

# Vermont Cannabis Control Board

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## Report to the General Assembly Pursuant to Section 21 of Act 65 (2023)

January 15, 2024



# Executive Summary

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- ***Introduction***
  - *Review Act 65 (2023) Sec. 21*
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- ***Recommendations***
  - *Modify process for adding new qualifying conditions*
  - *Authorize registered patients to utilize certain retail establishments tax free*
  - *Improve access to medical products and services*
  - *Improve patient and provider education*

# *Introduction*

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# Review Act 65 (2023) Sec. 21

## CANNABIS CONTROL BOARD REPORTING; MEDICAL CANNABIS REGISTRY

(a) The Cannabis Control Board shall work with the Vermont Academic Detailing Program, Registry patients and caregivers, licensed medical cannabis dispensaries, and medical professional stakeholders to review the Medical Cannabis Registry. The review shall include:

**(1) an assessment of the illnesses or symptoms most appropriately treated by cannabis;**

**(2) the strains of cannabis recommended for such treatment;**

**(3) the doses of active chemicals recommended for treatment;**

**(4) appropriate treatment protocols for patients, including whether ongoing medical oversight such as counseling or other services is needed for each condition being treated;**

**(5) how the use of cannabis is communicated to patients and patients' providers; and**

**(6) any other issues that will improve the Registry.**

(b) The Board shall convene the working group not less than four times to complete its work.

(c) The Board shall provide recommendations for improvement to the Medical Cannabis Registry to the **Senate Committee on Health and Welfare** and the **House Committees on Human Services** and on **Health Care** on or before **January 15, 2024**.

# Working Group Meeting Overview

Meeting 1 - August 8, 2023 (<https://www.youtube.com/watch?v=ucxckS9YgfQ>)

Agenda: Review Act 65 (2023), Sec. 21; Evolution of Medical Registry; CCB Facilitated Brainstorming

Meeting 2 – September 28, 2023 (<https://www.youtube.com/watch?v=ll29w3HqdhQ>)

Agenda: Review Illnesses or symptoms most appropriately treated by cannabis; Treatment protocols for patients; How the use of cannabis is communicated to patients and patients' providers

Meeting 3 – November 15, 2023 (<https://www.youtube.com/watch?v=scVopuvxiA0>)

Agenda: Education for patients and providers; Testing requirements; Expanding access for registered patients

Meeting 4 – December 7, 2023 (<https://www.youtube.com/watch?v=dBUVWVAIGHo>)

Agenda: How the use of cannabis is communicated to patients and patient providers; Review Patient Survey Results; Review Draft Recommendations



