

**FISCAL NOTE**  
**Requested by Legislative Council**  
**01/09/2017**

Bill/Resolution No.: SB 2154

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
<b>Revenues</b>						
<b>Expenditures</b>						
<b>Appropriations</b>						

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
<b>Counties</b>			
<b>Cities</b>			
<b>School Districts</b>			
<b>Townships</b>			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The Bill provides for the suspension of activities related to the issuance of applications, the acceptance of registration applications and the issuance of certificates by the Department of Health under the Compassionate Care Act through July 31, 2017.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

This bill has no fiscal impact as funds had not been budgeted for the Act.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*
- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*
- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

**Name:** Brenda M Weisz

**Agency:** Department of Health

**Telephone:** 328-4542

**Date Prepared:** 01/11/2017

**2017 SENATE HUMAN SERVICES**

**SB 2154**

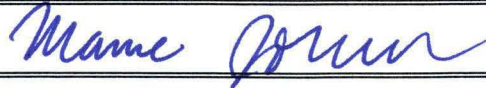
# 2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

SB 2154  
1/16/2017  
Job Number 26910

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill to provide for suspension of certain provisions of the North Dakota Century Code; provide a contingent expiration date; and to declare an emergency.

## Minutes:

Attachments: 1 - 5

**Chair J. Lee:** Brought the meeting to order, all senators and representatives present.

**Representative Weisz:** Explained the bill would have one hearing but each committee would vote separately.

**Senator J. Lee:** Opened the Joint Hearing on SB 2154.

**Senator Wardner:** Introduced SB 2154. The bill was brought forward by the ND House and Senate to help the ND Health Department have time to set up the Compassionate Care Act. The Health Department needs our backing to suspend the process of issuing certificates of registration at this time to ensure they have time to do it properly. It is not to stop the use of medical marijuana; it is simply to do it right. If we do not do this right, ladies and gentlemen, the state of ND will pay in many ways for years, not only financially but socially. We need to make sure we get the regulations right. We need to ensure law enforcement can monitor and supervise without having to put several millions of dollars into this. We need quality control to ensure the product is the quality it is supposed to be for those it is intended. This is only a stay until July 31<sup>st</sup> and it gives the state health department the time to set up the rules. The bill with the rules is coming and everyone will be able to review it and we will start the process of formulating the rules that will exist for many years to come to deal with this particular situation. I want to remind everyone this is not to stop the process but to make sure it is done right. We want to ensure that those people who need the marijuana to take care of their medical condition get it and get the quality they deserve. We do not have any of that in place in the state of ND right now, but we will, and we will do it right. I will answer any questions.

**Senator Piepkorn:** You mentioned we will pay financially and socially for years if these problems you are referring to are not fixed. Can you give us examples of what those problems are?



**Senator Wardner:** For example, the initiated measure enables individuals to grow up to 5 plants. It's supposed to be restricted for those who need it but can you imagine trying to supervise the growth by law enforcement to ensure the growers qualify? Law enforcement would be stretched to the limit and the tax-payer is going to pay for it. If there is no enforcement, we would have to let it go and it would cease to be medical marijuana but become completely open. Socially many of us think medical marijuana is fine, but do not think a marijuana open market is fine. If you think law enforcement costs a lot, it's going to cost a lot more in my opinion.

**Representative Schneider:** When I was home this weekend, there were a lot of concerns that this bill would be the first in an attempt to delay, direct, or derail the implementation of medical marijuana as it was passed in the measure. I appreciate that you said you we are not here to stop it but can you also confirm for our constituents that this is not the first in a series of delay tactics?

**Senator Warder:** Absolutely. The Health Department was charged with setting up the rules but they do not have the staff or resources to do it. The people of ND wanted medical marijuana—we are going to make sure that happens.

**Representative Schneider:** I'm sure the department has been working hard—can you give us an idea about what has been done to implement the law since November 8<sup>th</sup> and since the law went into effect on December 8<sup>th</sup>?

**Senator Warder:** I know the attorney general's office, the health department, and their advisors are looking at the laws and bylaws in other states. I will be the primary sponsor of the bill and we will be getting an update on it early this week about some refinement of the bill. I guarantee we will be focused on ensuring medical marijuana in an appropriate form is available for the citizens because the citizens said they want medical marijuana—they did not say recreational.

**Representative Scheidner:** Has the advisory board anticipated by the measure been set up and if not, are there plans to do that in the near future?

**Senator Wardner:** I believe they are working on that. I cannot answer that specifically but there will be an advisory board.

**Chair J. Lee:** It is important to note that the stakeholders (the Department of Health, the Attorney General's office and law enforcement) are looking at what the other states who have implemented medical marijuana have in place and are trying to learn from the things that have worked and the things that have not worked. It takes time to review all that. I'm less concerned about it being by December 8<sup>th</sup> than I am about it being done correctly.

**Senator Piepkorn:** You did mention bringing a bill forth soon and we have constituents contacting us about it. What can I tell them? I understand it has been several weeks since it has become law. I understand we are trying to do it right but when I can I tell them to expect something?



**Senator Warder:** The plan is to get it in before next Monday's for the senate bills. If something comes up, it would end up being a delayed bill.

**Senator Piepkorn:** If it did go to delayed bills status, what would the timeline be so we could answer people's questions?

**Senator Wardner:** I can't answer that. But I want to assure everyone the plan is to get the bill done and out there. If there are things that need to be changed, we can amend the bill. People need to know the reason for the suspension is so we can give the Health Department some cover so they can do their work.

**Chair J. Lee:** I would suggest that we don't discuss details in this meeting because the details aren't there. But when the next bill comes, the committees in both houses will have hearings and long discussion on what the right thing is to do.

**Representative Weisz:** Most states that have passed medical marijuana took anywhere from 18 months to 3 years to put the rules in place. July 31<sup>st</sup> is an aggressive timeline so I think it's apparent that no one is trying to delay this.

**Senator Wardner:** Right on.

**Senator Heckamen:** Testified in Support of SB 2154 (See Attachment #1). Political subdivisions are going to need time to prepare because they will be playing a big role in regulating medical marijuana. SB 2154 is only to give the department time to prepare.

(19:20) **Sheri Paulson, District 20:** Testified in Opposition to SB 2154. She said that she has had health struggles for years and she and others worked hard to pass this so they could use medical marijuana for treatment. She expressed disappointment in the legislators attempt to delay the change in law (See Attachments #2 and #3).

(24:15) **Chair J. Lee:** We are moving forward. We are not trying to stop medical marijuana but there have to be rules so we can ensure you have the best product available to you. All of the representatives recognize that the measure you initiated is in place and it is our responsibility to make sure it is in place for you. But as Representative Weisz said, it has been a very long process.

**Miss Paulson:** I understand the need for rules; but it concerned me when you said "we will decide what product you will get."

**Chair J. Lee:** We need to clarify definitions and look at potency. We have the continuing challenge that it's still federally illegal; we don't want you arrested for getting it and we will do our best to make it available in the correct format. The intention is to implement the bill as it was passed but we need to be responsible so we aren't setting up a system which is dangerous to users or others. Medical marijuana is also not covered by insurances so you might have challenges with providers and insurers.

**Miss Paulson:** I understand the challenges with insurance and we need to make sure the providers will be ok prescribing it.

**Chair J. Lee:** We can't ensure that because the federal law says they cannot so we need to work with federal law on this as well. We want a service that will serve you well but will not create issues with law enforcement in some of these other areas. We need to ensure you are getting the right dosage.

**Committee Discussion:** Chair J. Lee and Miss Paulson continued to discuss the compassionate Care Act and the rules made by other states and how ND will implement the act. The bill's purpose is to provide the government departments time to make rules and have discussion on the act. Chair J. Lee explained the process the bill would go through before it was final.

