



<b>To:</b>	Senate Economic Development Committee
<b>From:</b>	Jill Sudhoff-Guerin, Vermont Medical Society, Vermont Psychiatric Association, American Academy of Pediatrics VT Chapter, Vermont Academy of Family Physicians
<b>Date:</b>	March 17, 2026
<b>RE:</b>	S.278, Public Health Suggestions

**Chair Clarkson and Senate Economic Development Committee,**

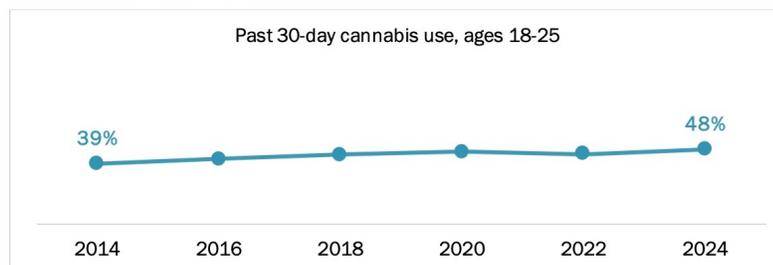
On behalf of the 3100 physician and physician assistant members of the Vermont Medical Society (VMS), the Vermont Psychiatric Association (VPA), the American Academy of Pediatrics Vermont Chapter (AAPVT) and the Vermont Academy of Family Physicians (VTAFP), thank you for allowing us to provide the following recommendations for S.278 to continue to incorporate public health safeguards within Vermont’s cannabis marketplace.

**Public Health Protection – Not Prohibition**

As Vermont continues to increase the availability of cannabis statewide, and normalize cannabis use among adults, there is an increased risk of youth and young adult use rates to rise. Recent data shows this normalization is driving to overuse among our young people - specifically of higher potency products - many of whom are unaware of the increased risks of cannabis use disorder, cannabis hyperemesis syndrome and psychosis.

Adults and adolescents increasingly view cannabis use as harmless. Vermont currently has the highest reported use of cannabis in the nation and also some of the highest rates of use among our youth and young adults. Adolescents are more likely to have tried cannabis than in many other states, with 26% of Vermont high school and middle school students grades 6-12 reporting past-month cannabis use. While 48% of our 18-25 yr-olds currently use cannabis products.

**Past 30-day cannabis use has increased significantly ( $p < .05$ ) from 2014-2024**



**Sec. 1 THC Potency Caps Protect Public Health and Mental Health – Please Maintain**

The VMS supports maintaining potency caps, as passed in the Sen. Economic Development Committee draft of S.278, which retains the current 60% THC potency cap on solid concentrates and 30% THC potency cap on cannabis flower. VMS has commented strongly since the

consideration and passage of S. 54 in 2019 that potency limits are an important factor to protect public health. Now, a growing body of evidence shows the risks of physical dependence and addiction increase with exposure to high concentrations of THC.

Research, such as this [2022 Lancet Psychiatry study](#), finds stronger connections between regular use of higher doses of THC and:

- **Cannabis Use Disorder (CUD)** - [CUD found in 45% of youth who start before 16 yrs.](#)
- **Long-term Cognitive Functioning Issues** - [Memory, Learning and Attention Span](#)
- **Serious Mental Health Impacts** - [Regular use among teens drives anxiety, depression and suicidality.](#)
- **Psychosis and High-Potency Concentrates** - [the continued use of products with potency greater than 15% THC are more likely to produce psychosis, suicidality, anxiety and uncontrollable vomiting.](#)
- **Cannabis Hyperemesis Syndrome (CHS)** - [The rate of emergency department visits for CHS increased significantly between 2016 and 2022](#)
- **Non-fatal overdoses among young Vermonters:** [Emergency department reports show rising unintentional non-fatal overdoses involving cannabis.](#)

