CAREGIVER PARTICIPATION AND LICENSING FEE PROJECTION

Estimating Connecticut Enrollment from Maine Per-Capita Data and the Revenue a Cultivating-Caregiver Tier Would Generate

Josiah Schlee | CT Cannawarriors | August 9, 2026

CT DCP registrant and quarterly certification data · Maine OCP 2025 Annual Report

THE FINDING THAT REFRAMES THE BILL

Connecticut does **not** have a caregiver shortage. It has **2,591 registered caregivers serving 30,505 patients** — that is **8.49 caregivers per 100 patients**, against Maine's **1.37**. Proportionally, Connecticut already has **6.2 times more caregivers per patient than Maine does.**

What Connecticut lacks is any legal authority for those caregivers to cultivate. The participation base is already built, already vetted, and already registered with DCP. This bill does not create a new population — it gives an existing one something to do.

That matters for the fiscal note. A committee analyst asked to estimate uptake for a brand-new license type has to guess. Here, the denominator is known: 2,591 people have already gone through DCP registration and chosen to serve as caregivers under a program that pays them nothing and lets them grow nothing.

1. Maine's Caregiver Participation, Per Capita

Maine's Office of Cannabis Policy publishes the caregiver count annually. Applying Maine's population (1,405,012) gives a true per-capita participation rate, and the patient series from 2018 forward gives caregivers per 1,000 patients.

Year	Registered caregivers	Per 1,000 residents	Per 1,000 patients
2014	2,161	1.538	—
2015	2,921	2.079	—
2016 *(peak)*	3,257	**2.318**	—
2017	2,993	2.130	—
2018	2,462	1.752	53.6
2019	2,596	1.848	39.7
2020	3,046	2.168	31.7
2021	3,032	2.158	28.8
2022	2,276	1.620	21.4
2023	1,763	1.255	16.2
2024	1,677	1.194	15.2
2025 *(current)*	1,539	**1.095**	13.7

Maine's caregiver count peaked at 3,257 in 2016 and has fallen by more than half since. OCP's own caregiver survey attributed the exodus mainly to oversupply and falling prices after adult-use launched — not to regulatory burden. That decline is a real feature of the data and should be acknowledged rather than hidden: **Maine's caregiver sector is contracting too.** The difference is that Maine's *patient* count kept rising through the same period.

2. Applying Maine's Rate to Connecticut

Maine benchmark year	ME caregivers per 1,000	Implied CT caregivers	Comment
2025 (current)	1.095	4,026	Post-contraction rate
2023	1.255	4,611	—
2022	1.620	5,953	—
2020	2.168	7,967	Pre-contraction
2016 (all-time peak)	2.318	8,519	Ceiling — not a forecast

DO NOT USE THESE NUMBERS RAW

Maine's caregivers are quasi-commercial: 286 of them operate retail storefronts and the sector moves roughly $280 million in sales. The Connecticut draft authorizes no stores, no sales, and a hard cap of five designated patients per caregiver. Applying Maine's rate undiscounted implies Connecticut would build a commercial caregiver industry that this bill expressly does not permit. Anyone who knows Maine's program will say so.

Connecticut's current position, for calibration:

Measure	Connecticut	Maine 2025	Reading
Caregivers per 1,000 residents	0.705	1.095	CT is at **64%** of Maine's rate
Caregivers per 100 patients	8.49	1.37	CT has **6.2x more** per patient

3. Participation Estimate — Two Independent Methods

Method 1 (bottom-up): Connecticut's 2,591 existing registered caregivers are the eligible pool. Estimate the share converting to a paid cultivation registration.
Method 2 (top-down): Maine's per-capita rate applied to Connecticut's population, discounted for the closed-loop design.

Method	Assumption	Caregivers	Annual fees
M1	10% of existing convert	259	$132,401
M1	20% of existing convert	518	$264,802
M1	33% of existing convert	855	$437,076
M1	50% of existing convert	1,295	$662,004
M2	Maine 2025 rate × 15%	604	$308,765
M2	Maine 2025 rate × 25%	1,007	$514,778
M2	Maine 2025 rate × 40%	1,610	$823,032
M2	Maine 2025 rate, undiscounted	4,026	$2,058,091

THE DEFENSIBLE BAND: 500 TO 1,300 CULTIVATING CAREGIVERS

The two methods converge there — roughly 20% to 50% of Connecticut's existing caregiver registrants, or 15% to 30% of Maine's per-capita rate. That range produces **$265,000 to $662,000 per year** in registration fees against the $0 the State collects today. Use the moderate case (855 caregivers, $437,076) as the central estimate.

Weighted average fee of $511.20 assumes a mix skewed to small growers: 50% at Tier A ($240), 20% Tier B ($480), 12% Tier C ($720), 8% Tier D ($960), 6% Tier E ($1,200), 4% Tier F ($1,500). The tier schedule matches Maine's published structure.

4. Ten-Year Revenue With Realistic Ramp

Registrations do not appear all at once. Assuming a five-year ramp (25% / 55% / 80% / 95% / 100% of target), then holding steady:

Year	Conservative (518)	Moderate (855)	Strong (1,295)
Year 1	$66,200	$109,269	$165,501
Year 2	$145,641	$240,392	$364,102
Year 3	$211,841	$349,661	$529,603
Year 4	$251,562	$415,222	$628,904
Year 5	$264,802	$437,076	$662,004
Years 6–10 (each)	$264,802	$437,076	$662,004
TEN-YEAR TOTAL	**$2,264,054**	**$3,737,000**	**$5,660,134**

5. Enrollment Effect — How Many Patients Come Back

Connecticut has lost **23,495 patients** from the October 2021 peak of approximately 54,000. Each cultivating caregiver may serve up to five designated patients under the revised draft (the original allowed ten).