**Representative McWilliams:** Greeted Miss Paulson who was from his district and assured her that they would go forward with the legislation in a timely way and ensure it is implemented in the correct way.

(36:27) **Anita Morgan, District 41:** Testified in Opposition to SB 2154 (See Attachment #4). She submitted testimony from people who were not able to come (See Attachment: #5). She said there are many strains of medical marijuana that would work for different illnesses. She was concerned that the legislature would restrict breeds and methods unnecessarily when other states have already done the appropriate research.

**Representative P. Anderson:** How many people signed your petitions?

**Miss Morgan:** 18,000.

**Representative P. Anderson:** We also had 216,000 people across the state who voted for this; In your opinion, did the voters and signers know what they were voting for?

**Miss Morgan:** Yes.

**Chair J. Lee:** I know they voted for medical marijuana so people in pain or children with issues would be able to have it; I'm not sure if everybody knew about the content in the 23 pages in the initiated measure.

**Miss Morgan:** I have been part of the educating process and I believe people do understand the contents of the measure.

**Chair J. Lee:** I think they understand there are medical conditions in which the individual who is suffering thinks medical marijuana may be an option but I do not think the majority of people understood the logistics of setting this up.

**Senator Clemens:** I understand you and others worked very hard to pass this measure. Do you feel as strongly about ensuring it is only used for medical purposes as you did about getting this passed?



**Miss Morgan:** The reason I say medical cannabis is because it is the proper scientific name. I believe the patients who will utilize it will be as careful with it as they are with any prescription they receive.

**Senator Clemens:** I understand those who use it will be diligent with it but do you want to ensure that only those who need it for medical purposes will receive it?

**Miss Morgan:** You have to have a verified relationship with the physician before you ever get a registered card. If the home cultivation people have to register with their local law enforcement they will have security requirements. We've tried to ensure it is safe and accessible and only used for medicine.

**Senator Clemens:** Are you totally opposed to medical marijuana being used for recreational purposes?

**Miss Morgan:** People would not enjoy using it for recreational purposes.

**Senator Clemens:** So you are opposed to using marijuana for recreational purposes?

**Miss Morgan:** That does not apply to me. I care about the ND patients.

**Representative P. Anderson:** Do you think the people who voted for medical marijuana knew the measure would enable you to smoke it and grow it?

**Miss Morgan:** Yes.

**Chair J. Lee:** Closed the joint hearing on SB 2154.

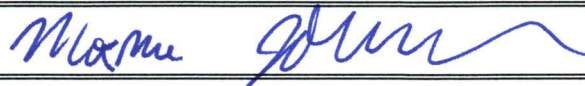
# 2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

SB 2154  
1/16/2017  
Job Number 26912

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill to provide for suspension of certain provisions of the North Dakota Century Code; provide a contingent expiration date; and to declare an emergency.

## Minutes:

1 Attachment

**Chair J. Lee:** Opened the discussion on SB 2154. All members were present.

**Chair J. Lee:** If we approve SB 2154, it could be carried to the floor tomorrow and go immediately to the house. The House can discuss it in their committee since we had a joint hearing and the House will be able to vote it out.

**Vice Chair Larsen:** I couldn't agree more. Just because the initiated measure passed doesn't mean there isn't ground work that needs to be laid.

**Vice Chair Larsen: Moved a Do Pass.**

**Senator Clemens: Seconded the motion.**

**Chair J. Lee:** I am grateful to our sponsors including Senator Heckaman. All four leaders are sponsors which shows the legislature is serious about moving this forward.

**Senator Heckaman:** Leadership met with the Health Department and we were encouraged by how much work they have done already. They have already gone through allotments and their staff is not as overwhelmed as in the past. We also visited with the representative from The Attorney General's office who has been assigned to this measure along with Jennifer Clark with legislative council. They working diligently to make sure it is right.

It will be up to your county and city if they want to allow growers or dispensers in your community. Some places have rejected the licensure through their political subdivisions in other states. Part of this will be out of the hands of the state legislature. If a city meets and refuses to permit a dispensary or a grower, they are permitted to reject it. The intentions of the writers of the measure want this done quickly but they do not understand the process.



**Vice Chair Larsen** informed the committee about other countries' regulation of medical marijuana and reiterated how important it was that ND go about implementing it the right way.

**Senator Clemens:** Wouldn't it be feasible to have one facility in ND that is responsible for all the dispensing? Does it have to be locally?

**Chair J. Lee:** I think that it would be difficult if there were only one but that is what we will discuss when leadership comes back with the other bill.

**Senator Heckaman:** One of the things we discussed with the health department was potency. There are many different strains and the potency is important to consider, especially if we are considering allowing children to receive this as a medication. Adult bodies are a little different so we need to make sure the child's dosage is accurate. This bill is necessary so we can give the health department the time to get this right.

**Senator Piepkorn:** We certainly want be careful of the potency.

**Committee Discussion:** Senator Piepkorn and Vice Chair Larsen discussed a marijuana testing lab located in Israel.

(11:58) **Chair J. Lee** invited the Health Department to share about where the seeds come from and testing labs.

**Arvy Smith, Director, Health Department: We are facing problems with lab testing.** First, we cannot transfer marijuana across borders. Second, we learned from Risk Management that I cannot ask my employees to do something that is federally illegal so our employees cannot touch or transport marijuana. We need a lab in the state and we may have an interested group. The industry is motivated to have a good product so they often do their own testing but we need to do some independent testing. We're finding that once marijuana is turned into an edible, it is very difficult to do the testing and the independent results that are coming out are not good.

The timeline we have set is pretty aggressive but we have to wait to see what is passed in the session before we can turn it into administrative rules. We can request emergency rule making but there are many processes that have to happen and there are things out of our control. There are things that would slow us up: a) if there is a viable lab in the state, b) how the applications from compassion centers come in.

There are fifteen pages of regulations for compassion centers on the measure. The measure took Delaware's administrative rules and put them into the law. Now we have a situation where we have too much detail in law so we are going to push some of it into rules to make it more manageable. There are also constant references to these rules and even citations to Delaware law.

People are concerned this is a gimmick to stop the measure but that is not anyone's agenda; it is only to do it right and safely. There is an emergency clause on our appropriation for this so that as soon as the bill is signed, we have the money available to us and we can continue to move forward and we have an ad out to hire the director position.

**Senator Kreun:** Are we identifying each one of the thirteen sections and writing the rules or actions to accommodate them? For example, is the Agriculture Department going to oversee



the growing of marijuana and how is the harvested product going to make it to the dispensary?

**Arvy Smith:** There are many state agencies (including the Agriculture Department) affected by this.

**Senator Kreun:** Are we using the measure as a guideline?

**Arvy Smith:** Yes; in some places there is more detail than necessary and others there is not enough. We are trying to decide which should be in rule and which should be in law. We are trying to untangle the business aspect of it as well.

**Senator Kreun:** Is there an ability to put fees in place to pay for this?

**Arvy Smith:** The authors had fees in law for compassion centers to become licensed and apply but they did not have a fee amount for the patients and the designated care givers. The fees go into a separate fund to pay for costs; we will have startup costs before that, however. In other states, they have language that says it will pay for itself. That will not happen the first biennium but we are adding language that in future biennium's, it will pay for itself. Also, doctors are not writing a prescription. Doctors are only saying they have a relationship with their patient and the patient has a condition that qualifies and may benefit from medical marijuana. They are not establishing a dosage; that all comes at the compassion center where the only required qualification is that they pass a criminal background check. I don't think the people knew that when they voted.

