

**MARIJUANA FOR SYMPTOM RELIEF
OVERSIGHT COMMITTEE**



**TITLE 18 CHAPTER 86
THERAPEUTIC USE OF CANNABIS**

ANNUAL REPORT

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2016 Annual Report on the Therapeutic Use of Cannabis

INTRODUCTION

During the 2011 Session, the Legislature requested the Marijuana for Symptom Relief Oversight Committee generate a report for the purpose of evaluating and making recommendations to the General Assembly. Act 65 (S.17) specified that the report should include:

(A) The ability of qualifying patients and registered caregivers in all areas of the state to obtain timely access to marijuana for symptom relief.

(B) The effectiveness of the registered dispensaries individually and together in serving the needs of qualifying patients and registered caregivers, including the provision of educational and support services.

(C) Sufficiency of the regulatory and security safeguards contained in this subchapter and adopted by the Department of Public Safety to ensure that access to and use of cultivated marijuana is provided only to cardholders authorized for such purposes.

ANALYSIS

Pursuant to the report specifications contained in Title 18 Chapter 86 the following analysis is respectfully submitted on behalf of the Marijuana for Symptom Relief Oversight Committee.

In response to the proposed Senate Bill S.16 the Committee recommends an increase in staffing be considered for the VMR for the implementation and day-to-day operations.

The Committee proposes that registered dispensaries provide a registered patient and his or her registered caregiver with educational material that should include the following topics; safe storage of marijuana, dosing information for tolerance purposes, the various routes of administration, and oral consumption.

Additionally, the Committee supports the increased possession limit to three ounces included in Senate Bill S.16 and the removal of the notarization requirement.

Lastly, the Marijuana for Symptom Relief Oversight Committee requests an adjustment to the composition of the Marijuana for Symptom Relief Oversight Committee to include two registered caregivers: one registered caregiver assisting a registered patient 18 years of age or older, and one registered caregiver assisting a registered patient under 18 years of age. The addition of these members will provide an important perspective not represented on the Committee currently.

(A) The ability of qualifying patients and registered caregivers in all areas of the state to obtain timely access to marijuana for symptom relief.

Registered patients and caregivers who have designated a dispensary can typically schedule an appointment to occur within 48 hours. The following recommendations are intended to improve access to cannabis products for symptom relief by registered patients for their specific debilitating medical condition.

- 1) Registered patients have expressed a concern about the inability to cultivate and obtain cannabis from a registered dispensary. The restriction prohibiting registered patients to cultivate and obtain cannabis from a registered dispensary hinders a patient's ability to timely access cannabis for symptom relief. Initial patients applying for a registry identification card who elect to cultivate currently must wait for a harvest to access cannabis to alleviate their symptoms. This may result in the inability of a registered patient to access cannabis for symptom relief for months. This restriction also impacts renewing registered patients if they

suffer a crop loss and need to restart the cultivation process.

- 2) The Committee recommends, should Title 18 Chapter 86 be amended, that the VMR be allowed to employ additional resources. Currently, the VMR has three full time employees. An increase to the number of registered dispensaries or number of registered cardholders would require an increase to the current staffing level to allow patients timely access to marijuana for symptom relief.

(B) The effectiveness of the registered dispensaries individually and together in serving the needs of qualifying patients and registered caregivers, including the provision of educational and support services.

The Department of Public Safety has issued four registration certificates to dispensaries operating throughout the state. Currently the four registered dispensaries, located in Burlington, Brandon, Brattleboro, and Montpelier, offer a variety of Indica, Sativa and Hybrid strains of marijuana and products for symptom relief. In addition to the traditional dried marijuana flower, dispensaries are offering patients smokeless options such as tinctures, edibles, CO2 oil extracts, teas, salves, transdermal patches, and lozenges.

