

FISCAL NOTE
Requested by Legislative Council
01/18/2019

Amendment to: HB 1364

- 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.*

	2017-2019 Biennium		2019-2021 Biennium		2021-2023 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$180,858	\$20,000	\$181,423	
Appropriations			\$180,858		\$181,423	

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

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium
Counties			
Cities			
School Districts			
Townships			

- 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 adds edible products as a type of marijuana product available to qualifying patients under the Medical Marijuana Program.

- 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.*

Section 1 adds edible products as a type of marijuana product available to qualifying patients under the Medical Marijuana Program. This change requires additional staffing and a change to the information technology system.

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.*

The Department of Health anticipates one full-time equivalent (FTE) position is necessary to implement the provisions of the bill. A Health/Human Service Program Administrator II position is anticipated. Salary and benefits for the 2019-21 Biennium is estimated at \$163,064. Also, computer and related costs are anticipated to be \$17,794 for a total cost of the FTE and associated cost of \$180,858. Since fees would not be sufficient to sustain the added FTE and related costs the funding would need to come from the general fund.

The provisions of the bill also requires a change to the information technology system. This is estimated to be a one time cost of \$20,000. Special funds derived from fees would be used for this expenditure.

The 2021-23 biennium salary and benefits are estimated to be \$168,271 and other related operating cost of \$13,152 for a total of \$181,423. These costs would need to continue to be funded from the general fund.

- 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.*

All fees received under the Medical Marijuana Program are deposited into a special fund. The program operates under a continuing appropriation as established in NDCC. No appropriation is required for the change to the information technology system.

An appropriation would be necessary for the FTE and related costs since fees will not be sufficient to support these expenditures.

Name: Brenda M. Weisz

Agency: Department of Health

Telephone: 701-328-4542

Date Prepared: 01/22/2019

FISCAL NOTE
Requested by Legislative Council
01/18/2019

Bill/Resolution No.: HB 1364

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Name: Brenda M. Weisz

Agency: Department of Health

Telephone: 701-328-4542

Date Prepared: 01/22/2019

2019 HOUSE HUMAN SERVICES COMMITTEE

HB 1364

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

1/23/2019

HB 1364

31289

☐ Subcommittee

☐ Conference Committee

Committee Clerk: Elaine Stromme by Marjorie Conley
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Explanation or reason for introduction of bill/resolution: Relating to edible medical marijuana products.

Testimony 1-7

Chairman Weisz: Opened Hearing on HB 1364.

(1:00-4:37) **Representative Dobervich:** (Testimony # 1)

Representative Westlind: On page 3 there is some confusion.

Representative Dobervich: page 3 needs to be corrected.

Chairman Weisz: Labeling? Nothing in the legislation that seems to indicate that that has to happen.

Representative Dobervich: I provided him with labeling used in Alaska.

Chairman Weisz: Are there questions from the committee?

7:10 - 8:00 **Steven James Peterson**, for the Committee for Compassionate Care of ND: (Testimony #2)

David Owen, Chairman for Legalize MD: The most severe and quickest way you have is intravenous medicine that is typically given in hospitals for the most severe cases, not an option in the home. The next option is smoking or direct inhalation of it. Pills cause choking. There is no reason that edibles should not be added.

Chairman Weisz: Any questions from the committee?

Rebecca Moorhead: I lived in Washington State for a while, I have severe spinal damage due to a man not taking no for an answer. While he walks free, I am on probation because I chose to use CBD and cannabis to help with my nerve damage and the nerve pain. I have children and I don't smoke in front of them and never did anyway, but an edible would be beneficial because I don't get the fuzzy head and I can walk.

Chairman Weisz: Are there any questions from the committee?

15:08–17:45 **Christopher Howell:** (Testimony #3)

Chairman Weisz: Any questions from the committee?

Dustin Peyer, Real ND News, political action committee: (Testimony # 4)

Chairman Weisz: Further testimony and support?

19:00-22:15 **Jamie Stewart :** (Testimony #5)

Chairman Weisz: Further testimony and support?

22:00–24:15 **Jodi Vetter:** (Testimony # 6)

Chairman Weisz: Further testimony and support?

25:00–29:00 **Jason Wahl,** Director of the Division of Medical Marijuana: (Testimony # 7)

Representative Porter: Do you think the language in the bill is a safeguard for children?

Jason Wahl: We would use that authority to add additional requirements to this bill for safety for children and testing.

Representative Porter: Inside of dosing, the bill gets very specific with dosing. Are those the proper dosing amounts in the industry? Are they something that should be listed in the Century Code so that the department doesn't have the ability to properly adjust them?

Jason Wahl: We are looking at a serving of 5 milligrams of THC. That would be the standard serving size. The industry size is probably

around 10 milligrams a serving and we are lower than that, so that wouldn't be a concern there.

Representative Skroch: Can you protect children with these products?

Jason Wahl: We will take that into consideration.

Representative Skroch: Would that be child abuse?

Jason Wahl: That would be up to the law enforcement.

Chairman Weisz: Further questions from the committee? Further testimony in support? Anyone in opposition to HB1364?

Opposed:

Chris Nolden, private citizen: I don't like the way the bill is written: Page 2 line 1 There aren't any percentages, there are milligrams. The way the bill is written there are not enough milligrams to kill pain. Page 3 line 1, to line 5. Page 3 line 6. Educate your children. Page 7 line 2 does not include an edible product.

Representative Ruby: So you would rather have nothing than something?

Chris Nolden: I would rather have the people have something. I think that If we are scared to put the real numbers on here and we are scared to deal with the reality of the situation at hand we are fearful that it might not pass with the actual numbers that need to be on it, then that's a problem. We need to live in hope that this is going to work, not fear of arbitrary numbers, that have no logical backup.

Chairman Weisz: Further testimony on HB 1364? If not, hearing closed.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Service Committee
Fort Union Room, State Capitol

HB 1364
2/6/2019
32297

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Nicole Klamann
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Explanation or reason for introduction of bill/resolution:

Relating to edible medical marijuana products

Minutes:

Chairman Weisz opened meeting on HB 1364

Chairman Weisz: Unless the committee objects, my plan is to clean them up so there are separate issues in 3 separate bills. We have 5 bills that deal with 3 distinct issues; 1. Edibles 2. Adding Conditions 3. Doctor Patient relationship

Unless the committee objects, my goal is to clean them up so there are three separate issues in three separate bills. Anything relating to medical marijuana needs a 2/3's vote to pass. Best chance of anything passing is to deal with each issue separately.

We have a handout from the Health Department that breaks out each bill and the issue. I want to go through each change that is being proposed.

Representative Mary Schneider: I received a plea from the parent and relatives who came in to testify on the child autism issues, to keep that separate. Was a determination made to blend that into one of these? If so, which one?

Chairman Weisz: Rep. Schneider it would be my intent to blend them all together. I think the committee should decide which conditions it wants to add. Any, all or none? My feeling is the best chance to get it passed is to keep it together. I would like to take a look at 1519 first. It's the only bill that dealt with the edibles.

Representative Dick Anderson: We have some guests here that maybe interested in why it takes two-thirds vote.

Chairman Weisz: For those interested, it takes a two-thirds vote because Medical Marijuana was the initiated measure that passed and for the legislature to change anything regarding it requires a two-thirds vote. So what we passed last session took two-thirds vote. In the constitution, for the next 7 years, it will require two-thirds vote.

Representative Matthew Ruby: We didn't change a lot with this one. However we added the emergency clause to go into effect immediately upon passing. We added a Section 2 regarding packaging and prohibiting marketing towards minors.

Representative Karen Rohr: What about penalties surrounding marketing?

Rep. M. Ruby: That would fall under the Health Council, under the rules regulate packaging and marketing.

Chairman Weisz: I can't say I'm a big fan of edibles, up front. Here is the issue and if we are to go this route. The problem with the current language is it says you can't have fruit, animal or cartoon characters shapes or images. I think that should go away because once you set these you are telling suppliers if they can get around this language it should be accepted. My thought is make it clear that goes away and leave it to the Health Department determine the parameters for marketing. Not a big fan of leaving it wide open for the Health Department.

Representative Gretchen Dobervich: Subsection B is taken from Alaska's law. I worked with the department and looked at all the language from states with Medical Marijuana laws and selected the best. I would be fine striking all of that out giving the department the go ahead to determine what they want the rules to look like. I just wanted to be sure there is a component in there as reassurance there would be something in place.

Chairman Weisz: Would it help comfort level if there was just language "Can't be in a form used to target minors" then let the health department make determination from there.

Rep. Dobervich: I like the idea, can't market towards minors.

Chairman Weisz: Food or liquid packaging cannot be in a form used to target market to minors.

Rep. Dobervich: Food/ liquid package marketing may not be used target market to minors?

Chairman Weisz: Target market just doesn't sound right. Cannot be in a shape or image, used to target market minors.
Is everyone comfortable with the Amounts? Max concentration is 5 mg.

Rep. Dobervich: Looking at the dosage, most states have 5 mg some are 10 mg. I received many emails after asking for higher milligram. 5 seems to be standard and may be more palatable.

Chairman Weisz: Further changes or questions?

Representative Chuck Damschen: Line 3 page 2, typo. Should be patient not patent.

Rep. M. Ruby: Moved to adopt amendments. Add amendment 2001, Page 2 line 5 patent to patient, Subsection B clean up language

Rep. Schneider: Second

Rep. Rohr: Penalties for minors

Rep. Dobervich: Penalties already in statute.

Voice Vote to adopt amendment and Page 2 line 5; change patent to patient, Subsection B
clean up language
Motion Carries

Representative Greg Westlind: Do we need to discuss the debilitating conditions?

Rep. M. Ruby: we aren't adding any new language to that, it's just part of the definitions.

Rep. Schneider: We had testimony about dosage and concerns for autistic children. Will this inhibit the ability to pass increasing dose or add per doctor prescription.

Chairman Weisz: We certainly need to look at the enhanced which is in 1417. I think we stand a better chance at passing it if we leave it clean dealing strictly with the edibles.

Rep. Dobervich: I agree with Rep. Schneider, the milligrams is low at 5 mg, for some conditions. I want this to work for people but we need it palatable to pass. I share the same concerns. I don't know fully what the amendments look like. How do we address higher dosages?

Chairman Weisz: 2 areas we can present it. Bill 1417 enhanced for cancer and Bill 1519 healthcare to address a minor's use. It's more a matter of where we think they will best fit. I had looked at adding it to the conditions. It's not off the table and needs to be discussed.

Rep. Dobervich: Taking out 5mgs and let the department determine?

Rep. M. Ruby: When we met with the division and AG's office, that was a big contention. They felt we needed it defined in the bill but they didn't leave us believing they had feelings one way or the other.

Rep. Rohr: In some instances dependent upon the metabolic rate, 5 mg maybe too high.

Rep. Skroch: Can we put the provider as setting the dosage?

Rep. M. Ruby: We have done that allowing the PA or DR to make that determination with the enhanced.