**Senator Heckaman:** You mentioned in our briefing about the political subdivisions and the difficulty they will have; I mentioned today the political subdivisions are going to have to develop regulations. Do other states do this process slowly or when the law is first implemented?

**Arvy Smith:** Other states told us to roll this out as one rather than in pieces. The law specifies that patients and designated caregivers can grow their own if they're beyond forty miles from a compassion center. A compassion center is not going to be ready for months so people will try to grow it now. Because this is not a medical prescription, it is taxable for sale purposes and income tax. We cannot get a handle on the income tax revenue to the state general fund. We've done a broad estimate on the sales tax and it depends on how many clients we are going to have which we cannot estimate.

**Chair J. Lee:** We will discuss this more when the bill comes out but it is helpful to know why the bill is important so we can relay it to our constituents.

**Committee Discussion:** The committee talked about the aggressive timeline and discussed the timeline for the methadone clinic in Minot.

**Senator Clemens:** How do we get around federal regulations?

**Arvy Smith:** The US Attorney General said it is still federally illegal but they are choosing not to enforce the law as long as states have certain assurances like the protection of minors,



prevention of unauthorized use, along with several other criteria. I can send you a list of the criteria. The Attorney General's stance was emailed to the committee after the hearing for their reference. Please see attached #1.

**Senator Anderson:** 125 years ago, the pharmacies had a lot of natural products and various raw drugs. We went away from those because it is difficult to ensure the potency between batches. Our education and testing is better now that it was 125 years ago but we have a process for approved products. We now have two approved products derived from marijuana and we have one in process now. My personal opinion is that this will disappoint the people who think medical marijuana will solve their medical problems. The real money behind it is the recreational use which will come once we have marijuana plants growing in the state. I am concerned history will repeat itself and marijuana will be used for more than medicinal purposes. I think the initiated measure was a mistake.

**Chair J. Lee:** We received a letter talking about the challenges of medical marijuana and how it shows the goal is ultimately recreational use.

**A Roll Call Vote Was Taken: 7 yeas, 0 nays, 0 absent.**

**Motion carried.**

**Senator Heckaman will carry the bill to the floor.**

Date: 1/16 2017  
Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2154

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation:  Adopt Amendment  
 Do Pass  Do Not Pass  Without Committee Recommendation  
 As Amended  Rerefer to Appropriations  
 Place on Consent Calendar  
Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Sen. Larsen Seconded By Sen. Clemens

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen. Heckaman

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2154: Human Services Committee (Sen. J. Lee, Chairman)** recommends **DO PASS**  
(7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2154 was placed on the  
Eleventh order on the calendar.

**2017 HOUSE HUMAN SERVICES**

**SB 2154**

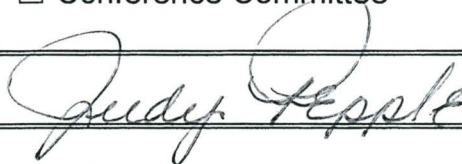
# 2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

SB 2154  
1/18/2017  
27054

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

A bill for an Act to provide for suspension of certain provisions of the ND Compassionate Care Act; to provide a contingent expiration date; and to declare an emergency

## Minutes:

Chairman Weisz: We have already had a hearing, so we don't need a hearing. So we are going to take this up and vote on it so that it can get on the floor and be voted on in the House. This is to give the Health Department cover if that is the word you want to use. It was clear that the measure said 30 days. Technically we have been in violation since December 8 or whichever day it was. I am not sure how they can have something done and in place by August 1. That is the reason for this bill. This has nothing to do with what is going to actually transpire. That bill is still in the hopper as I understand. The Health Dept. is still working on the bill with how they are going to comply with all of the provisions. So I would ask that we take this up now so it can get on the floor and we can vote on it this week and then the governor can sign it immediately and then the Health Dept. has the time and we have the time to deal with the issue.

Representative Devlin: Did the senate vote on this already?

Chairman Weisz: Yes, they already did unanimously out yesterday and then it was messaged over us this am.

Representative D. Anderson: I make a motion for a do pass on SB 2154.

Representative Damschen: I will second it.

## Discussion?

Representative Schneider: I come from the district that had the highest number of people in favor of this. I understand that we need to be reasonable, but I don't feel that the amount of time allowed is sufficient to put on the department to use resources that have been done in other states and to not reinvent the wheel, but to responsible to implement this program as soon as possible. The people with the kind of pain that would be relieved by the use of

medical marijuana every day is like an eternity for them. I ca not support this bill. I certainly understand the purpose of this bill though.

Chairman Weisz: Further discussion?

Seeing none the clerk will call the roll for a do pass on SB 2154.

Roll call vote taken. 11 yes 2 no 1 absent

Chairman Weisz: I will take this on the floor, so I don't need a volunteer.

Adjourned.



# 2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

SB 2154  
1/19/2017  
none

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

(There is not a recording of this meeting.)

A bill for an Act to provide for the suspension of certain provisions of the ND Compassionate Care Act; to provide a contingent expiration date; and to declare an emergency.

## Minutes:

(There is not a recording of this meeting. It needed to be done quickly and the Chairman just did it.)

Chairman Weisz: We voted on this the other day, but the bill had not been sent over from the Senate at that time, so we need to do it over.

Representative Devlin: I make a motion to reconsider.

Representative Seibel: I second that motion.

Chairman Weisz: We have a motion on the floor to reconsider SB 2154. We will take a voice vote.

Voice vote taken. Motion carried.

Representative Damschen: I make a motion for a do pass on SB 2154.

Representative Skroch: I second that.

Chairman Weisz: We have a motion and a second for a do pass on SB 2154. Is there any discussion? Seeing none, I call for a roll call vote for a do pass on SB 2154.

Roll call vote taken for a do pass on SB 2154  
Motion carried 11 Yes 2 No Absent 1

Chairman Weisz: I will carry this bill, so I don't need a volunteer.



We are adjourned.

Date: 1-18-17  
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. \_\_\_\_\_

House Human Services Committee

Subcommittee

Amendment LC# or Description: SB 2154

Recommendation:  Adopt Amendment  
 Do Pass  Do Not Pass  Without Committee Recommendation  
 As Amended  Rerefer to Appropriations  
 Place on Consent Calendar  
Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Rep. P. Anderson Seconded By Rep. Damschen

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson		✓
Vice Chairman Rohr	✓		Rep. Schneider		✓
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter <u>absent</u>					
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 11 No 2

Absent 1

Floor Assignment Chairman Weisz

If the vote is on an amendment, briefly indicate intent:

Date: 1-19-17  
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. SB2154

House Human Services Committee

Subcommittee

Amendment LC# or Description: \_\_\_\_\_

- Recommendation:  Adopt Amendment  
 Do Pass     Do Not Pass     Without Committee Recommendation  
 As Amended     Rerefer to Appropriations  
 Place on Consent Calendar
- Other Actions:  Reconsider     \_\_\_\_\_

Motion Made By Rep. Devlin    Seconded By Rep. Seibel

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

*voice vote to reconsider carried*

Total (Yes) \_\_\_\_\_ No \_\_\_\_\_

Absent \_\_\_\_\_

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

Date: 1-19-17  
 Roll Call Vote 2

**2017 HOUSE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. SB2154**

House Human Services Committee

Subcommittee

Amendment LC# or Description: \_\_\_\_\_

Recommendation:  Adopt Amendment  
 Do Pass  Do Not Pass  Without Committee Recommendation  
 As Amended  Rerefer to Appropriations  
 Place on Consent Calendar  
 Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Rep. Damschen Seconded By Rep. Skroch

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz:	✓		Rep. P. Anderson		✓
Vice Chairman Rohr	absent		Rep. Schneider		✓
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 11 No 2

Absent 1

Floor Assignment Chairman Weisz

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2154: Human Services Committee (Rep. Weisz, Chairman)** recommends **DO PASS** (11 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). SB 2154 was placed on the Fourteenth order on the calendar.

