2019 HOUSE HUMAN SERVICES

HB 1519

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

1/23/2019
HB 1519
31291

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Elaine Stromme by Donna Whetham

Explanation or reason for introduction of bill/resolution: Relating to debilitating medical conditions and usable marijuana for minors under the medical marijuana program.

Attachment 1-3

Chairman Weisz: Opened Hearing on HB 1519.

Rep. Ben Koppleman, District 16: Introduced HB 1519. This bill makes basically two changes. It adds the autism spectrum disorder to the list of uses for medical marijuana and it relaxes the restriction on juveniles use when a doctor has recommended that as the proper approach. I think our testimony will be focused on what this bill will change and not on the way medical marijuana works. 1:31

Alexa Johnson, Resident West Fargo: In Support of HB 1519. Two of my six children have autism. Ronnie, child present, is 9 years old. He bangs his head on floors and walls and on a daily basis. If you touch the back of his head he screams and he has a bump there. We cannot get it to heal. His pharmaceuticals are failing. I instigated this bill because I want to take better care of my son. Please give him access to cannabis. Please give a Do Pass recommendation to HB 1519. I have enclosed in my testimony more people that are in favor of this bill. (See Attachment 1)

Ardell Rae Stafne-Nelson, Resident of Hettinger: In support of HB 1519. The mother of Craig Nelson, a son that has autism. If he lives until February 11th he will be 49 years old. From the time he was a little baby there was something different about him. He started slapping his head and then banging his head. Over the years he continued to bang his head and he didn't interact with his brother. He loved trains and he had to have pills to be able to go on the train. He has so much damage in his brain it cuts off the nerves that go to his limbs. Very emotionally supports HB 1519 because her son is not thriving. I see this as Craig and Ronnie's law because they need cannabis, there is enough research to show it works. (See Attachment 2). End 11:00

Terry Kemmet, Resident of North Dakota: In support of HB 1519: I am a friend of Alexa. This group and its purpose to exist is to help the people of North Dakota. How many in this group has read the resolutions at the Republican Convention. I expected to find a lot of fault with them but I didn't find much. The whole purpose of this committee is to give the best to

help the people with their problems. We need to read the labels on vaccines and other things to help the people. I am on a oversite committee of the North Dakota Health Department, I would urge you to read the labels and find out what is going on here. I recommend a do pass on HB 1519. End 15:30

Chairman Weisz: Are there any questions? Seeing none. Further Support for HB 1519.

Jody Vetter, Resident of North Dakota: I am in full support of HB 1519 and I recommend a Do Pass. (Attachment 3) 15:59 – 16:57.

Chairman Weisz: Any further testimony in support?

Chris Nolden, Resident of North Dakota: I support of HB 1519. I see that autism spectrum has been added to the conditions list. There is mountains of scientific data that it should be on our list. As far as pediatric medicine goes, I fully agree there should be a Doctor's recommendation to have a higher concentrate amount. I urge a do pass on HB 1519.

Chairman Weisz: Any further testimony in support? Any opposition? Seeing none.

Hearing closed.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1519
2/6/2019
32329

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Nicole Klaman by Donna Whetham

Explanation or reason for introduction of bill/resolution:

Relating to debilitating medical conditions and usable marijuana for minors under the medical marijuana program.

Minutes: Attachment 1-2

Chairman Weisz: Opened the hearing on HB 1519.

Rep. Westlind: In HB 1519 with the proposed amendments there has been added about 8 different conditions. (See Attachment 1 and 2)

Rep. M. Ruby: I move to amend HB 1519 with proposed amendment to remove Section 2, 3, 4 and under section 1 add, see list on (Attachment 1)

Chairman Weisz: Does anyone have any problem with the list of conditions that this would add?

Rep. Rohr: What term are we using for anxiety?

Rep. M. Ruby: DSM it has the definition for anxiety disorder. There are about 5 of these that already could be under chronic pain.

Rep. Damschen: I have a problem with a lot of the conditions. There is research that proves it isn't that effective.

Chairman Weisz: When you look at the data it is peer research and we don't have the type of research like we have in other areas. I guess what we are saying is we are giving them the ability to try it. If you think it works and if it doesn't then they can quit. We are not saying that this will work.

Rep. Skroch: I know how difficult this all is. If we don't get this right, we will be facing recreational marijuana. We have all weighed this really heavily and I hope we can allow for a little more give in these things. If this doesn't fix anything then this is wasted time.

Rep. Damschen: I think it is our duty as legislators that we don't make it so available that they don't want recreational. If we make this so loose that recreational can get it, then we failed.

Rep. M. Ruby: One of the other parts we discussed in the Interim was that the legislative management shall consider studying the list of debilitating medical conditions under the medical marijuana program to determine the appropriateness of the list. Including whether conditions should be added or removed. If we look at this in the next interim, that would be a thought.