Rep. Skroch: Motion Do Pass, As Amended

Rep. M. Ruby: Second

Rep. Porter: Rerefer to appropriations

House Judiciary Committee

HB 1364

2/6/19

Page 4

Rep. Skroch: Motion Do Pass, As Amended, rerefer to appropriations

Roll Call Vote	Yes 10	No 3	Absent	1
Motion Carries Do Pass As amended, rerefer to appropriations				

Rep. Westlind: Carrier

DA 2/6/19

19.0532.02002
Title.03000

Adopted by the Human Services Committee

February 6, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1364

Page 1, line 1, after "to" insert "create and enact a new subsection to section 19-24.1-36 of the North Dakota Century Code, relating to health council rules regulating edible medical marijuana products; to"

Page 1, line 2, after "products" insert "; and to declare an emergency"

Page 2, line 3, replace "patent" with "patient"

Page 3, line 9, remove "fruit, animal, or cartoon character shape or image"

Page 3, line 10, replace "or in a shape or image" with "form"

Page 3, line 11, remove "of fruit, an animal, or a"

Page 3, line 12, remove "cartoon character or includes an image"

Page 7, line 4, overstrike "and does not include a cannabinoid edible product"

Page 7, after line 17, insert:

"SECTION 2. A new subsection to section 19-24.1-36 of the North Dakota Century Code is created and enacted as follows:

The health council shall adopt rules to regulate the form, packaging, and marketing of a cannabinoid edible product. The rules must prohibit the marketing of a cannabinoid edible product to a minor.

SECTION 3. EMERGENCY. This Act is declared to be an emergency measure."

Renumber accordingly

Date: 2-6-19
Roll Call Vote #: 1

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1364

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.0532.02002

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. Ruby Seconded By Rep. Schneider

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman			Gretchen Dobervich		
Karen M. Rohr - Vice Chairman			Mary Schneider		
Dick Anderson					
Chuck Damschen					
Bill Devlin					
Clayton Fegley					
Dwight Kiefert					
Todd Porter					
Matthew Ruby					
Bill Tveit					
Greg Westlind					
Kathy Skroch					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Voice Vote: Motion Carries to adopt amendment.

Date: 2-6-19
Roll Call Vote #: 2

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1364

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. Skroch Seconded By Rep. M. Ruby

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman		X	Gretchen Dobervich	X	
Karen M. Rohr - Vice Chairman	X		Mary Schneider	X	
Dick Anderson	X				
Chuck Damschen		X			
Bill Devlin		X			
Clayton Fegley	X				
Dwight Kiefert					
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 10 No 3

Absent 1

Floor Assignment Westlind

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

REPORT OF STANDING COMMITTEE

HB 1364: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (10 YEAS, 3 NAYS, 1 ABSENT AND NOT VOTING). HB 1364 was placed on the Sixth order on the calendar.

Page 1, line 1, after "to" insert "create and enact a new subsection to section 19-24.1-36 of the North Dakota Century Code, relating to health council rules regulating edible medical marijuana products; to"

Page 1, line 2, after "products" insert "; and to declare an emergency"

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SECTION 3. EMERGENCY. This Act is declared to be an emergency measure."

Re-number accordingly

2019 HOUSE APPROPRIATIONS

HB 1364

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

HB 1364
2/14/2019
32775

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Risa Bergquist

Explanation or reason for introduction of bill/resolution:

Relating to health council rules regulating edible medical marijuana products

Minutes:

Chairman Delzer: Called the meeting to order for HB 1364. This is the bill for edibles.

Representative Weisz: It was said that if we add edibles we will need another body. So the fiscal note is for that other body. The new FTE will need to determine each product whether or not they can market it. The health department supported this with the idea that people are already making edibles and this is a way to regulate that.

Representative Kempenich: If there are oils in it couldn't they just get it into that form?

Representative Weisz: We already allow all kinds of forms we just don't allow edibles; we were trying to protect the kids. This way we have control over what and how much is in the edibles.

Chairman Delzer: It's still trying to keep minors from marijuana?

Representative Weisz: Minors are prohibited except for oils and some pediatric items, there has to be a caregiver in charge of that stuff and the amounts are limited.

Chairman Delzer: There's 3 or 4 bills on the 6th today.

Representative Weisz: There is a provision that allows children to use it but it has to be under 6%.

Chairman Delzer: How long would it take to get this into place? It's been almost 2 years to get the rest of this stuff up and running. We already kicked out the health department budget.

Representative Weisz: This one does have an emergency clause.

Chairman Delzer: And this one will also take a 2/3 vote. We've already kicked out the health department so if it were to go forward it would have to be handled the senate side.

7:45 Representative J. Nelson: The health department budget in the current biennium there was money for FTEs in the medical marijuana program because they were establishing the program. Now those FTEs are funded through the fee schedule and there's no general fund money in that department for salaries.

Chairman Delzer: Fiscal note says it would be general money, says the fees would not cover it.

Representative Weisz: This bill isn't necessarily going to add anymore cards, but it would add more work.

Chairman Delzer: I wouldn't think there would be that many products

Representative J. Nelson: in Minnesota edibles is the only way they can get marijuana.

11:45 Representative Mock: Would the edible products be shipped into North Dakota? Or would they be manufactured in the state?

Representative Weisz: They would have to be made here, you can't cross state lines.

Chairman Delzer: Currently you are limited to 2 manufactures and only one is up and going. There is a bill to expand the amount they can grow but still just the two manufactures.

Representative Meier: Any testimony against this bill?

Representative Weisz: No, there wasn't

Chairman Delzer: Further discussion? Hearing now we will close this hearing.

2019 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

HB 1364
2/14/2019
32784

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Risa Bergquist

Explanation or reason for introduction of bill/resolution:

Relating to health council rules regulating edible medical marijuana products

Minutes:

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Chairman Delzer: We will further discuss HB 1364, thoughts? I don't think we are going to pull back the health department to add another FTE.

Representative Martinson: If we do it without recommendation then we don't have to carry them?

Chairman Delzer: We would have to carry it and say why there is no recommendation.

Representative Meier: Do Pass

Representative Beadle: Second

Chairman Delzer: Further discussion?

Representative J. Nelson: What section of the bill provides the FTE?

Chairman Delzer: There is none it will go over to the Senate with it in the fiscal note. Further discussion? Hearing none we will call the roll.

A Roll Call vote was taken. Yea: 12 Nay: 7 Absent: 2

Motion carries, Representative Westlind will carry the bill

Chairman Delzer: With that we will close this meeting.

Date: 2/14/2019
Roll Call Vote #: 1

**2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1364**

House Appropriations 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 Representative Meier Seconded By Representative Beadle

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer		X			
Representative Kempenich	A				
Representative Anderson		X	Representative Schobinger	X	
Representative Beadle	X		Representative Vigesaa		X
Representative Bellew		X			
Representative Brandenburg		X			
Representative Howe	X		Representative Boe	X	
Representative Kreidt		X	Representative Holman	X	
Representative Martinson	X		Representative Mock	X	
Representative Meier	X				
Representative Monson	A				
Representative Nathe	X				
Representative J. Nelson	X				
Representative Sanford	X				
Representative Schatz		X			
Representative Schmidt	X				

Total (Yes) 12 No 7

Absent 2

Floor Assignment Representative Westlind

Motion Carries

REPORT OF STANDING COMMITTEE

HB 1364, as engrossed: Appropriations Committee (Rep. Delzer, Chairman)
recommends **DO PASS** (12 YEAS, 7 NAYS, 2 ABSENT AND NOT VOTING).
Engrossed HB 1364 was placed on the Eleventh order on the calendar.

2019 SENATE HUMAN SERVICES

HB 1364

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1364
3/5/2019
Job #33174

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

A bill relating to health council rules regulating edible medical marijuana products; relating to edible medical marijuana products; and to declare an emergency.

Minutes:

Attachments #1-4

Madam Chair Lee opens the hearing on HB 1364.

Representative Gretchen Dobervich, District 11 introduces HB 1364 and provides testimony. Please see **Attachment #1** for testimony.

Senator O. Larsen: We are asking for another employee on this, do you know how many people have been dedicated to this since its inception?

Representative Dobervich: I do not know how many have been. I was not aware that there was going to be another person that would be question for the department.

Senator O. Larsen: Are you open to restricting the edibles to just those products or what is the ingredients list?

Representative Dobervich: Are you asking products in terms of final products? If that's the question it is open right now to be oils, butters, baked goods, it could even be infused pasta or beverages. There are no limits as of now where it stands.

Senator O. Larsen: But the limit remains that it isn't the gummy bears or products that are appealing to kids?

Representative Dobervich: It is, nothing that would be target marketing to kids or that would be appealing to kids and that includes packaging and they did work with the department with this bill and we talked a lot about packaging that would not be appealing and making sure that the packaging is easily recognized as a medicinal product and not a snack item.

Senator O. Larsen: We could have at home or other locations like chocolate chip cookies or baked goods, is the dispensary going to be the locale that will distribute this?

Representative Dobervich: As it sits right now you would have to purchase at the dispensary.

Senator Hogan: Do you know how many other states have this type of method of cannabis use?

Representative Dobervich: I am aware of 6 other states. This is actually modeled after Alaska. Each item can have 5 milligrams. In Colorado, Oregon, Washington, and California it can be 10 milligrams so this is quite lower. The possession amounts are 50 milligrams at a time and that is in line with Alaska as well. One of the concerns that I have heard about the levels of THC are; folks are going to have to travel long distances if they don't live in the area close to a dispensary so with that lowered amount it can be burdensome because it would mean additional travel. I would be very open to maybe each individual item would have to stay at 5 milligrams but could potentially possess more.

Madam Chair Lee: With all due respect to you, I have real concerns about the openness of this bill. There have been several news articles about children who have been admitted to ER for ingesting these. I'm having a little trouble with that whole concept because somebody is going to feed their kids cannabis infused pasta. Do they have to make their own pasta or does the dispensary have to stock the infused pasta in order to make it available. Help me see how we might be able to allow those who absolutely think this will be the solutions to their problems but cannot take pills or any other form available.

Representative Dobervich: One of the reasons in why I chose to leave this bill so open was that so we would generate those questions so that between the house and the senate we could create the best possible policy. The way the bill sits now, if I had a medical cannabis card, I could go to the dispensary and purchase items that are legal, I could go home and make cookies or pasta and I would have the personal responsibility to assure that if I had children in my home that they would not be able to get into it. This bill makes it possible for me not to make it myself. I can go to the dispensary and if they stock pasta and that is what I want I can purchase pasta that has been infused with it or baked goods and the THC levels in each item would have been tested so unlike at home where you might make a pan of brownies and divide them up, you could have a brownie with a very low level of THC and the next person could have a brownie with a very high level of THC. When you are producing it commercially you have the control to regulate the levels of THC. In terms of access at home one of the things that I think of is, for many years my husband and I were foster parents. I have rheumatoid arthritis and take a giant garbage bag of medication every day, with children in our home because some of those medications are narcotics I always had those medications in a locked box.

Senator O. Larsen: Are our dispensary's set up and ready to manufacturer those whole line of added products? Square space and logistics is what I am talking about.

Madam Chair Lee: And those types of products can't cross state lines so we won't be able to outsource those types of products.

Representative Dobervich: You are correct; we are not currently set up to do this. It is not uncommon for us to pass legislation that we are not able to start immediately. The medicinal cannabis has been in the works for years and the first dispensary just opened last weekend. If this were to pass, it won't be something that won't be immediately available to individuals but it is an opportunity for expansion as time goes along.

Senator O. Larsen: It would be immediately available when I go to the dispensary and I take the product home, then I can use it however.

Madam Chair Lee: But the infused pasta product won't be available commercially yet.

Representative Dobervich: The convenience of not having to make it yourself isn't available yet.

Senator Hogan: Section 2 says, before this becomes available the department has to establish rules and so your right this wouldn't come available until all the procedures are finalized but in section 3 it also declares an emergency and I am confused by that because, rules typically take 3-6 months. Could you explain why there is an emergency clause on it?

Representative Dobervich: I did not have that emergency clause put in when I was writing it and I don't know why it would be an emergency.

Representative Dobervich: The fiscal note includes 20,000 dollars for a computer software upgrade that would be required for tracking under what the current tracking laws are. There is an additional FTE that was added and I can't really speak to that, we have been told that this was going to be self-sufficient.

