

Act 65 (2023), Sec. 21 – Meeting 1

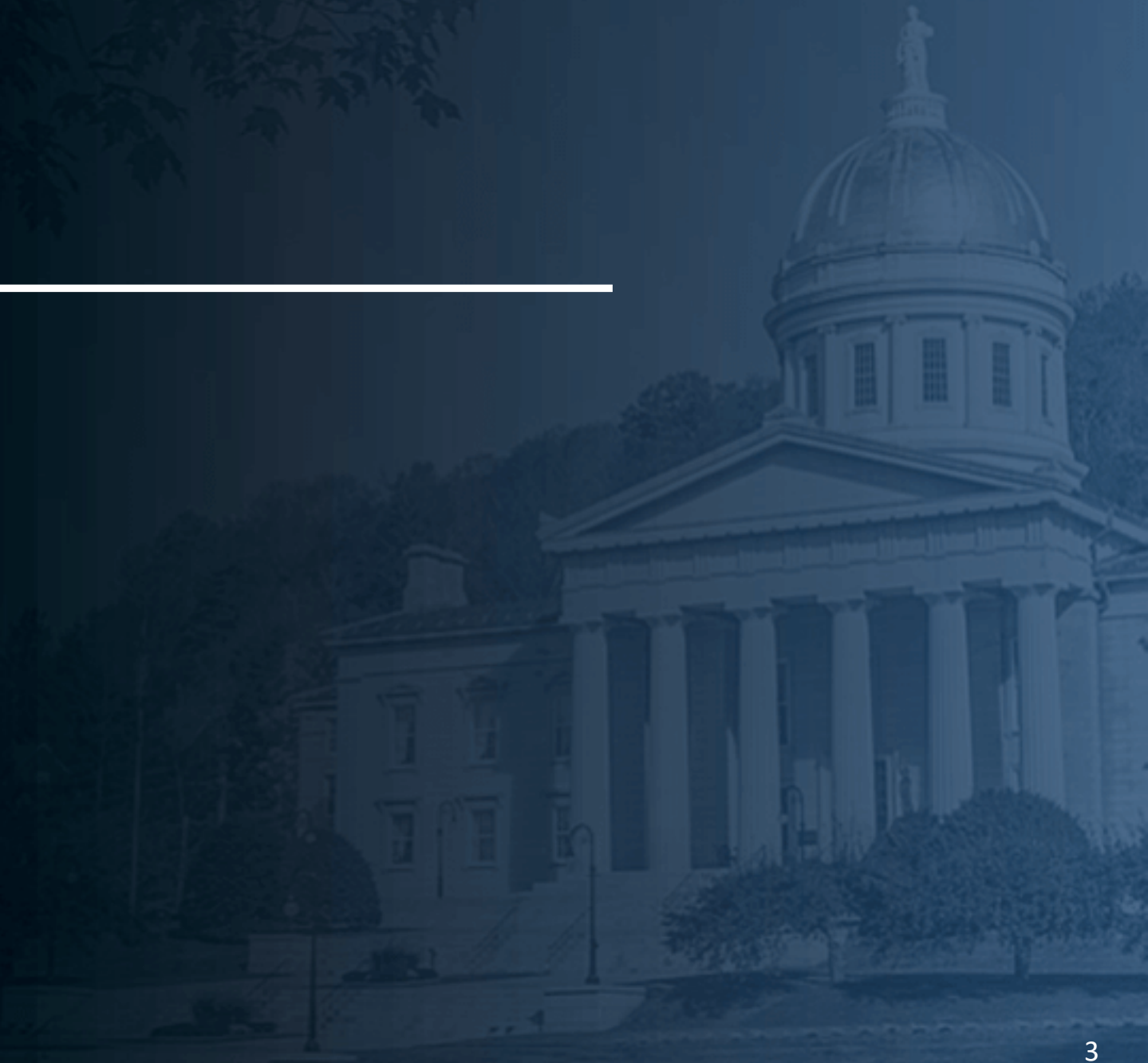
Tuesday, August 8, 2023



Agenda

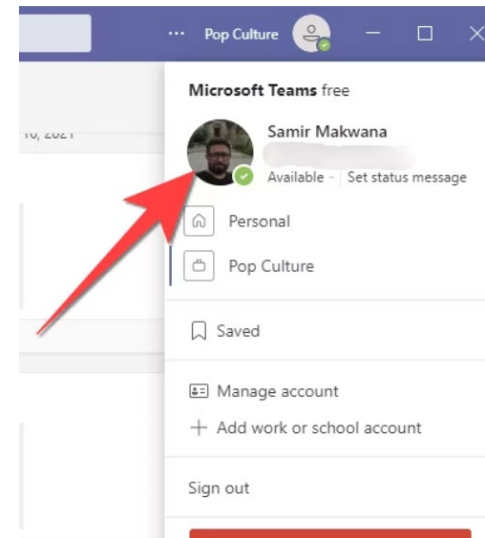
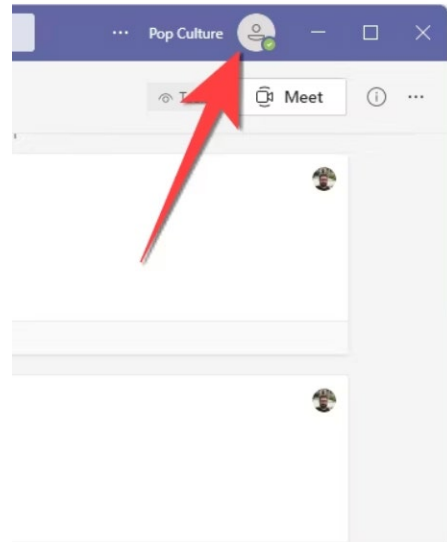
- *Introduction*
- *Review Act 65 (2023) Sec. 21*
- *Evolution of Vermont Medical Registry*
- *CCB Facilitated Brainstorming*
- *Next Steps*
- *Public Comment*

Introduction



Introduction

- Public Meeting
- Ground rules
- Etiquette



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Samir Makwana



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Review Act 65 (2023) Sec. 21



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**.

Evolution of Vermont Medical Registry



Evolution of Vermont Medical Registry

The Controlled Substances Act (CSA)

Schedule I: high potential for abuse with no currently accepted medical use in treatment in the United States.

Examples: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

Schedule II: high potential for abuse, with use potentially leading to severe psychological or physical dependence.

Examples: combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin

Schedule III: moderate to low potential for physical and psychological dependence. Examples: products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone

Schedule IV: low potential for abuse and low risk of dependence. Examples: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol

Schedule V: lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Examples: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin

Evolution of Vermont Medical Registry

2013: Cole Memorandum

- The distribution of marijuana to minors;
- Revenue from going to criminal enterprises, gangs and cartels;
- Diversion of marijuana from states where it is legal to states where it is illegal;
- Use of state-authorized marijuana activity as a cover for other illegal drugs or activity;
- Violence and the use of firearms;
- Drugged driving or other adverse public health consequences;
- The use of public lands for marijuana production; and
- Marijuana possession or use on federal property.

2014: FinCEN Memo

2014: Rohrabacher–Farr amendment “None of the funds made available in this Act to the Department of Justice may be used...to prevent such States from implementing their own State laws that authorize the use, distribution, possession, or cultivation of medical marijuana.”

2018: Cole Memo rescinded

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 changes

Evolution of Vermont Medical Registry

Benefits of medical program

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

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.

