

Thank you Madam Chair and Human services committee for allowing my testimony.

I am testifying in support of HB 1202. A food grade edible product was part of Measure 5 when North Dakotans overwhelmingly voted in medical cannabis. It is time to return it to our medical cannabis bill.

I am Gail Pederson, Special Practice RN in Holistic nursing and a cannabis nurse educator and consultant from District 24, Valley City. I am on the American Cannabis Nurses Associations Government policy and Advocacy committee. While we are mostly looking at national policy, state legislation is important too. We hope our policy and positions made a difference with the president's recent call for review of drug scheduling and research. We are recommending decriminalizing and descheduling of cannabis based on current research. Our goal is research, education, patient protections, product safety and quality.

I apologize for not making my interest known to the sponsors and I thank them for their inclusion of a food grade edible to change our law. While my advocacy for our medical program runs strong, my heart does not and I am currently waiting for implantation of a biventricular pacemaker and defibrillator. I was not able to muster up the energy until last night to decide to respond. I still need to speak out!

One of the big questions I hear from providers who are hesitant to certify patients is about dosage. While there is no set dosage for relief of symptoms a person is using cannabis for, it is nice to be aware of the dose that works for you.

I want to point out some shortfalls for establishing a dose of cannabis in our program. Most pharmaceuticals come in a milligram unit, ie, Tylenol 500 mgs per tablet. We currently have edible products in tinctures and concentrates with no equivalent to this. These product are hard to take for some people because of the taste, which is another reason for a food grade product. These both have a dosage recommendations on their packaging but do not have an indication what the mg dose is. The tinctures have the amount of THC per 30ML bottle. It does give a recommended dose in drops. A patient does not know how many drops per milliliter is in the bottles, so even as a nurse I am hard pressed to figure out what "dose" I am taking. Our concentrates? They are in a one ML syringe. "An amount the size of a "grain of rice" is recommended. Again. How many milligrams is that? The addition of a food grade edible product allows the patient to know what they are ingesting. While we are hearing of the increase of ingestion of "gummies" by children, the responsible patient- just as with any other medication will keep them out of reach of those who should not have them.

Unfortunately, this food grade edible candy will be too expensive for many patients to afford. North Dakota has the most expensive medical cannabis products in the country. For that reason, diversion of our medical cannabis is realistically not a problem. It is interesting that a survey put out by one of our dispensaries included 4 choices to the question of "Where did you last buy medical marijuana?" It listed our 3 licensed dispensary companies. The fourth choice was out of state.....Check! Our products are not being diverted. As a patient advocate and administrator of a ND medical cannabis support group, I continue to hear complaints about product quality.

The latest Americans For Safe Access which is a non profit supporting cannabis patients, State of the States assessment gives North Dakota an D-. Our lowest scores coming from patient access, cost and patient protections. I have attached that report and North Dakota's scores in another submission.

Our law needs basic patient protections which I ask be included with this legislation. The legalization measure that failed last fall included excellent wording for parental protections

and a position protection gun owners. I would like these included in our century code. Representative Ruby endorsed that and may have easy access to that language.

- A number of state governments have removed THC drug screening from their policies. It is an inaccurate test which does not measure current impairment. With our current worker shortage, a company may be losing good employees who don't even apply because of drug screening. I heard this from a group of college students when I was telling them about employment opportunities I am aware of. As a member of the Board of Directors for one of Valley Cities largest employees, we are looking at changing policy.

I would like to include an amendment to 19-24.1-35. Facility restrictions and policies. It includes changes to allow facilities to let patients use medical cannabis within their facility, anticipating a change in rescheduling/descheduling in the future. It is another attachment.

Thank you. I stand for questions.

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