

**Comments are to the right of the bill and hovering over the comment will expand it to be read in its entirety.**

BILL AS INTRODUCED AND PASSED BY SENATE

S.16

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S.16

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Introduced by Senators Sears, Ashe, Benning, Campion, Degree, Lyons, and

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White

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Referred to Committee on Judiciary

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Date: January 12, 2017

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Subject: Health; therapeutic use of cannabis

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Statement of purpose of bill as introduced: This bill proposes to waive the

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three-month patient-health care professional relationship requirement when the

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patient is referred to a specialist who completes a full examination and signs

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the medical verification form; expand list of qualifying medical conditions;

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increase the number of dispensaries from four to eight; allow dispensaries to

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advertise; allow a patient to possess up to three ounces of marijuana; clarify

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that a dispensary may cultivate marijuana outdoors provided the marijuana is

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in an enclosed, locked facility shielded from public view; allow a patient or

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caregiver to cultivate marijuana even if the patient has designated a dispensary;

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allow a dispensary to convert to a for-profit; require continuing medical

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education to include training on the Medical Marijuana Registry; require the

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Agency of Agriculture, Food and Markets to independently test marijuana-

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infused edible or potable products sold by a dispensary to ensure appropriate

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labeling of the tetrahydrocannabinol content.

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**Commented [RLO1]:** Even when H.170 failed to make the crossover date, Senator Sears left his Judiciary door open just in case the House would have a change of heart. Shows how much he wants to get this small legalization bill and turn it into a big legalization one.

**Commented [RLO2]:** Benning, White, Sears-those are the Senators pushing hard for commercialization of marijuana. Are they looking for a back door entrance to increase marijuana usage in Vermont by this supposed Health bill?

**Commented [A3]:** While there seems to be some help with chemo nausea from marijuana, it has no recognized therapeutic use and on the contrary the FDA and DEA both recognize no valid medical use for this drug.

**Commented [RLO4]:** This bill is a mechanism to make more marijuana more easily available for more people with the end result of expanding the for-profit marijuana industry in Vermont.

**Commented [RLO5]:** This and other provisions are intended to make it easier for a person to obtain medical marijuana. Be mindful of this as you read through the statute..

**Commented [RLO6]:** There is a lack of authoritative convincing evidence that medical conditions qualifying a person to get medical marijuana should be treated with marijuana. There will be more comments on this later.

**Commented [A7]:** Increasing the number of dispensaries will increase usage and availability and there is no evidence that it is needed. Even the dispensaries that exist I understand are opposed to increasing the numbers. That speaks for itself because those dispensaries want all the profits for themselves and this will ratchet up the competition and increase availability

**Commented [RLO8]:** More for-profit dispensaries that advertise portend increased business, sales and use with the attendant problems that will come.

**Commented [A9]:** The previous amount a person could have in possession was 2 ounces and could not grow their own. Now they can promote medical marijuana with growing your own with an old familiar Doublemint tune: "Double your pleasure, double your fun, now you can get high and you can grow and the police will walk by even if they know!"

**Commented [RLO10]:** The patients will be able to possess 3 ounces plus they will be in addition to grow their own under this bill. This raises diversion issues which already exist with the current quantities allowed. Now we will have some people who can personally grow and others not, especially if H.170 fails and S.16 passes.

**Commented [RLO11]:** This ushers in the hope for big tax revenue and will lead to the total commercialization of the industry here.

**Commented [RLO12]:** I believe we were promised by our former Governor that we would not have edibles because of t...

**Commented [RLO13]:** Will this be the only issue for the Agency to see that the content is what it is claimed to be. What about other matters such as insecticide and herbicide and fun...

**Commented [A14]:** Not knowing how the Agency of Agriculture, Food and Markets functions, I wonder if the provision for independent testing isn't there just to give the ...

1 An act relating to expanding patient access in the Medical Marijuana  
2 Registry

3 It is hereby enacted by the General Assembly of the State of Vermont:

**Commented [A15]:** This is a true statement but not a good one. Since marijuana has no valid treatment and conditions such as PTSD where it is in fact contraindicated, means that expanding patient access means more people will be engaging in dangerous behavior with the blessing of the State of Vermont.

The text from here through part of page 14 was stricken and is not language being presently considered by the House so those pages have not been included in this document. They can be seen by going to the State Legislature website

Sec. 1. 18 V.S.A. § 4472 is amended to read:

§ 4472. DEFINITIONS

As used in this subchapter:

(1)(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; or
  - (III) acquired immune deficiency syndrome; or
  - ~~(IV) is currently under hospice care.~~
- (ii) a patient is currently under hospice care.

