

THE ENROLLMENT COLLAPSE AND THE CAREGIVER LICENSING MODEL

What Maine's program earns, what Connecticut's costs, and the fiscal case for a licensed caregiver tier.

Connecticut Cannabis Reform Project | August 2026 | Built from CT DCP registrant data and the Maine OCP 2025 Annual Report to the Legislature

THE COMPARISON THAT MATTERS

Maine has 38% of Connecticut's population and 3.7 times as many medical cannabis patients. Per capita, Maine enrolls patients at 9.65 times Connecticut's rate. Maine's printed patient certifications rose 1.8% last year. Connecticut's has fallen 43.5% from its 2021 peak and continues to drop by roughly 214 patients a month on the trailing twelve-month average.

One major structural difference relevant to this proposal is that Maine has a licensed, fee-paying caregiver cultivation tier and Connecticut does not.

Two facts shape the fiscal picture and are stated here at the outset. Connecticut eliminated the \$100 patient and \$25 caregiver registration fees in July 2023, so the state collects nothing from medical program registration today. And under CGS § 12-412(120) palliative-use cannabis is exempt from the sales tax, the potency excise tax and the municipal tax, so a patient who re-enrolls and shifts spending out of the adult-use market reduces state tax receipts. Re-enrollment is not a revenue event in Connecticut. The license fee is. Section 4 shows precisely when the program nets positive.

1. Connecticut and Maine — Verified Figures

Metric	Connecticut	Maine	Comparison
Population (2024 est.)	3,675,069	1,405,012	ME = 38% of CT
Medical patients	30,505 (Jul 2026)	112,547 (2025 certifications)	ME 3.69×
Patients per 1,000 residents	8.3	80.1	ME 9.65×
Registered caregivers	2,591	1,539	CT 1.68×
Certifying clinicians	2,009	808	CT 2.49×
Patient trend, latest year	falling	rising +1.9%	—
Change since program peak	−43.5% (54,000 Oct 2021)	+145% (45,940 in 2018)	—
Registration fee revenue	\$0	\$2,519,699 (FY2025)	—
State tax on medical cannabis	Exempt	5.5% / 8% edibles	—
Medical sales tax collected	\$0	\$14,276,222 (FY2025)	—

If Connecticut enrolled medical patients at Maine's per-capita rate it would have roughly 294,000 patients rather than 30,505 — a gap of about 264,000 residents. Maine's figure reflects decades of a different program design, and no caregiver bill closes a gap of that size. The direction of travel is the point: Maine's program grows and Connecticut's is in its fourth consecutive year of decline.

Connecticut's decline, month by month

From Department of Consumer Protection registrant data, January 2023 through July 2026:

Period	Patients	Caregivers	Patients per caregiver
January 2023	48,896	4,372	11.2
January 2024	41,255	3,728	11.1
January 2025	35,205	3,264	10.8
January 2026	31,450	2,747	11.4
July 2026	30,505	2,591	11.8
Net change	−18,391 (−37.6%)	−1,781 (−40.7%)	—

The caregiver column falls slightly faster than the patient column. Connecticut is not only losing patients; it is losing the people who help them. Over the same period certifying practitioners rose 22.3%, from 1,643 to 2,009, so the decline is not explained by a shortage of clinicians willing to certify. Forty of the last forty-two months recorded a decline.

2. The Fee Schedule Tracks Maine's Statute

The bill's license fee schedule is not an invention. Under 22 M.R.S. § 2425-A(2)(B)(1), a Maine caregiver registering by plant count pays “not less than \$50 or more than \$240 for each group of up to 6 mature cannabis plants”; under subparagraph (2), a caregiver registering by canopy pays not more than \$1,500 for a total mature plant canopy of 500 square feet or less. Those are the two endpoints of this bill's schedule. The twelve immature plants come from a separate provision — Maine's “incidental amount” at 18-691 C.M.R. ch. 2 § 1(L) allows up to 12 female nonflowering plants per patient — not from the fee tier itself.