Madam Chair Lee: The fiscal note says that this change requires additional staffing and a change to the information technology system so, the IT systems would be a one-time thing but they would need additional staffing.

(24:31-30:24) Jason Wahl, Director of the Division of Medical Marijuana with the Department of Human Services. Testifying in support of HB 1364. Please see **Attachment #2** for testimony.

Senator Hogan: In terms of your carry over, you are using 40,000 dollars for the next biennium from this year's appropriation. You had a fairly extensive carry over amount anticipated for this biennium is that correct?

Jason Wahl: I believe that carryover amount was going to be right around 400,000 dollars.

Senator Hogan: It didn't cost as much as you originally estimated.

Jason Wahl: There were six FTE's that were appropriated and right now we have four FTE's hired and will hire one more soon. The reason being with the program being implemented we didn't have manufacturing facilities established so the individuals or those positions who are responsible for monitoring and being in those facilities wasn't needed

until we had them up and running. Now we have the need for that. We did save some money there and also with the estimated money coming in on the non-refundable applications for manufacturing facilities and dispensaries.

Senator Hogan: Have you had any conversations with the production side because that is the group who will have to make them and are they interested in this?

Jason Wahl: When the bill first came out we had some very informal discussions to see what they thought and their position is on what is going to be allowed. Say the rules are two forms, they are going to need to do their analysis in regards to the cost of setting up the kitchen, cost of manufacturing, what they could potentially sell that at, and what is the demand. Edibles are costly to make, my discussions with the other states in regards to edibles; a number of times the batch that they make doesn't pass testing because it is very hard to get that THC concentration amount homogenous. It would really be up to them to decide if they are going to and how they would be able to make that work from a financial standpoint as well.

(33:54-35:57) Chris Noblen, Bismarck citizen. Testifying in support of HB 1364.

Testimony is as follows: I do stand in support of the premise of this bill and the intention. I do believe that making edibles is going to be an important part of making the program a functional program in the future. I think that being able to have that option of safe, tested, commercially produced edibles are a good thing. I have read through the bill multiple times and I don't agree with some things in the bill but with very minor changes this could be a very workable bill. I stand in support with a few changes and if anyone has questions at this time I would be more than happy to answer them.

Madam Chair Lee: If you have some suggestions about specific areas of the bill that would be considered if you want you could email the clerk so that we can share those thoughts with the committee.

Chris Noblen: Thank you. I am more than happy to produce an e-mail with my concerns.

(37:30-38:57) Steven James Peterson lobbyist for The Committee for Compassionate Care of North Dakota. Testifying in support of HB 1364. Please see Attachment #3 for testimony. Additional testimony was provided from David L. Nathan, MD, DFAPA. President, Board of Directors. Please see Attachment #4 for testimony.

Madam Chair Lee: Do you have any specific concerns or do you see the bill as being satisfactory the shape its in right now?

Steven Peterson: I believe that the bill is reasonable at this time, if anything it would interesting to have an amendment that adds a study period to this so that when we meet in 2021 that we can look at what the effects are of the program to that point if we want or need to change the levels that are available.

Madam Chair Lee: One of the other bills does have a study section which would cover the whole thing. I have been here long enough to have real reservations about a bunch on inexperienced legislators studying anything and coming up with something that relates to a

medical treatment so that is my reservation about that. I would rather have the experts who are treating patients and who are administering the product.

Steven Peterson: I appreciate that with great gratitude. My capacity as the chief lobbyist for the Committee for Compassionate Care is that I have been coordinating with doctors and other industry leaders with the medical marijuana programs from other states like the Deputy Director from the New Jersey medical marijuana program. If there are questions that any of the committee members have to specific diseases, conditions, types of tinctures, or other efficacy issues please feel free to reach out to me and I will get you the information that has parity and to make sure that it is not biased in any direction.

(41:40-44:00) Mary Rennich, Bismarck Citizen. Testifying in support of HB 1364.

Testimony is as follows: I have a son who has severe intractable epilepsy and I was very involved with the first measure and the Compassionate Care Act. The one thing I wanted to mention is I had a severe back injury and two years ago I was ironically in Denver for an epilepsy conference and on my second day I was in severe pain. The hotel concierge took me to a dispensary, I had not been there before and I was very interested in learning all about what they offer for a program here in the state. They suggested that I purchase a cookie, I looked at the percentage of THC and CBD and, even if I take half a cookie I will see how that helps. It is behind the counter; you have to ask for it. I took half of the cookie and my pain was gone, I had no ill effects with that and the next night I was able to take the other half of the cookie and I was able to sleep throughout the night and my pain was resolved. I just wanted to mention to you that the cookies were not in child packaging and they were behind the counter and difficult to open which is ideal for child safety. I think because we are based on a medicinal program they would look at the seriousness of the packaging and safety. I do feel that it is the responsibility of the adults to make sure that those are packages and put in a safe place just as we would with soap pods or anything else especially alcohol.

Senator Clemens: Since that experience with the cookie have you since acquired a medical card from the state?

Mary Rennich: I have not, I have had back surgery and most of my pain was resolved but I am in the process of trying to negotiate between Medicaid and Social Security so that my son can actually get a card and possibly start him on a product such as CBD oil. His seizures are working hard on that but because of the federal restrictions, it is very hard for some patients to receive any funding through Medicaid to be able to get a card and purchase that.

Madam Chair Lee: That is a barrier to research as well. The schedule 1 is something the feds would have to deal with and it would make so much of this discussion more scientifically based and better in my view. If we were able to have good university research programs being done in the country.

Madam Chair Lee closes the hearing on HB 1364.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Red River Room, State Capitol

HB 1364
3/18/2019
Job # 33895

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to edible medical marijuana products

Minutes:

No Attachments

Madam Chair Lee opens the discussion on HB 1364.

Madam Chair Lee: I want the folks who are present here, if you have comments please don't be bashful in saying you have an observation. We need some help to tidy this up because we are certainly not experts in this, we are trying to make this collaborative effort work out for everybody.

Senator K. Roers: If you would have asked me at the beginning of the session what I would be most opposed to, I would have probably said edibles. Now I would actually flip that, it is one of the ones I am more in favor of and only as I start to think about, im opposed to the smoking of it because that effects more people than just the person eating it. That message we got from Dr. Henke about people who are living in a nursing home where smoking is not an option, an edible may be the only form they can take. I think there are adequate safe guards in this. The packaging can be very child resistant and things like that so I started out pretty opposed to this and now really I am not.

Madam Chair Lee: I think it depends on which one. I'm frankly not up for the infused pasta and yesterday on the news they were talking about this guy in Colorado who is now brewing cannabis infused beer. He figures it will be a billion-dollar business and he is probably right but, can you imagine what kind of nightmare this creates too.

Steven Peterson, Chief Lobbyist for the Committee of Compassionate Care: I do have my tax and treasure bureau permits for liquor beer and wine import/export for the U.S. The TTB in no way is going to allow currently any THC infused. The products that are being developed that I have seen so far are the CBD but yes there are a couple of companies that are experimenting on the THC side on the brewery. As far as any type of interstate transport that is not going to happen anytime soon until the federal government changes their mind on that.

Madam Chair Lee: Do we have any concerns, when we were talking about the maximum amounts, I'm looking on page 2 "the patient or the care giver will not possess more than 50 milligrams of a cannabinoid edible product". I don't have any questions; I'm just asking because this is one of our additions in this bill. Do any of you have any comments that you want to make for us?

Jason Wahl, Division of Medical Marijuana: That limit of 50 milligrams, if you continue to read down as far as packaging, the maximum packaging amount that you can have is a product has to have 5 milligrams in it and the most that can be packaged is 10, so what this law would do in effect is whatever the maximum amount is to be packaged is all you could possess which is more than likely going to result in patients having to make multiple trips in a month. I understand why that is what it is, it is to keep the amount of edibles low to help reduce the risk associated with other people in a household possible being able to get their hand on these products. You may want to consider if that is really what the intent is from the legislature in regards to edible products and I think what we would say is, the way the law is written where we are required to establish the rules, we are certainly not looking at this as a wide range of edible products to be started. Infused pasta's or any infused liquids we are not interested in at this time. Those to use are not something that we see that we can really reduce that risk through packaging where it is not sitting in a fridge or sitting on a shelf and can easily be grabbed and there the fear is; the amount someone would be able to drink and how many milligrams are in a serving. That bottle could have 10-12 milligrams possibly and we know that is a concern from our standpoint and I would tell this committee that it is going to be very narrow and it will be based on discussions from the industry and what they believe they think is going to work. They are going to have to come to us with what they believe are the best edibles for the market and the type and how the packaging and label would work to protect the public's health and safety in regards to this. I can promise you we won't take any samples or try them ourselves but we are certainly going to be looking at that very closely as that is really what our primary role would be. The other part that I would say in relation to edibles, knowing what other states have told us on trying to regulate edibles and the amount of more regulation and time that is required, we did submit a fiscal note on the house side. It was not put into the health departments appropriations bill. It would be very difficult for us, given our five FTE's going into next session to add this to program in regards to making sure that it is set up and regulated the way we would like to regulate it so we would ask as part of that fiscal note consideration for that as well as part of this bill.

Madam Chair Lee: Are you interested in having an appropriation added to this bill so that you can manage this better?

Jason Wahl: There is a fiscal note attached to this bill and the department of health's appropriation was not modified with that. The bill went forward on the house side with no additional appropriations.

Madam Chair Lee: So the 180 isn't in there. We have to talk to our side then.

Senator Hogan: Do you have any idea when other states have started the edibles, what kinds of forms of edibles are actually started?

Jason Wahl: No, I don't really have that type of specific information mainly, since edibles hasn't been part of the program, we haven't done a lot of research on them. It would part of the process if this bill were to pass that we would start reaching out to ask about types and what seems to be the less risky.

Senator Anderson: Do you have a strategy? This whole business is supposed to self-funding; do you have a strategy to make it self-funding if we approve the edibles?

Jason Wahl: The budget we presented for the division was to make the program self-sustaining in this next biennium. We believe this bill is going to add more work so we would have to request then general funds. If the bill wasn't passed then we wouldn't be requesting any additional monies, we are not requesting general funds unless this bill were to pass. We believe we have got the program moving in a direction to be self-sustaining. This bill doesn't create any additional fee's or revenue that the department would be seen in relation to edibles so we wouldn't have a means to pay for that additional FTE basically is what we would be requesting.

Madam Chair Lee: And some tech changes?

Jason Wahl: Yes, there would be the IT system that we would get and we would use special funds for that. I was thinking this biennium if the rules were in place by then. We do need to add that additional monitoring piece into the IT system for this type of specific product.

Madam Chair Lee: It says no appropriation is required for the change to the IT system.

Jason Wahl: It would be less than 15,000 dollars.

Madam Chair Lee: Ok, on the front it says there would be additional costs for that.

Jason Wahl: In regards to that, usually when we make that statement we just said 15,000 dollars in regard to that amount and we have no appropriations required for the change of the IT system because of the fact that would be our continuing appropriations, so we would have a 20,000 dollars' expenditure for the system, so we would not need to adjust our budget request. Sorry about the confusion there.

Senator Hogan: The medical marijuana fees are set into a continuing appropriation; will you have any carryover of funds over this biennium to the next biennium?

Jason Wahl: The last update was over 400,000 dollars of carry over funds that would be in that continuing of appropriated fund that is set up specifically to receive fees.

Madam Chair Lee: I have a note about that from our original hearing. We have added cannabinoid products on page 5.

Senator Hogan: Would we need to change the definition of cannabinoid tincture again in this bill? It is on page 3, line 8.

(11:58) Tara Brandner, Assistant Attorney General informed the committee that because cannabinoid tincture was redefined in a previous bill, that change would implement across all of the bills that mention cannabinoid tincture.