# *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

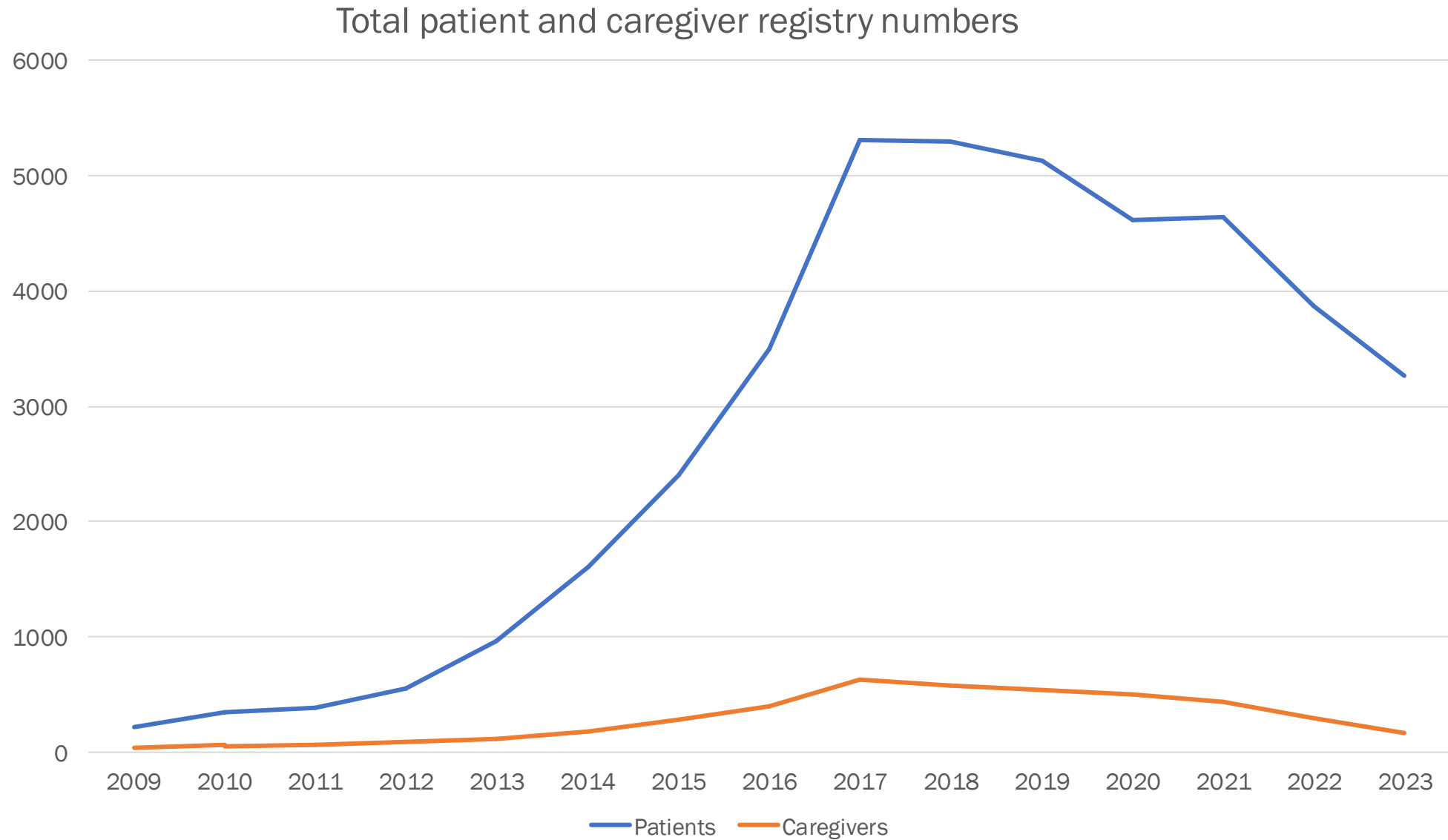
2023: Act 65 amends medical statutes; requires report on future improvements

# *Evolution of Vermont Medical Registry*

## Benefits of medical program

- Privacy / confidentiality
- Access to specialty products
  - Low THC products; solid concentrates; any product approved by CCB
- Access to specialty services
  - Personalized consultation / education, reservations, delivery, curbside pickup, caregivers
- Access for minors
- Increased home cultivation allowances
- Tax free purchases

# Evolution of Vermont Medical Registry





## *Evolution of Vermont Medical 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.

### Cannabis Control Board Mission Statement

**Medical Program Services.** The Board will ensure that patients and caregivers maintain a continuity of access to the existing medical program services and will endeavor to reduce the regulatory burden impacting patients and caregivers, increase the safety and affordability of the medical program, ensure that medical cannabis meets quality standards, and facilitate the development of educational programs for health care professionals.

## Dispensary Locations:

- CeresMed (South Burlington)
- CeresMed South (Brattleboro and Middlebury)
- Phytocare Vermont (Bennington)
- Vermont Patients Alliance (Montpelier)
- Grassroots Vermont (Brandon)

