<u>Vermont Medical Advisory Subcommittee</u> <u>Recommendations</u>

Subcommittee Members

Tom Nolasco Meg D'Elia Jim Romanoff

Pursuant to Act 164, the Vermont Cannabis Control Board ("CCB) formed the Medical Advisory Subcommittee ("Medical Subcommittee") to evaluate the existing Vermont Medical Marijuana Program and Registry as established by 7 V.S.A. Chapters 35 (Registry) and 37 (Dispensaries) and implemented by the regulations as set forth in 18 V.S.A. Chapter 86 Subchapter 2 for the therapeutic use of cannabis. In addition to updating the regulations, the Medical Subcommittee also assists the CCB in developing recommendations for the duties and composition of the future Medical Cannabis Oversight Advisory Panel.

The Medical Cannabis Oversight Committee ("Oversight Committee") developed draft recommendations for the future of the Oversight Committee on September 22, 2021, and submitted those recommendations to the Medical Subcommittee for comment. (See Oversight Committee recommendations, attached as "Exhibit 1"). The Medical Subcommittee provided comments to the draft recommendations, which the Oversight Committee received and implemented into the final proposal. (See Final Proposal, attached as "Exhibit 2").

In addition to the comments to the draft Oversight Committee recommendations, the Medical Subcommittee makes the following recommendations to the CCB.

1. Continued Access & Product Availability. The Medical Subcommittee recommends that the CCB ensure that medical patients on the Registry have access to cannabis products as Vermont incorporates the adult-use marketplace. Ultimately, the Medical Subcommittee recommends that the CCB develop of baseline of products that retail outlets must maintain and make available to medical patients with the appropriate spectrum of effective products. With input and cooperation from the Vermont Cannabis Trade Association ("VCTA"), those medical dispensaries have committed to ensuring medical patients access to cannabis products and recommending that, for now, the medical dispensaries commit to a 3-month supply of biomass based on the average of the previous 3 months of sales. (See letter from the VCTA, attached as "Exhibit 3.") In order to assist the VCTA members in securing the baseline, they have suggested

eliminating the distinction between medical and adult use inventory for tracking, tracing and accounting purposes.

The Medical Subcommittee recommends working with the VCTA to collect data on sales, inventory and demand in 2022 to develop and update the required reserves for biomass and, ultimately, the required reserves for baseline products for medical patients.

- 2. **Remove 3-Month Relationship Requirement.** The Medical Subcommittee recommends that the CCB recommend to the Vermont legislature to remove the 3-month treating or consulting relationship requirement to eliminate unnecessary delays in patients obtaining medical cannabis.
- 3. **Remove the Single Dispensary Requirement.** The Medical Subcommittee recommends that the CCB recommend to the Vermont legislature to remove the requirement that a patient must designate a single dispensary to access medical products.
- 4. **Remove the Caregiver Fingerprinting Requirement.** The Medical Subcommittee recommends that the CCB recommend to the Vermont legislature to remove all fingerprinting requirements for caregivers.
- 5. **Public Awareness.** The Medical Subcommittee recommends that the CCB allow Licensees, the CCB, Oversight Committee and HCP's (Health care providers) to disseminate information to increase public awareness of the medical program.
- 6. **Remove the 3 Person Requirement.** The Medical Subcommittee recommends that the CCB recommend to the Vermont legislature to remove the requirement that limits dispensaries to serving only 3 people at a time.
- 7. Add Conditions. The Medical Subcommittee recommends that the CCB recommend to the Vermont legislature to include anxiety and sleep disorders to the list of qualifications to the Medical Registry. Also, in addition to the existing list of qualifying conditions, HCP's may determine which medical diseases and conditions may qualify a patient to participate in the medical program. Finally, any condition prompting the prescription of an opioid or the diagnosis of an opiate use disorder should trigger the recommendation for the medical Registry and medical marijuana program.
- 8. Exempt Certain Conditions from Annual Provider Form. The Medical Subcommittee recommends that the CCB recommend to the Vermont legislature to remove any requirements for renewal applications for patients with incurable or terminal conditions.

- 9. Remove Restrictions on Plant Count/Grow Restriction and Increase Possession Limit. The Medical Subcommittee recommends that the CCB recommend to the legislature to remove the restriction on plant count and the 4 ounce per patient grow restriction. The Medical Subcommittee further recommends that the CCB recommend to the legislature to increase the possession limit to 12 mature plants and 3 oz per month or the adult-use equivalent if it is higher.
- 10. **Reciprocity.** The Medical Subcommittee recommends that the CCB allow for out-of-state visitors that hold a valid medical card to purchase from Vermont's medical marijuana dispensaries.
- 11. **Remove Application Fee.** The Medical Subcommittee recommends that the CCB recommend to the Vermont legislature to remove or reduce application fee.
- 12. **Caregiver redefined and unrestricted.** The Medical Subcommittee recommends that the CCB recommend to the Vermont legislature to allow more than one medical caregiver per patient and re-define caregiver as someone that assists the patient but is not a grower. The Medical Subcommittee reiterates that the patients still maintain the right to designate one caregiver as a grower. The license requirements for growers and those related regulations will govern the other facts of the grower-patient relationship.
- 13. **Registry Data Collection.** The Medical Subcommittee recommends that the CCB collect data on access to the Registry.
- 14. **Consumption Data Collection.** The Medical Subcommittee recommends that the CCB Collect data on consumption, sales, patterns of use, methods of consumption and sources of purchase to increase biomass holdings and, ultimately, the development of baseline products by dispensaries.
- 15. **Cultivation Start Date.** The Medical Subcommittee recommends that the CCB recommend to the Vermont legislature to remove allow cultivation to begin on Jan. 1, 2022, to ensure no shortage of product.
- 16. **Research.** The Marijuana plant contains more than 480 distinct chemical compounds including primary and secondary metabolites. The Medical Subcommittee recommends that the CCB recommend to the Vermont legislature to promote research and development of the cannabis plant through labs and universities including potential to replace opioids for pain relief.