Madam Chair Lee: Crossed off the fact that it does not include an edible product and then into section 2 on the last page, "the health council shall adopt rules to regulate the form, packaging, and marketing".

Tara Brandner: The one comment that I would make is; the way that this law is drafted it does allow the minor to use the cannabinoid edibles. They will have to be at less than 6% THC for minor but it does again make these products available to them.

Madam Chair Lee: Any comments about that?

Tara Brandner: I do not have comments on that.

Senator Hogan: Do we need an emergency clause on this?

Tara Brandner: The emergency would essentially allow the department to begin the rules.

Madam Chair Lee: On one hand we have heard people talking about the fact that children would be able to use the edible more easily but there are patches and other ways to do this as well. This is where it gets a little fuzzy for me.

Senator Anderson: We had some previous discussion about seeing how this works and there is a solution, if we change just the solution business or the tincture, that can be added to whatever the kid takes if they decide they really need it. It's not that they can't get it.

Madam Chair Lee: My concern is that anything we open up is going to be really hard to shut down once it's in place. I'm not trying to be so restrictive but particularly for kids I think we have a responsibility to watch out for what a parent might try to do if we allow it at a higher level of THC.

Senator Clemens: I know probably all of you are familiar with teen challenge and the adult challenge group. I have heard them several times and they didn't say this to me personally but they did say it to another person that told me. In their opinion, they think these marijuana bills are in their words terrible. They said that they went into hardcore drug abuse and they started with marijuana. I think while we are trying to address problems, there is also the possibility we could be creating some and I have real concerns about this.

Senator K. Roers: I have two kind of rebuttals to that. One, nobody is going to pay twice as much to get a third of the THC content. If people want to use marijuana, there are a million for places to find it that is full strength and half the price. I don't believe changing how we do medical marijuana is going to change one bit of the recreational piece. This is giving people who are looking to do it the right way an option. The people who are looking for it for a high, they want the highest THC content possible and all of these products have a limit on the quantity of THC that is available in it so I don't know if we can make that leap from medical

to recreational. People are already buying recreational marijuana to treat what they believe the medical symptoms.

Senator Anderson: I would submit that, that logic is true, we wouldn't have addicted all the people we did with prescription drugs. The more legitimate we make this look, the more people are going to get started.

Senator Clemens: I guess to answer Senator K. Roers comments, I'm not talking about recreational people, I'm saying that we could be creating problem by people using this through the medical access. I agree with Senator Anderson that we have created a huge drug problem through authorized drugs and I don't see where this is going to be any different.

Senator Hogan: I think one of what we are trying to do is to protect people who want to do legal medical marijuana and I think for some people, edibles are a form that they feel like they can use. I would much rather them not making them at home because we don't know what they are doing. I came in concerned about this but I changed my mind because I think it is hard to regulate and this is a door that a lot of people want. I think it is a good way to control dosage and use.

Madam Chair Lee: They can buy it and bake brownies.

Senator Hogan: I don't think that we have discussed any amendments to this bill though have we?

Madam Chair Lee: I have no yellow marks. I wish we didn't have the circumstances that require the need in the first place but people think this will help with their conditions so here we are. What is your pleasure?

Senator K. Roers: I move a **DO PASS**.
Seconded by Senator Hogan

ROLL CALL VOTE TAKEN
3 YEA, 3 NAY, 0 ABSENT
MOTION FAILED

Madam Chair Lee: Well, you would ruin my record of never letting a bill go out of here without committee recommendation because I repeat my statement that it is irresponsible of us to do that. The people upstairs are depending on us to come out with this body of bills with some kind of consensus even if it isn't unanimous where we are going with this. If you want to keep talking about it but I tell you what, I have a table full of strong willed people including me so we can park here all afternoon or send it upstairs.

Senator O. Larsen: What really irritates me about this bill is that when we first went down this road, they said it was all going to be self-sufficient, we have money set aside and here we are not even a session later, shoving another person into this person and that irritates me more than allowing the edibles. We should not be adding to this if it can't self-sustain itself. That was the whole premise was that it was going to be a great thing and it could self-sustain itself and here we are already stuffing a bunch of money into it. Initially when they said there

were six people on this little program, that is still way too many for this program as far as I'm concerned.

Madam Chair Lee: I'm sure other states have more than two people too.

Senator Anderson: We could try a different tact, we could remove everything from the bill except the redefinition of cannabinoid tincture into cannabinoid solution, then I could support it.

Madam Chair Lee: That is going to be a great conference committee.

Senator Clemens: This might be a little out of order now since Senator Anderson had to say something but, I was just going to comment on what your feelings are on never sending anything out here with a do not recommend. Even if we send it out four to two, somebody has voted just to get it out of committee and they are going to change their vote on the floor so we really aren't giving the floor a true consensus anyways.

Madam Chair Lee: That is the only time I can think of that happening in a whole bunch of years. When it comes out 4,2 or 5,1 but especially 4,2 it shows that there was definitely not unanimity. I'm not expecting unanimity, we are all here because we have different ideas and I appreciate everybody's ideas. I think this is one that the floor would understand why we are at three and three.

Senator Anderson: You can vote it down if you want to but I am going to move what I just said. The only thing we change in here is that definition and that also removes the fiscal impact which I don't like and I don't like the idea that we are adding to this program and putting general fund money into even if we approved it. **I will move that motion and see what happens, to remove all of the changes except for the redefinition of cannabinoid tincture into cannabinoid solution.**

Seconded by Senator O. Larsen

Senator Hogan: So by having a solution you saying someone could drop a solution in a drink.

Madam Chair Lee: No, there is nothing else in here.

Senator Hogan: Then that would become a mechanism to allow someone to perhaps drink.

Senator K. Roers: This allows it to go to conference committee.

Madam Chair Lee: I would like to have the Senate have a little more input on that. Anyways, Senator Anderson has moves, Senator O. Larsen has seconded to remove all language except page 3, lines 15-16 with the corrected definition of a tincture. Any further discussion on the amendments?

ROLL CALL VOTE TAKEN

2 YEA, 4 NAY, 0 ABSENT

MOTION FAILED

Madam Chair Lee: If there are no further motions, we will send it out without committee recommendation but we have to have a motion saying that is where we are going to send it.

Senator Hogan: I move we recommend **WITHOUT RECOMMENDATION** HB 1364.
Seconded by Senator Clemens

ROLL CALL VOTE TAKEN

6 YEA, 0 NAY, 0 ABSENT

MOTION CARRIES WITHOUT RECOMMENDATION

Senator Anderson will carry HB 1364 to the floor.

Madam Chair Lee and the committee move on to discuss HB 1283.

Date: 3/18/19
Roll Call Vote #: 1

**2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1384**

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. K. Roers Seconded By Sen. Hogan

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee	X		Sen. Kathy Hogan	X	
Sen. Oley Larsen		X			
Sen. Howard C. Anderson		X			
Sen. David Clemens		X			
Sen. Kristin Roers	X				

Total (Yes) 3 No 3

Absent 0

Floor Assignment _____

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

Motion Fails

Date: 3/18/19
Roll Call Vote #: 2

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1364

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Remove all language except on page 3, line 15 & 16

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. Anderson Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee		X	Sen. Kathy Hogan	X	
Sen. Oley Larsen	X				
Sen. Howard C. Anderson	X				
Sen. David Clemens		X			
Sen. Kristin Roers		X			

Total (Yes) 2 No 4

Absent 0

Floor Assignment _____

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

Motion Fails

Date: 3/18/19
Roll Call Vote #: 3

**2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1384**

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. Hogan Seconded By Sen. Clemens

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee	X		Sen. Kathy Hogan	X	
Sen. Oley Larsen	X				
Sen. Howard C. Anderson	X				
Sen. David Clemens	X				
Sen. Kristin Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. Anderson

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

REPORT OF STANDING COMMITTEE

HB 1364, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)
recommends **BE PLACED ON THE CALENDAR WITHOUT RECOMMENDATION**
(6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1364 was placed
on the Fourteenth order on the calendar.

2019 TESTIMONY

HB 1364

Testimony HB 1364 Cannabis Infused Edible Products
Representative Gretchen Dobervich, District 11 Fargo
Tuesday, January 23, 2019 9:00am
House Human Services Committee

Chairman Weisz and Members of the House Human Services Committee, for the record, my name is Representative Gretchen Dobervich from District 11 in Fargo.

I am here to introduce HB 1364, a bill which seeks to add cannabis infused edible products to ND Century Code CHAPTER 19-24.1 Currently, North Dakotans with a medical cannabis card are able to purchase dried leaves and flowers for smoking by adults only, tinctures, topicals, capsules, and transdermal patches.

North Dakotans using cannabis for medical purposes are currently not legally able to purchase, nor can producers and dispensaries produce or sell, cannabis infused edible products. These products unlike vaping and smoking do not have a risk of the user developing respiratory or oral health illnesses. Topicals and transdermal patches can cause rashes and skin conditions for some users. Tinctures can prove too unpalatable for some and capsules/pills can be difficult to swallow for others.

Cannabis infused edible products offer another option. Canna butter and Canna oil can be used in cooking and baking to produce foods that are palatable and deliver the user the medicinal benefits of cannabis. People with Alzheimer's disease and related dementias may struggle with taking pills as their ability to swallow changes and they do not perceive themselves as being ill and needing medication. A meal or snack made with cannabis offers a solution for medication administration.

HB 1364 would allow usage by youth under adult administration. The first concern in many peoples' minds is unsupervised use or over consumption by youth. HB 1364 prohibits use of fruit, animal, cartoon character or other shapes and images in the production, packaging and marketing of cannabis edibles that would target youth. Cannabis in any form, including edibles, should be stored as other medications, such as opiates, inaccessible to youth.

HB 1364 states that each individual cannabis infused edible item may not have a THC level above 5 mg and an individual may not possess more than 50 mg total, this is 1 mg less than allowed with other currently legal forms of medical cannabis. Because the effect of cannabis edibles can be delayed anywhere from 2-4 hours, labeling indicating this, will be designed to reduce over consumption and the sometimes-ill effects associated with it.

Members of the House Human Services Committee, I encourage you to give North Dakotans expanded options for medicinal cannabis use by voting do pass on HB 1364.

Thank you for your time and consideration this morning. I will stand for any questions.

North Dakota House Human Services Committee

January 23th 2019

Chairman Robin Weisz / Vice Chairwoman Karen Rohr and members of the Committee, my name is Steven James Peterson of The Committee for Compassionate Care of North Dakota.

The Committee for Compassionate Care is a patient advocacy group seeking to enable fair and reasonable access to medical marijuana in the state of North Dakota.

I am in support of House Bill 1364

- Edible medical marijuana products are extremely important to patients in regards to their quality of life
- For many conditions recognized by North Dakota this is the easiest method of controlled dosages of cannabis with the longest benefits to the patient
- Included with my statement is testimony from David L. Nathan, M.D. President, Board of Directors of the group Doctors for Cannabis Regulation. (Beginning on page 2)

I am available for any questions about this bill.

Steven James Peterson, District 44 Fargo North Dakota

701-936-4362 Steven@ravenrisingllc.com

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Hi Steven and Rep. Dobervich. Such a great topic...

DFCR physicians believe that edibles should be legal for several reasons. First, edibles last longer, providing patients with consistent coverage and less frequent dosing, which is desirable in individuals who need all-day coverage. Second, there are number of patients whose respiratory status makes them unable to inhale cannabis. This makes edibles a must. Third, it is simply bad policy to make illegal a formulation of cannabis that people are going to need and obtain regardless of its legal status. If we want to reduce the illegal cannabis trade, keeping certain forms of cannabis is illegal works against that.