## ***Recommendation 1***

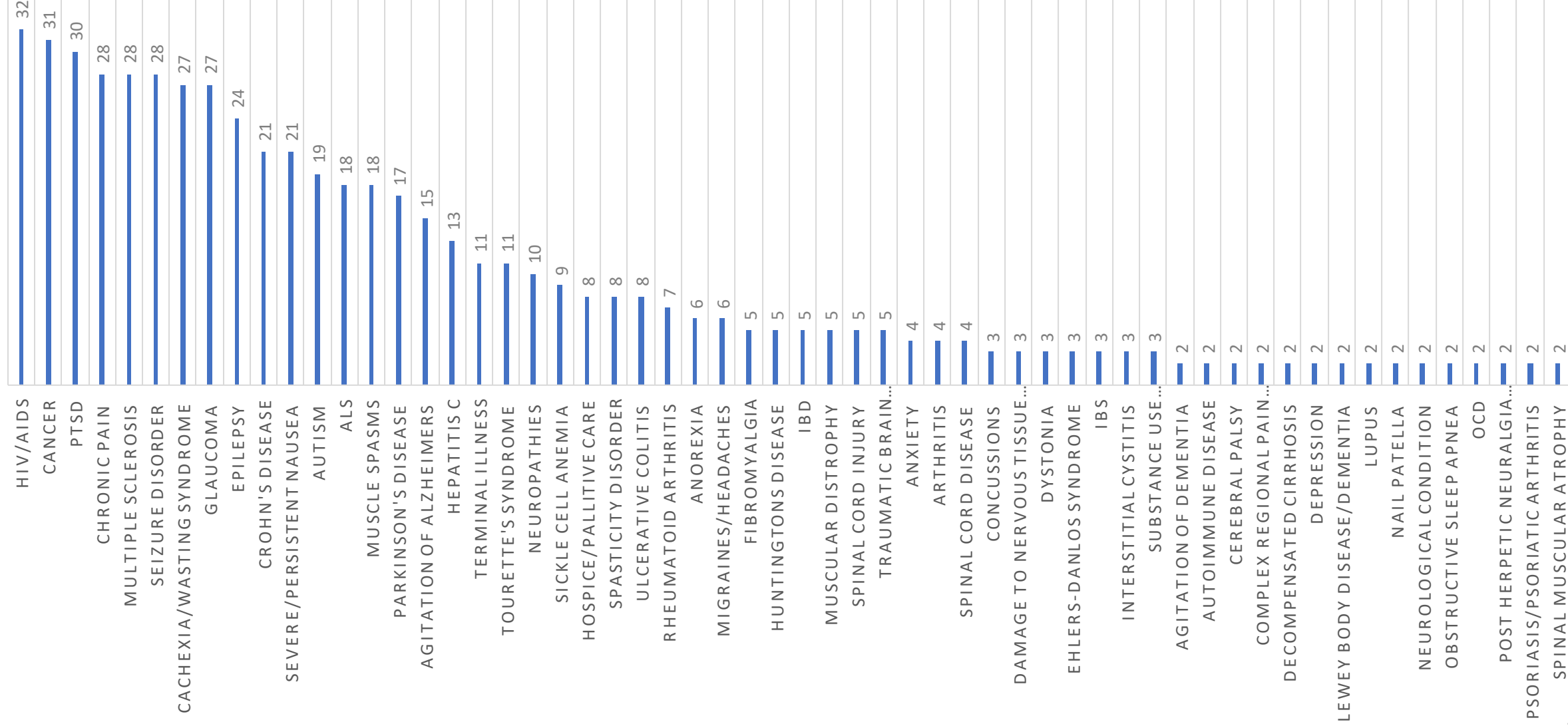
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***Modify process for adding new qualifying conditions***

# Modify process for adding new qualifying conditions

## QUALIFYING CONDITIONS FOR USE OF MEDICAL MARIJUANA

NUMBER OF STATES WHERE CONDITION QUALIFIES



# *Modify process for adding new qualifying conditions*

7 VSA § 951

“Health care professional” means an individual licensed to practice medicine under 26 V.S.A. chapter 23 or 33, an individual licensed as a naturopathic physician under 26 V.S.A. chapter 81, an individual certified as a physician assistant under 26 V.S.A. chapter 31, or an individual licensed as an advanced practice registered nurse under 26 V.S.A. chapter 28. [This definition includes individuals who are professionally licensed under substantially equivalent provisions in New Hampshire, Massachusetts, or New York]

“Qualifying medical condition”:

(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, 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.

# ***Modify process for adding new qualifying conditions***

## **Non-legislative approval process (Agency / Department / 3<sup>rd</sup> Party): 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**

**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 recommend / approve new qualifying conditions**

## ***Recommendation 2***

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***Authorize registered patients to utilize certain retail establishments tax free***

## **Recommendation**

***Create a medical endorsement for adult-use retail establishments that would allow patients to utilize them tax free***

Endorsement would require retail establishments submit plans for:

- protecting patient confidentiality (curbside pick-up, designated hours, reservation system, separate entrance / room, delivery, etc.)
- protecting patient health information
- accessing specialty products on-demand
- providing individual consultation / education to patients about using cannabis and cannabis products

## ***Recommendation 3***

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***Improve access to medical products and services***

## **Recommendation**

- Add ulcerative colitis to qualifying conditions
- Extend renewal term for chronic pain
- Remove THC caps
- Create a delivery license
- Lower dispensary fees
- Subsidize cost of testing medical cannabis

## ***Recommendation 4***

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***Improve patient and provider education***

## **Recommendation**

- Acquire state-owned Cannify.us license
- Develop cannabis education curriculum for health care professionals and employees that interact with medical registry patients