**Commented [RLO16]:** This provision takes on an urgency to reducing the patient-MD relationship so as to enable the use of marijuana in these situations. The conditions in this section are very serious or terminal cases and seem to be directed to allowing the patient easier access to marijuana regardless of the appropriateness for the drug for these conditions. It's almost as if it is telling us that if you are about to die, maybe you should be able to go out stoned.

~~(ii)(iii)~~ (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.

**Commented [RLO17]:** Cancer varies in seriousness but this provision treats all cancers the same. Even if one were to consider marijuana appropriate in some cases, say chemo nausea, such broad coverage would seem inappropriate.

~~(iii)~~(iv) a patient who is already on the registry 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.

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(4) "Debilitating medical condition;" provided that, in the context of the specific disease or condition described in subdivision (A) or (B) of this subdivision (4), reasonable medical efforts have been made over a reasonable amount of time to relieve the symptoms; means:

(A) cancer, multiple sclerosis, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, glaucoma, post-traumatic stress disorder, 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; ~~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.

(5) "Dispensary" means a nonprofit entity registered under section 4474e of this title which that acquires, possesses, cultivates, manufactures, transfers, transports, supplies, sells, or dispenses marijuana, marijuana-infused products, and marijuana-related supplies and educational materials for or to a registered patient who has designated it as his or her center and to his or her registered caregiver for the registered patient's use for symptom relief. A dispensary may provide marijuana for symptom relief to registered patients at only one facility or location, but may have a second location associated with the dispensary where the marijuana is cultivated or processed. Both locations are considered to be part of the same dispensary.

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(10) "Ounce" means 28.35 grams.

(11) "Possession limit" means the amount of marijuana collectively possessed between the registered patient and the patient's registered caregiver which that is no more than two mature marijuana plants, seven immature

**Commented [A18]:** Where is the requirement for informed consent regarding the known dangers for users such as side effects and addiction possibilities? How can a health bill ignore such basic requirements especially in light of all the scientific and medical opinions on the dangers and risks of using marijuana by the mentally ill or by children, let alone adults?

**Commented [A19]:** Legislators should not be substituting their opinion on medical conditions and drugs used for those conditions in place of the scientific community and with this bill they are clearly doing that.

**Commented [A20]:** 1. There is strong evidence that marijuana is not effective in many of the named diseases and in the case of PTSD there is very strong evidence that marijuana worsens the condition. People with PTSD need to be cured and not just numbed!

**Commented [A21]:** David C. Rettew, MD, a Vermont Associate Professor of Psychiatry and Pediatrics said: "Simple message for PTSD indication is that not only is there no good evidence that cannabis is helpful for PTSD there is scientific evidence that cannabis leads to more aggression, more PTSD, and more substance use." Dr. Rettew advised me that his comments were based in part on a study in the Journal of Clinical Psychiatry, <https://www.ncbi.nlm.nih.gov/pubmed/26455669> where the one page abstract concluded that: "In this observational study, initiating marijuana use after treatment was associated with worse PTSD symptoms, more violent behavior, and alcohol use. Marijuana may actually worsen PTSD symptoms or nullify the benefits of specialized, intensive treatment. Cessation or prevention of use may be an important goal of treatment."

**Commented [A22]:** There is no provision for public education. Since it is illegal to possess this drug according to federal law and there is no recognized legitimate use, what could such education bring except to enhance the sales of a for profit business that advertises. There would be little question that any education would be in the form of advertisements on products and availability.

**Commented [A23]:** Once a person is seen their access to medical marijuana remains, unless I am mistaken, in place for an entire year. Deceive the prescriber once and you get the drug for a year. In my experience as a pharmacist I have seen so many situations, too numerous to count, of people who have deceived prescribers, and especially dentists, to get an opiate prescription. Those are one time deceptions where marijuana registration is only a yearly hurdle the deceiver has to clear.

plants, and ~~two~~ three ounces of usable marijuana.

~~(44)~~(12) "Registered caregiver" means a person who is at least 21 years of age, has met eligibility requirements as determined by the Department in accordance with this chapter, and who has agreed to undertake responsibility for managing the well-being of a registered patient with respect to the use of marijuana for symptom relief.

