

Thank you Madam Chair and the Human Services committee for allowing me to testify today. I am Gail Pederson from District 24 in Valley City. I am a SPRN in Holistic Nursing, a Cannabis Nurse educator and a member of the American Cannabis Nurses Association's Government Policy and Advocacy Committee.

I am speaking in favor of Engrossed HB 1478, to allow a hospice patient to acquire medical cannabis certification by bypassing their medical provider and to allow a caregiver to bypass the background check. I also thank the sponsors of the bill. It changed a lot from my first testimony, but this is a good bill.

Why is this a good bill? It helps reduce a barrier that our medical cannabis patients are up against, finding a provider who will certify them! Based on our law for veterans, this bill is a good work around for a terminal patient. I am pleased to say that after having had the opportunity to share our veterans solution at 2 professional medical cannabis conferences last year, we are the envy of several other state veteran's cannabis activists.

I recently encountered this problem with certification with a family I know quite well. I was approached by the daughter to ask for a consultation after her mom was diagnosed with metastatic breast cancer. How do they go about getting her a card, this was before she was admitted to hospice. After a few unsuccessful attempts (blizzards) to meet with them, I explained how to apply, products which she could use, etc. over the phone. I am caregiver cardholder, and because of changes made last session, I have 2 of 5 slots for MM patients unfilled. I could sign up as her caregiver to get them started, if they could get the process going for her mom. I told the daughter to get on the background check immediately, as that takes 30 to 40 days to complete. She advanced too rapidly from palliative care/comfort care to hospice and the family decided not to pursue it.

I do ask for a change in the final words of the bill, Page 2, line 5 .... "Not to exceed 6 months." I have known many hospice patients who live beyond that. Hospice certifies in 6 months increments and recertifies every 6 months. I suggest it be changed to "for the length of the hospice certification, with a caregiver renewal every six months, as the patient is renewed. I have a caregiver. I have to travel 60-120 miles to a dispensary. A newly introduced product- the transdermal patch was on sale. It was a BOGO 1/2 price sale. I cannot afford it otherwise at about \$25 a patch. I asked my caregiver to purchase it for me. I had just renewed my patient card- she had not yet renewed her every 2 year caregiver card - needing to complete the background check yet. Her card was not expired, but our numbers did not match. It was remedied by Renee from the MM division promptly, but I was very stressed, as I was having surgery the next week. The extension of a caregivers card with the hospice certification could prevent a great deal of anxiety for a family when they don't need it. That is another problem with the caregivers card. While the department is looking to pic up that price, I question the need. As a professional, I do not have to get one every 2 years when I renew my nursing license. This should be dropped for our caregivers after the initial check.

I recently attended an online session on cannabis and hospice care, I came out with a better understanding about the many benefits of utilizing cannabis during these life transitions.

Besides improving appetite, providing relief from nausea, vomiting and decreasing pain, the psychological aspect of cannabis use is important. It is different from the anti-anxiety or pain medications commonly utilized by hospices, with much fewer side effects.

The psychological impact of cannabis use with palliative care and hospice can be profound. One of the biggest words I have heard is that cannabis can help create a “savoring of life” in chronic to terminal illness.

1. It promotes relaxation/a sense of euphoria.
2. Time perception is slowed.
3. There is reduced aversive memory retention.
4. Less distractibility (ruminations, intrusive thoughts).
5. There may be an increase in metacognition (an awareness of your thought processes) and introspection.
6. It has effects on default mode, salience and central executive networks (Triad):
  - Sensory and perceptual amplification.
  - Emotional "buffering" (PTSD, dissociative defense mechanisms).
  - Psychedelic and mystical experiences (high dose THC).

Sometimes and I hate to use the slang, feeling “high” isn’t all that bad a thing. Please vote for Engrossed HB 1478 and remove this barrier for our terminal patients. Thank you. I stand for questions.

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