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Sent on: Wednesday, August 7, 2024 2:08:14 PM

To: GMCB - Health Systems Finances<GMCB.HealthSystemsFinances@vermont.gov>; Foster, Owen<Owen.Foster@vermont.gov>; Barrett, Susan<Susan.Barrett@vermont.gov>; Barber, Michael<Michael.Barber@vermont.gov>; Walsh, Thom<Thom.Walsh@vermont.gov>; Murman, David<David.Murman@vermont.gov>; Lunge, Robin<Robin.Lunge@vermont.gov>; Holmes, Jessica A.<Jessica.A.Holmes@vermont.gov>; Hengstler, Mark<Mark.Hengstler@vermont.gov>; LaJeunesse, Kristen<Kristen.Lajeunesse@vermont.gov>

Subject: Public Comment: Hospital Budget 2024-08-07T14:08:10Z

A new GMCB Public Comment has been received.

Submit Time: 8/7/2024 2:08:10 PM

Name: Catherine Antley MD

Affiliation: Vermont Dermatopathology

Town/City: South Burlington

Topic: Hospital Budget

Comment: Cannabis hyperemesis syndrome (CHS) is a disease which almost did not exist prior to commercialization of "medical" and "recreational" marijuana. Since commercialization the THC content of marijuana has spiked - from 9-13% to upwards of 90% in legal in Vermont vapes and "medical" candies. Tens of thousands are afflicted by this painful debilitating condition as well as the increased addiction which results from increased THC potency. The cost in ER utilization is high for cannabis caused diseases as each individual's pain must be assessed to rule out treatable infection, neoplasia, appendicitis, gall stone etc before the diagnosis of CHS can be made with confidence. The mean cost of hospitalization has increased and recently placed at \$18,714 per patient (J Clin Gastroenterol. 2024 Mar 1;58(3):247-252. doi: 10.1097/MCG.0000000000001857.) Potent cannabis is also linked to extremely costly psychosis and schizophrenia which burden our health care system. In year s past cannabis associated admissions were published by the Vermont Health Department. However the Green Mountain Care Board has taken custody of this information and a FOIA failed to have them released. Transparency is important to assessing the cause and remedy of our health care cost crisis in Vermont. What is the cost to Vermont and our health care system of increasing potency and use of THC post commercialization of the product? What steps can the state and our health care delivery system take to reverse this cost burden of this morbidity to pre commercialization numbers? Are there concrete lessons from Tobacco regarding advertising, product availability , mandatory packaging and warnings which should be part of the GMCB 's proposal to contain Vermont's exploding health care cost burden? . Will the Green Mountain Care Board release to the public the numbers of cannabis associated ER admissions for cannabis hyperemesis syndrome, psychosis, suicide, preterm deliveries, small for gestational age infants and their sequelae?

Post Comment: Yes