

March 1, 2023

RE: Testimony in support of Senate Bill 2068

Chairman Weisz & members of the committee.

My name is Casey Neumann and I am the CEO of Pure Dakota Health.

North Dakota's current concentrate allotment is by far the most conservative in the United States. South Dakota's medical marijuana program allows each patient to purchase 3 ounces of marijuana or its equivalent every 14 days. In this situation a patient would be allowed to purchase 3 ounces of flower as well as  $28.35 \times 3 \times .15 = 12,757$  milligrams every 28 days. Minnesota's concentrate limit is controlled by in-house pharmacists and appears to be variable. Montana has a daily purchase limit of up to 8,000 milligrams of concentrates. The North Dakota allotment allows for the purchase of up to 4,000 mg of concentrates every 30 days; whereas, the Flower allotment allows 70.87 g of flower material. In order to provide some additional insight into what these numbers mean, I would like to draw a relatively easy comparison by calculating a rough estimate of the total THC (active constituent the allotment system is based upon) each allotment can provide.

The extract system is designed to allow patients to purchase 4000mg of THC, with purchases deducting the "exact" amount of decarboxylated THC (described using quantitative analysis and a mathematical formula that approximates decarboxylation or conversion losses). All in all, patients are able to purchase as many products as possible while remaining under 4000mg of combined Total THC within a 30-day period, which typically equates to roughly 4.5 to 5 distillate cartridges per month (typically last between 3-6 days each?). Comparatively, the Flower allotment allows for the purchasing of 70.87 grams of flower material which assuming an average of 15% Total THC flower material (I would guess a little below the actual average), this means we have 70,870mg of material weight \* .15(average Tot. THC) resulting in over 10,630 milligrams of consumable Tetrahydrocannabinol. Furthermore, this basic understanding forgoes the intricacies of the allotment system's scheduling component which further complicates the consumption of extracts by patients due to purchasing being based on the potencies of standard sized products. Extract products have the ability to offer patients a much purer product whether they are in search of inhalation through vaporization or oral ingestion. I do believe that the current concentrate allotment is the largest issue facing the North Dakota Medical program,

Please make a difference today by voting to pass Senate Bill 2068.