supports the Green Mountain Patient Alliance's suggestion that this Board, or independent medical cannabis oversight panel, has decision-making authority regarding evaluating qualifying conditions and how to best counsel and serve medical patients. We support a research-based panel that includes representation from healthcare professionals with psychiatric and addiction medicine expertise, people with expertise in cannabis research and pharmacology, along with at least one current medical patient and at least one parent of a medical cannabis patient.

Our recommendation suggests that this independent advisory panel would be housed in the CCB and have assistance from the Department of Health and the Areas on Health Education Centers at the Larner College of Medicine at the University of Vermont.

The oversight panel would be encouraged to consult with experts in Vermont and other states with medical cannabis programs, as well as to review any available research. The oversight panel could hold public hearings before voting on whether to add or remove a certain condition as a qualifying medical condition and provide feedback on current information on medical cannabis products and dosing.

4. The VMS suggests that before advancing the medical endorsement program, that the CCB puts the bona fide health care relationship back in statute. 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 8 months ago. This requirement was to protect against medical card mills, which could expand the black market and work against an evidence-based medical program. The VMS

suggests that before advancing the medical endorsement program, that the CCB puts the bona fide healthcare relationship requirement 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.

On the website for Ceres Collaborative, a cannabis seller that runs two medical cannabis dispensaries and one recreational shop, is 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.”

Thank you for your consideration and please contact me with any questions at jsudhoffguerin@vtmd.org or 802.917.5817