**Commented [RLO24]:** It is medically accepted that human brains are in development until age 25 but this bill continues with the acceptance of use by those 21 years of age and older. Is there anything that makes it illegal for a physician to treat a minor with marijuana for any condition? I am not sure but I know of at least one case where a prescriber suggested medical marijuana to a 19-year-old with a chronic knee problem that he could not treat successfully. The patient declined.

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~~(42)~~(13) "Registered patient" means a resident of Vermont who has been issued a registration card by the Department of Public Safety, identifying the person as having a debilitating medical condition pursuant to the provisions of this subchapter. "Resident of Vermont" means a person whose domicile is Vermont.

**Commented [A25]:** This is the only drug that I have ever heard of that can be used for almost any condition that a prescriber wishes to certify. This goes beyond any sense of good medical practice.

~~(43)~~(14) "Secure indoor facility" means a building or room equipped with locks or other security devices that permit access only by a registered caregiver, registered patient, or a principal officer or employee of a dispensary.

**Commented [A26]:** What are the safeguards that keep inventory controlled to insure there is no diversion?

~~(44)~~(15) "Transport" means the movement of marijuana and marijuana-infused products from registered growing locations to their associated dispensaries, between dispensaries, to registered patients and registered caregivers in accordance with delivery protocols, or as otherwise allowed under this subchapter.

~~(45)~~(16) "Usable marijuana" means the dried leaves and flowers of marijuana, and any mixture or preparation thereof, and does not include the seeds, stalks, and roots of the plant.

~~(46)~~(17) "Use for symptom relief" means the acquisition, possession, cultivation, use, transfer, or transportation of marijuana, or of paraphernalia relating to the administration of marijuana to alleviate the symptoms or effects of a registered patient's debilitating medical condition ~~which that~~ is in compliance with all the limitations and restrictions of this subchapter.

**Commented [A27]:** There are no indications for use of marijuana for symptom relief and my question is for what condition? A debilitating medical condition? Is the bill about health or giving anyone with a problem the access to a substance to keep them stoned for the rest of their lives?

Sec. 2. 18 V.S.A. § 4473 is amended to read:

#### §4473. REGISTERED PATIENTS; QUALIFICATION STANDARDS AND PROCEDURES

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(b) The Department of Public Safety shall review applications to become a registered patient using the following procedures:

(1) A patient with a debilitating medical condition shall submit a signed application for registration to the Department. ~~A patient's initial application to the registry shall be notarized, but subsequent renewals shall not require notarization. If the patient is under 18 years of age, the application must be~~

**Commented [A28]:**

**Commented [A29R28]:** Even though marijuana has been proven to damage the developing brain up to 25 years of age. This cannot stand if the science is correct.

signed by both the patient and a parent or guardian. The application shall require identification and contact information for the patient and the patient's registered caregiver applying for authorization under section 4474 of this title, if any, and the patient's designated dispensary under section 4474e of this title, if any. The applicant shall attach to the application a medical verification form developed by the Department pursuant to subdivision (2) of this subsection.

(2) The Department of Public Safety shall develop a medical verification form to be completed by a health care professional and submitted by a patient applying for registration in the program. The form shall include:

(A) A cover sheet which that includes the following:

(i) A statement of the penalties for providing false information.

(ii) Definitions of the following statutory terms:

(I) "Bona fide health care professional-patient relationship" as defined in section 4472 of this title.

(II) "Debilitating medical condition" as defined in section 4472 of this title.

(III) "Health care professional" as defined in section 4472 of this title.

(iii) A statement that the medical verification form is not considered a prescription and that the only purpose of the medical verification form is to confirm that the applicant patient has a debilitating medical condition.

(B) A verification sheet ~~which~~ that includes the following:

(i) A statement that a bona fide health care professional-patient relationship exists under section 4472 of this title, or that, under subdivision (3)(A) of this subsection (b), 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.~~

(ii) A statement that reasonable medical efforts have been made over a reasonable amount of time without success to relieve the symptoms.  
[Repealed.]

(iii) A statement that the patient has a debilitating medical condition as defined in section 4472 of this title, including the specific disease or condition ~~which that~~ the patient has and whether the patient meets the criteria under section 4472.

**Commented [A30]:** Why would this be so? Why would it not be a prescription? A **drug** includes articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals. Now if a healthcare provider prescribes there is a standard of care that would apply. Here there is no accountability for all there has to be is a showing of a debilitating condition and then the patient can go shopping I guess for the marijuana of their choice. This is a sham and clearly is a way to get around the provider not having to prescribe and be held accountable for malpractice which this surely could be. It is simply a way to get a license to use an addicting drug.

