Dear Senator Lyons and Members of the Senate Health and Welfare Committee,

My name is Jim Whitledge, and **I am an emergency physician and medical toxicologist practicing at the University of Vermont Medical Center and the Northern New England Poison Center.** In person and remotely via the poison center, **I routinely care for adult and pediatric patients throughout Vermont (as well as Maine, New Hampshire, and New York) who are suffering adverse effects from cannabis exposure.**

I live in Jericho, and as a Vermont resident espousing my personal views and not representing UVM Health or the Northern New England Poison Center, **I would like to share my thoughts regarding bill S.278 based upon my extensive personal experience caring for patients in emergency departments, hospital floors, ICUs, and other healthcare settings following cannabis exposure.**

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 (particularly products which are consumed through inhalation, which may carry a higher risk of cannabinoid hyperemesis syndrome compared to edible 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.

Young children often unwittingly ingest edible cannabis 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.
These risks are increased by increasing THC potency and increasing amount of THC per package.

To this point, the American College of Medical Toxicology recommends limiting the maximum total THC package content to 50 mg THC to decrease the risk of a small child developing severe toxicity (low heart rate, low blood pressure, unresponsiveness, respiratory failure, seizure, etc). Please see their Position Statement regarding preventing cannabis exposures in children (PDF also attached to this email): https://www.acmt.net/wp-content/uploads/2025/11/ACMT-Statement-Peds-Cannabis-2025.pdf

An excerpt from the position statement illustrates very well the increased risk of severe toxicity when young children are able to ingest larger amounts, particularly greater than 50 mg (5-10x the initial dose for an adult):
"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 (e.g., ten 5 mg gummies) [7, 8]. In a study of pediatric emergency department patients with cannabis exposures, children with *severe toxicity* ingested a median 5.4 mg/kg (IQR 3.2–8.2 mg/kg) of THC, and almost all ingestions that led to bradycardia, unresponsiveness, respiratory failure, intubation or required vasopressors were ingestions of greater than 6 mg/kg THC [7]. The panel agreed that 50 mg packages would limit a 10 kg child (approximately 1–2 years old) to 5 mg/kg, and may avoid severe toxicity."

Two other recent articles actually show a AN EVEN LOWER total (30 mg) and weight-based (1.7 mg/kg) THC dose resulting in severe toxicity in children. I have attached these articles and also listed them here:

1. Hendrickson, R. G., Horowitz, K. M., & Cowdery, C. P. (2026). Minimum tetrahydrocannabinol dose that produces severe symptoms in children. *Clinical Toxicology*, *64*(1), 59–61. https://doi.org/10.1080/15563650.2025.2562305
2. Lesley C. Pepin, Mark W. Simon, Shireen Banerji, Jan Leonard, Christopher O. Hoyte, George S. Wang; Toxic Tetrahydrocannabinol (THC) Dose in Pediatric Cannabis Edible Ingestions. *Pediatrics* September 2023; 152 (3): e2023061374. 10.1542/peds.2023-061374

I have cared for <u>many</u> children who have ingested large volumes of edible THC products (which could have been prevented simply by adequate limits on THC content per package), and believe that an increase in the maximum per-package THC content as proposed in S.278 poses an increased risk to young children. The current per-package THC limit in Vermont is already twice the expert-recommended 50 mg maximum. Why is a further doubling to 200 mg THC per package needed? A responsible adult consumer is not precluded from purchasing a second 100 mg THC-containing package should they desire to purchase <u>20-40 adult doses</u> of edible cannabis product at once.
Parenthetically, limiting one-package maximum THC content to 100 mg may also limit adult emergency department presentations after inadvertent multi-dose ingestion - relatively inexperienced edible cannabis product consumers often present to hospitals with anxiety, paranoia, palpitations, and other symptoms even including altered mental status which may be mistaken for a stroke after mistakenly consuming an excessive edible THC product dose.

Finally, I would note that many patients are NOT aware of the health risks of cannabis use (e.g., cannabinoid hyperemesis, addiction, intoxicated driving, etc.). When patients present to the emergency department, they are often surprised or in disbelief that their symptoms are attributable to cannabis, which is a barrier to effective treatment and ensuring safe use in the future. This has been noted anecdotally by many physicians at UVM Health sites and also in two research studies in other states.

https://pubmed.ncbi.nlm.nih.gov/40273635/
https://pubmed.ncbi.nlm.nih.gov/38664105/

In this environment of inadequate education, we need more funding of substance misuse prevention to ensure safe cannabis use by informed consumers, not less, which I worry will occur with an excise tax reduction as proposed in S.278.

In summary, I believe that S.278 as written increases the health risks of cannabis products to adults and children.

I am happy to testify before the legislature or speak further with you regarding this matter if that would be helpful.

Sincerely,
Jim Whitledge

Jim Whitledge, MD
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