Tier	Cultivation authority	Annual fee
A	6 mature / 12 immature plants	\$240
B	12 mature / 24 immature plants	\$480
C	18 mature / 36 immature plants	\$720
D	24 mature / 48 immature plants	\$960
E	30 mature / 60 immature plants	\$1,200
F	500 sq ft mature canopy / 1,000 sq ft immature	\$1,500

3. License Revenue — Gross

Connecticut has 2,591 registered caregivers today, all paying nothing. They are pickup-and-assist caregivers, not growers. The model asks what share would opt into a paid cultivation license. Assumed mix, weighted to small growers: 50% Tier A, 20% B, 12% C, 8% D, 6% E, 4% F, giving a weighted average fee of \$511.20.

Scenario	Caregivers	Annual revenue	Ten-year
Very conservative — 10% of current	259	\$132,401	\$1,324,008
Conservative — 20% of current	518	\$264,802	\$2,648,016
Moderate — 33% of current	855	\$437,076	\$4,370,760
Strong — 50% of current	1,295	\$662,004	\$6,620,040
At Maine's per-capita rate	4,025	\$2,057,580	\$20,575,800
At Maine's 2020 peak rate	7,967	\$4,072,730	\$40,727,304

The bottom two rows are ceilings, not forecasts. Maine's caregivers operate retail storefronts and serve a market of roughly \$260 million in sales, implied by \$14,276,222 of sales tax at the 5.5% rate. A closed-loop Connecticut program capped at five patients per caregiver with no sales will not reach those figures. The realistic range is the top four rows: \$130,000 to \$660,000 a year where the state currently collects nothing.

HOW THE BILL DIVIDES THIS REVENUE

Section 5(b) splits every fee. Fifty per cent goes to the Department for administration of the licensing and testing programs, capped at the Department's documented cost, with any excess transferred onward. Fifty per cent goes to the Connecticut Compassionate Care Fund. No portion may be used for enforcement. Every figure in this section is gross license revenue; the Department-available share is half of it, and the fund receives the remainder plus any overflow.

4. The Offsetting Tax Loss

Because medical cannabis is exempt under CGS § 12-412(120), a patient who moves spending from the adult-use market into the medical program takes roughly 9.05% of that spending off the state's books — 6.35% sales plus 2.7% excise, before the 3% municipal tax. This offset is real and is presented here rather than left to be discovered.

Scenario: 2,000 patients newly served by caregivers at \$1,800 a year, with caregiver uptake at 20% — 518 licenses, \$264,802 in fees.

Share of that spending displaced from taxed adult-use	Tax revenue lost	Fee revenue	Net to state
0% — all from illicit market or unmet need	\$0	\$264,802	+\$264,802
15%	\$48,870	\$264,802	+\$215,932
25%	\$81,450	\$264,802	+\$183,352
40%	\$130,320	\$264,802	+\$134,482
60%	\$195,480	\$264,802	+\$69,322
80%	\$260,640	\$264,802	+\$4,162
100% — all from taxed retail	\$325,800	\$264,802	–\$60,998

BREAK-EVEN IS 81%

The program is net positive unless more than 81% of caregiver-served demand would otherwise have been bought at a taxed licensed retailer. Connecticut has lost 23,495 patients since October 2021. Those people did not all move to adult-use retail — many stopped treating and many buy from unlicensed sources. Neither group generates tax revenue today, so moving them to a registered caregiver costs the state nothing and gains it a fee. The patients a caregiver program reaches are largely patients the taxed market has already lost.

5. Fee-Supported, Not Profitable

Commissioner Cafferelli's 2025 testimony ended on a fiscal question rather than an objection in principle. He wrote that the scope of the bill would determine “whether the department will need additional resources to implement this bill.” The fee schedule exists to answer that question.