Rep. Schneider: I think that is a good idea, also there is some security in the fact that these are all debilitating conditions that have been included in the laws of other states. By the time we get to a study there may be information from those other places that would justify our keeping this list.

Rep. Westlind: There is an emergency clause in Section 3. Should we leave that on there?

Chairman Weisz: We can leave that on because if we don't get 2/3 of the vote everything is gone.

Rep. Dobervich: Seconded.

Voice vote taken: Motion carried to amend HB 1519.

Rep. Porter: I would move to further amend inside of Section 1 remove subsection 38 and 40 on page two.

Rep. M. Ruby: Seconded.

Voice Vote taken: Motion carried to further amend HB 1519.

Chairman Weisz: Any further amendments. Seeing none.

Rep. Westlind: I move a Do Pass as amended on HB 1519.

Rep. Dobervich: Seconded.

Roll Call vote was taken: Yes 11 No 2 Absent 1. Motion carried.

Rep. M. Ruby: Will carry the bill.

Hearing closed.

DF 2/6/19
1 of 2

19.0966.01002
Title.02000

Adopted by the Human Services Committee

February 6, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1519

Page 1, line 1, replace "subsections" with "subsection"

Page 1, line 1, remove ", 38, and 40"

Page 1, line 1, remove the third comma

Page 1, remove line 2

Page 1, line 3, remove "subsection 4 of section 19-24.1-21"

Page 1, line 4, remove "and usable marijuana for minors"

Page 1, line 4, after "program" insert "; to provide for a legislative management study; and to declare an emergency"

Page 1, line 6, replace "Subsections 15, 28, and 40" with "Subsection 15"

Page 1, line 23, after "m." insert: "Anorexia nervosa;

n. Bulimia nervosa;

o. Anxiety disorder;

p. Tourette syndrome;

q. Ehlers-Danlos syndrome;

r. Endometriosis;

s. Interstitial cystitis;

t. Neuropathy;

u. Opioid use disorder;

v. Opioid withdrawal;

w. Migraine;

x. Rheumatoid arthritis;

y."

Page 1, line 24, replace "n." with "z."

Page 2, line 1, replace "o." with "aa."

Page 2, remove lines 11 through 30

Page 3, remove lines 1 through 30

Page 4, replace lines 1 through 8 with:

"SECTION 2. LEGISLATIVE MANAGEMENT STUDY - MEDICAL MARIJUANA DEBILITATING MEDICAL CONDITIONS. During the 2019-20 interim, the legislative management shall consider studying the list of debilitating medical

DP 2/6/19
2 of 2

conditions under the medical marijuana program to determine the appropriateness of the list including whether conditions should be added to or removed from the list. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement the recommendations, to the sixty-seventh legislative assembly.

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

Renumber accordingly

Date: 2/06/2019
Roll Call Vote #: 1

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1519

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Remove Section2,3,4 and under Section1 add list of conditions

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. M Ruby Seconded By Rep. Dobervich

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.

Date: 2/06/2019
Roll Call Vote #: 2

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1519

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Further amend Section 1 remove subsection 38 and 40.

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. Porter Seconded By Rep. M. Ruby

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.

Date: 2/06/2019
Roll Call Vote #: 3

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1519

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description:
19.0966.01002

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. West Ind Seconded By Rep. Dobervich

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	A				
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 11 No 2

Absent 1

Floor Assignment Rep. M Ruby

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

REPORT OF STANDING COMMITTEE

HB 1519: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). HB 1519 was placed on the Sixth order on the calendar.

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Page 1, line 1, remove the third comma

Page 1, remove line 2

Page 1, line 3, remove "subsection 4 of section 19-24.1-21"

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x. Rheumatoid arthritis;

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"**SECTION 2. LEGISLATIVE MANAGEMENT STUDY - MEDICAL MARIJUANA DEBILITATING MEDICAL CONDITIONS.** During the 2019-20 interim,

the legislative management shall consider studying the list of debilitating medical conditions under the medical marijuana program to determine the appropriateness of the list including whether conditions should be added to or removed from the list. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement the recommendations, to the sixty-seventh legislative assembly.

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

Renumber accordingly

2019 SENATE HUMAN SERVICES

HB 1519

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1519
3/5/2019
JOB # 33228

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez / Florence Mayer

Explanation or reason for introduction of bill/resolution:

A bill relating to debilitating medical conditions under the medical marijuana program; to provide for a legislative management study; and to declare an emergency.

Minutes: Attachments # 1 - 3

Chair Lee: Opened the hearing on HB 1519.