**Commented [A31]:** This is a HUGE problem! What is to be done if and when the doctor thinks that the drug is doing more harm than good or if he/she think the condition is cured or the dx was wrong??? How is a medical marijuana card to be revoked? Will the patient be able to continue to get the marijuana regardless because there is no way to revoke the order? This is an issue that must be resolved to protect the patient and the public. This again shows the real reason for this bill is to expand marijuana regardless of medical conditions. Prescriptions for other narcotics must be renewed if indicated and if there is a problem with the drug not being appropriate for the patient the doctor can cancel the prescription at the pharmacy. No such safeguard is provided by this bill for marijuana. Such a big flaw!

**Commented [A32]:** This common sense provision has been repealed. So all you need to have is an indication you have a debilitating condition then go shopping for the marijuana of your choice. Aren't you wondering what is really going on here by this time. This provision should be a requirement even if the use of marijuana was justified in some caases.

(iv) ~~A signature line which that provides in substantial part: "I certify that I meet the definition of 'health care professional' under 18 V.S.A. § 4472, that I am a health care professional in good standing in the State of ....., and that the facts stated above are accurate to the best of my knowledge and belief."~~

**Commented [A33]:**

**Commented [A34R33]:** All of these procedures are just window dressing to make it look like this is a well-controlled process to insure the proper use of this drug. Nothing could be further from the truth.

(v) The health care professional's contact information, license number, category of his or her health care profession as defined in subdivision 4472(6) of this title, and contact information for the out-of-state licensing agency, if applicable. The Department of Public Safety shall adopt rules for verifying the goodstanding of out-of-state health care professionals.

~~(vi) A statement that the medical verification form is not considered a prescription and that the only purpose of the medical verification form is to confirm that the applicant patient has a debilitating medical condition.~~

**Commented [A35]:** Moved to another location in the bill.

(3)(A) The Department of Public Safety shall transmit the completed medical verification form to the health care professional and contact him or her for purposes of confirming the accuracy of the information contained in the form. The Department may approve an application, notwithstanding the ~~six-month~~ three-month requirement in section 4472 of this title, if the Department is satisfied that the medical verification form confirms that the debilitating medical condition is of recent or sudden onset, ~~and that the patient has not had a previous health care professional who is able to verify the nature of the disease and its symptoms.~~

(B) If the health care professional is licensed in another state as provided section 4472 of this title, the Department shall verify that the health care professional is in good standing in that state.

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Sec. 3. 18 V.S.A. § 4474(c)(1) is amended to read:

(c)(1) Except as provided in subdivision (2) of this subsection, a registered caregiver may serve only one registered patient at a time, and a registered patient may have only one registered caregiver at a time. A registered patient may serve as a registered caregiver for one other registered patient.

**Commented [RLO36]:** The caregiver for a patient on an addicting drug can also be a patient using this addicting drug? Wow! Surely this was not intended, or was it? Talk about safeguards against diversion!

Sec. 4. 18 V.S.A. § 4474e is amended to read:

§ 4474e. DISPENSARIES; CONDITIONS OF OPERATION

(a) A dispensary registered under this section may:

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(5) Advertise under the following conditions:

(A) Advertising shall not contain any statement or illustration that:  
(i) is false or misleading;  
(ii) promotes overconsumption; or  
(iii) is designed to appeal to children or persons under 18 years of age by portraying anyone under 18 years of age or objects suggestive of the presence of anyone under 18 years of age, or containing the use of a figure, a symbol, or language that is customarily associated with anyone under 18 years of age.

**Commented [A37]:** My understanding now is that the Human Services Committee before voting the bill out of committee removed advertising. It is left in other comments because it could be an issue when the House and the Senate meet to reconcile if S.16 is passed in the House.

(B) Outdoor advertising shall not be located within 1,000 feet of a preexisting public or private school or a preexisting licensed or regulated child care facility.

**Commented [A38]:** Who will be approving such advertising to make sure it is not false or misleading. What is the purpose of advertising if not to promote use. How does one determine when they are using a federally illegal substance that they are over-consuming? And here is that 18 year of age problem for the person using on his/her brain. Brain development takes place until age 25 and use of marijuana before that has been clearly shown to permanently damage the brains of people in that age group.

