THE ENROLLMENT COLLAPSE AND THE CAREGIVER LICENSING MODEL

What Maine's Program Earns, What Connecticut's Costs, and the Honest Fiscal Case for a Caregiver Tier

Josiah Schlee | CT Cannawarriors | August 9, 2026

Built from CT DCP registrant data and the Maine OCP 2025 Annual Report to the Legislature

THE ONE 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 **9.6 times** Connecticut's rate. Maine's patient count *rose* 1.9% last year. Connecticut's has fallen **43.5% from its 2021 peak** and is still dropping by roughly 214 patients every month.

The structural difference between the two programs is that Maine has a licensed, fee-paying caregiver cultivation tier and Connecticut does not.

BUT THE REVENUE ARGUMENT DOES NOT WORK THE WAY YOU FRAMED IT

Two facts break the simple version. **(1)** Connecticut eliminated the $100 patient and $25 caregiver registration fees in July 2023 — the State collects **nothing** from MMP registration today. **(2)** 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 adult-use *reduces* state tax receipts.

Re-enrollment is not a revenue event in Connecticut. The caregiver **fee** is. Section 4 shows exactly when the program nets positive and when it does not — and Section 5 gives you the argument that actually holds.

1. Connecticut vs. 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 3.69x**
Patients per 1,000 residents	8.3	80.1	**ME 9.65x**
Registered caregivers	2,591	1,539	CT 1.68x
Certifying clinicians	2,009	808	CT 2.49x
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 fund)	—
State tax on medical cannabis	Exempt	5.5% / 8% edibles	—
Medical sales tax collected	$0	$14,276,222 (FY2025)	—

THE HEADLINE FOR TESTIMONY

If Connecticut enrolled medical patients at Maine's per-capita rate, it would have roughly **294,000 patients** instead of 30,505. That gap is about **264,000 residents**. No one should claim a caregiver bill closes that gap — Maine's number reflects decades of a different program design. But the direction of travel is the point: Maine's program grows, Connecticut's is in its fourth consecutive year of decline.

Connecticut's decline, month by month

From CT DCP registrant data, January 2023 through July 2026 (43 months):

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%)**	—

Note the caregiver column falls slightly *faster* than the patient column. Connecticut is not just losing patients — it is losing the people who help them. Average patient loss over the last twelve months is 214 per month, or about 2,566 per year.

2. The Fee Schedule Is Already Maine's

The draft bill's caregiver fee schedule is not an invention. It matches Maine's published structure, which ranges from $240 to $1,500 annually and steps up $240 for every six mature plants. Anyone who says the fee tiers are arbitrary can be shown the source.

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

YOUR OWN NOTES CONTRADICT THE BILL

The 2025 notes file says **“LOWER FEE PRICES BELOW $1000 max”** and **“aligns with $1000 micro cultivator licensce.”** The bill text caps at $1,500. Decide before filing — and read Section 6 first, because the fee level drives the entire fiscal note.

3. Caregiver Licensing Revenue — Gross

Connecticut has 2,591 registered caregivers today, all paying $0. They are currently pickup-and-assist caregivers, not growers. The model below asks what share would opt into a paid cultivation registration.

Assumed registration mix, weighted to small growers: 50% Tier A, 20% B, 12% C, 8% D, 6% E, 4% F. **Weighted average fee: $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 caregivers-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

Treat the bottom two rows as ceilings, not forecasts. Maine's caregivers operate retail storefronts and serve a roughly $280 million sales market. A closed-loop Connecticut program capped at five patients per caregiver with no sales will not reach those numbers. The realistic range is the top four rows: **$130,000 to $660,000 per year** in revenue where the State currently collects nothing.

4. The Offsetting Tax Loss — Run This Before Someone Else Does

Because medical cannabis is tax-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). OFA will find this. You should present it first.

Scenario: 2,000 patients newly served by caregivers at $1,800 per year, with caregiver uptake at 20% (518 registrations, $264,802 in fees).

Share of that spending coming out of 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: 81%

The program is net positive to the General Fund unless **more than 81%** of caregiver-served demand would otherwise have been bought at a taxed licensed retailer. That is a very high bar, and here is why it is unlikely to be met: Connecticut has lost 23,495 patients since October 2021. Those people did not all move to adult-use retail. Many stopped treating, and many are buying from unlicensed sources. **Neither of those groups generates tax revenue today**, so moving them to a registered caregiver costs the State nothing and gains it a fee.