**2017 TESTIMONY**

**SB 2154**



1-16-17  
A.H.1  
SB 2154

SB 2154

Chairmen Lee and Weisz and members of the joint Human Services Committees:

I am Senator Joan Heckaman from District 23 and I am here this morning to also support SB 2154. Measure 5 from the 2016 election was passed and now it is the responsibility of the Health Department to implement this measure.

The bill before you today delays implementation to allow the department sufficient time to develop the necessary rules and regulations whether the rules apply to applications for registration, authorizing prescriptions, dispensing, growing, or the use of medical marijuana. All of us understand the importance of medical marijuana to the treatment for some medical conditions. But that issuance of licenses to grow and dispense must have rules and regulations written. The department has been working hard but felt that more time is needed because everyone wants to get this right.

So I support Senate Bill 2154 and know you will give it your thoughtful consideration.

Thank you.



# Medical cannabis has strong support from lawmakers, the medical community, veterans groups, religious leaders and the public.

Health and medical organizations that support allowing medical cannabis include the:

- American Academy of HIV Medicine
- American Nurses Association
- American Public Health Association
- American Academy of Family Physicians
- American Medical Student Association
- Epilepsy Foundation
- Leukemia & Lymphoma Society

- Veterans access to medical cannabis is supported by the: **American Legion, Iraq and Afghanistan Veterans of America and American Vets (AMVETS).**

- Patient access to medical cannabis is supported by the:
  - Episcopal Church
  - Evangelical Lutheran Church in America
  - Presbyterian Church (USA)
  - Progressive National Baptist Convention
  - Protestants for the Common Good
  - Union of Reform Judaism
  - Unitarian Universalist Association
  - United Church of Christ
  - United Methodist Church

- The US Government has a patent on medical cannabis. Patent # 6,630,507 states unequivocally that *cannabinoids are useful in the prevention and treatment of a wide variety of diseases including stroke, trauma, auto-immune disorders, Parkinson's, Alzheimer's, dementia and HIV.*

*The 2003 patent is based on research done by the National Institute of Health and is assigned to the US Dept. of Health and Human Services.*

- Data published in 2014 in the Journal of the American Medical Association (JAMA) Internal Medicine reported that the enactment of medical cannabis laws show a significantly lower state-level opioid overdose mortality rates...

***States with medical cannabis laws had a 24.8% lower annual opioid overdose mortality rate compared with states without medical cannabis laws.***

North Dakota Farmers Union's recommended a YES vote on Measure #5/ND Compassionate Care Act 2016.

- In 2016, From May 24 - 30, Quinnipiac University surveyed 1,561 registered voters nationwide via live interviewers on land lines or cell phones.

The poll questions included:

***Do you support or oppose allowing adults to legally use marijuana for medical purposes if their doctor prescribes it?***

YES:	Total	Republican	Democrat	Independents
	89%	81%	94%	93%
Ages:				
	18-34	35-49	50-64	65+
	91%	89%	90%	89%

- A DEA Resource Guide page 73 - 2015 EDITION Section IX. Marijuana/Cannabis  
What are its overdose effects?  
No death from overdose of marijuana has been reported.

January 12, 2017

National Academy of Sciences released a comprehensive review of research on marijuana and concluded that marijuana does indeed have medical value.

This rigorous review of scientific research covers what is known about the health impacts of cannabis and cannabis-derived products – such as marijuana and active chemical compounds known as cannabinoids – ranging from their therapeutic effects to their risks for causing certain cancers, diseases, mental health disorders, and injuries. The committee that carried out the study and wrote the report considered more than 10,000 scientific abstracts to reach its nearly 100 conclusions.

The full 378 page report can be read on-line or can be downloaded at: <https://www.nap.edu/search/?term=Medical+Cannabis>

In *Conant v. Walters* (2002), the court ruled a physician's recommendation of marijuana to their patients is protected under the First Amendment. The federal government may not revoke a physician's DEA registration merely because the doctor makes a recommendation for the use of medical marijuana and the DEA may not initiate any investigation on the certifying physician solely on the recommendation.

<http://www.cannalawblog.com/physicians-right-to-recommend-medical-marijuana-conant-v-walters-9th-cir-2002-309-f-3d-629-cert-denied-oct-14-2003/>

# 25 state and the District of Columbia have medical cannabis programs in place. Three more after the 2016 election.

2016 State of North Dakota Results  
<http://results.sos.nd.gov/results>

## North Dakota Compassionate Care Act - Legislative District Results

District 01	4,165 People voted YES = 66.0%	6,307 total
District 02	6,245 People voted YES = 62.5%	9,994 total
District 03	4,499 People voted YES = 66.5%	6,763 total
District 04	4,553 People voted YES = 63.1%	7,211 total
District 05	3,920 People voted YES = 60.5%	6,476 total
District 06	4,420 People voted YES = 58.5%	7,552 total
District 07	6,482 People voted YES = 62.9%	10,298 total
District 08	5,098 People voted YES = 57.9%	8,801 total
District 09	2,541 People voted YES = 68.7%	3,699 total
District 10	3,449 People voted YES = 52.4%	6,586 total
District 11	5,290 People voted YES = 76.0%	6,961 total
District 12	4,142 People voted YES = 65.8%	6,295 total
District 13	5,400 People voted YES = 70.8%	7,623 total
District 14	3,981 People voted YES = 52.0%	7,661 total
District 15	3,824 People voted YES = 59.0%	6,485 total
District 16	6,523 People voted YES = 76.2%	8,557 total
District 17	5,551 People voted YES = 62.8%	8,841 total
District 18	4,115 People voted YES = 73.2%	5,625 total
District 19	3,476 People voted YES = 58.6%	5,929 total
District 20	4,211 People voted YES = 64.2%	6,559 total
District 21	4,687 People voted YES = 80.7%	5,809 total
District 22	6,532 People voted YES = 70.6%	9,247 total
District 23	3,824 People voted YES = 62.2%	6,146 total
District 24	4,054 People voted YES = 60.2%	6,729 total
District 25	4,168 People voted YES = 64.1%	6,498 total
District 26	4,284 People voted YES = 63.3%	6,770 total
District 27	6,721 People voted YES = 72.9%	9,216 total
District 28	3,859 People voted YES = 50.4%	7,653 total
District 29	3,959 People voted YES = 58.5%	6,771 total
District 30	4,660 People voted YES = 63.6%	7,326 total
District 31	4,434 People voted YES = 59.6%	7,437 total
District 32	4,526 People voted YES = 65.8%	6,880 total
District 33	4,676 People voted YES = 57.4%	8,153 total
District 34	5,317 People voted YES = 65.6%	8,103 total
District 35	4,985 People voted YES = 63.0%	7,912 total
District 36	4,277 People voted YES = 55.3%	7,733 total
District 37	3,848 People voted YES = 59.4%	6,477 total
District 38	4,312 People voted YES = 64.2%	6,719 total
District 39	5,093 People voted YES = 51.9%	9,805 total
District 40	3,195 People voted YES = 69.3%	4,608 total
District 41	5,152 People voted YES = 69.6%	7,406 total
District 42	3,303 People voted YES = 74.6%	4,425 total
District 43	3,349 People voted YES = 62.9%	5,322 total
District 44	5,532 People voted YES = 74.3%	7,443 total
District 45	4,737 People voted YES = 71.0%	6,672 total
District 46	5,428 People voted YES = 69.2%	7,840 total
District 47	5,245 People voted YES = 56.2%	9,334 total

**TOTAL YES... 216,042** 338,657 total



North Dakota  
Compassionate Care Act

To learn more about  
medical cannabis visit:

On Facebook  
NDcompassionatecareact2016

On the web  
[www.ndcca2016.com](http://www.ndcca2016.com)

E.mail  
[ndmedcan@gmail.com](mailto:ndmedcan@gmail.com)



To Whom It May Concern:

From: Gail Pederson, SPRN, HN-BC  
Special Practice RN in Holistic Nursing, Holistic Nurse-Board Certified.  
608 117th Ave SE, Valley City, ND, 58072-9540  
District 24.  
Phone 701-490-2132

I have been a Certified Holistic Nurse for 17 Years and support the implementation of the Medical Marijuana Bill without change or hesitation. The people have spoken, with this bill passing in all of North Dakota's Districts. Please respect the people's wishes and follow through in good faith.