I would offer two caveats to my recommendation. Patients need to be aware that with edibles it is easier to take a higher than intended dose of cannabis (i.e. two potent gummies instead of one), which isn't dangerous but can be very unpleasant for several hours. So, education of medical marijuana patients is important. Also, edibles should never be produced or packaged in forms that are appealing to children and teenagers.

I hope this is helpful, and I'm happy to answer any other questions you have. Have a good weekend.

Regards,

David

David L. Nathan, MD, DFAPA

President, Board of Directors

dnathan@dfcr.org

609-688-0400 (phone)

609-688-0401 (fax)

Doctors for Cannabis Regulation

601 Ewing Street, Suite C-10

Princeton, NJ 08540

Representatives and Senators,

I am a disabled veteran that served in 7.5 years Active duty in the Navy, and I wouldn't change a thing. During my service I deployed three times on-board the USS Iwo Jima, at an intelligence agency, and in Afghanistan. My service has left me disabled, I have suffered from chronic pain in my back and knees, PTSD, and other conditions. I have tried numerous pharmaceuticals including Benzodiazepines, S. S. R. I.s, Opiates, sleeping drugs, and other pharmaceuticals all prescribed to me by the VA or when I was on active duty. Some of the pharmaceuticals I was prescribed have dangerous side effects, from psychotic episodes to literally suicidal thoughts or suicide. After my service while living in Colorado I discovered, with the help of a few great people, the great benefits to medical cannabis. While in Colorado, I was able to stop taking the dangerous drugs the VA was prescribing with the help of cannabis and deal with my issues rather than just burying them under pills.

Cannabis allowed me to have healthy emotion again, move on, and love rather than live in a shell. With the help of cannabis since my service, I have earned a Mechanical Engineering degree, started a wonderful career, learned a lot about myself, and fell in love with a beautiful woman. All of this would not be possible without medical cannabis.

Edibles are a key part to any treatment plan that needs the medication to assist in sleep, it stays active in the system longer and helps significantly with night terrors. The THC in the edible can help keeping someone from entering a deep sleep where they relive these horrible experiences they are trying to forget. There are many Veterans that when they close their eyes at night they relive those experiences. Edibles allow the medicine to be active long enough to get restful sleep, something that can be very difficult to those with PTSD. For chronic pain especially in the knees, the usage of a transdermal lotion with CBD and THC provides amazing and almost instant pain relief, it allowed me to go hiking and workout.

For the state of North Dakota to have an effective and compassionate medical cannabis program we need access to Edibles, Tinctures, Lotions, and patches that can be used to help out patients. This is an issue of compassion and I am asking the members of this council to be compassionate for those suffering, so they can finally have some much-needed relief.

Sincerely,

Christopher Howell
US Navy 2005-2013
OEF 2011—2012
ND Vets For safe access- Chair
chowell1985.ch@gmail.com
Fargo,ND

My Niece



Raped

Suffered PTSD

On Traditional
Pharmaceuticals

20 Years Old

Loved by Many

Feb 12th 2018

Committed Suicide Waiting for Medical
Cannabis.

Leslie Hulbert Carrington ND, District 29

701-649-0213 comm4care@gmail.com

North Dakota Department of Health

Bismarck, North Dakota

Certification of Death

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THIS IS TO CERTIFY THAT THERE IS ON RECORD IN THE DIVISION OF VITAL RECORDS, NORTH DAKOTA DEPARTMENT OF HEALTH, BISMARCK ND, THE FOLLOWING ENTRY OF DEATH:

DECEDENT INFORMATION

NAME:	SAMANTHA [REDACTED]	SEX:	FEMALE
SOCIAL SECURITY NUMBER:	[REDACTED]	DATE OF DEATH:	FEBRUARY 12, 2018
PLACE OF DEATH:	CARRINGTON, NORTH DAKOTA	COUNTY OF DEATH:	FOSTER
MARITAL STATUS:	NEVER MARRIED	TIME OF DEATH:	22:15
SURVIVING SPOUSE'S NAME:		DATE OF BIRTH:	DECEMBER 13, 1997
FATHER'S NAME:	[REDACTED]	AGE:	20 YEARS
MOTHER'S MAIDEN NAME:	[REDACTED]	BIRTHPLACE:	UTAH
RESIDENTIAL ADDRESS:	[REDACTED]	U.S. ARMED FORCES:	NO
	CARRINGTON, NORTH DAKOTA 58421		
PLACE DEATH OCCURRED:	DECEDENT'S HOME	FILING DATE:	MARCH 26, 2018
FACILITY OR ADDRESS:	[REDACTED]	DATE ISSUED:	MARCH 27, 2018
	CARRINGTON, NORTH DAKOTA 58421	CERTIFICATE NO:	133-18-000980

INFORMANT INFORMATION

INFORMANT:	[REDACTED]	RELATIONSHIP:	[REDACTED]
INFORMANT'S ADDRESS:	[REDACTED]		
	CARRINGTON, NORTH DAKOTA 58421		

DISPOSITION INFORMATION

FINAL DISPOSITION:	NORTH VALLEY CREMATORY LLC	METHOD:	CREMATION
	GRAND FORKS, NORTH DAKOTA		
FUNERAL HOME:	EVANS FUNERAL HOME - CARRINGTON	FUNERAL DIRECTOR:	THOMAS SAUBY
	CARRINGTON, ND 58421	LICENSE NUMBER:	1283

MEDICAL CAUSE OF DEATH INFORMATION

MEDICAL CERTIFIER:	MARK KOPONEN,	LICENSE NUMBER:	
CERTIFIER'S ADDRESS:	GRAND FORKS COUNTY CORONER		
	GRAND FORKS, ND 58201		

IMMEDIATE CAUSE OF DEATH: ASPHYXIA BY HANGING

as a consequence of >
as a consequence of >
as a consequence of >

CONTRIBUTING FACTORS: [REDACTED]

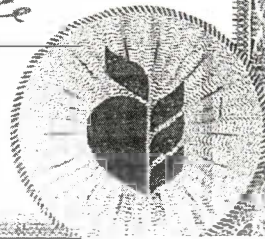
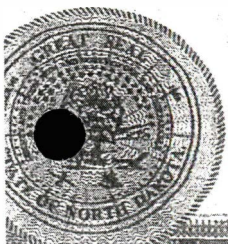
MANNER OF DEATH:	SUICIDE		
MEDICAL EXAMINER CONTACTED:	YES	AUTOPSY PERFORMED:	YES
TOBACCO CONTRIBUTED TO DEATH:	NO	DECEASED DIABETIC:	NO
PREGNANT AT TIME OF DEATH:	NOT PREGNANT WITHIN PAST YEAR	AUTOPSY FINDINGS AVAILABLE:	YES
DATE OF INJURY:	FEBRUARY 12, 2018	TIME OF INJURY:	UNKNOWN
PLACE OF INJURY:	HOME	INJURY AT WORK:	NO
LOCATION OF INJURY:	[REDACTED]	TRANSPORTATION INJURY:	
	CARRINGTON, NORTH DAKOTA 58421		
HOW INJURY OCCURRED:	HANGED SELF		

001737174

Darin J. Meschke

Darin J. Meschke
State Registrar of Vital Statistics

This certificate is issued in compliance with the laws of the State of North Dakota
(NOT VALID without raised impression seal of the North Dakota Department of Health)



cousin Dec 2016

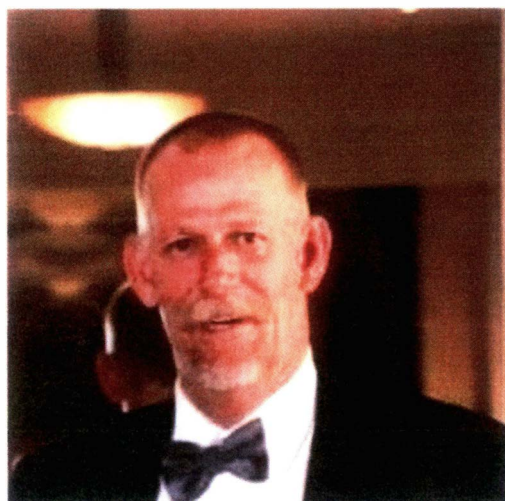


RIP Darla

**Ehlers
Danlos
Angel**

Jerrold V. Schalesky | 1963 - 2017 | Obituary

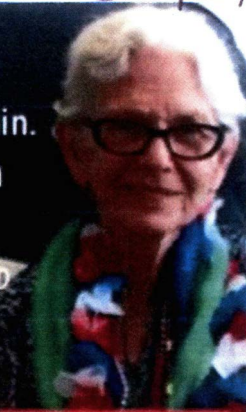
(cousin)



Jerrold V. Schalesky

my mom Sept 2017

Parkinson's disease
causes tremors and
debilitating muscle pain.
**Medical marijuana
would help me.**
— Ravonne W., Minot, ND



YES5
on Measure

FIND OUT MORE

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Dec 2018
my uncle
Wesley Schalesky



6

my personal story.

qualifying conditions I have 4 or more that can be certified.

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I have had 2 surgeries on my back. half of my back ~~is~~ has rods, screws, bracker spacers, where discs once were and vertebrae that are fused together this process will continue until it reaches the base of my skull. Chronic Severe Pain...

In the last year I spent 5 months with my left foot in a cast from a break in my metatarsal, Nov 2 2018 I fractured my pelvis, Jan 7th 2019 MRI on left hip

Jan 11th 2019 diagnosis a little pusitis and regeneration in the hip appt to "see" where we go from there, Chronic Severe Pain

I have vision loss in both eyes the right one 95% the left one 23%

*Ischemic optic Neuropathy Medical cannabis could possibly help return some of my vision

I have Osteo and RA ~~and~~ have tried all the traditional treatments it continues to progress unchecked slowly destroying joints bones and vital organs traditional "Pharmaceutical" treatment has not put it into remission but has managed more harm with side effects.

I could continue and fill pages for
you to read over but I feel your time
is valuable and there is much work to be
done.

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I don't know if I will ever get
to try Medical Cannabis to see if it
could help. 2 reasons

1) My primary care from Northland Clinic
is not allowed and my specialists are
located in Rochester Minn Mayo Clinic,

(I'm waiting for a new Heneray as I'm writing this

2) I am highly allergic to many
things, medications and must carry
Epi pens x 2 with me at all times

Enclosed you will find documented
diagnosis I have and a ref of research
I have found for each

Respectfully

Kimberly Dworshak

701-340-6503

Shelly Bartow NP Northland Clinic

Matthew J Koster MD Internist, Rheumatologists

Mayo Clinic Rochester Minnesota

* Dyscouthus and * Rheumatoid Arthritis

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* www.ncbi.nlm.nih.gov

Scientific evidence which supports the analgesic potential of cannabinoids to treat OP pain manifests as a combo of inflammatory, nociceptive and neuropathic pain each requiring a specific analgesic.

* doctranekary.com

Neuromodulators for pain management in RA. Pain management is high priority despite deficiencies in research data. Neuromodulators have gained widespread clinical acceptance as adjuvants.

* Spinal Stenosis * Degenerative disc disease

* www.ncbi.nlm.nih.gov/pmc/articles 21 articles
Effect of Medical Cannabis Therapy. Chronic Low Back Pain, Sciatica, disc herniation or Spinal Stenosis

* International Journal of Anesthesiology & Pain Medicine Corresponding Author.

* Dr. Dron Robinson.

* Head Orthopaedic Research Dept.

• Tel. 972.3.9372233

Fax. 972.3.9372501

Bursitis Joint with RA, Scientific Studies
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The ailments

* www.Fundacion-Canna-63

* Ischemic Optic Neuropathy

* www.marijuanadoctors.com

articles on research being conducted with positive results.