Representative Ben Koppelman, District 16: Introduced HB 1519 and provided testimony from Ardell Rae Stafne-Nelson. Please see Attachment #1 for testimony. Section 1 of this bill adds additional conditions to which medical marijuana could be recommended. In the House, they combined several bills and put all the conditions in HB 1519. The autism spectrum disorder line item, this was brought to me by a constituent who has a child with severe autism. This is consistent with the testimony I presented to you. They believe this might be a less harmful option to try before going to some of the more severe pharmaceuticals.
Section 2 is an interim study recommendation. That would try to quantify whether or not we should be here each time going over individual conditions, to try to answer the question, should we rely on the medical professional to make the recommendation or should the Department of Health make that call.

(4:00) Vice Chairman Larsen: If we're adding a few more conditions, what would the total conditions be under the legislation?

Representative Koppelman: In my count I thought it was about a dozen that were added by this bill.

(4:50) Representative Pamela Anderson, District 41: I had a bill with more conditions in it than Representative Koppleman had. During the House, we combined our bills. The conditions I had added were for anorexia and bulimia, anxiety disorder which is specified, turrets syndrome, Ehlers-Danlos syndrome, endometriosis, opiate use, migraines, and rheumatoid arthritis. This is what other states are adding with medical marijuana. I think the one that is most important is opiate use and withdrawal. I would ask a do pass.

(6:15) Senator Roers: Would you be willing to give us a list as to what came as a constituent request and what came from other laws. I struggle a little with one person asking for something and changing law to include it. Have you received any information on traumatic brain injury (TBI)?

Representative Pamela Anderson: The only constituent request was the Ehlers-Danlos syndrome. I have not received any information on TBI.

Vice Chairman Larsen: I was on a beach in L.A. where you could get this. They had the listing of the conditions. One of them was nausea. Is that one that was brought forward to your group?

Representative Pamela Anderson: The nausea we talked about with cancer, in the original bill, but I didn't add it here. I think any medical professional should be able to add any condition, because they would know what would help versus us adding it to statute. I would encourage you to be more broad.

Senator Anderson: I think it is interesting that it is fairly well documented that the gateway drug for many addicts is marijuana. Here we had opioid withdrawal listed as something this is supposed to be curing. That is very interesting.

Representative Pamela Anderson: I don't think medical marijuana is a gateway drug. Recreational marijuana, I would have that discussion, but medical marijuana no.

Chair Lee: I also wish it would cure it everyone's problems the way everyone thinks it will. I fear there will be disappointed people.

Senator Roers: One of the things I heard as a concern with opioid disorder and opioid withdrawal, is often patients who have had that, are also on a contract with their medical provider, say for chronic pain, to be able to receive a certain amount. They also have to do routine drug monitoring, to make sure they aren't supplementing their pain medication with other drugs. One of the tests is for marijuana and that will nullify their pain contract. We need to be careful with that particular one, we need to make sure we don't fix one problem and cause another.

(10:30-12:13) Steven James Peterson, Lobbyist for The Committee for Compassionate Care of North Dakota: Testified in support of HB 1519. Please see Attachment #2 for testimony. I was doing liaison work, collecting information with the deputy director of the New Jersey Medical Marijuana Program, and a few other states to get the medical studies and other information regarding the opiate abuse syndrome and the opiate addiction aspects. I can get you those studies. I am in support of the conditions being added to this, the only feedback, I heard from the hospital networks, they would like to see us step away from conditions and switch to symptoms, so they would be able to address symptoms that people have instead of waiting until people are diagnosed.

(13:38-19:15) Chris Nolden, North Dakota citizen: I stand in full support. Besides HB 1283, this is the bread and butter to help the program, to have more legitimate conditions listed to help more people. I would refer everyone to Representative Matt Ruby, he carried this on the

House floor, his testimony is compelling. The committee dug up the real science. I'm a survivor of the opiate crisis. There is an ongoing study in Canada, can people replace opiate painkillers with cannabis? The answer is yes, in the 90th percentile of the people who were opiate users were able to fully stop using their opiates. I know there are studies to say cannabis is a gateway drug, but there is also plenty of relevant studies that say it's not. I personally believe that alcohol and cigarettes are more of a gateway drug than cannabis is. The House committee did their due diligence, they vetted all of these. Representative Ruby stated that if we do adopt these new 13 conditions, we'll be sitting between 27 and 29 conditions. He did make note, that some of the older of the functioning systems, they have a lot more conditions. Even if we adopt these 13, we're still going to be in the bottom third for all of the existing medical programs. In some of the more successful states, they allow their doctors to decide the condition. Oklahoma is an example; the doctor goes through the DSM. The question is why are legislators more qualified than doctors to choose 29 conditions out of the DSM. I believe that the Medical Marijuana division in previous testimony also mentioned they did their own study when it comes to conditions, and they came up with their own list of conditions they thought could or should be added. Nothing was done with that report.

Vice Chairman Larsen: With this group, are there people who are embracing acupuncture as well to replace opioid use?

Chris Nolden: I have tried acupuncture, dry needling, cupping, grafting, I've tried it, I haven't tried it all. I've been on every single prescription known for my conditions. I've tried physical therapy, I continue to do physical therapy, I have to, I am open to any other natural treatments available.