I have a four-fold reason for this to be implemented.

1. The first is a situation which happened over 20 years ago. I was attending my second phase of education for my Holistic Nursing Certification. My mother had just been diagnosed with pancreatic cancer and I was looking for some relief for her. Her pain and anxiety were increasing and her appetite decreasing, I asked the Naturopathic Physician who had spoken to us if he had any suggestions for care and comfort as she had declined any further treatment. He suggested Cannabis. Because of the illegality of it, we discussed its use and it was never even mentioned to her. She died 18 months later, with poor pain control, withered away, unable to eat and very anxious. I have no doubt she would have died more peacefully had cannabis been available to her.
2. My sister in law who is in her late fifties, had a severe closed head injury as a young girl. She has suffered with recurrent seizures since then. She has been through practically every anti seizure medication that has ever been developed. There is currently one more that she has not tried. These medications are extremely difficult to regulate and the side effects are many. Medical Marijuana may help control her seizures and lead to a more productive life.

I have 2 older siblings, both in their seventies. They are my #3 and #4 reasons to support the implementation immediately. They live in states where medical marijuana is legal.

3. My 70 year old brother has a congenital back malformation with chronic and acute pain. He has found great benefit and reduced pain with the use of cannabis. He is unable to take anti-inflammatory medication and does not wish to use narcotic prescription medication. This has been a solution that works for him.
4. My seventy two year old sister suffers from advancing Parkinson's disease. She has tremors continually, both externally visible and those only felt by her. Her regular use of various forms of Cannabis, provide her with a relaxed feeling and decreases her perception of the tremors that she experiences.

It is cruel and unusual punishment to deny our residents a method of dealing with various outlined disease processes. Please do not deny our citizens something that is an emerging treatment option.

Gail Pederson, SPRN, HN-BC

I am Anita Morgan - ND Compassionate Care Committee member. I was involved since the beginning of this journey - Shepherding the referendum through the signature gather phase, measure phase and now as it becomes another tool in our North Dakota health provider's arsenal to combat [redacted] issues.

I thought I might take a moment to thank the committee members - I won't list all the names but I will tell you...the average age is 58 - We have a financial advisor, two newspaper publishers, two advertising agency owners, a gubernatorial candidate, LPN. Physician Assistant, two artists, a Marine, insurance broker, several are in ag related businesses and a couple of retail shop owners and employees.

Our 107 circulators were everywhere across the state - at political rally's, concerts, festivals, trade shows, human and dog parks, sporting events, parades, golf tournaments... You name it - If there were people gathered in ND - You'd find us there too. And there wasn't a single paid person among them.

We had North Dakota businesses managers and owners who took on the responsibility of being a designated circulator and allowed citizens to walk in... This was an entirely grassroots, hometown effort.

*person the Petition*

Our youngest was Marcus from Fargo just turned 21 in December. He has Cystic Fibrosis and his San- [redacted] doctors feel medical cannabis would help him with his appetite, gain weight and strength and help provide pain relief that comes with CF.

Our oldest was Grandma Barb from Williston will be 78 in a few days... Oh man - She's gonna kill me for saying that. She has a grown son who may benefit from medical cannabis but his illness is not on the list yet she was determined to help other patients.

Again... Our circulators were all ages, professions. and stages of life...

The younger people almost always took on the task because a parent, grandparents, little brother or sister...

Someone they loved was ill.

*We had*

*worked because they*

*they*

Parents who can't stand watching their children suffer from seizures and know that everyday it isn't "Will he or she have one but how many and how bad."

The older folks were much the same but have either been ill themselves or were the watcher... You know... the one who sits and watches a loved one in the hospital or watches their daily struggle.

[redacted] it's who I am. The joke in our home is "Mom's the only healthy one... she couldn't qualify for a medical cannabis card" but we all know that could change at a heartbeat. I've done the work for my



husband who has endured four back surgeries, a staph infection a nicked nerve resulting in drop foot and neuropathy and for many dear friends who have gone through cancer scares, long term chronic pain or their kids or grandchildren are sick.

An acquaintance made the comment "The Compassionate Care people are every where... You guys must have a huge ad budget." I didn't have the heart to tell her it was petite... to say the least... just under \$18,000 cash and a little under \$8,000 of in-kind help.

In the end... many hands make light work. Volunteers gave their time, they told their personal health journey on the radio, on TV and in print and it made a difference. We're a small state and it doesn't take much to figure out that you know somebody who knows somebody and Poof... You figure out you're second cousins.

I believe that's why ND voters endorsed Measure 5 so overwhelmingly. They understand the concept of medical cannabis. They know someone who would benefit from it.

Is it a panacea? No. Is medical cannabis a cure all? No. But if one North Dakota child gets relief from their epilepsy, if one of our neighbors <sup>going thru</sup> who is dying from cancer gets relief, or if one of our friends who has Crohns <sup>has</sup> gets relief... It worth exploring with your health care provider.

Please remember we are not forcing the medical profession to recommend medical cannabis. Ultimately the decision to use medical cannabis as a treatment option is one that patient and doctor should make together.

IN the fall of 2015 approved by the Secretary of State's office, reviewed the ND Compassionate Care Act ensure that the law was feasible and could be legitimately enforced by the government. They approved our petition and per state law, it become a ballot measure after the gathering of tens of thousands of signatures, and proceeded to pass. If the Secretary of State's lawyers found no flaws in the enforcement of our law, than why should we believe such a flaw exists?

We ask that if you need to refer ND Compassionate care to the judiciary to bring it into compliance with code - Please do.

If you need to delay it for administrative reasons... Do not delay until July. ND Patients need immediacy to market - Some cannot wait. As of today it is 69 days since the election.

If you delay another 60 days... It will be mid March.

If you wait until July... that's 265 days. <sup>for SB 2154</sup>

And whether the reason be judicially or administratively - That's too long for patients.

Swift safe and access to medical cannabis is what 216 thousand North Dakotan and Compassionate Care Act asks... Please move faster and deny SB - 2154 as written.

SB 2154  
Attache  
#5  
1/16

From: Donna dpwack@westriv.com  
Subject: Bismarck Bound  
Date: January 15, 2017 at 10:08 PM  
To: ndmedcan@gmail.com

To North Dakota Joint House and Senate Committee  
My name is Donna Wacker and I am from Turtle Lake, North Dakota, District 8.  
My address is 1951 Main St. W, Turtle Lake ND, 58575.  
Telephone number is 701-462-3543.