* Fracture Healing (bone density has increased)

* www.Labroots.com/trending/cannabis-sciences
cannabidiol enhances fracture healing.

* www.bioback.com/CBD-and-bone-fracture

Start

Darla Allen (Cousin) Dec 2016 Glioblastoma Cancer *
Jerold Schalesky July 2017 Cancer (Cousin) *
Zaunne Whorley (Schalesky) (Mom) Sept 2017 parkinsons *
Lesley Schalesky Dec 2018 (Uncle) heart never fully recovered
from Auto accident 2011

4 family members lost who voted
for Measure 5

I am in support of the home grow for medical Cannabis patient card holders! There are many of us have a debilitating conditions to get a medical marijuana card yet can't and we're still trying to find doctors to help us along with that process. I know patients in my condition will not be able to take the long drives to go get the medicine to help us live with a higher quality of life. I can only spend about two hours in a car before I'm in a lot of pain and there are many others like me! I also am on disability and only get \$500 a month to support myself and my three children. I do get a little bit of food assistance in a very small amount of child support, but it is barely enough to make ends meet, so on top of cost of the medicine (whatever that may be, we still have no idea what that looks like, but with only 2000 plants allowed in state, I am expecting the price to be out of my range, such as \$400 for 1 ounce, and 1 ounce MIGHT last 2 weeks for me), the gas money, and time it will cost to drive to get it it is not really feasible in my circumstances.

There are a few issues I have with the bill that I have brought up about other bills when I was at the capitol to testify. I don't think that the department of health needs our entire medical records I have probably four 4" thick three ring binder's full of medical records from the last four years. I was in a car accident October 19 of 2014 and I have seen 56 different doctors in that amount of time. I have also been to Mayo in Rochester Minnesota three times for surgeries, but been there numerous times for appointments! Many of my conditions I don't think the department of health would even understand the terms that are used for what happened with some of my surgeries and conditions! I feel a doctor certifying that you have a certain condition should be enough for the department of health to make their decisions on granting your medical card!

I'm also not totally sure the physicians around here are educated enough on medical Cannabis to keep a record and know what to recommend for you, that's also part of what makes the Doctors reluctant to even help us with the medical application. I think that should be left up to the dispensary agents who DO have the Cannabis knowledge for you to explain your symptoms to them and they can make recommendations as to what you should be using or what amount you should be using to help ease your symptoms!

The one other thing that I would ask to be removed, but not sure if it's possible! I don't like or think the distance from the school should matter, a lot of us are in a home by a school even my kids are around much more dangerous medications that I'm on now which I already keep locked up and keep it safe from them! So I think if it's growing it in a locked room inside your house I don't think there is any reason why we shouldn't be able to provide ourselves with safe medication just because we live next to a school, it's not like any of us are giving any of our medication to school kids when we already have to keep our current medications locked up and away from children! How many houses have a liquor cabinet right next door to a school?

I actually see neighbors in the spring that sit out on their porch and will drink alcohol while school kids are walking right past them going home so I don't see why something that is used as medication and locked in our house Plus in a locked room keeping it safe and away from other kids and our own kids! Our location shouldn't be held against us in anyway because it's no different than other medication at that point we are using it for our own relief! Another thing is there are very limited places that are in town and that far away from a school, that rule not to grow within certain distances of a school would pertain to half of in town people or at least close to half of residential people!

I have addressed other concerns about the language of this bill as well as provided a full and complete history of the reason I am seeking medical Cannabis in my testimony for House Bill 1283. I urge you to listen to my testimony please and thank you.

Other than those items I am in favor of being able to grow our own medicine if possible rather than spending money, in my case money from Medicaid, that pays for all these medications I could be getting off of or at least on a much reduced amount! I would think a large majority of us who qualify under the conditions listed cannot work and are on disability with limited income on Medicaid so we can't travel far and pay extreme prices for a medicine that is much safer for us than what we are currently taking! Medical Cannabis also has almost no side effects! The side effects are much of what eventually cause death from our current medications!

It would actually save the Medicaid health care program a lot of money if we were allowed to grow our medicine and not have Medicaid pay for so many pharmaceuticals that could be replaced or at least reduced to a much smaller amount without our health and life being risked! I do not think our location should be held against us. If it is in our house, in the safe, in a locked room, there should be no

reason our location should have any effect on us being able to provide our own safe medicine, to lower our cost, saving the state money, and allowing us to still pay our bills along with providing our own safe alternative medication!

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Thank you for your time and consideration on this bill! To some of us it would mean getting a large portion of our life back with a better quality of living for us and our families!

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To whom it may concern,

My name is Leslie Hulbert. I live in District 29 Carrington, ND. I have been married for 29 years, have raised children, own multiple homes, and operate a business as well. I also have end stage liver disease.

I was diagnosed with my condition in 2004. I spent a month in the hospital and my family was told twice to go home and make arrangements for me because I would not be leaving the hospital alive. I was immediately placed on a transplant list, in the hopes that an immediate transplant would save me. My doctors and I decided it would be best for me to go home and spend my last days with my family instead of in the hospital accruing more debt. I remained on the list for 10 years yet never received a liver.

After I went home my family and I starting doing intense research, we looked for ANYTHING that could help. I followed my doctor's orders to a T and also began using cannabis medicinally. Slowly, VERY slowly, I began to feel better. My medical team was astounded. My doctor even wrote an article about my case.

Since moving to North Dakota, I have not been able to continue any cannabis therapy. My liver is still in very bad condition, I am still very ill. I get by but it is difficult. I am on 14 different prescriptions, and have outlived my doctor's expectations by 3X. I have been able to raise my children, enjoy my family, participate in my community, and recently became a grandmother. I am hoping for another 25 years, but I know I don't have a chance of that without access to cannabis therapy.

Thank you for your consideration,

Leslie

Leslie Hulbert, Carrington ND, District 29.
701-649-0213 comm4care@gmail.com

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To Whom It May Concern;

1/10/2019

In 1970 my Mom was diagnosed with Retinitis Pigmentosa (RP) which causes blindness. In 1976 She was told by her Doctor She would be blind in 6 years. I was 12 at the time and thought about what that meant. She would Never see me graduate High School. She would Never see me graduate Collage. She would Never see me get married. She would Never see her Grandchildren. She would Never drive again. She would Never read another book. The list of Nevers was endless.

The research began to find a cure for her. We did not find a cure but found a handful of studies that showed positive results treating RP with cannabis. By this time I was a little older and knew her light was dimming. We found a clean safe source for cannabis and treatment began. Her disease slowed. In fact it slowed so much She Did see me graduate High School and Collage. She Did see me get married, and She Did see her Beautiful Grandchildren, all 6 of them. She travelled to Europe a few times. Went back to College and earned 2 degrees. She learned to read and right Braille. She taught pottery for 4 years at Braille Institute. She was the Treasure for 2 years and President 1 year of the Local Chapter National Federation for the Blind. She traveled to Washington DC and Lobbied for accessibility for visually impaired.

Unfortunately I lost my incredible Mom a few years ago. She passed away with an extra 42 years of vision. She effected big change in the lives of many with low vision or no vision, teaching, serving her community, and lobbying.

Best of all She was able to see her Children and Grandchildren grow-up and become the people she always dreamed they would be.

CANNABIS MADE ALL THIS POSSIBLE.

Thank You for your consideration,

Leslie Hulbert, Carrington N.D. District 29

701-649-0213

comm4care@gmail.com

Leslie Hulbert

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Representatives and Senators.

I am a disabled veteran that served in 7.5 years Active duty in the Navy, and I wouldn't change a thing. During my service I deployed three times on-board the USS Iwo Jima, at an intelligence agency, and in Afghanistan. My service has left me disabled, I have suffered from chronic pain in my back and knees, PTSD, and other conditions. I have tried numerous pharmaceuticals including Benzodiazepines, S. S. R. I.s, Opiates, sleeping drugs, and other pharmaceuticals all prescribed to me by the VA or when I was on active duty. Some of the pharmaceuticals I was prescribed have dangerous side effects, from psychotic episodes to literally suicidal thoughts or suicide. After my service while living in Colorado I discovered, with the help of a few great people, the great benefits to medical cannabis. While in Colorado, I was able to stop taking the dangerous drugs the VA was prescribing with the help of cannabis and deal with my issues rather than just burying them under pills.

Cannabis allowed me to have healthy emotion again, move on, and love rather than live in a shell. With the help of cannabis since my service, I have earned a Mechanical Engineering degree, started a wonderful career, learned a lot about myself, and fell in love with a beautiful woman. All of this would not be possible without medical cannabis.

As a Veteran who receives care at the VA and chairs ND Veterans for safe access to cannabis, our providers (the VA) are not supposed to speak to Veterans about possible uses of medical cannabis. We have to many Veterans that this safe alternative can provide, much needed relief. We ask for a safe alternative to prescriptions. Many of us got involved in Measure 3 because it would get us access to quality safe medicine quickly.

We need your help! I am asking for expanding medical access and making it easier to get the medicine that will greatly help a lot of us. For full benefit we need access to safe, clean, and specific strains of cannabis, with a THC to CBD ratio and specific Terpenes; the knowledge is there now. We are asking for safe and cost-effective access to this medicine. We ask for the ability to grow for ourselves or to have a caregiver professionally and charitably grow for us (not a dispensary). We also ask to eliminate the requirement of a pattern of care (the VA doctors are not allowed to even discuss cannabis). If the legislature can expand access and have it be cost effective, I know it will help a lot of vets.

Sincerely,

Christopher Howell
US Navy 2005-2013
OEF 2011—2012
ND Vets For safe access- Chair
chowell1985.ch@gmail.com
Fargo, ND

revised testimony

1 message

Sara Holzer <sholz7113@gmail.com>

13 January 2019 at 12:05

To: "comm4care@gmail.com" <comm4care@gmail.com>

I am writing this to ask you to please support ND House Bills 1283 and 1272 in the hopes that Medical Marijuana becomes easier to access for qualifying patients. I have fibromyalgia, one of the many conditions that medical cannabis is approved for. Fibromyalgia is a constant battle. Not only am I dealing with debilitating pain and digestive issues but am now battling side effects from the seven prescription drugs that I am taking on a daily basis.

I am a single mother with two boys and I am so desperate to get my life back, my boys want their mother back. When fibromyalgia set in and took a hold of me I stopped living and feel like I am just existing. I think that anyone living with a chronic illness and chronic pain can relate to this. It is so sad that the medications that are supposed to help you feel better come with such harsh side effects. I am now suffering severe depression, anxiety, hair loss, sleeplessness, and stomach issues that have caused me to lose over 30 pounds.

I wake up in the morning so nauseous that I can barely eat and each day I pray that the pain isn't so great that I can push through. I wear a Quell pain device on my leg and sleep with an Oska pulsed electromagnetic device to try and numb my back, neck, shoulder and hip pain. On top of the seven daily prescriptions I take I also attend Physical therapy, go to the chiropractor, and have weekly ozone treatments with my Doctor to try and heal my body. I have also had five rounds of steroid injections. So far nothing has been able to touch my pain.

Medical Cannabis could be my saving grace. It could help with not only my pain, anxiety, and stomach problems but could help me sleep again without waking up multiple times at night in agony. This medicine could give me my life back and could provide so much relief for not only myself but all of the North Dakotans who need it. I have exhausted all other options and this is my last chance.

The problem I am now having is getting my Doctors to sign off on a referral even though they do think that I would benefit from this medication. The State of ND has made it nearly impossible for me to have access to this medicine because Doctors are afraid of the repercussions. I am asking you to please support these bills and all the medical marijuana bills on the table so that people like myself have an easier time to get a certification and can have a better quality of life.