(22:04-24:02) Alexa Johnson, North Dakota citizen: I asked Representative Koppelman to introduce HB 1519. Ron is my son, he's 9 years old, he's the second of 6 children, he cannot speak, he bolts away from me in public, and has become physically aggressive. We moved to West Fargo after seven years in Williston. While in Williston, Ronnie developed severe insomnia, I would have to drive him around for 3-5 hours to get him to sleep, even on sleeping medication. When we left our rental in Williston, we spent $5,000 to repair the damage Ronnie did to sheetrock, carpet and countertops. I am honored to be his mother, but want better behaviors from him. Ronnie is on Prozac, it slightly curbs his anxiety, but not to the point that he lives a happy life. All over the nation, autistic patients are being treated with appropriate THC to CBD ratios so they don't get high, that is not a parent's goal. If medical cannabis does not become available to Ronnie, we have no idea where we will be as a family in the next few years. Additionally, I wish to address the concern that some may have concerning caregivers taking a patient's cannabis and using it recreationally. Yesterday I called the West Fargo Police Department and asked what the going street price for marijuana is. It goes for $200 an ounce. The only dispensary in the state is selling medical cannabis for $400 an ounce. I do not believe that individuals seeking recreational cannabis will choose to overpay to that degree. The great trouble one must go through to obtain a medical marijuana card is another reason I don't believe that will occur.

Senator Clemens: You mentioned you need the cannabis for your son, has he been using some of that prior, so that you realize that that really does help him?

Alexa Johnson: No, I would not give my child illegal drugs.

Senator Clemens: So you are hoping that this would be one thing that could help.

Alexa Johnson: Yes, we will have to try it and see. I'm not saying it will be a silver bullet, but I know people from other parts of the country, it's been nothing short of miraculous for some people. I think it's worth a shot.

(25:45-30:36) Jennifer Cabezas, District 24 citizen. Testifying in support of HB 1519. Please see Attachment #3 for testimony. Additionally, one of my boys is on the maximum dose of one of his medications, and we have to fight the insurance company every month.

(31:10-33:43) Rebecca Quinn, UND medical school. I manage the North Dakota brain injury network. Medical Marijuana wasn't on my radar because the bill for hyperbaric oxygen. This isn't a bill I have been dealing with. I have had several individuals request it. Senator Roers was wondering about which states have TBI listed: New Hampshire, Ohio, Illinois and Washington do all have traumatic brain injury in their included conditions. There is quite a bit of recent research, particularly around cannabinoids and brain injury. That has come up in my treatment group. There would be a possibility for the individual who sent the email to qualify under some other avenues, but one of the concerns I have, going forward and seeking treatment, sometimes it becomes difficult if you are trying to qualify as a symptom, but it is a symptom under a larger condition. Many of my individuals with brain injury have things like epilepsy, chronic pain, PTSD, those are considered conditions within the overarching brain injury condition.

Madan Chair Lee: Are you comfortable at this point in recommending that TBI be added to the list?

Rebecca Quinn: I would be comfortable with it being added to the list.

(34:20-35:10) Kimberly Dworshak: I am the reason Ehlers-Danlos is on the list. There are 12 sub Ehrlers-Danlos, you don't have just one doctor, you have a team of specialists. I will email you some information on it.

Madam Chair Lee closes the hearing on HB 1519.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1519
3/18/2019
Job # 33891

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to debilitating medical conditions and usable marijuana for minors under the medical marijuana program.

Minutes: Attachments #1-5

Madam Chair Lee opens the discussion on HB 1519.

Madam Chair Lee: I did have an opportunity to visit with the three physicians who are the advisory council for the health department, Dr. Wynne, Dr. Nammour, and Dr. McClain. They had a conference call and then had a chance to hear to hear a bit of a report. They suggested that we consider studying some of the things that were included in coming from the house bill. That we not add all of the additional conditions and that we be careful about what is being requested for higher doses for pediatric treatments. I think it is important that we have that information to generate some discussion here about where we would like to go. Getting this programs feet on the ground, making sure that everything is running smoothly for the patients, caregivers, and the department and making sure that we have a well-oiled machine that is handling things. We have had a lot of discussion about Autism and I think that personally may be a hard one to leave out but some of the others for example, the opioid use disorder and withdrawal. It is not medically effective and should not be included. I'm a little uncomfortable with Ehlers-Danlos syndrome because we already have in line 12, "a chronic or debilitating disease or medical condition or treatment for such disease that produces one or more" and we have gone into severe debilitating pain, nausea, seizures, and so forth. There can be others that the department recognizes as having those conditions and symptoms that may also be considered. It seems to me the Mr. Wahl and the health department would have the opportunity to make some decisions as we move through there but including all of these may not be the right thing because somebody comes in and says they have this condition and wants it included. I'm not even sure that I have seen any information that was terribly convincing about the eating disorders but I am asking now.