I am 53 years old and have practiced as a Family Nurse Practitioner for 13 years. The health journey I want to share concerns my 78 year old mother and she is my reason to advocate for medical cannabis. I am unable to attend the hearing as I am caring for my mom in her home. She has Parkinson's Disease and a couple of months ago had a "stiffening" episode and fell and fractured her hip. She also battles with Neurogenic Orthostatic Hypotension (a significant drop in her blood pressure when she stands, to the point of syncope or loss of consciousness). She also has battled significant stomach issues with chronic nausea and diarrhea. My mom used to weigh approximately 200 pounds, in the last year alone she has lost about 50 pounds now weighing 104 pounds, giving her no reserve for any illness. She has very little appetite and when she does eat she has to use weighted silverware to help avoid spilling as the tremors from her Parkinson's makes it difficult to eat. In the summer of 2016 she ended up in a rehab facility due to frequent falls related to her Parkinson's and low blood pressure, while there I asked her treating physician if he would try Marinol, the prescription, man-made chemical form of cannabis. He was willing. The result was her tremors became almost nonexistent, she ate everything her stomach could tolerate, and became strong enough to climb 12 steps with only stand-by assistance. It was amazing to say the least. What was disturbing was the irritation the Marinol caused her digestive system, diarrhea, abdominal cramping, and more nausea. She does not tolerate the 'traditional' medication for Parkinson's as the bad side effects outweigh any benefit.

As a medical provider I am well aware of morbidity statistics of an elderly person with poor health and hip fractures. My 78 year old mother understands the medicinal benefits of cannabis and voted yes on Measure 5, The Compassionate Care Act. In fact just today she asked me when it would be available as she also knows her life expectancy has been cut shorter by her hip fracture and necessary surgery to fix it. I had to tell her I feared it would never be available. Having cannabis available for her would allow her to live the remainder of her life with more quality and dignity. It would decrease the muscle spasms that make it difficult for her to walk and cry during the night, it would decrease her chronic nausea allowing her to improve her diet and nutritional state, it would allow her to go out in public (with assistance) without the embarrassment she feels due to her tremors. There is enough evidence to support this and working with states that already have regulations in place would significantly decrease the cost of implementing the measure. I have followed the measure as well as information coming out of the state about cost of implementation and people's fears of being involved in running the program. I actually called the State Health Department the day after Measure 5 passed and left a voicemail stating I would be interested in working with the development, implementation, and running the program. I realize now I did not receive a response because the people's voices in our government have no intention of listening to the voice of the people.

As a life long resident of North Dakota and a compassionate healthcare provider I am disturbed that our state would think it is more important to spend money on increasing the speed limit rather than implementing a measure that the majority of the state has clearly asked for by vote and would improve the quality of life for many people. What our voted-in officials are doing appears to be delaying implementation and trying to make Measure 5 go away. Where is the peoples representation in this?

I would be happy to have further conversation regarding my thoughts, observations, and the increased quality of life my mother would have if what the people of North Dakota voted for was actually implemented. I may be reached on my cellular phone at 701-315-0183 or by email at dpwack@westriv.com.

Regards  
Donna Wacker MSN, APRN, FNP-BC

From: **Doug and Roxanne Ficek** [dficek01@yahoo.com](mailto:dficek01@yahoo.com)  
Subject: Hello  
Date: January 15, 2017 at 9:38 PM  
To: Anita B. Peterson Morgan [abadvert@aol.com](mailto:abadvert@aol.com)

Not sure what you all need to know for tomorrow. But the reason I wish the state to get moving on the medical cannabis is for the following reasons:

My brother in law has been having heart issues for the last 4 years and has also been having problems with rheumtroid arthritis - they can't seem to find any medications that will work together to fight these problems for him and now he is having problems with his kidneys. Along with that my sister has been diagnosed with pancreatic cancer - early stages and I believe that cannabis would help them both. My brother in-law is in his early 50's and my sister is in her late 40's. They have 2 children and I would hate to see these kids without there parents.

Please help this measure move to save people where cannabis can help.

Thank you

Roxanne



**From:** Linda Kersten kersteng@srt.com  
**Subject:** New Letter for Compassionate Care Act Meeting  
**Date:** January 15, 2017 at 6:09 PM  
**To:** Anita Morgan ndmedcan@gmail.com

The legalizing of medical marijuana, will directly effect my family. I grew up on a farm in North Dakota and was taught by my alcoholic father that marijuana (cannabis) was a horrible drug that would destroy my life. Little did I know that as a 70 year old retired teacher and grandmother, I would throw all caution to the wind and search for this drug to help my daughter find relief.

Karla was diagnosed 6 1/2 years ago with stage 4 colon cancer. Her treatments include high dose steroids, anti-nausea and addictive pain meds, and laxatives all to lessen the side effects of multiple surgeries and chemotherapies. We are ok with doctors treating her with these important, although horrific, life-saving medications but we deny her the right to use MM to bring relief.

I helped Karla find and use MM following her last chemo treatment in April. She was given all the above mentioned drugs, but nothing was working. After using MM I watched in disbelief as, in a matter of minutes, she went from being in wretched hell to sitting up in a chair saying, "if it wasn't dark, I'd go for a walk around the block." Do you believe in miracles? For us that night, medical marijuana was a miracle.

Please, educate yourself. Search the benefits of cannabis. Think about all the children and adults with cancer, PTSD, Parkinson, MS, ALS, dementia, epilepsy and more that can, if they desire, find relief using it. Let's not let one more patient or caregiver have to break the law or move to another state in order to help a loved one. Karla and I have already discussed both options should the cancer return. I am personally asking for your help to keep this bill intact and move it on to let the people of ND have access to its benefits.

Linda Kersten  
708 88th St. NW  
Newburg, ND  
701-272-6227  
District 6

From: **pj Drath** drathpj@gmail.com  
Subject: SB 2154  
Date: January 15, 2017 at 5:41 PM  
To: ndmedcan@gmail.com  
Cc: pjdrath@westriv.com

My name is Pamela Drath and I reside in Hazen ND. I am a public citizen of District 33. My physical address is 302 5th Ave NW and can be reached at home at 701-748-6505. I am 56 years young and am a person with a disability. I terminated my position with my employer, Mercer County Auditor office in June 2012 after 9 1/2 years of employment. My spinal condition I was born with kept me from performing any job any longer. I am a person with a disability and am receiving Social Security Disability Insurance. My health problems began a few years before I had to give up my job. When I learned at the age of 49 that I had a congenital fusion of vertebrates it gave me some answers to my ongoing medical troubles. Had I known what was coming I certainly would have not considered and completed a Power Plant Technology Program to make a good living for my son and I. In the Spring of 2011 in Bismarck, ND I had neck surgery. It did not help me at all. I am worse today than ever because of chronic pain and inflammation, pinched nerves, stenosis, arthritis, spurs. It is a very debilitating condition. I have tried everything imaginable with no success. I am tired of the struggles with this pain and the quality of my life. It does not only effect me but the people who are closest to me also. When the petition came around for legalizing medical marijuana in ND this past spring I hoped and prayed this would be a reality, an option for all of those in need. I needed other options besides pain pills. I am not a pill pusher and when my pain is bad enough I do have to take them but they do NOT come without any side effects! Ice is my one and only best friend these days. I would be in therapy for opioid addiction had I got some of my prescriptions filled that a certain pain management doctor tried to get me on. Honestly, I have tried marijuana and how it works to take away the inflammation and lessen my pain is completely remarkable. I felt like 'me' again. I understand and have come to terms with a lot of things but what I can't come to terms with is that the good citizens of North Dakota proved they are very compassionate this past General Election. They have said yes, that persons do have the right to the best quality of life possible. They did not vote it in for you all to put it off because your department isn't capable. We know what that feels like. You think maybe with education others too, will learn that this natural plant and all its cannabinoids work very well with our bodies. So I ask you legislators to listen to us and do the right thing and PLEASE open the registration process for both the patients and the dispensary license applications in a timely manner and spend the dollars you are considering to spend on some study to get the program up and running and operational. Do not try to put it off like you are now planning to go through with! I truly believe you are putting the whole election process and citizens right to vote seem so very unimportant. These are the same citizens that voted for you. Thank you.