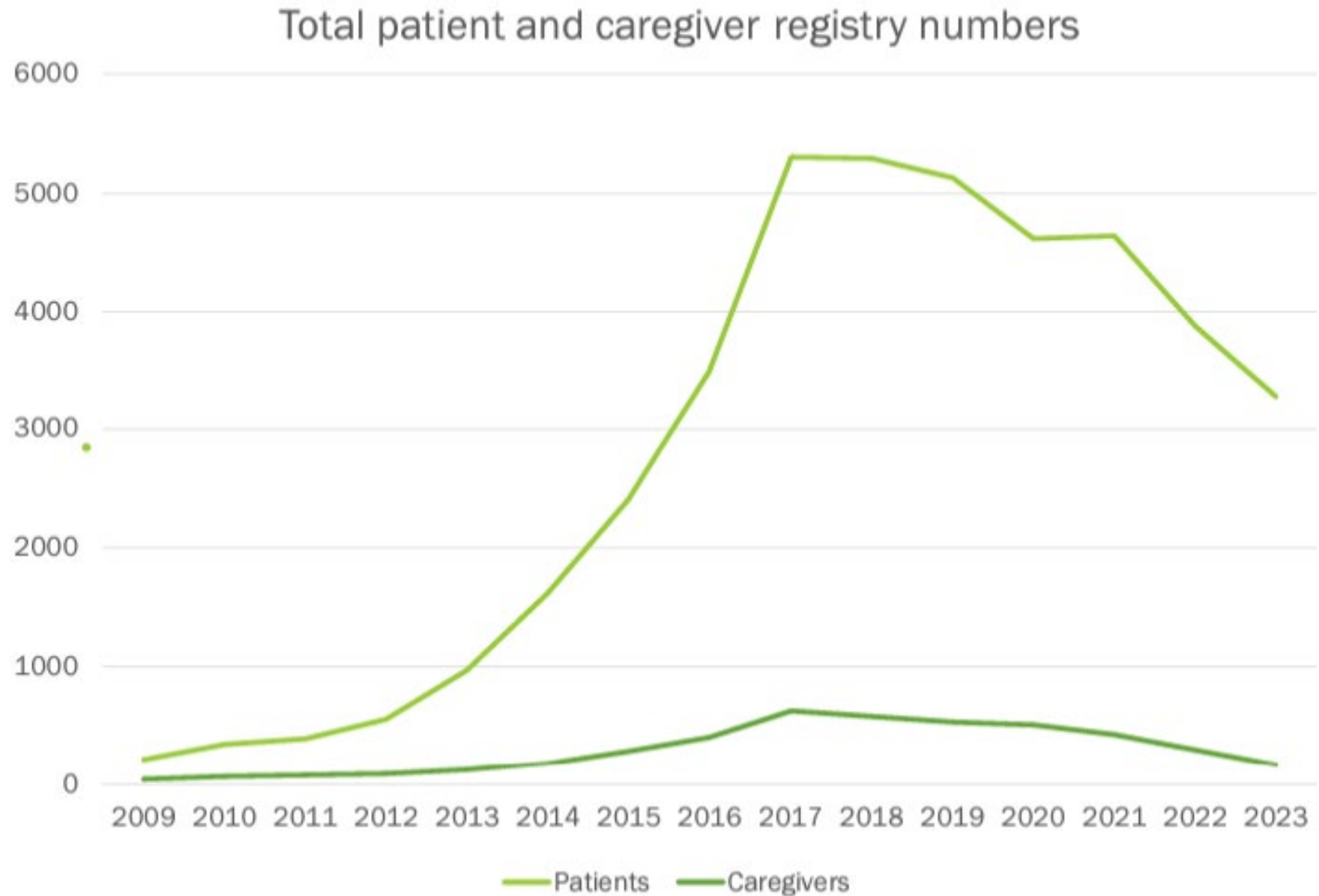
Cannabis Control Board Mission Statement

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)

Evolution of Vermont Medical Registry



Brainstorming topics for consideration

Brainstorming topics for consideration

- **Continued Access & Product Availability**
- **Remove the “bona fide health care professional-patient relationship” requirement**
- **Remove the caregiver fingerprinting requirement**
- **Increase public awareness of the Medical Program**
- **Exempt certain conditions from annual renewal requirement**
- **Increase plant counts and purchase caps**
- **Reciprocity for out of state patients**
- **Remove application fee for patients**
- **Reduce dispensary fee**
- **Expand list of qualifying conditions**
- **New process for adding qualifying conditions**
- **Consumption lounges for patients**
- **3rd party testing / terpene testing**
- **Reconstitute a medical oversight committee**
- **Eliminate PTSD counseling requirement**
- **Tax-free purchasing at retail for patients**
- **Increase caregiver : patient ratios**
- **Education for patients and providers**

Brainstorming topics for consideration

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” means:

(A) cancer, multiple sclerosis, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, glaucoma, Crohn’s disease, Parkinson’s disease, or the treatment of these conditions, if the disease or the treatment results in severe, persistent, and intractable symptoms;

(B) post-traumatic stress disorder, ~~provided the Department confirms the applicant is undergoing psychotherapy or counseling with a licensed mental health care provider;~~ or

(C) 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.