Dr. Jim Whitlege, emergency physician at UVMHC and toxicologist from Northern New England Poison Center provided [the Sen. Economic Development Committee these comments](#): “Adolescent and adult patients routinely present to Vermont emergency departments including UVM Medical Center with cannabinoid hyperemesis syndrome (intractable nausea and vomiting), which can be difficult to treat and oftentimes results in repeated ED visits. Cannabinoid hyperemesis rates have been rising over time. Many of these patients develop cannabis use disorder (colloquially "addiction", occurring in 10% of people who use cannabis), which has obvious negative implications for day-to-day functioning. More rarely, psychotic disorders have the potential to be unmasked by THC exposure. **Increasing the THC content of cannabis products further in S.278 likely poses an increased risk of cannabinoid hyperemesis syndrome and unmasking of psychosis. This will negatively impact patients and hospitals.**”

#### Recent Studies:

- **Feb. 21, 2026** in NPR, "[A huge study finds a link between cannabis use in teens and psychosis later](#)" They found that teens who reported using cannabis in the past year were at a higher risk of being diagnosed with several mental health conditions a few years later, compared to teens who didn't use cannabis.
- In early **February, 2026**, the New York Times (NYT) published this editorial, "[It's Time for America to Admit That It Has a Marijuana Problem.](#)" with the tagline "Given the growing harms from marijuana use, American lawmakers should do more to regulate it." The NYT describes how they were early proponents of legalization and that they are not urging prohibition, rather: "there is a lot of space between heavy-handed criminal prohibition and hands-off commercial legalization."
- **NYT in 2022**, "[Psychosis, Addiction, Chronic Vomiting: As Weed Becomes More Potent, Teens Are Getting Sick](#)" *In addition to uncontrollable vomiting and addiction, adolescents who frequently use high doses of cannabis may also experience psychosis that could possibly lead to a lifelong psychiatric disorder, an increased likelihood of developing depression and suicidal ideation, changes in brain anatomy and connectivity and poor memory.*"

- A Nov., 2020, study, [“Cannabis Concentration and Health Risks: A report for the Washington State Prevention Research Subcommittee \(PRSC\)”](#) cited [a 2020 review](#) of 56 good quality studies on cannabis and psychosis concluded that frequent cannabis use, especially daily use, and the consumption of high-potency cannabis increase the risk of developing psychosis.

### **Sec. 3 Increasing Package Size Increases Risks of Impactful Accidental Ingestion – Don’t Support**

Again, Dr. Whitley and other clinicians report treating children who have accidentally ingested large volumes of edible THC products, *“This may result simply in sedation, which may be prolonged and profound, for instance in more severe cases requiring multi-day hospital admissions and intravenous dextrose (sugar) so that patients do not develop early starvation because they are too sedated to eat. Unfortunately, sometimes large ingestions result in decreased ability to breath, necessitating admission to the ICU or even intubation (placing a breathing tube) to keep the child safe. Very rarely, seizures and low blood pressure and heart rate can also occur*

In 2025, the American College of Medical Toxicology put out [this position statement](#) recommending **limiting the maximum total THC package content to 50 mg THC** to decrease the risk of a small child developing severe toxicity. *“The panel recommends a maximum of 5 mg portion size and 50 mg total package size (content of THC) for cannabis products. The panel opined that limiting portion size to 5 mg would allow most young children with exploratory exposures to be observed at home by a Poison Center and would minimize the effects of a single portion (e.g., a gummy) ingestion by a young child. The panel recommends limiting the maximum total package content at 50 mg THC, which would likely limit the severity of toxicity if a young child ingested an entire package.”*

**We urge you not to increase the maximum per-package THC content and in fact single-serving packaging has driven down the severity of toxicity in states that have reduced their package size.**

### **Sec. 7 We Have Concerns About Public Safety in Regard to Event Permits**

The VMS has concerns for the capacity of the CCB to implement public event permits and their ability to maintain public health and public safety regulations, as well as the further normalization of use. We do not support public consumption. What protections would be put in place to protect non-smokers and how these consumption sites would abide by Vermont’s clean indoor air laws? These laws were largely put in place to protect employees subject to secondhand smoke. We have heard repeatedly that we should be applying the same standard of regulation as alcohol yet, in terms of public safety and driving after use, there is no measurement of THC toxicity as there is with alcohol.