thru what was then Bismarck Junior College

Sent from my iPad

From: **Connie Gegelman** bloomnflowers@icloud.com  
Subject: MM  
Date: January 15, 2017 at 2:31 PM  
To: ndmedcan@gmail.com

My name is Connie Gegelman 965 County 5 S Golden Valley ND 58541 701-870-3670 I am 60 years old I own the Bloomn House Floral in Beulah ND I've been diabetic since I was 7 years old I deal with a lot of pain issues but mostly I have a grandson with Cerebral Palsy and he has seizures and the meds they give him are unbelievable one med makes you gain weight Topamax makes you lose weight but it puts your brain in a state that you can't remember your name so why can't you people believe when you have seen all the other states that have MM in Co I have a nephew also has epilepsy he takes the cannabis oil and no more seizures and no more drugs that have a ton of side effects we the people voted and said yes to measure 5 so why is it that you our legislators think we should wait until you decide it's ok come on and do what's right please help the ones who could use the MM to help their diseases . Please help us Connie Gegelman

Sent from my

From: **Alli Geggelman** allison.gegs@hotmail.com  
Subject: Medical Marijuana  
Date: January 15, 2017 at 4:15 PM  
To: ndmedcan@gmail.com

Allison Geggelman  
Lincoln, ND  
District 7  
152 Allen Dr Lincoln ND, 58504  
22  
Business student

My medical history is that I have Cystic Fibrosis  
With medical marijuana it helps boost a person's appetite and will benefit from the pain killing properties with the aches and pains that CF does give a person.

Thank you for taking the time to read this!

Allison Geggelman



From: **jim berg** bergjw@bis.midco.net  
Subject: Senate bill  
Date: January 15, 2017 at 11:29 AM  
To: ndmedcan@gmail.com

James A Berg  
551 Birchwood Drive  
Bismarck, ND. 58504  
Age -61  
Diabetic

The voters have spoken and Measure 5 needs to be implemented, not stalled, no study committees formed, and not gutted by law makers with personal agendas. That being said, i truly believe that future research in the medical applications of marijuana will only expand. I have diabetes and initial research is showing that medical marijuana may reduce blood sugars, increase carbohydrate metabolism, and decrease A1c values. Medical marijuana may help me and i want the option to try and improve my health if future research shows a positive effect on diabetic symptoms.

Medical marijuana for pain management has been demonstrated many times. My wife has severe sciatica and would rather treat her severe pain with some safer than Percocet.

Sent from my iPad

From: **Liz Tofteland** ltofteland3@gmail.com  
Subject: Medical marijuana  
Date: January 15, 2017 at 2:04 PM  
To: ndmedcan@gmail.com

Liz Tofteland  
Westhope, ND District 6  
1325 99th St NW  
701-263-1674  
Registered Nurse

I have a sister that has Stage 4 colon cancer. Because of her cancer she has had numerous surgeries performed on her colon. This has shortened her colon and left her with scar tissue. Constipation is a daily struggle for her. Do you know what the most common side effect of opioids is? It's constipation. Another problem is that she is very sensitive to medications, and becomes nauseated easily.

During my sister's last cycle of chemotherapy, she suffered from severe nausea. She laid on a couch and couldn't move her head. If she moved at all, she was puking. She had taken and tried all the medications prescribed to her by her doctors to help with the nausea, but nothing helped. In desperation, we obtained medical marijuana for her. With 2 puffs, that's 2 inhalations, <2> my sister's nausea was gone and she was sitting up and talking.

For you that are against this measure for whatever your fear is, please go down to the cancer center and talk to the people that are living this hell everyday. Look them in the eyes and tell them that you think medical marijuana is bad for them. Face the people you are affecting.

I am also a RN and have had many patients ask me when medical marijuana is going to be legal. When is the law WE THE PEOPLE voted for going to be in acted? My answer to them is to call their legislators because THEY are the ones against it.

As a nurse and human being, I can not even imagine taking away a drug from someone that desperately needs it. How do you look these desperate parents and caregivers in the eyes and tell them no. How do you sleep at night, knowing that because of you someone is suffering from Parkinson's, seizures, chronic pain, severe nausea? Who are you to take comfort from these people?

If you need help finding scientific studies, I will help. If you have questions, I will find you the answers. The state of North Dakota has spoken, its time for you to listen.

Sincerely,

Liz Tofteland, RN  
Sent from my iPhone

From: **Cure All** picturethis1981@hotmail.com  
Subject: Cannot attend tomorrow MMJ hearing in Bismarck due to illness --- please print out in my absence - THANK YOU  
Date: January 15, 2017 at 11:42 AM  
To: ndmedcan@gmail.com

My name is Linda Falla and I reside at 505 N. 6th St., Grand Forks, ND 58203. My phone number is 701/317-4580. I am 35 years old and a disabled mother of two young children (11 and 5). My health journey is a long one, full of ups and downs. I would like to apologize and state that I can't be there in person to speak this because of my health. I am quite literally that ill.

I am suffering from a myriad of chronic illnesses, including Fibromyalgia, chronic insomnia, PTSD, Generalized Anxiety Disorder, severe and chronic depression, hypothyroidism, tachycardia, Chronic Kidney Disease (CKD) wherein I will need a kidney to survive in the future, Degenerative Disc Disease (DDD), and osteoarthritis in my back and knees. If I simply miss any, it's because there are so many, that I forgot to mention others, and for that, I am sorry.

All of these medical illnesses make me suffer in one way or another, but the pain and fatigue are unbearable. I cannot work. Most of my help is through my husband who works outside of the home. I am normally 90% bedridden. I cannot and do not have a normal chance at life. Due to the opioid crisis in these United States and our state as well, the crackdown on seeing a pain management specialist who is willing to prescribe you medications on that front is also bleak. I have already gone that route. I need effective forms of pain, anxiety, sleep, etc. relief that is all natural, which would be medicinal marijuana. I need hope.

ND voters decided on November 8, 2016, medicinal marijuana is the HUMANE approach to health treatment and I am one of those voters. In the past, not only have I contacted via phone the ND Department of Health, I've also contacted Corey Mock, Steve Vitter, Scott Meyer, and a host of others. Many neither responded back via e-mail nor phone. That in itself is discouraging. We vote for people we believe have our best interests at heart and now, those wishes are being trampled upon.

People are suffering daily in small and large ways, and for myself, I know that I'm suffering greatly. I know that I could do more around my home and feel better with a natural medicine, an herb, rather than pharmaceuticals which either have no benefits or their side effects outweigh their usefulness. People with Fibromyalgia are crying out specifically. I want a fighting chance at a good life. My life will already be shortened to Chronic Kidney Disease. Please don't dash our hopes for a medicine that has helped millions in America. Colorado is shining example of this.

Moreover, I will be a better and healthier person, mother, wife, friend, daughter, and granddaughter.

Thank you.

With kind regards,

Linda Falla



From: **Tom Fischer** fischer406@gmail.com  
Subject:  
Date: **January 15, 2017 at 11:43 AM**  
To: ndmedcan@gmail.com

My name is Tom Fischer.. Im 57 years old.. Fargo, ND - cass county.. 3532 31st s .. Im on SSI disability. I've had 3 back surgeries and 1 spinal fusion lower back and also five knee surgeries. Major pain in my neck from a water ski accident in 1981. I've been taken oxycodone 20 milligram pills the last five years. 120 a month. Smoking marijuana relieve my pain better than any pain pill has ever done



U.S. Department of Justice

Office of the Deputy Attorney General


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1/16  
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The Deputy Attorney General

Washington, D.C. 20530

August 29, 2013

MEMORANDUM FOR ALL UNITED STATES ATTORNEYS

FROM: James M. Cole   
Deputy Attorney General

SUBJECT: Guidance Regarding Marijuana Enforcement

In October 2009 and June 2011, the Department issued guidance to federal prosecutors concerning marijuana enforcement under the Controlled Substances Act (CSA). This memorandum updates that guidance in light of state ballot initiatives that legalize under state law the possession of small amounts of marijuana and provide for the regulation of marijuana production, processing, and sale. The guidance set forth herein applies to all federal enforcement activity, including civil enforcement and criminal investigations and prosecutions, concerning marijuana in all states.

