

Good morning, and thank you for having me here today. My name is Jessilyn Dolan. I am a Registered nurse, immediate past President of [American Nurses Association-VT](#). I am a Medical Cannabis patient, mother and cannabis caregiver for my son, as well as a former Tier 2 Outdoor Cultivator. I am a former Director of [American Cannabis Nurses Association](#), Co-Founder of [Green Mountain Patience Alliance](#) (GMPA), a member of [Vermont Cannabis Equity Coalition](#) (VCEC).

I have been an advocate for many years with a focus on patients and consumer safety.

When we advocate for the medical program and cannabis patients' interests, we are advocating for all individuals who consume cannabis medicinally for symptom relief. Many people choose cannabis over pharmaceuticals, alcohol, or illegal substances, regardless of whether they have a medical cannabis card.

As of July 1, 2025, a Medical Use Endorsement Retailer (MUE) license will be available for AU retailers to serve the medical cannabis patient community. This will mandate enhanced training and educational requirements for employees who interact with patients.

We do not support the Vermont Medical Society's suggestion of using a UVM Science and Medicine course to satisfy the educational requirements for the MUE due to the prerequisites, time commitment, and prohibitive cost it has to most Vermonters.

We recommend an annual, not every two years, a minimum of eight-hour course, as well as monthly continuing education, paid for by the cannabis excise tax, free to all employees, not just those serving MUE patients.

There are several dozen retail owners and hundreds of employees we trained who will attest to the need and desire for educational courses with greater depth. Patients, consumers, especially older adults, *and* staff all

need credible education and resources to help them understand cannabis medicine and find answers to their questions.

Historically education has not been prioritized in the medical program and not at all for the AU program since inception.

From the start of AU in 2022, Vermont had a free to patients and consumers Cannabis hotline staffed with nurses to help educate and support patients and consumers.

In a 2024 Seven Days article, CCB Chair Pepper was quoted saying, "The fastest-growing demographic of people who are using cannabis for the first time are people 50 years old or older. And yet, there's no good source of reliable information, So the Cannabis Nurse Hotline is stepping in to fill that gap ... " [Vermont's Cannabis Nurse Hotline Answers Health Questions for Weed Consumers, Patients and Dispensary Staffs | Seven Days Vermont](#)

Approximately 75% of Vermont callers were over the age of 65, on multiple pharmaceuticals, did not want to get high but wanted symptom relief, and had no medical professional to talk to. One study shows that 65% of doctors report being unable to answer their patients' questions. This is who budtenders are serving. The more education the better.

The hotline shut down in April 2024.

Currently, CCB guidance and public statements make it so medical professionals are unable to work with OR therefore provide education to adult use retailers without cannabis businesses putting themselves at risk of being fined, retailers who will be serving patients with the medical endorsement and need enhanced training.

https://ccb.vermont.gov/sites/ccb/files/2024-04/Advertising.Guidance_FINAL_4.10.24.pdf; p. 8.

We request this guidance to be repealed all together or exclude MUEs and state revenue taxes to fund a nurse hotline for the MUE's.

The CCB had four meetings with stakeholders and produced a report of medical recommendations. This report has not been addressed. I ask you

to debrief this report and include the recommendations before this bill is passed. Ignoring this report is a disservice to patients and would equate to a waste of time for the CCB and all stakeholders. I ask CCB to insist this report be read and addressed before moving this bill forward, whether this committee or another committee.

In the CCBs legislative recommendations for the medical program, the CCB proposes cannify, a 15 plus question online standardized quiz and app, as the solution for enhanced education.

[Act 65 \(2023\) Sec. 21 - Report_0.pdf](#) ; [Act 65 Recommendations 1 pager.pdf](#)

We do not support this recommendation, with valid concern for an unregulated app. With spotty service in Vermont and the number one consumer being older and least likely to use apps, an app does not seem to be enough. An app paired with a nurse phone call, provides an individualized and unmatched level of support; what patients and vermonters deserve.

We agree with VT Medical Society's concerns of cannify's product bias as well as commercial influence based on the extremely specific product recommendation and lack of transparent algorithms.

One I believe we all, CCB, VMS, GMPA and VCEC agree upon is the CCB's recommendations to move the administration of eligible conditions and oversight under the CCB, through re-establishing an Oversight Advisory Panel, as we had prior to the AU program, to help administer and manage eligibility as well as other aspects. GMPA provided specific board structure in the medical report.

We have a medical cannabis program that has no medical professional feedback, and no way of allowing patients and caregivers to have voices. Now medical professionals are banned from MUE's as well. A bit concerning to this medical professional and many other medical professionals who are aware. This is the one request I hope to see easily and quickly agreed upon before this bill moves forward, as most all stakeholders have agreed on its necessity. GMPA has met with VMS this

session and hopes to again to continue collaborating. We would invite and ask DOH to also meet with us, especially regarding our concerns and hopes for education.

Regarding other requisites and advocacy points:

We ask to increase medical plant count numbers from 6 to 12 in flower, as well as allow caregivers to care for 3 patients, and patients to have 3 caregivers.

We ask to raise adult use plant count to medical count. Many adults consume medicinally but do not want or cannot get a medical card.

[GMPA](#) continues to advocate that anyone given a prescription of opioids automatically qualifies for a medical card.

We seek Employment and roadside testing protections for patients, Workperson compensation for medical cannabis and related purchases as well as Financial assistance for medical cannabis, and health insurance.

As we discuss the cannabis excise tax allocation, we ask to Reestablish the Medical Cannabis Fund to help vulnerable patients and to bring medical cannabis transactions to a standard wholesale pricing structure.

We ask a lot. The adult-use market is operational but much work remains to make it equitable and viable, especially the medical program.

GMPA supports the policy positions and recommendations of the [VCEC](#) as related policy to allow On-and off-farm direct sales of Cultivation Tiers 1, and 2 and believe direct sales is the best way for patients to get the most affordable cannabis, instead of more affordable alcohol and opioids.

We do not support retailers being the only ones able to profit as compared to farmers directly selling and then therefore profiting directly from consumers.

We ask to allow Public Consumption Anywhere Lit Tobacco Is Allowed. Vulnerable Vermonters and patients need to legally consume their legally allowed cannabis without risk. Most of the cannabis medical patients and the cannabis adult use workforce rent and have no legal and safe place

right to consume. I would also personally love to see and conduct research, as a former UVM research nurse published overseas on cannabis.

We ask legislators to direct \$1M of the cannabis excise tax to the Cannabis Business Development Fund and request 25% to the Land Access and Opportunity Board, as recommended by the CCB in its Act 166 Section 15a legislative report. We also ask for complete expungement of all cannabis charges and to not re-criminalize the plant.

Lastly, regarding advertising, please make it equitable. Alcohol and tobacco should be as prohibited as cannabis, or cannabis allowed as alcohol and tobacco are. Alcohol and tobacco are lethal. Cannabis is not. We need to focus on harm reduction through education. As far as edible potency, please look at another perspective. 5mg to 10mg is no different than wine is to whiskey.

In the future I would ask for separate meetings and bills carved out just for medical rather than squeezing medical into adult-use meetings and bills, as well as medical professionals and patients weighing into the policymaking process.

Thank you for having me.

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