The Committee recommends the insertion of new language in section 4474e which would require each dispensary to provide a registered patient and/or his or her caregiver with educational material at the time of his or her initial appointment. The required educational material should include the following topics to effectively serve the needs of registered patients and caregivers:

- a) Safe storage
- b) Dosing information (tolerance)
- c) Routes of administration
- d) Edibles consumption (start low and go slow).

This recommendation is proposed due to the inadequacy of the educational and safety information developed by the Vermont Department of Health. The current document does not provide practical information suitable for the needs of registered patients and his or her caregiver.

(C) Sufficiency of the regulatory and security safeguards contained in this subchapter and adopted by the Department of Public Safety to ensure that access to and use of cultivated marijuana is provided only to cardholders authorized for such purposes.

The current regulatory and security safeguards contained in statute and rules adopted by the Department of Public Safety have been demonstrated to be largely effective in protecting against diversion and theft without imposing an undue burden on the registered dispensaries or compromising the confidentiality of registered patients and caregivers.

The Department transmits weekly secure statements to the registered dispensaries identifying the number of registered patients who have designated that dispensary and correlating registry identification numbers to obtain marijuana or marijuana infused products for symptom relief. A graph depicting the growth in the number of registered patients and caregivers has been attached (Attachment A). Each dispensary also undertakes several additional administrative steps to ensure that only registered patients and/or caregivers are provided access to purchase cannabis products. While the administrative process may vary from dispensary to dispensary, all dispensaries must ensure cannabis is only dispensed to valid cardholders who have designated that dispensary. The Committee is proposing the following recommendations and modifications to further improve the sufficiency of the regulatory and security safeguards contained in Title 18 Chapter 86 to ensure access to and use of cultivated marijuana to registered patients:

- 1) § 4473(b)(2)(B)(i) and (3)(A) “...the debilitating medical condition is of recent or sudden onset, ~~and the patient has not had a previous health care professional who is able to verify the nature of the disease and its symptoms.~~”
- 2) Added exemption from criminal and civil penalties; seizure of property for hospitals and school administering cannabis oil.
- 3) Add provisions to this chapter, restricting the possession and control of regulated drugs, shall not apply to public officers or their employees in the performance of their official duties requiring possession or control of cannabis, nor to temporary incidental possession by employees or agents of persons lawfully entitled to possession, including a health care professional, medical assistant, nurse, intern, and resident dispensing or administering cannabis to a registered patient, nor by authorized persons whose possession is for the purpose of aiding public officers in performing their official duties.
- 4) Inclusion of a three-month exception for military veterans in §4472(1) under the definition of (A) "Bona fide health care professional-patient relationship" means a treating or consulting relationship of not less than three months' duration, in the course of which a health care professional has completed a full assessment of the registered patient's medical history and current medical condition, including a personal physical examination.

(B) The three-month requirement shall not apply if:

- i. a patient has been diagnosed with:
 - I. a terminal illness;
 - II. cancer;
 - III. multiple sclerosis;
 - IV. acquired immune deficiency syndrome; or
 - V. human immunodeficiency virus.
- ii. a patient is currently under hospice care.
- iii. a patient had been diagnosed with a debilitating medical condition by a health care professional in another jurisdiction in which the patient had been formerly a resident and the patient, now a resident of Vermont, has the diagnosis confirmed by a health care professional in this State or a neighboring state as provided in subdivision (6) of this section, and the new health care professional has completed a full assessment of the patient's medical history and current medical condition, including a personal physical examination.
- iv. a patient who is already on the Registry changes health care professionals three months or less prior to the annual renewal of the patient's registration, provided the patient's new health care professional has completed a full assessment of the patient's medical history and current medical condition, including a personal physical examination.
- v. a patient is referred by his or her health care professional to a health care professional who specializes in diagnosing and treating certain debilitating medical conditions and that specialist has completed a full assessment of the patient's medical history and current medical condition, including a personal physical examination.
- ~~v.~~vi. a patient is a military veteran.

Attachment A

