

Dear Chairman Weisz and the Human Services committee. Thank you for allowing me to testify today. I am Gail Pederson from District 24 here to speak in support of Engrossed Senate bill 2068, to increase the monthly allotment of concentrates for our medical cannabis patients. I am a Cannabis Nurse Educator and consultant and a member of the American Cannabis Nurses Association's Government Policy and Advocacy Committee. I am also a moderator on a ND Medical Cannabis Social Media site with over 1500 members.

This is a bill brought to you by the Medical Marijuana advisory board. Their knowledge and foresight for this need should be respected. The 6 Mg THC limit brought up in the bill is really too little. As Mr Wahl brings up, we are on the low side for limits. The way that a state measures its allotments vary greatly. An example of such limits- the child concentrate dose in Colorado was reduced to 8gms A DAY during their last legislative session. They saw an influx of the first cannabis refugees for parents and their children with seizures. In Montana's medical program before their adult use legalization, a patient had the ability to buy 28gms of flower a day or the equivalent weight in concentrate which would be 28gms a day, and we are giving our patients 6 grams a month?

There are well respected cancer and pain protocols with doses up to a gram of concentrate a day. There ARE dosing guidelines. There are specialists in cannabis therapeutics. There are many barriers for patients who wish to use cannabis. As Senator Estensen, a nurse, pointed out speaking for the measure in committee and the floor, many pain protocols are variable. Amount and dosing per day is variable for many people. Cannabis protocols are no different.

Some patients can get by with microdosing. Others cannot. An example-a patient who is very sensitive uses only 6 drops of tincture. She doesn't like the effects if she goes any higher, even 2 drops! Another friend and I am aware of many, routinely uses their allotment before the month is out. This is a disservice for our patients.

Few people can afford our concentrate products in the amount requested, as we have the most expensive in the country and in my comparisons of legal states we have some of the lowest quality. While I keep hearing in comments and testimony that there are concerns with cannabis dependence and misuse and that the product will be diverted, some facts must be brought up.

-Cannabis use disorder is only about 9% for those who use it medicinally. It may be more with adult use, but you know what else is about that level of dependence? Coffee! Opioid dependence is up to 19% of people who take it. The side effects are awful and the withdrawal is dangerous. To reduce the increasing need for cannabis, a simple reset by not using for 48 hours reduces the effective dose. This allows your endocannabinoid system to be more responsive. No danger of serious withdrawal, mostly just some irritability, insomnia and loss of appetite.

Studies are showing many people can decrease opioid use and improve their quality of life. cannabis can increased feelings of the "savoring of life" for up to 64% of respondents in many studies.

Our limits for concentrates are too low to be effective for our patients. I ask that you please vote affirmatively for Engrossed SB 2068. Thank you. I stand for questions.

Gail Pederson, SPRN, HN-BC  
[bewellhealingarts@gmail.com](mailto:bewellhealingarts@gmail.com)  
701 490-2132