Senator K. Roers: I am fully on board with you with the opioid use disorder and the Ehlers-Danlos, I did get a list of what other states have and I do have the list of what people have. I do see on quite a few states that they do have the eating disorders on there, I don't know if

that necessarily makes it something that it should be but we would not be alone in that but it is not the most common either if that makes sense.

Madam Chair Lee: The other thing to look at is we have a letter from Kurt Snyder **(Attachment #1)** and also from Dr. Henke who is the Medical Director over at Hartview **(Attachment #2)** and she is one of the experts that I have visited with and, talked about her expertise in this area.

(04:48-05:57) Madam Chair Lee reads off the e-mail from Kurt Snyder in which he said that opioid withdrawal is a condition best treated by medical care and not medical marijuana.

Madam Chair Lee: Mr. Peterson had helped us with a list from other states which I have provided that to everybody to see what conditions North Dakota has **(Attachment #3)** and Mr. Nolden put together a list of all the conditions from all other states **(Attachment #4).**

Senator K. Roers: I'm not sure how interstitial cystitis fit in here.

Madam Chair Lee: I had a couple of discussions about auto-immune diseases and we do hear good about that we just need to be careful. Mr. Wahl had also given us an annual report from 2018 of their review of medical conditions and the results of the review which is attached. **(Attachment #5)**

Senator O. Larsen: I guess I have been on the inception of this legislation that we allow it to get up and running and, you know there are only 120 cards or whatever still and in this piece of legislation in section two it is talking about that study to come forward and I know the therapy works on all that is listed here but, I still say that we have to let the people that are on the list get the cards to see how the operation is with it and gather more data on making the right choices on what to add to the list. I have a hard time expanding the list at all.

Madam Chair Lee: If you look at the annual report and move to the back, a session law study requirement talks about several different things but looking at the chart, we are fairly consistent above ALS but then it is Alzheimer's, Terminal Illness, Spinal Cord related conditions, Fibromyalgia, and the top ten conditions not listed in North Dakota law are; Multiple Sclerosis, Parkinson's, Hep. C, Neuropathy related conditions, Tourette's syndrome, TBI, Sickle Cell Anemia, Muscular Dystrophy, Huntington's Disease, and Autism.

Senator Hogan: That is so many of the ones that they added those criteria too; migraines, rheumatoid arthritis could fit that criteria.

Senator O. Larsen: I haven't heard of the engine used for applying medical marijuana to people who suffer from Autism. Is it in the pill form or whatever they so choose?

Jason Wahl, Division of Medical Marijuana: Certainly when we did our review of the medical conditions which would have been last summer. I would say our conclusion was we are on more of the broad area in regards to the number of medical conditions when we compared the list at that point in time with other states. The list that you talked about, the ten

conditions not specifically listed in ND law, didn't necessarily mean that they still won't qualify. The paragraph underneath that chart actually goes into that detail and as the committee noted, there is a number of conditions currently in this bill that I can tell you we are already seeing in the program so even though it is not specifically listed, I have seen in the notes information from health care providers that have completed written certifications, migraines comes to mind. Migraines would qualify if that healthcare provider believed they could check that box in regards to the pain that is currently listed in state law. Our conclusion at that point in time that we did the study, we did not make any recommendations for the legislature to consider as far as expanding or reducing the list at this point in time.

Senator O. Larsen: I didn't know if that was answered. Is the operation of these folks with Autism, are they taking it in pill form? We still have the one medication that is insurance approved they could do that by the pill form anyway and then they don't need none of this.

Jason Wahl: The Autism is one of those that I would put as maybe very difficult under the current conditions that would qualify, from what we have read in relation to Autism, a lot of those studies are a high CBD type of strain being used in relation to treat or to provide to individuals with Autism which you are probably going to see in our program under the products of what was formerly known as tinctures and now cannabinoid solution. If it is a young child, they are able to put a couple of drops into that child's drink or maybe have it so it's whatever the dosage is under their tongue. It is going to depend on where some of the demand is too. If there is a request from two or three individuals for a specific type of product that has a certain formulation, that is very expensive at the manufacturing facility to try and make a handful of products as well. They have to be able to make it from an economy of scale standpoint and make the right products that fit a number of conditions so they know those products will be beneficial and that they will be sold.

Madam Chair Lee: Did any of you get an e-mail today from some vendor that is advertising CBD delivery devices? It sounded interesting to me. Any further questions for Mr. Wahl?

Senator Hogan: Did you see the article that we got about this Autism? I think of the list that I saw, the two that I had questions on were the Autism spectrum disorder one and then we talked a bit last week about brain trauma.

Madam Chair Lee: The only thing that is interesting about the Autism is that there are only four other states that have that.