What administration costs — Maine's figures

Maine FY2025	Amount
Medical Use of Cannabis Fund revenue (registration fees)	\$2,519,699
Program expenses	\$2,897,043
Net	–\$377,344
Entities covered	1,539 caregivers, 90 dispensaries, 5,291 employee cards
Compliance inspections completed	1,773
Approximate cost per registered entity	\$1,778

MAINE'S PROGRAM RAN A DEFICIT IN FY2025

Maine's caregiver program did not pay for itself in FY2025. It ran short by \$377,344. Its fund revenue has fallen every year since 2022 — \$3.32M, \$2.91M, \$2.26M, \$2.52M — while expenses rose. Any claim that a caregiver program is self-funding fails against Maine's own published report. The accurate claim is narrower: the Connecticut program is designed to be fee-supported, and the fee schedule is set against a far smaller administrative burden.

Maine regulates roughly \$260 million in caregiver sales — implied by \$14,276,222 in sales tax at the 5.5% rate — with 286 caregiver retail storefronts and 5,291 registered employees. A Connecticut closed-loop program — no storefronts, no sales, five patients maximum, written designations, no employees — carries a fraction of that burden. The table shows revenue against two cost assumptions.

Caregivers	Revenue at \$511 avg	Admin at 25% of ME cost	Admin at 50% of ME cost
259	\$132,401	\$115,153	\$230,305
518	\$264,802	\$230,305	\$460,610
855	\$437,076	\$380,137	\$760,274
1,295	\$662,004	\$575,763	\$1,151,526

THE FEE LEVEL DECIDES THE FISCAL NOTE

At 25% of Maine's per-entity administrative cost the program breaks even at an average fee of \$445, below the \$511 the current tier structure produces. At 50% of Maine's cost it would need \$889, which the current schedule does not reach. Retaining the \$240 entry tier keeps the license affordable for small patient-caregivers; retaining the \$1,500 top tier is what holds the average above break-even. Lowering the ceiling saves money only for the largest growers and moves the program toward a negative fiscal note.

6. Fee Sensitivity

Because the eligible population is small, the average fee moves revenue more than the license count does.

Average fee	259 caregivers	518	855	1,295
\$240	\$62,160	\$124,320	\$205,200	\$310,800
\$400	\$103,600	\$207,200	\$342,000	\$518,000
\$511 (current schedule)	\$132,349	\$264,698	\$436,905	\$661,745
\$650	\$168,350	\$336,700	\$555,750	\$841,750
\$800	\$207,200	\$414,400	\$684,000	\$1,036,000
\$1,000	\$259,000	\$518,000	\$855,000	\$1,295,000

7. Sources and Caveats

Figure	Source	Status
CT patients, caregivers, certifiers, monthly Jan 2023 – Jul 2026	CT DCP registrant dataset	Verified
CT peak of ~54,000 patients (Oct 2021); registration fees removed Jul 2023	CT DCP program history	Verified
ME 112,547 certifications; 1,539 caregivers; fund revenue and expenses; \$14,276,222 medical sales tax	Maine OCP 2025 Annual Report, Feb 13 2026	Verified — full report retrieved
Maine fee range \$240–\$1,500, \$240 per six mature plants, \$1,500 per 500 sq ft canopy	22 M.R.S. § 2425-A(2)(B); 18-691 C.M.R. ch. 2 § 1	Verified — statute and rule retrieved
Medical cannabis exempt from sales, excise and municipal tax	CGS § 12-412(120); OLR 2022-R-0107	Verified
Adult-use effective state rate ~9.05%	6.35% sales + 2.7% excise; municipal 3% excluded	Verified
Populations	U.S. Census 2024 estimates	Verify before filing
Registration mix 50/20/12/8/6/4	No Connecticut precedent exists	Assumption
\$1,800 per patient annual spending	Adjustable in the spreadsheet model	Assumption
Admin cost at 25–50% of Maine per-entity	Needs an OFA or DCP estimate	Assumption

Assumption-driven figures are labeled as such and are illustrative rather than forecasts; the accompanying spreadsheet model allows every assumption to be changed. Maine figures are drawn from the Office of Cannabis Policy, Medical Use of Cannabis Program 2025 Annual Report to the Maine State Legislature, February 13, 2026. This is policy analysis, not a fiscal note; the Office of Fiscal Analysis produces the official estimate. This document is advocacy and policy analysis. It is not legal advice and its author is not an attorney. Statutory citations were verified against the current General Statutes on August 9, 2026.