(C) All advertising shall contain the following warning: "Marijuana has intoxicating effects and may impair concentration, coordination, and judgment. Do not operate a motor vehicle or heavy machinery or enter into any contractual agreement under the influence of marijuana."

**Commented [A39]:**

(b)(1) A dispensary shall be operated on a nonprofit basis for the mutual benefit of its patients but need not be recognized as a tax-exempt organization by the Internal Revenue Service.

**Commented [A40R39]:** How is this to be enforced when there is no roadside test for marijuana as there is for alcohol? These are empty words at best!

(2) A dispensary shall have a sliding-scale fee system that takes into account a registered patient's ability to pay.

**Commented [A41]:** This of course is because marijuana is illegal to possess under federal law. But why even think about that. Just remove the statement as it done here.

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(d)(1) A dispensary shall implement appropriate security measures to deter and prevent the unauthorized entrance into areas containing marijuana and the theft of marijuana and shall ensure that each location has an operational security alarm system. All cultivation of marijuana shall take place in an enclosed, locked facility which is either indoors or otherwise outdoors, but not visible to the public, and which can only be accessed by principal officers and employees of the dispensary who have valid registry Registry identification cards. The Department of Public Safety shall perform an annual on-site assessment of each dispensary and may perform on-site assessments of a dispensary without limitation for the purpose of determining compliance with this subchapter and any rules adopted pursuant to this subchapter and may enter a dispensary at any time for such purpose. During an inspection, the Department may review the dispensary's confidential records, including its dispensing records, which shall track transactions according to registered patients' registry Registry identification numbers to protect their confidentiality.

**Commented [A42]:** I find nothing about how prices are to be established. It must be considered that many of the customers are addicted and will pay whatever is charged. The bill requires a "sliding-scale" of charges, considering "a registered patient's ability to pay." How will that be done and what is the criteria and proof necessary to qualify. So much of this bill has high sounding requirements that appear at first glance to be great but there is no system in place to see that they occur. What a sad thing to make advertise and profit from people who are addicted.

**Commented [A43]:** Raises questions about control of the drug inside by those working for the dispensary. How is supply vs sales tracked to insure there is no diversion? No thought seems to be put into that big problem.

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(k)(1) No dispensary, or principal officer, boardmember, or **employee** of a dispensary shall:

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(C) dispense more than ~~two~~ three ounces of usable marijuana to a registered patient directly or through the qualifying patient's registered caregiver during a 30-day period;

Sec. 5. 18 V.S.A. § 4474f is amended to read:

§ 4474f. DISPENSARY APPLICATION, APPROVAL, AND REGISTRATION

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~~(b) Within 30 days of the adoption of rules, the Department shall begin accepting applications for the operation of dispensaries. Within 365 days of the effective date of this section, the Department shall grant registration certificates to four dispensaries, provided at least four applicants apply and meet the requirements of this section. No more than four~~ eight dispensaries shall hold valid registration certificates at one time. Any time a dispensary registration certificate is revoked, is relinquished, or expires, the Department shall accept applications for a new dispensary. ~~If at any time after one year after the effective date of this section fewer than four~~ eight dispensaries hold valid registration certificates in Vermont, the Department of Public Safety shall accept applications for a new dispensary.

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Sec. 5a. DEPARTMENT OF PUBLIC SAFETY

The Department of Public Safety shall begin to accept applications for the additional four dispensaries on July 1, 2017.

Sec. 6. 18 V.S.A. § 4474h is amended to read:

§4474h PATIENT DESIGNATION OF DISPENSARY

(a) A registered patient may obtain marijuana only from the patient's designated dispensary and may designate only one dispensary. ~~If a registered patient designates a dispensary, the patient and his or her caregiver may not grow marijuana or obtain marijuana or marijuana-infused products for symptom relief from any source other than the designated dispensary.~~ A registered patient who wishes to change his or her dispensary shall notify the Department of Public Safety in writing on a form issued by the Department and shall submit with the form a fee of \$25.00. The Department shall issue a new identification card to the registered patient within 30 days of receiving the notification of change in dispensary. The registered patient's previous

**Commented [A44]:** When you consider that pharmacist must have 6 years of education and physicians even more before they can dispense or prescribe drugs, it raises the question of whether those working and dispensing marijuana have been properly trained and are qualified to offer counseling to the patient. I think we know that answer. It would be interesting to know how this profession is defined or are these jobs at the dispensary minimum wage entry level positions. That's something that needs to be inquired about. Seems pretty lax when considering that a narcotic substance is involved. Why isn't the Board of Pharmacy used as a regulating Board to insure that these Dispensaries are as secure and well run as a retail pharmacy?

identification card shall expire at the time the new identification card takes effect. A registered patient shall submit his or her expired identification card to the Department within 30 days of expiration. A registered patient shall not change his or her designated dispensary more than once in any 30-day period.