Thank you,

Sara Holzer

4505 Glenwood Dr
Bismarck, ND 58504
sholz7113@gmail.com
406-451-1531

Sent from Mail for Windows 10

To whom it may concern,

My name is Amy Bailey and as of January 16th of 2019 I am 39 years old and have been a home owning, tax paying, voting resident of District 29 for 7 years. I am a wife, a mother, and a child of adoption. I was adopted due to the fact that I was born to a physically abusive situation. I was brought to the hospital at 7 months old with a twisted beak of my left leg. In the course of the investigation my biological mother was diagnosed with post-partum depression and I was placed in foster care while she sought treatment. I was remanded to her care and something else occurred and I was again placed in foster care, at this point the exact details become fuzzy but the fact is, I spent the next four years of my life going back and forth between my biological mother and one particular foster family. When I was four years old my biological mother was intercepted by her sister while in the act of chasing me around with a hammer and the intent to kill me. It was at this that my biological mother was diagnosed with Schizophrenia and I was officially adopted.

I firmly believe I began life with PTSD. It is my normal. Of course it took many years of childhood counseling and psychiatric care for me to realize this. I was also diagnosed with ADD when I was about 12 years old. It is a real thing I assure you. In fact, I know many people with these conditions faking being well. I have been prescribed many medications for these things over the years and I have also used Cannabis at many points in my life.

At this point I feel it necessary to point out that the plant we are talking about already has a name. We don't really need to go trying to reinvent the wheel here. The plant in question is Cannabis Sativa, an annual herbaceous flowering plant indigenous to eastern Asia but now of cosmopolitan distribution due to widespread cultivation. It has been cultivated throughout recorded history, used as a source of industrial fiber, seed oil, food, recreation, religious and spiritual moods and medicine. Each part of the plant is harvested differently, depending on the purpose of its use. The species was first classified by Carl Linnaeus in 1753. As defined on Wikipedia (source: https://en.wikipedia.org/wiki/Cannabis_sativa). Please take a moment to truly educate yourselves on this plant.

Further, when speaking of Cannabis as a "gateway drug", I think we need to look at the picture with a much broader scope. Many individuals who have addiction issues begin seeking self medication due to some personal trauma they have experienced. Many turn to alcohol, others tobacco, and some to Cannabis. Many who start with tobacco and alcohol eventually find Cannabis. When they do, many times they find themselves in trouble with the law, and many it will be for no other reason than possession of Cannabis or "Cannabis paraphernalia", and, when they do, often they find themselves under the oversight of a probation officer who requires regular urine analysis.

It is a known fact that Cannabis is retained in the fats of the body and detectable by urine analysis for an extended period of time while many illicit drugs wash out of the same systems in a very short time and are not then detectable by urine analysis therefore it is easier for the user to escape detection.

That leads these individuals who are self-medicating to seek these compounds which are in-fact very physically addictive and will cause said addicts to require hospitalization in order to detoxify their system if they choose to seek treatment for the addiction. How many people actually need intensive medical care to quit using Cannabis? It is in fact the very fact that Cannabis is federally illegal causing the addiction issues we are seeing across the nation. How many more lives must be ruined? How many more people need to die before we open our eyes and admit that we were lied to 70 years ago and we have in fact caused many of our own problems along the way? For cripes sake it is a plant!!!! It cannot be manufactured in a lab. It must be grown from a seed. Can you show me a hydrocodone seed? How about a methamphetamine seed? Heroin seed? Lisinopril seed?

Let me guess, you are going to say "Ah-Ha! I gotcha! Tobacco grows from a seed!" Yes, it does and tobacco also dries dead and brown where as Cannabis dries green and sappy like many other herbs I can think of, such as parsley, oregano, basil, sage, comfrey, thyme, and the list goes on. Let's all use some common sense here. Let's think for ourselves and not let greedy dead men such as John D. Rockefeller continue to affect our way of thinking.

If you have any questions I can be reached at 701-435-2959 or 701-368-1337 as well as e-mail at comm4care@gmail.com. I also suggest reading up on the endo-cannabinoid system at

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2241751/> Which is of course the

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I am not a drinker, not a smoker, I have never used cannabis, I am dependent on opioids, and I am a small business owner who refuses to apply for disability. I qualify for Medical Marijuana; but our state government has made it near impossible to obtain. The doctors in our great state that are willing to certify people find it near impossible to sign due to implications from their employers if they do sign it since it is still illegal federally.

My story is just one of millions across this great country. I have a liver disease and had 7 of 9 benign tumors removed in 2012 which caused nerve damage and chronic pain. I was given high levels of dilaudid. After 9 months they finally switched me to fentanyl in 2012. I am so dependent on fentanyl that the 3-day patch can not last 3-days and the doctors had to switch me to changing the patch every 48-hours instead. This contradicts the instructions on the box from the manufacture saying it is to be used for 72-hours (3-days). I was also placed on prn hydrocodone (another opioid) to help if I have daily pain a normal person would take Tylenol for but for me would be a placebo. Then we round it all off with medication for my severe anxiety and depression which do not mix well with opioids; but I need them anyway.

Everyday on the news I hear of people dying from fentanyl overdose. I have to carry narcan with me. I had to show my kids how to use it on me because of the legal-for-me drug I am on that my children are told are bad in school. I have to face the worst of 2 evils: be on opioids so my nerve damage doesn't cause heart palpitations while continuing to damage my liver OR save my liver and not be on opioids causing damage to my heart. Medical Marijuana would give me a third option. I would be able to control the pain and not further damage my organs. Instead of taking 5 prescriptions, I would be taking something God put on this earth in its natural form instead of developed in a lab.

I have been waiting since 2016 for MM to be put in place and nothing... 2+ years more damage to my body in the catch 22 I live daily. 2+ years of seeing the way my teenage looks when he sees me on the necessary evil he knows I could easily OD on. That look he gives me knowing someday he may have to save mom. I am so tired of continually waiting for them to making MM harder for people to obtain. I am tired of being high on opioids 24/7... think about that. I am HIGH ON OPIOIDS 24/7 and I am still ALLOWED to drive? (Which I do not do if I can help it and wait for my husband to drive me). People who were opposed Measure 3 this last election (legalize recreational marijuana in North Dakota) were worried about people being high driving... they do not realize that the person driving next to them is probably already high on opioids! They were so worried about me being addicted to a "gateway drug". I am already legally addicted to the gateway drug of heroine by fentanyl prescription dependency.

Our state voted to pass medical marijuana in 2016 elections and it was made it unattainable for a majority of North Dakotans. Some of these people have since passed away without being able to die with dignity and enjoy their family on their last days. But we can change it. We can be there for those still with us today struggling to have access to medical treatment our state legalized.

REFORM. Help doctors feel safe to certify conditions without fear. Help us keep our gun rights. Give back our rights back to grow so we can keep it affordable and have access for those of us not living near a dispensary and do not drive. Help expand the list of qualifying conditions.

There are so many of us that are tired dancing with the opioid devil among many other conditions. I pray all the people that are lobbying against reform today never are put in a place like I am or that many other people are in right now. But when they are; they will see why we are fighting so hard for reform.

Sincerely,

Tamara Bartz

District 31

North Dakota House Human Services Committee – January 23rd 2019

HB 1364 – Relating to edible medical cannabis products

Jamie Stewart – Bismarck, ND (District 30) testifying in support of HB 1364

Jstew34@gmail.com

701-426-7591

Chairman Robin Weisz / Vice Chairwoman Karen Rohr and members of the Committee

Good Morning, my name is Jamie Stewart, I live in Bismarck and reside in District 30. I am here to testify in support of HB 1364. I am here today because I suffer from multiple chronic autoimmune diseases. These conditions cause me to have severe pain and spasticity. These diseases forced me to retire from a twenty (20) plus years career as a Federal Employee and as a member of the ND Army National Guard. I am currently under the care of a Pain Management Specialist, with one of the major medical providers in North Dakota.

I believe there are many reasons why edibles should be an option for medical cannabis patients and I would like to highlight a few of them.

Smoking vs edible form of THC – I myself am not a smoker, I never have nor will I ever. I cared for my dad as he was dying from lung cancer, it was gruesome. I wouldn't wish what I witnessed on my worst enemy. My grandmother, my dad's mom, also died of lung cancer. Because of this, I feel it is in my best interest to NOT smoke anything – I understand this is my choice. But I believe I am not the only one that feels this way. I am sure others would rather not smoke cannabis due to either personal choice or for medical reasons. But, I don't think any patient should be denied the potential for an improved quality of life, just because one chooses not to smoke.

A more regulated dosing – From the research I have done, I believe edibles would allow me to better monitor the amount of THC I would be ingesting versus smoking cannabis. As a chronic pain patient, it is very important that I know when I take my medication and the dosage. If I am to mimic this, while using cannabis, then I feel utilizing edibles will provide me the best option. Additionally, if my medical provider is going to be involved with my medical cannabis use, then I feel the best way discuss dosing is by edible THC. We can discuss it as a measured dose and won't need to guess, like I feel we would if I was to smoke cannabis.

Addressing young people and edibles – I understand there are people who feel that edibles are nothing more than “dangerous candy” meant to harm young people. I can appreciate the concern, but I have to wonder what those same people think about alcohol companies promoting and sponsorships of the major professional sports leagues? The public understands the need for safeguarding products like alcohol, tobacco, and prescription medication. We implement safeguards to deter the use young people, the same can be done with edible medical cannabis.

- 1) Laws can be enacted to not allow anyone under a certain age to be able to purchase an edible.
- 2) Regulations can dictate the shape and color of edible gummies so it is not appealing and/or mimic children vitamins and/or candies
- 3) Packing requirements can be implemented to make products safer by being child resistant and have proper labeling to ensure everyone understands what is inside the package.

Thank you for allowing me to testify, I recommend a Due Pass on HB 1364 as it allows patients to have options for an improved Quality of Life. I will try to answer any questions you might have.

Committee Chair and Members,

Hello, my name is Jody Vetter. I have lived in North Dakota my entire life. My family homesteaded here in 1905. I Live in Bismarck. My husband and I have owned and operated a small business since 2003. I have a qualifying medical condition. For my own benefit and curiosity I completed a certification program on the physiology and health of THC and CBD from Alternate Medical Health, as well as a course in the core knowledge of the endocannabinoid system from The Medical Cannabis Institute.

I am in favor of House Bill NO. 1364. I believe it should receive a DO PASS recommendation.

Edibles are a common and accepted form of medical cannabis. Many patients cannot swallow pills and would benefit from a lozenge or drink. Tinctures contain alcohol and may not be suitable for some patients. Patches may be a problem for those with sensitive skin or sensory issues.

I understand the safety issues some may have with the chance of accidental child consumption. That issue applies to any medicine. Because there are very few cannabinoid receptors in the respiratory or breathing center of the brain there is no chance of overdose with cannabis. Storefront displays do not exist in dispensaries. Edible containers are childproof and clearly labeled. A specially designed childproof bag is also required to transport the products out of the medical dispensary.

I understand a medical cannabis program needs regulation. I truly believe that can be achieved through patient regulation, not medicine restriction. Patients are highly regulated by the North Dakota Health Department. There are numerous steps patients must go through to become medical cannabis patient. Being a patient with any medication requires responsibility.

I appreciate your time and Thank You for your consideration. I can be reached at 701-400-8078 or jodylvetter@hotmail.com.

Sincerely,
Jody Vetter

Good morning Chairman Weisz and members of the Human Services Committee. My name is Jason Wahl, Director of the Division of Medical Marijuana within the Department of Health. I am here to support and provide information on House Bill 1364 related to adding edible products to the Medical Marijuana Program.