Cultivating caregivers	Patients served (×5)	Patients served (×10)	Share of lost patients (×5)
259	1,295	2,590	5.5%
518	2,590	5,180	11.0%
855	4,275	8,550	18.2%
1,295	6,475	12,950	27.6%
1,610	8,050	16,100	34.3%

SAY THIS BEFORE THEY DO: THIS IS A PARTIAL REMEDY

Even the strong case — 1,295 caregivers serving five patients each — reaches 6,475 patients, or **28% of the 23,495 Connecticut has lost.** The bill does not reverse the collapse. It slows it and serves the patients least able to help themselves. Claiming more than that hands opponents an easy rebuttal: *your own numbers show this fixes a quarter of the problem.* Concede it first and the number becomes a floor rather than a ceiling.

Who those patients are — from Connecticut's own certification data

Across 126,056 approved certifications from 2022-Q4 through 2026-Q1:

Age band	Approved certifications	Share	Cumulative
18–24	4,682	3.7%	3.7%
25–34	17,408	13.8%	17.5%

Age band	Approved certifications	Share	Cumulative
35–44	26,523	21.0%	38.6%
45–54	24,608	19.5%	58.1%
55–64	25,951	20.6%	78.7%
65–74	20,857	16.5%	95.2%
75–84	5,287	4.2%	99.4%
85+	740	0.6%	100.0%

41.9% of approved patients are 55 or older; 21.3% are 65 or older. These are the patients least able to build and run an indoor grow, pay Connecticut electricity rates to operate it, and manage a harvest — and exactly the population the Cannabis Ombudsman described as predominantly veterans and senior citizens. The top certifying conditions are PTSD (59,205), chronic pain of at least six months (31,676), and cancer (11,315).

Approved certifications are falling too: 9,169 in 2022-Q4 to 8,060 in 2026-Q1, a 12.1% decline. The pipeline is shrinking, not just the registry.

6. Sensitivity — Fee Level vs. Registration Count

Annual fee revenue at each combination. The fee level matters more than the count in this range, because the eligible population is small.

Average fee	259	518	855	1,295	1,610
$240	$62,160	$124,320	$205,200	$310,800	$386,400
$400	$103,600	$207,200	$342,000	$518,000	$644,000
$511 *(current tiers)*	$132,349	$264,698	$436,905	$661,745	$822,710
$650	$168,350	$336,700	$555,750	$841,750	$1,046,500
$800	$207,200	$414,400	$684,000	$1,036,000	$1,288,000
$1,000	$259,000	$518,000	$855,000	$1,295,000	$1,610,000
$1,200	$310,800	$621,600	$1,026,000	$1,554,000	$1,932,000

7. How to Present This

– **Lead with the 6.2x figure.** Connecticut already has more caregivers per patient than Maine. The bill activates an existing registered population; it does not create one. That single fact defuses the "speculative uptake" objection to the fiscal note.

– **Use 855 caregivers / $437,076 as the central estimate.** It sits where both methods agree and is defensible from either direction.

– **State the discount on Maine's rate explicitly.** Saying "Maine's rate implies 4,026, and we are projecting 855 because our model bars retail sales" is far stronger than presenting 855 with no derivation.

– **Concede the 28% recapture ceiling.** Partial remedies pass. Overclaims get killed.

– **Lead the human case with the age data.** 41.9% of patients are 55+, and the top condition is PTSD. That is the constituency, and it is the one Republicans respond to.

8. Sources and Assumptions

Input	Value	Source / status
CT registered caregivers, patients, certifiers	2,591 / 30,505 / 2,009 (Jul 2026)	CT DCP registrant CSV — **verified**
CT approved certifications by age and condition	126,056 approved, 2022-Q4 to 2026-Q1	CT DCP quarterly summary CSV — **verified**
CT peak enrollment ~54,000 (Oct 2021)	23,495 patients lost	CT Data MMP story — **verified**
Maine caregiver series 2014–2025	3,257 peak / 1,539 current	Maine OCP 2025 Annual Report — **verified**

Input	Value	Source / status
Maine patient certifications 2018–2025	45,940 → 112,547	Maine OCP 2025 Annual Report — **verified**
Populations	CT 3,675,069 / ME 1,405,012	Census 2024 estimates — **verify before filing**
Fee tiers $240–$1,500	Draft bill; matches Maine	**Verify** against 18-691 C.M.R. ch. 2
Registration mix 50/20/12/8/6/4	Weighted avg $511.20	**Assumption** — no CT precedent
Conversion rates 10–50%	259–1,295 caregivers	**Assumption** — the central uncertainty
Closed-loop discount 15–40% of ME rate	604–1,610 caregivers	**Assumption**
Five-year adoption ramp	25/55/80/95/100%	**Assumption**
5 patients per caregiver	Revised draft cap	Drafting choice, not data

WHAT THIS DOES NOT ADDRESS

Fee revenue is only one side of the ledger. Medical cannabis is exempt from the sales, excise, and municipal taxes under CGS § 12-412(120), so patients shifting out of adult-use reduce state tax receipts, and DCP will need some administrative resource to run the registry. Both offsets are modeled in the companion document, *The Enrollment Collapse and the Caregiver Licensing Model*. Do not present these fee figures as net revenue to the General Fund.

Prepared August 9, 2026. Figures marked as assumptions are illustrative and adjustable in the companion spreadsheet model. This is policy analysis, not a fiscal note; the Office of Fiscal Analysis produces the official estimate.