As the Department noted in its previous guidance, Congress has determined that marijuana is a dangerous drug and that the illegal distribution and sale of marijuana is a serious crime that provides a significant source of revenue to large-scale criminal enterprises, gangs, and cartels. The Department of Justice is committed to enforcement of the CSA consistent with those determinations. The Department is also committed to using its limited investigative and prosecutorial resources to address the most significant threats in the most effective, consistent, and rational way. In furtherance of those objectives, as several states enacted laws relating to the use of marijuana for medical purposes, the Department in recent years has focused its efforts on certain enforcement priorities that are particularly important to the federal government:

- Preventing the distribution of marijuana to minors;
- Preventing revenue from the sale of marijuana from going to criminal enterprises, gangs, and cartels;
- Preventing the diversion of marijuana from states where it is legal under state law in some form to other states;
- Preventing state-authorized marijuana activity from being used as a cover or pretext for the trafficking of other illegal drugs or other illegal activity;

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Subject: Guidance Regarding Marijuana Enforcement

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- Preventing violence and the use of firearms in the cultivation and distribution of marijuana;
- Preventing drugged driving and the exacerbation of other adverse public health consequences associated with marijuana use;
- Preventing the growing of marijuana on public lands and the attendant public safety and environmental dangers posed by marijuana production on public lands; and
- Preventing marijuana possession or use on federal property.

These priorities will continue to guide the Department's enforcement of the CSA against marijuana-related conduct. Thus, this memorandum serves as guidance to Department attorneys and law enforcement to focus their enforcement resources and efforts, including prosecution, on persons or organizations whose conduct interferes with any one or more of these priorities, regardless of state law.<sup>1</sup>

Outside of these enforcement priorities, the federal government has traditionally relied on states and local law enforcement agencies to address marijuana activity through enforcement of their own narcotics laws. For example, the Department of Justice has not historically devoted resources to prosecuting individuals whose conduct is limited to possession of small amounts of marijuana for personal use on private property. Instead, the Department has left such lower-level or localized activity to state and local authorities and has stepped in to enforce the CSA only when the use, possession, cultivation, or distribution of marijuana has threatened to cause one of the harms identified above.

The enactment of state laws that endeavor to authorize marijuana production, distribution, and possession by establishing a regulatory scheme for these purposes affects this traditional joint federal-state approach to narcotics enforcement. The Department's guidance in this memorandum rests on its expectation that states and local governments that have enacted laws authorizing marijuana-related conduct will implement strong and effective regulatory and enforcement systems that will address the threat those state laws could pose to public safety, public health, and other law enforcement interests. A system adequate to that task must not only contain robust controls and procedures on paper; it must also be effective in practice. Jurisdictions that have implemented systems that provide for regulation of marijuana activity

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<sup>1</sup> These enforcement priorities are listed in general terms; each encompasses a variety of conduct that may merit civil or criminal enforcement of the CSA. By way of example only, the Department's interest in preventing the distribution of marijuana to minors would call for enforcement not just when an individual or entity sells or transfers marijuana to a minor, but also when marijuana trafficking takes place near an area associated with minors; when marijuana or marijuana-infused products are marketed in a manner to appeal to minors; or when marijuana is being diverted, directly or indirectly, and purposefully or otherwise, to minors.



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must provide the necessary resources and demonstrate the willingness to enforce their laws and regulations in a manner that ensures they do not undermine federal enforcement priorities.

In jurisdictions that have enacted laws legalizing marijuana in some form and that have also implemented strong and effective regulatory and enforcement systems to control the cultivation, distribution, sale, and possession of marijuana, conduct in compliance with those laws and regulations is less likely to threaten the federal priorities set forth above. Indeed, a robust system may affirmatively address those priorities by, for example, implementing effective measures to prevent diversion of marijuana outside of the regulated system and to other states, prohibiting access to marijuana by minors, and replacing an illicit marijuana trade that funds criminal enterprises with a tightly regulated market in which revenues are tracked and accounted for. In those circumstances, consistent with the traditional allocation of federal-state efforts in this area, enforcement of state law by state and local law enforcement and regulatory bodies should remain the primary means of addressing marijuana-related activity. If state enforcement efforts are not sufficiently robust to protect against the harms set forth above, the federal government may seek to challenge the regulatory structure itself in addition to continuing to bring individual enforcement actions, including criminal prosecutions, focused on those harms.

The Department's previous memoranda specifically addressed the exercise of prosecutorial discretion in states with laws authorizing marijuana cultivation and distribution for medical use. In those contexts, the Department advised that it likely was not an efficient use of federal resources to focus enforcement efforts on seriously ill individuals, or on their individual caregivers. In doing so, the previous guidance drew a distinction between the seriously ill and their caregivers, on the one hand, and large-scale, for-profit commercial enterprises, on the other, and advised that the latter continued to be appropriate targets for federal enforcement and prosecution. In drawing this distinction, the Department relied on the common-sense judgment that the size of a marijuana operation was a reasonable proxy for assessing whether marijuana trafficking implicates the federal enforcement priorities set forth above.

As explained above, however, both the existence of a strong and effective state regulatory system, and an operation's compliance with such a system, may allay the threat that an operation's size poses to federal enforcement interests. Accordingly, in exercising prosecutorial discretion, prosecutors should not consider the size or commercial nature of a marijuana operation alone as a proxy for assessing whether marijuana trafficking implicates the Department's enforcement priorities listed above. Rather, prosecutors should continue to review marijuana cases on a case-by-case basis and weigh all available information and evidence, including, but not limited to, whether the operation is demonstrably in compliance with a strong and effective state regulatory system. A marijuana operation's large scale or for-profit nature may be a relevant consideration for assessing the extent to which it undermines a particular federal enforcement priority. The primary question in all cases – and in all jurisdictions – should be whether the conduct at issue implicates one or more of the enforcement priorities listed above.

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As with the Department's previous statements on this subject, this memorandum is intended solely as a guide to the exercise of investigative and prosecutorial discretion. This memorandum does not alter in any way the Department's authority to enforce federal law, including federal laws relating to marijuana, regardless of state law. Neither the guidance herein nor any state or local law provides a legal defense to a violation of federal law, including any civil or criminal violation of the CSA. Even in jurisdictions with strong and effective regulatory systems, evidence that particular conduct threatens federal priorities will subject that person or entity to federal enforcement action, based on the circumstances. This memorandum is not intended to, does not, and may not be relied upon to create any rights, substantive or procedural, enforceable at law by any party in any matter civil or criminal. It applies prospectively to the exercise of prosecutorial discretion in future cases and does not provide defendants or subjects of enforcement action with a basis for reconsideration of any pending civil action or criminal prosecution. Finally, nothing herein precludes investigation or prosecution, even in the absence of any one of the factors listed above, in particular circumstances where investigation and prosecution otherwise serves an important federal interest.

cc: Mythili Raman  
Acting Assistant Attorney General, Criminal Division

Loretta E. Lynch  
United States Attorney  
Eastern District of New York  
Chair, Attorney General's Advisory Committee

Michele M. Leonhart  
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