Brainstorming topics for consideration

§ 952. Registry

A person who is a registered patient or a registered caregiver on behalf of a patient may:

- (1) Cultivate not more than ~~two~~ six mature and ~~seven~~ 12 immature cannabis plants. Any cannabis harvested from the plants shall not count toward the two-ounce possession limit
- (2) Possess not more than two ounces of cannabis.

§ 954. Caregivers

(d)(1) Except as provided in subdivision (2) of this subsection, a caregiver ~~shall serve only one patient~~ may serve not more than two patients at a time, and a patient shall have only one registered caregiver at a time. A patient may serve as a caregiver for one other patient.

(2) A patient who is under 18 years of age may have two caregivers. Additional caregivers shall be at the discretion of the Board.

Brainstorming topics for consideration

§ 955. Registration; fees [Patients / Caregivers]

- (a) A registration card shall expire one year after the date of issuance for patients with a qualifying medical condition of chronic pain and the caregivers who serve those patients. For all other patients and the caregivers who serve those patients, a registration card shall expire three years after the date of issuance.
- (b) The Board shall charge and collect a \$50.00 ~~annual~~ registration and renewal fee for patients and caregivers. Fees shall be deposited in the Cannabis Regulation Fund as provided in section 845 of this title. (Added 2019, No. 164 (Adj. Sess.), § 9, eff. March 1, 2022; amended 2021, No. 86 (Adj. Sess.), § 8, eff. March 25, 2022.)

§ 977. Fees [Dispensaries]

The Board shall charge and collect the following fees for dispensaries:

- (1) a one-time \$2,500.00 application fee;
- (2) a \$20,000.00 registration fee for the first year of operation;
- (3) an annual renewal fee of \$25,000.00 for a subsequent year of operation; and
- (4) an annual Registry identification or renewal card fee of \$50.00 to be paid by the dispensary for each owner, principal, financier, and employee of the dispensary.

Brainstorming topics for consideration

§ 974. Rulemaking

The Board shall adopt rules to implement and administer this chapter. In adoption of rules, the Board shall strive for consistency with rules adopted for cannabis establishments pursuant to chapter 33 of this title where appropriate. ~~No rule shall be more restrictive than any rule adopted by the Department of Public Safety pursuant to 18 V.S.A. chapter 86.~~

CCB Rule 2.10 Regulations Applicable to Integrated Licensees

- i. integrated licensees must have a system in place to ensure that staff give priority of service, including priority of entrance and sales, to registered dispensary patients before adult use consumers. This shall include curbside sale, if requested, for dispensary patients.
- ii. Strict protocols must be in place to ensure that medical products for dispensary patients are not sold to adult-use consumers.
- iii. Integrated licensees must ensure their dispensary operations maintain continuity of services to medical Cannabis patients.
- iv. If an integrated licensee has commingled their cultivation pursuant to 2.10.3(a), continuity of services will include designating sufficient biomass at an integrated licensee's cultivation facility to meet demand for medical Cannabis and Cannabis Products as indicated by dispensary sales data for the preceding 3 months.

Brainstorming topics for consideration

CANNABIS CONTROL BOARD REPORTING; MEDICAL CANNABIS REGISTRY

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Next Steps



Next Steps

Scheduling next meetings

Meeting 2 – Quality and Education

Meeting 3 – Access and Affordability

Meeting 4 – Review recommendations

Communications with CCB:

CCB.Med@vermont.gov

Subject: Stakeholder recommendations