Currently, qualifying patients have access to the following types of marijuana and marijuana products:

- Dried leaves or flowers (with a health care provider's authorization)
- Concentrates
- Tinctures
- Capsules
- Transdermal patches
- Topicals

Under House Bill 1364, edible products would be added to the list and made available to all qualifying patients. We support the addition of edible products to the program as we are concerned about the safety of the qualifying patients. Since edible products are not allowed, patients may attempt to make products at home with the marijuana purchased at a dispensary. While a qualifying patient could continue to do so, this bill would provide an option to qualifying patients of edible products that have been

tested and has the correct concentration amounts, serving size, and other information included on a label.

Making edibles at home may result in potential harmful effects. With no testing requirements, a homemade edible may contain an inappropriate amount of THC (tetrahydrocannabinol). If the THC percentage is significantly higher than expected, unanticipated results may occur. For example, according to the Centers for Disease Control and Prevention, signs of using too much marijuana may include extreme confusion, anxiety, paranoia, panic, fast heart rate, delusions or hallucinations, increased blood pressure, and severe nausea or vomiting.

Inappropriately made edibles may also lead to a qualifying patient not receiving a proper dosage amount or having the wrong serving size. This could adversely impact the benefits a qualifying patient could receive from a product.

Adding edible products under the program does provide another option to qualifying patients to consume marijuana. For certain qualifying patients, edible products may provide an easier method to consume marijuana. In addition, edible products may have a longer, more sustainable effect throughout the whole body due to the way it passes through the digestive system.

While the Department of Health does support adding edible products to the Medical Marijuana Program, we do want to identify there are certain risks and additional costs to the state in making this change. First, edible products are certainly more appealing to children. While House Bill 1364 does place restrictions on the types of edible products, such as not having the food in an animal or cartoon character shape, edible products are at a higher risk of being inappropriately ingested by children when not properly stored.

Edible products typically have a slower activation time. This can lead to a qualifying patient consuming too much as they don't feel the effects immediately. Rather than waiting the appropriate time in between consuming an edible product, multiple servings may be ingested at once or over too short of a time frame.

The Department of Health was asked to provide a fiscal note regarding implementation of House Bill 1364. The fiscal note provided identified the costs associated with an additional FTE position (general fund of approximately \$180,858) as additional regulations regarding edibles would need to be added and properly monitored. Edible products will require additional resources to monitor the new processes that will be used by manufacturing facilities as well as track the additional inventory types. The food items made in-house or delivered to the manufacturing facility increases risks to the patient. To ensure the health and safety of the qualifying patients, we anticipate an increase to the number of on-site inspections that will occur. While we are attempting to make the Medical Marijuana Program self-

sustaining by paying expenses with the fees collected in the upcoming biennium, an additional FTE would require us to request a general fund appropriation. The fiscal note also includes an estimated cost associated with making the necessary changes to the information technology system (special funds of approximately \$20,000).

This concludes my testimony. I am happy to answer any questions you may have.

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1364

Page 1, line 1, after "to" insert "create and enact a new subsection to section 19-24.1-36 of the North Dakota Century Code, relating to health council rules regulating edible medical marijuana products; to"

Page 1, line 2, after "products" insert "; and to declare an emergency"

Page 7, line 4, overstrike "and does not include a cannabinoid edible product"

Page 7, after line 17, insert:

"SECTION 2. A new subsection to section 19-24.1-36 of the North Dakota Century Code is created and enacted as follows:

The health council shall adopt rules to regulate the form, packaging, and marketing of a cannabinoid edible product. The rules must prohibit the marketing of a cannabinoid edible product to a minor.

SECTION 3. EMERGENCY. This Act is declared to be an emergency measure."

Renumber accordingly

Testimony HB 1364 Cannabis Infused Edible Products
Representative Gretchen Dobervich, District 11 Fargo
Tuesday, March 5, 2019 8:30 am
Senate Human Services Committee

Good Morning Madam Chairwoman Lee and Members of the Senate Human Services Committee, for the record, my name is Representative Gretchen Dobervich from District 11 in Fargo.

I am here to introduce HB 1364, a bill which seeks to add cannabis infused edible products to ND Century Code CHAPTER 19-24.1 Currently, North Dakotans with a medical cannabis card can purchase dried leaves and flowers for smoking by adults only, tinctures, topicals, capsules, and transdermal patches.

North Dakotans using cannabis for medical purposes are currently not legally able to purchase, nor can producers and dispensaries produce or sell, cannabis infused edible products. These products unlike vaping and smoking do not have a risk of the user developing respiratory or oral health illnesses. Topicals and transdermal patches can cause rashes and skin conditions for some users. Tinctures can prove too unpalatable for some and capsules can be difficult to swallow for others.

Cannabis infused edible products offer another option. Canna butter and Canna oil can be used in cooking and baking to produce foods that are palatable and deliver the user the medicinal benefits of cannabis. People with Alzheimer's disease and related dementias may struggle with taking pills as their ability to swallow changes and they do not perceive themselves as being ill and needing medication. A meal or snack made with cannabis offers a solution for medication administration.

HB 1364 would allow usage by youth under adult administration. The first concern in many peoples' minds is unsupervised use or over consumption by youth. HB 1364 prohibits use of fruit, animal, cartoon character or other shapes and images in the production, packaging and marketing of cannabis edibles that would target youth. Cannabis in any form, including edibles, should be stored as other medications, such as opiates, inaccessible to youth.

HB 1364 states that each individual cannabis infused edible item may not have a THC level above 5 mg and an individual may not possess more than 50 mg total, this is 1 mg less than allowed with other currently legal forms of medical cannabis. Because the effect of cannabis edibles can be delayed anywhere from 2-4 hours, a lower THC level and packaging indicating this, is designed to reduce over consumption and the sometimes-ill effects associated with it.

Under current statute, an individual with a ND medical cannabis card could purchase approved forms and produce edible items in their home. By including edibles in the forms available legally, the amount of THC per serving can be controlled, thereby better assuring quality, increasing likelihood of benefit and reducing risks of higher than intended THC levels per serving.

HB 1364 carries a fiscal note of \$382,281. This includes one FTE and software upgrades. We have heard on several occasions that the medical cannabis program expects to be financially self-sufficient. I am unable to explain how HB 1364's fiscal note fits into that funding model.

Members of the Senate Human Services Committee, I encourage you to give North Dakotans expanded options for medicinal cannabis use by voting do pass on HB 1364.

Thank you for your time and consideration this morning. I will stand for any questions.

Good morning Madam Chair Lee and members of the Human Services Committee. My name is Jason Wahl, Director of the Division of Medical Marijuana within the Department of Health. I am here to support and provide information on House Bill 1364 related to adding edible products to the Medical Marijuana Program.

Currently, qualifying patients have access to the following types of marijuana and marijuana products:

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- Capsules
- Transdermal patches
- Topicals

Under House Bill 1364, edible products would be added to the list and made available to all qualifying patients. We support the addition of edible products to the program as we are concerned about the safety of the qualifying patients. Since edible products are not allowed, patients may attempt to make products at home with the marijuana purchased at a dispensary. While a qualifying patient could continue to do so, this bill would provide an option to qualifying patients of edible products that have been

tested and has the correct concentration amounts, serving size, and other information included on a label.

Making edibles at home may result in potential harmful effects. With no testing requirements, a homemade edible may contain an inappropriate amount of THC (tetrahydrocannabinol). If the THC percentage is significantly higher than expected, unanticipated results may occur. For example, according to the Centers for Disease Control and Prevention, signs of using too much marijuana may include extreme confusion, anxiety, paranoia, panic, fast heart rate, delusions or hallucinations, increased blood pressure, and severe nausea or vomiting.

Inappropriately made edibles may also lead to a qualifying patient not receiving a proper dosage amount or having the wrong serving size. This could adversely impact the benefits a qualifying patient could receive from a product.

Adding edible products under the program does provide another option to qualifying patients to consume marijuana. For certain qualifying patients, edible products may provide an easier method to consume marijuana. In addition, edible products may have a longer, more sustainable effect throughout the whole body due to the way it passes through the digestive system.

The bill allows a patient to possess up to 50 milligrams of a cannabinoid edible product. This may lead to qualifying patients having to make several trips to a dispensary in a month to make purchases. Given our rural state's population, the Committee may want to consider increasing the possession limit of edible products.

While the Department of Health does support adding edible products to the Medical Marijuana Program, we do want to identify there are certain risks and additional costs to the state in making this change. First, edible products are certainly more appealing to children. While House Bill 1364 does place restrictions on the types of edible products, such as not having the food in an animal or cartoon character shape, edible products are at a higher risk of being inappropriately ingested by children when not properly stored.

Edible products typically have a slower activation time. This can lead to a qualifying patient consuming too much as they don't feel the effects immediately. Rather than waiting the appropriate time in between consuming an edible product, multiple servings may be ingested at once or over too short of a time frame.

The Department of Health was asked to provide a fiscal note regarding implementation of House Bill 1364. The fiscal note provided identified the costs associated with an additional FTE position (general fund of approximately \$180,858) as additional regulations regarding edibles would need to be added and properly monitored. However, the Department of

Health's appropriation bill was not amended to include an additional FTE and funding. We would have a difficult time properly implementing House Bill 1364 at our current staffing level.

Edible products will require additional resources to monitor the new processes that will be used by manufacturing facilities as well as track the additional inventory types. The food items made in-house or delivered to the manufacturing facility increases risks to the patient. To ensure the health and safety of the qualifying patients, we anticipate an increase to the number of on-site inspections that will occur. While we are attempting to make the Medical Marijuana Program self-sustaining by paying expenses with the fees collected in the upcoming biennium, an additional FTE would require us to request a general fund appropriation. The fiscal note also includes an estimated cost associated with making the necessary changes to the information technology system (special funds of approximately \$20,000).

This concludes my testimony. I am happy to answer any questions you may have.

North Dakota Senate Human Services Committee

March 5th 2019

Madam Chairwoman Lee and members of the Committee, my name is Steven James Peterson of The Committee for Compassionate Care of North Dakota.

The Committee for Compassionate Care is a patient advocacy group seeking to enable fair and reasonable access to medical marijuana in the state of North Dakota.

I am in support of House Bill 1364

- Edible medical marijuana products are extremely important to patients in regards to their quality of life
- For many conditions recognized by North Dakota this is the easiest method of controlled dosages of cannabis with the longest benefits to the patient
- Included with my statement is testimony from David L. Nathan, M.D. President, Board of Directors of the group Doctors for Cannabis Regulation. (Beginning on page 2)

I am available for any questions about this bill.

Steven James Peterson, District 44 Fargo North Dakota

701-936-4362 Steven@ravenrisingllc.com

Hi Steven and Rep. Dobervich. Such a great topic...

DFCR physicians believe that edibles should be legal for several reasons. First, edibles last longer, providing patients with consistent coverage and less frequent dosing, which is desirable in individuals who need all-day coverage. Second, there are number of patients whose respiratory status makes them unable to inhale cannabis. This makes edibles a must. Third, it is simply bad policy to make illegal a formulation of cannabis that people are going to need and obtain regardless of its legal status. If we want to reduce the illegal cannabis trade, keeping certain forms of cannabis is illegal works against that.

I would offer two caveats to my recommendation. Patients need to be aware that with edibles it is easier to take a higher than intended dose of cannabis (i.e. two potent gummies instead of one), which isn't dangerous but can be very unpleasant for several hours. So, education of medical marijuana patients is important. Also, edibles should never be produced or packaged in forms that are appealing to children and teenagers.

I hope this is helpful, and I'm happy to answer any other questions you have. Have a good weekend.

Regards,

David

David L. Nathan, MD, DFAPA

President, Board of Directors

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Doctors for Cannabis Regulation

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