# FISCAL NOTE HOUSE BILL NO. 1164 LC# 23.0210.02000 01/16/2023

#### 1 - State Fiscal Effect

Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.

	2021-2023 Biennium		2023-2025 Biennium		2025-2027 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$398,750		\$817,500
Expenditures		\$3,000		\$313,495		\$485,457
Appropriations						

## 2 - County, City, School District, and Township Fiscal Effect

Identify the fiscal effect on the appropriate political subdivision.

	2021-2023 Biennium	2023-2025 Biennium	2025-2027 Biennium
Counties			
Cities			
School Districts			
Townships			

# 3 - Bill and Fiscal Impact Summary

Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).

The bill adds edible products as a type of marijuana product available to qualifying patients under the Medical Marijuana Program. The bill eliminates the bona-fide provider patient relationship requirement for health care providers to complete a written certification.

### 4 - Fiscal Impact Sections Detail

Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.

Section 1 adds edible products as a type of marijuana product available to qualifying patients under the Medical Marijuana Program and establishes a maximum purchase amount. These changes require additional staffing and programming changes to the information technology system. In addition, Section 1 removes language in state law that a bona fide provider-patient relationship must exist for a health care provider to sign a written certification. This

change is anticipated to significantly increase the registered qualifying patient population resulting in additional staffing for the program and an increase in fees to be collected.

#### 5 - Revenues Detail

For information shown under state fiscal effect in 1 or 2, please explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.

The removal of the bona fide provider-patient relationship requirement is anticipated to significantly increase the registered patient population. This will result in additional application fees being collected in the next biennium (estimated at \$218,750). In addition, with a larger patient population it is anticipated additional dispensaries would be necessary (estimated revenue for additional registration certificate fees is \$180,000).

## 6 - Expenditures Detail

For information shown under state fiscal effect in 1 or 2, please explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.

The Department of Health and Human Services anticipates two full-time equivalent (FTE) positions are necessary to implement the provisions of the bill. Salary and benefits for the next biennium are estimated at \$290,478. Also, computer, travel, and related costs are anticipated to be \$23,017. Programming changes to the information technology system are estimated to be \$3,000 and would occur in the 21-23 Biennium. Special funds derived from fees would pay for the expenditures. Due to the anticipated growth in the program an additional FTE would be required in the 25-27 biennium.

## 7 - Appropriations Detail

For information shown under state fiscal effect in 1 or 2, please explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.

The program operates under a continuing appropriation as established in NDCC. There is no impact to Appropriations.

#### **Contact Information**

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**Date Prepared: 01/13/2023**