The argument in one line for a fiscal-note conversation: *the patients a caregiver program reaches are largely patients the taxed market has already lost. You cannot lose tax revenue you are not currently collecting.*

5. The Argument That Actually Holds — Self-Funding

Commissioner Cafferelli's 2025 testimony ended on a fiscal note, not 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."* That is the concern the fee schedule exists to answer, and it is a far better frame than "this raises money."

What administration actually costs — Maine's numbers

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
Rough cost per registered entity	$1,778

MAINE'S PROGRAM RAN A DEFICIT IN FY2025

Do not claim Maine's caregiver program pays for itself — in FY2025 it did not, by $377,344. Its fund revenue has fallen every year since 2022 ($3.32M → $2.91M → $2.26M → $2.52M) while expenses rose. If you assert self-funding and a committee analyst pulls the OCP report, you lose the point.

What a Connecticut program should cost — and what fee covers it

Maine regulates roughly $280 million in caregiver sales, 286 retail storefronts, and 5,291 registered employees. A Connecticut closed-loop program — no storefronts, no sales, five patients maximum, written designations, no employees — is a fraction of that administrative burden. The table shows the fee needed to break even at 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** — comfortably below the $511 the current tier structure produces. At 50% of Maine's cost it needs **$889**, which the current schedule does not reach.

Recommendation: keep the $240 entry tier so small patient-caregivers can afford in, and keep the top tier at $1,500 rather than cutting to $1,000. Dropping the ceiling saves money for the handful of largest growers while pushing the program toward a negative fiscal note — which is what kills bills in Appropriations.

6. Fee Sensitivity

Because the eligible population is small, the average fee moves revenue more than the registration count does. Annual revenue at each combination:

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. How to Use This

- **Lead with enrollment, not revenue.** The 9.65x per-capita gap and the 43.5% collapse are the strongest facts here. Revenue is the supporting argument, not the headline.
- **Say the program is fee-supported, not profitable.** It answers DCP's stated concern about resources without overclaiming.
- **Raise the tax-exemption point yourself.** CGS § 12-412(120) is a real offset. Presenting it first, with the 81% break-even, is far better than being handed it.
- **Do not cut the top fee tier.** Your notes say below $1,000; the fiscal math says keep $1,500. Affordability lives in the $240 entry tier.
- **Cite Maine's report by name.** Office of Cannabis Policy, *Medical Use of Cannabis Program 2025 Annual Report to the Maine State Legislature*, February 13, 2026. It is an official state document, which makes it hard to wave away.

8. Sources and Caveats

Figure	Source	Status
CT patients / caregivers / certifiers, monthly Jan 2023 – Jul 2026	CT DCP registrant dataset (project CSV)	Verified
CT peak of ~54,000 patients (Oct 2021); fees removed Jul 2023	CT Data MMP program story	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	Secondary summary of Maine schedule	**Verify** against 18-691 C.M.R. ch. 2
Medical cannabis exempt from sales, excise, municipal tax	CGS § 12-412(120); OLR 2022-R-0107; DRS exemption list	Verified
Adult-use effective state rate ~9.05%	6.35% sales + 2.7% excise; municipal 3% excluded	Verified
Populations	U.S. Census 2024 estimates, approximate	**Verify** before filing
Registration mix (50/20/12/8/6/4)	**Assumption — not data.** No CT precedent exists.	Assumption
$1,800/yr per patient spending	**Assumption.** Adjust in the spreadsheet model.	Assumption
Admin cost at 25–50% of Maine per-entity	**Assumption.** Needs an OFA or DCP estimate.	Assumption

WHAT IS NOT IN THIS DOCUMENT

The Paul Travalgino / Duncan Markovich message thread does **not** contain state-comparison registration math. That thread covers HB 6787, HB 5509, Rep. Fishbein, hemp policy, the mold postings, and the ballot-initiative proposal. Every number in this brief comes from the CT DCP CSVs and the Maine OCP annual report, not from those messages. If you remember a Maine calculation from somewhere, it is in a different file and should be reconciled against this one before either is used.

Prepared August 9, 2026. Assumption-driven figures are labeled as such and are illustrative, not forecasts. The accompanying spreadsheet model allows every assumption to be changed. This is policy analysis, not a fiscal note; OFA produces the official estimate.