Senator Hogan: This is an interesting study, at least it has some study basis.

Madam Chair Lee: I'm looking at the list on page two of the bill so we would be looking at potentially, we can discuss anyway, Autism spectrum disorder. Frankly, I'm opposed to opioid use disorder.

Senator K. Roers: Did we decide if Rheumatoid Arthritis fits in that bottom line of chronic pain? I kind of went through just based on my own knowledge, Endometriosis is chronic pain so anxiety disorder, Tourette's syndrome, and Autism spectrum see fitting into an existing category and then the opioid. The anorexia and bulimia that's cachexia are wasting syndrome so they are already in. I think people want to see their condition so that it is black and white

but I think that it gets a little cumbersome. I do like some of the chronic and debilitating where it's got a little bit broader instead of listing every possible disease. I think it opens it up more to people than closing it.

Madam Chair Lee: I'm hearing that of the new list I heard anxiety disorder was mentioned and Autism and Tourette's.

Senator Hogan: Opioids are out and the rest are already in.

Madam Chair Lee: Exactly, so we would just be looking at an amendment that would delete all but the new stuff.

Senator Hogan: The other thing that we heard in testimony was the discussion about brain trauma which isn't on this list.

Madam Chair Lee: PTSD and brain injury.

Senator Hogan: Yes, those were the other testimonies that we heard.

Senator K. Roers: If we are going to add stuff I think brain injury ranks higher than Tourette's and anxiety.

Madam Chair Lee: I'm going to make myself a note here about PTSD and brain trauma

Jason Wahl: PTSD is already in the list.

Madam Chair Lee: So it's just brain injury. Jason, do you have any comments about Tourette's and Anxiety disorder?

Jason Wahl: I think if I heard right, Anxiety, Tourette's, and Autism are the ones that you are kind of discussing, TBI post-concussion type or brain injury?

Madam Chair Lee: Brain injury.

Jason Wahl: I would say in relation to your current list, those ones would be a little bit harder to find where they could fit in, and its usually that last bullet currently in state law is where there is more of the interpretation. I'm checking my notes for those two that I had prepared and I think kind of what our thought was too as well that those may not be somewhere it would fall into that final category or into one of the specific ones above.

Madam Chair Lee: Any further questions for Mr. Wahl?

Steven Peterson, Committee for Compassionate Care Chief Lobbyist: I just sent three e-mails to your clerk. One of those is from the Deputy Director of Medical Marijuana program in New Jersey, another one is from the Marijuana Policy Project, and then the third one is from the state of Minnesota because they have added opioid abuse and addiction. If you would review those three e-mails it would give you some more clarity on why those states are starting to add those. The other part of that is that seeing Sanford and other systems in

the state right now that are moving patients off of their opioid pain regimes right now. There are a couple of patients that have reached out to me and their doctors without discussing it to them, have been removing them from the pain programs. Those are things that we need to be aware of when we are looking at those two opioid aspects of this.

Senator K. Roers: We are trying to reduce our opioid usage, is that what you are talking about when your saying removing people from?

Steven Peterson: Right, from the CDC's advice.

Senator K. Roers: The severe debilitating pain, that they have been removed from their opioid regime from, they would then qualify through that category right?

Steven Peterson: For that yes, I am not going to disagree with that assessment at all. Partially what I am looking at is, when we have the opioid abuse syndrome in there and opioid addiction, we can actually tie heroin addiction and use into the program and we have the e-mails that I have sent that can address that and that is why other states are including that is because they are able to use this to step people off the heroin dependency without going into the Ceboxin or Methadone programs.

Madam Chair Lee: Why would they not want to go into those?

Steven Peterson: I don't have a great answer for that.

Madam Chair Lee: They get the drug payed for other than having to pay for it themselves. We have had in the last week and a half solid information provided to us about it not being effective for opioid withdrawal or opioid use disorders. That has kind of turned my feeling about that.

Senator O. Larsen: Is that opioid listing, is that a suggestion or is that in law right now? Are they in the process in trying to make that law or is that already a law with the opioid issue?

Steven Peterson: For Minnesota, I would have to look at the e-mail that I sent but for New Jersey, I do know that they have already included that in theirs.

Senator O. Larsen: And passed?

Steven Peterson: Yes.

Senator Clemens: My opinion is, I would prefer that we move cautiously rather than going ahead with something that we are maybe not sure of, give this whole system to continue on and take a conservative approach.

(23:30-25:36) The committee reviews the letter sent by Dr. Henke (refer to Attachment #2) on her recommendation on opioid withdrawal treatment with medical marijuana.

(25:02) Senator K. Roers: While they are reading the letter from Dr. Henke, do you have a strong statement one way or another on the Anxiety disorder and Tourette's since they don't really fit into another category?
Steven Peterson: Having seen other states adding that, that is much as im going to be able to comment to that. My primary focus has actually been on the opioid issue, that is why I have been collecting data for that.