### **Sec. 8 Delivery and Direct Sale Raises Significant Concerns of Underage Access**

The VMS has concerns for the capacity of the CCB to implement delivery and their ability to maintain public health and public safety regulations, as well as the further normalization of use. Direct sales would be incredibly difficult to oversee and regulate and would increase the oversaturation of cannabis retail opportunities from 108 retailers to over 500+.

**Sec. 10 and 11 Do Not Remove Advertising Protections – It Protects Youth from Over Exposure**  
**The medical community supports maintaining the current cannabis advertising regulations, as passed in the Senate Economic Development Committee draft.** We urge you to follow the CCB on recommendations to retain preview authority over advertising – as 2.5 days of review does not seem onerous.

We know youth and young adults are more susceptible to advertising. [A recent study](#) said because critical reasoning abilities are not fully developed during adolescence, policymakers should “ensure

regulations to restrict marketing of unhealthy commodities protect adolescents as well as younger children.” Similar to what this body passed with last session’s Kids Code bill, Vermont’s medical and public health community wants to protect our youth and young adults from digital marketing and promotion of a product while their brain is still developing.

**Please maintain the original intent of Vermont’s advertising protections to ensure that cannabis advertising does not promote the use of cannabis, that less than 15% of those exposed to cannabis advertising are under 21, and that consumer protection, public health and public safety take priority over creating an industry dependent on developing new users.**

#### **Recent Studies:**

- **Exposure to marijuana advertisements was associated with higher odds of current marijuana use among adolescents.** From National Monitoring the Future Survey of 12-17 yr olds (n=12,988) Conclusion: “Regulations that limit marijuana advertisements to adolescents and educational campaigns on harmfulness of illicit marijuana use are needed.” - [https://www.cdc.gov/pcd/issues/2017/17\\_0253.htm](https://www.cdc.gov/pcd/issues/2017/17_0253.htm)
- **“Regular exposure to marijuana advertising on storefronts, billboards, retailer websites and other locations increased the likelihood of adolescents using marijuana.”** Survey of 13-17 yr olds in WA (n=350). Youth’s Proximity to Marijuana Retailers and Advertisements: Factors Associated with Washington State Adolescents’ Intentions to Use Marijuana. Journal of Health Communication, 2020
- **Density of cannabis retailers associated with more use and a greater intensity of use among young adults N=1,097 young adults in LA county.** Study found that a higher number of licensed cannabis outlets within 4 miles of one's home was significantly associated with a greater likelihood of past-month use. Examining Associations Between Licensed and Unlicensed Outlet Density and Cannabis Outcomes From Preopening to Postponing of Recreational Cannabis Outlets RAND Corporation study, 2020

#### **Sec. 12 Maintain the Cannabis Excise Tax to Ensure Vital Prevention Funding - Please Do Not Decrease**

The Senate Economic Development Committee rejected the proposed decrease in excise tax, as youth are price sensitive and we have been building out a system of prevention with the 30% of the excise tax that goes to the Substance Misuse Prevention Fund. Please maintain the current tax rates.

Clinicians report that when patients present to the emergency department, they are often surprised or in disbelief that their symptoms are attributable to cannabis. In this environment of inadequate education, we need more funding of substance misuse prevention to ensure safe cannabis use by informed consumers, not less. The Vermont Department of Substance Use (DSU) has implemented a state-wide, regionally focused prevention system across the State in which four [Prevention Lead Organizations](#) are leading robust prevention networks across our communities which is funded by the 30% of the cannabis excise tax revenue.

Thank you for your consideration and please contact me with any questions at [jsudhoffguer@vtmd.org](mailto:jsudhoffguer@vtmd.org) or 802.917.5817