The Medical Subcommittee is available to address any questions or issues that the CCB may raise in its evaluation of the foregoing recommendations.

EXHIBIT 1

Medical Cannabis Oversight Committee Recommendations Draft 9.22.21

There is established the Cannabis for Symptom Relief Oversight Committee (CSROC). The Cannabis Control Board (CCB) will provide at a minimum: administrative support, a physical and virtual meeting space, website and social media presence. The committee will be funded by the CCB at necessary levels to pay for per diem costs of members, administrative support costs, expert witnesses and research, member travel, training and other items as approved by the Chair of the CCB.

Members of the Board shall serve for three-year terms, beginning February 1 of the year in which the appointment is made. Members shall be entitled to per diem compensation authorized under 32 V.S.A. § 1010. Vacancies shall be filled in the same manner as the original appointment for the unexpired portion of the term vacated. Members shall not serve for more than two consecutive terms.

The Committee shall be managed by a CCB coordinator and composed of the following members:

(A) Six registered patients (two each from northern, central and southern Vermont) chosen from a combination of CCB appointment and random selection from a list of volunteers identified by the registry;

(B) Three registered caregivers (one each from northern, central and southern Vermont) chosen from a combination of CCB appointment and random selection from a list of volunteers identified by the registry;

(C)Two licensed health care professionals with knowledge of using cannabis as medicine appointed by the CCB from a list provided by the appropriate health care boards;

(D) One licensed cultivator with expertise in medical strains appointed by the CCB from a list provided by the Vermont Growers Coalition;

The Oversight Committee shall meet at least six times per year for the purpose of evaluating public input and making recommendations to the Cannabis Control Board regarding:

(A) the ability of patients and registered caregivers in all areas of the State to obtain timely, affordable, and safe access to cannabis for symptom relief;(B) the effectiveness of the Vermont Medical Cannabis registry and the licensed dispensaries individually and together in serving the needs of qualifying patients

and registered caregivers, including the provision of educational and support services;

(C) recommendations to the CCB on best practices in administration of the medical cannabis program;

(D) any excess or carry over funds obtained from licensing, fees or government appropriation to be used only for the purpose of improving services and products provided, or to reduce costs to patients of the medical cannabis program. The CCB shall consult with the CSROC to help identify how best to leverage these funds should they exist.

EXHIBIT 2

Medical Cannabis Oversight Committee Recommendations 10.13.21

There is established the Cannabis for Symptom Relief Oversight Committee (CSROC). The Cannabis Control Board (CCB) will provide at a minimum: administrative support, a physical and virtual meeting space, website and social media presence. The committee will be funded by the CCB at necessary levels to pay for per diem costs of members, administrative support costs, expert witnesses and research, member travel, training and other items as approved by the Chair of the CCB.

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The Committee shall be managed by a CCB coordinator and composed of the following members:

(A) Six registered patients chosen with the intent to create an inclusive and diverse board, chosen by the CCB from a list of volunteers identified by the registry. Criteria should include, but not be limited to, geographical location, socio-economic status, and medical need;

(B) Three registered caregivers chosen with the intent to create an inclusive and diverse board, chosen by the CCB from a list of volunteers identified by the registry. Criteria should include, but not be limited to, geographical location, socio-economic status, and medical need;

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(A) the ability of patients and registered caregivers in all areas of the State to obtain timely, affordable, and safe access to cannabis for symptom relief;

(B) the effectiveness of the Vermont Medical Cannabis registry and the licensed dispensaries individually and together in serving the needs of qualifying patients and registered caregivers, including the provision of educational and support services;

(C) recommendations to the CCB on best practices in administration of the medical cannabis program;

(D) any excess or carry over funds obtained from licensing, fees or government appropriation to be used only for the purpose of improving services and products provided, or to reduce costs to patients of the medical cannabis program. The CCB shall consult with the CSROC to help identify how best to leverage these funds should they exist.

EXHIBIT 3



To the Cannabis Control Board and the Medical Sub-Committee,

The medical dispensaries that comprise the Vermont Cannabis Trades Association (VCTA) are committed to serving the medical cannabis patients of Vermont. We will continue to prioritize the medical program and its participants as we transition into the adult-use market.

We have heard and appreciate the anxieties surrounding medical product availability. From our years of experience, we know that each medical patient's needs are different and understand the importance of having access to the products that work for them. Although we understand the intent behind the initial recommendation that the medical dispensaries commit to a certain variety of products, we ask the members of the medical sub-committee to consider an alternative. For the reasons listed below, the medical dispensaries ask that we commit to a three-month supply of biomass based on the average of the previous three month's sales.

- A commitment to biomass will provide the flexibility the dispensaries need to capitalize on efficiencies that support our ongoing businesses.
- A commitment to biomass based on previous months sales will ensure the dispensaries are reserving an appropriate amount of product based in real data if the medical program expands, so will the amount of reserved biomass.
- The medical program will have new rules that will likely influence testing, packaging, labeling, etc. Certain products are already made at a loss, and if we commit to producing certain items, the new requirements could result in an even greater financial loss.

The adult-use market will support the current integrated licenses and our continued participation in the medical market. The integrated licenses will ensure those utilizing medical cannabis have the products they need and hope to expand product offerings through partnerships with craft growers.

For reference, included is a list of the top selling product categories.

- Confections & Baked Goods (Cookies, Brownies, Candies, etc.)
- Flower & Pre-Rolls
- Vape Cartridges
- Tinctures
- Topicals

Thank you,

The Vermont Cannabis Trades Association