(25:39) Senator Anderson: This whole argument about what list of conditions to put up here, we knew that these conditions were amendable to marijuana therapy we would have approved use for these drugs. This whole thing was originally based on that people thought it might help, they should have the opportunity to get it. So, personally I don't have any reservations about adding a long list of things because the intention was that the people thought that these would be amendable to marijuana they should get it. It doesn't bother me one way or the other because it's all unproven therapy in the first place. I have some concerns when we do it with kids because I think we can cause some brain damage in the kids that we don't really realize. Parents come in asking for marijuana for their kids, not realizing the long-term problems that could cause, I'm not sure that is an acceptable risk but for the rest of these things, I appreciate Dr. Henke saying that it's not proven therapy but neither are any of the rest of them. If it was proven therapy, then we would have approved drugs for those things.

Madam Chair Lee: So much of what I have read talks about it being the drug of last result so to speak. If there isn't any recognizing treatment that has worked that this is available. I would really hate to think that physicians who are using this first and finding it doesn't work and there is a delay in an appropriate treatment that moves forward. That is why I struggle a bit about opening it up. What is your pleasure here, can we knock out the ones that are covered in another way?

Senator K. Roers: I move that we eliminate M, N, Q, R, S, T, U, V, W, X, and add brain injury.
Seconded by Senator Hogan

ROLL CALL VOTE TAKEN

5 YEA, 1 NAY, 0 ABSENT
MOTION CARRIES TO ADOPT AMENDMENTS

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

Senator K. Roers: Is there any benefit to saying "shall study" instead or "shall consider"?

Madam Chair Lee: I think as long as consider is there, I'm not fully comfortable in saying "shall study". I think it has value and its sort of the protocol that works best.

(32:43-33:51) Courtney Koebele walks into the committee and Madam Chair Lee updates her on what actions the committee has made so far on HB 1519.

ROLL CALL VOTE TAKEN

5 YEA, 1 NAY, 0 ABSENT
MOTION CARRIES DO PASS, AS AMENDED
Senator K. Roers will carry HB 1519 to the floor.

Madam Chair Lee closes the discussion on HB 1519.

3/18
SK
1519

19.0966.02001
Title.03000

Adopted by the Senate Human Services Committee

March 18, 2019

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1519

Page 1, line 22, remove "Anorexia nervosa;"

Page 1, remove line 23

Page 1, line 24, remove "o."

Page 2, line 1, replace "p." with "n."

Page 2, remove lines 2 through 9

Page 2, line 10, replace "y." with "o."

Page 2, after line 10, insert:

"p. A brain injury;"

Page 2, line 11, replace "z." with "q."

Page 2, line 11, overstrike "and" and insert immediately thereafter "or"

Page 2, line 12, replace "aa." with "r."

Renumber accordingly

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

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1519

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Remove "m,n,q,r,s,t,u,v,w,x", Add Brain injury.

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) 5 No 1

Absent 0

Floor Assignment _____

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

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

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1519

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) 5 No 1

Absent 0

Floor Assignment Sen. K. Roers

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

REPORT OF STANDING COMMITTEE

HB 1519, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1519 was placed on the Sixth order on the calendar.

Page 1, line 22, remove "Anorexia nervosa;"

Page 1, remove line 23

Page 1, line 24, remove "o."

Page 2, line 1, replace "p." with "n."

Page 2, remove lines 2 through 9

Page 2, line 10, replace "y." with "o."

Page 2, after line 10, insert:

"p. A brain injury;"

Page 2, line 11, replace "z." with "q."

Page 2, line 11, overstrike "and" and insert immediately thereafter "or"

Page 2, line 12, replace "aa." with "r."

Renumber accordingly

2019 CONFERENCE COMMITTEE

HB 1519

2019 HOUSE STANDING COMMITTEE MINUTES

Human Service Committee
Fort Union Room, State Capitol

HB 1519
4/8/2019
34600

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature Nicole Klaman

Explanation or reason for introduction of bill/resolution:

Relating to debilitating medical conditions and usable marijuana for minors under the medical marijuana program.

Minutes:

Chairman M. Ruby: Opened conference committee on HB 1519. Please explain your reasoning for the amendments.

(0:00:46)

Senator Roers: Looking at the original house bill. As we walk through the bill anorexia and Bulimia fit under Cachexia, wasting syndrome. So we felt that was already covered. Cachexia is the anorexia piece of it. We added brain injury, a couple people brought that to us. Ehlers-Danlos, the standard treatment was Tylenol and Aleve. Rep. Ruby shared with me that it was a chronic disorder, so it may fit. Interstitial cystitis acute can be treated with cranberry juice. We felt those fit in another category, so we are trying to keep the one's that can fit in under a broad category. I think it will come down to opioid use disorder and withdrawal. We heard from medical providers the only thing that will get rid of symptoms is having more of it. So we also received information from Substance Abuse Mental Health Services Administration (SAMHSA) and they had large concerns utilizing medical marijuana as further body confusion can occur which could be dangerous.

