

Good morning Chairman Weisz and members of the House Human Services Committee. My name is Jason Wahl, Medical Marijuana Director, within the Department of Health and Human Services (Department). I am here to provide information regarding House Bill 1164. The bill has three main topics. The Department is opposed to the edible addition to state law due to the lack of adequate requirements to ensure the health and safety of individuals in the state. The Department will provide information regarding the proposed change to eliminate the enhanced amount. The Department is opposed to eliminating language in state law that a bona fide provider-patient relationship must exist for a health care provider to sign a written certification. The Department did submit a fiscal note.

House Bill 1164 proposes adding a cannabinoid edible product to the list of eligible products registered qualifying patients may purchase. While the proposed language limits the amount of tetrahydrocannabinol (THC) permitted in a serving to 5 milligrams, there is no language regarding the maximum concentration or amount of THC permitted in a package, the maximum amount that may be purchased at one time, or a maximum amount an individual may possess of cannabinoid edible products. The Department suggests the committee consider additions for such items.

The addition of a cannabinoid edible product is a policy making decision. If passed, the Department would implement the introduction of a new product with the health and safety of individuals as the primary focus. The Department would attempt to reduce risks associated with the new product.

The 5 milligrams of THC per serving provides a more cautious approach to implementation of a new product. When reviewing information provided by the marijuana industry nationwide, materials reflect first time users should start at a 2.5 milligram amount. Having a 5 milligram serving makes cutting the product in half an easy method for getting to such a recommended starting

amount. In addition, the National Institute on Drug Abuse (NIDA), along with the National Cancer Institute; the National Heart, Lung, and Blood Institute; and the National Institute of Mental Health, published a notice in May 2021 directing researchers to measure and report findings from clinical research using a standard unit of 5 milligrams of THC.

There are two other changes the Department would bring forward for the committee to consider. On line 10 of Page 3, the definition for a cannabinoid edible product includes the term food. The Department suggests eliminating the term food as this will not be regulated under the Department's Food and Lodging area and it would not be covered under the North Dakota Food Code. The committee could consider calling it a soft or hard lozenge. Also, the Department suggests elimination of subsections 2 and 3 of Section 2 of the bill (Page 9) and replace with a statement requiring the Department to establish rules to regulate the form, manufacturing, packaging, labeling, and marketing of a cannabinoid edible product.

On Page 9, lines 12 through 15, the bill proposes eliminating language regarding an enhanced amount of dried leaves and flowers for a qualifying patient who has a debilitating medical condition of cancer. Currently, when a health care provider is completing the written certification on the Department's online system, if they select the condition of cancer, an additional section populates requesting the health care provider to click on a box authorizing an enhanced amount or a box not authorizing an enhanced amount. The Department did review information in the medical marijuana registration system and identified less than 3% of the total number of registered qualifying patients have the enhanced amount authorized.

On Page 9, lines 15 and 16, the bill proposes eliminating language that a bona fide provider-patient relationship must exist for a health care provider to sign a written certification. The Department opposes this change to state law. Certain requirements of the bona fide relationship include a health care provider must conduct an in person medical evaluation, there is an expectation the health care provider is to provide follow-up care, and the relationship with the patient is not for the sole purpose of providing a written certification. Removing such requirements will result in an influx of health care providers who may simply sign a written certification with little, to no, medical evaluation or consultation

with an individual. This could allow a health care provider to establish a website to have individuals contact them, provide information, pay a fee, and obtain a written certification. Under this premise, the medical portion of a medical marijuana program is removed.

The fiscal note submitted for this bill identifies an increase in expenditures of approximately \$313,000 for the 2023-2025 biennium. The Department anticipates two additional full-time equivalent (FTE) positions being necessary for implementing the provisions of the bill. One position would be necessary to assist with additional monitoring and work associated with an edible product. The other position would be necessary to assist with the registration of what is anticipated to be an increase in the qualifying patient population due to the removal of the bona fide provider-patient relationship language. The fiscal note includes costs for salary and benefits as well as related operating costs anticipated with the positions. In the 2025-2027 biennium, one additional FTE is anticipated.

The fiscal noted submitted for this bill identifies an increase in revenue of approximately \$400,000 for the 2023-2025 biennium. The Department anticipates growth in the program due to the removal of the bona fide provider-patient relationship. This would result in additional qualifying patient application fees being collected and additional dispensaries being opened.

This concludes my testimony. I am happy to answer questions you may have.