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Sec. 7. 18 V.S.A. § 4474n is added to read:

§ 4474n. TESTING; AGENCY OF AGRICULTURE, FOOD AND MARKETS

The Agency of Agriculture, Food and Markets shall conduct periodic analytical sample testing of marijuana-infused edible or potable products sold by a dispensary to ensure appropriate labeling of the tetrahydrocannabinol content as required by subdivision 4474e(h)(2) of this chapter.

Sec. 8. 6 V.S.A. chapter 5 is amended to read:

CHAPTER 5. CENTRAL TESTING LABORATORY

§ 121. CREATION AND PURPOSE

There is created within the Agency of Agriculture, Food and Markets a central testing laboratory for the purpose of providing agricultural and, environmental, and other necessary testing services.

§ 122. FEES

Notwithstanding 32 V.S.A. § 603, the Agency shall establish fees for providing agricultural ~~and, environmental, and other necessary~~ testing services at the request of private individuals and State agencies. The fees shall be reasonably related to the cost of providing the services. Fees collected under this chapter shall be credited to a special fund which shall be established and managed pursuant to 32 V.S.A. chapter 7, subchapter 5, and which shall be available to the Agency to offset the cost of providing the services.

§ 123. REGULATED DRUGS

(a) Except as provided in subsection (b) of this section, the provisions of 18 V.S.A. chapter 84 shall not apply to the Secretary or designee in the otherwise lawful performance of his or her official duties requiring the possession or control of regulated drugs.

(b) The central testing laboratory shall obtain a certificate of approval from the Department of Health pursuant to 18 V.S.A. § 4207.

(c) As used in this section, "regulated drug" shall have the same meaning as in 18 V.S.A. § 4201.

**Commented [A45]:** Provision speaks of changing dispensaries and the need for a new identification card that will "expire at the time the new identification care takes effect." The question is the coordination between the dispensaries and does it exist and is it enforced. One has to question if it does for the provision in the bill states: "A registered patient shall submit his or her expired identification card to the Department within 30 days of expiration." That language sounds as if the card needs to be surrendered physically since it could be used until it is. When a credit card is expired, there is no way to use it to buy a product, but the description of the procedure here makes one believe that is not so with a marijuana identification card.

**Commented [A46]:** This bill totally ignores the safeguards created by past crafting of legislation to insure accountability in the area of regulated drugs. Look at the things that there is no accountability form <http://legislature.vermont.gov/statutes/fullchapter/18/084>. The whole bill is a sham the purpose of which is to expand the use of marijuana and its availability throughout Vermont. This is a bill to make it look like a patient is being treated for a medical condition when in fact it is a bill that allows those interested in self-indulgence to be treated to a high that if free from police involvement.

This bill is a sham and medical malpractice at best!

Sec. 9. AUTHORITY FOR CURRENTLY REGISTERED DISPENSARY ORGANIZED AS A NONPROFIT CORPORATION TO CONVERT TO FOR-PROFIT ENTITY.

(a) Notwithstanding the provisions of Title 11B and any other rule to the contrary, a dispensary organized as a nonprofit corporation and registered pursuant to 18 V.S.A. chapter 86 may convert to a domestic corporation pursuant to and in accordance with 11A V.S.A. chapter 11 as if the dispensary were a domestic organization, except that the dispensary shall approve a plan of conversion pursuant to 11A V.S.A. § 11.04 by a majority vote of its board of directors and may otherwise disregard any provision of 11A V.S.A. chapter 11 that relates to shareholders.

(b) Notwithstanding 18 V.S.A. § 4474e or any rule to the contrary, the converted domestic corporation may continue to operate on a for-profit basis in accordance with the terms of its registration, 18 V.S.A. chapter 86, and any rules adopted pursuant to that chapter.

Sec. 10. EFFECTIVE DATES

(a) Sec. 9 shall take effect on passage.

(b) The remaining sections of this act shall take effect on July 1, 2017.