Rep. Westlind: Senator Roers, brain injury is pretty broad. Should it be "traumatic" brain injury?

Senator Roers: The new terminology is to not include "traumatic"

Rep. Westlind: A person with a concussion could say, I have a brain injury from a concussion. Should we add acute or chronic to be more specific?

Senator Roers: I do think it's broad, and I do feel acute vs chronic would be good parameters to add.

Senator Anderson: As far as the brain injury is concerned it would be good to narrow it down to a more specific condition. Part of what we are trying to do is get people marijuana if it can help them. Helping them with a more specific list is fine, but I would be opposed to including the withdraw and treatment of opioid abuse.

Chairman M. Ruby: We had that same conversation looking at the house side with all the ones that fall into the chronic category. The reason we took it from the doctor's opinion and felt that if we don't list them, it puts the decision to the doctor. Then we get back to the responsibility of the physician. We didn't find as much on the withdrawal of opioid usage but on the usage the in the opioid study there was a 17% increase of compulsive use when in the medical cannabis program, 5x more likely to reduce use on a daily basis. This study was comprehensive. There was a 30% decrease in benzos and 60% in opioids, including reduced cravings for heroin. The opioid use itself was the big reason to get into medicinal marijuana to help those addicted get off opioids.

Senator Roers: When a chronic pain patient works with pain clinic there is a contract they sign. Due to this contract, we may be adding more issues than we solve. Per state, I can use it per pain contract I can't. So it becomes a problem and in my perspective, we aren't ready for it yet.

Rep. Westlind: I can live with Chronic.

Chairman M. Ruby: We aren't going to vote on the discussion today. The question remains on thoughts on how to list them back in there?

Senator Roers: We are indifferent on how to list them. We were trying to be on the side of simplicity.

Chairman M. Ruby: We put the study in so we have reference every year and so we can change the list if we want. We can come back after we decide what we want.
Hearing closed.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1519
4/10/2019
34669

☐ Subcommittee
☒ Conference Committee

Committee Clerk: Nicole Klaman

Explanation or reason for introduction of bill/resolution:

Relating to debilitating medical conditions and usable marijuana for minors under the medical marijuana program.

Minutes:

Members present: Rep. Ruby, Rep. Westlind, Rep. Damschen, Senator Roers, Senator Anderson, Senator Clemens

Rep. M. Ruby, Chairman: Opened the conference committee meeting on HB 1519. We did have some discussion about whether or not we were going to limit down brain injury.

Rep. Westlind: Talked to Jason Wahl, Director of the Medical Marijuana Division and he thought we should leave brain injury where it's at, it includes all types of injury.

Senator Roers: I spoke to Rebecca Quinne at the UND brain injury network and she concurred with that as well. We said if we had to pick a word chronic is the once should be pick, but she preferred it to stay just brain injury.

Rep. M. Ruby: As mentioned in the email we wanted to make sure we included stroke and stuff like that.

Senator Anderson: I read most of the articles you sent out and why I'm opposed to opioid and opioid withdrawal use of marijuana. The conclusion of one of the articles here said the compelling nature of these data and the relative safety profile of cannabis warrants further expiration of cannabis as an adjoin or alternative treatment for opioid use disorder. Discussed the news article in further detail. I think we need to be careful to foster the public on something that has only been studied in mice. When we say this might help and site these research articles; there is no studies in humans. I think we are jumping ahead if we say this should be included.

Senator Roers: I also received information from the Dept. Human Services, the behavior health part of it and they had done some research to try and figure out where other states

are at with this particular issue. There are 8 states considered legislation and regulation with the following results: states that currently allow medical cannabis for opioid use disorder and or opioid withdrawal; Pennsylvania, New Jersey, New York, and three states tried to pass it where the governor vetoed it. It looks like we would be a leading edge here if we were to leave it as wide open as it is in the current form.

Rep. Damschen: I would like to agree with previous statements with this being a bit broad. Some links to the studies that were inconclusive in humans. Some results have been reduction in pain in using the medical marijuana and that was compared to a placebo and not even with Tylenol. I can't help to think if there was credible research to prove marijuana has helped the medical community would not be reluctant to recommend it. I'm not comfortable recommending it for these conditions to medical marijuana use under federal laws since the doctors cannot do it. This legislation has a potential to mislead people with our laws. I am opposed to this.

Senator Roers: One of the challenges is it is still illegal federally. The ability to do research is limited. I'm uncertain how we move forward, but I would like to see where we are at on adding back the conditions. I would like to keep the two opioid ones out.

Motion Made for the Senate recede from Senate amendments and amend as follows by Senator Roers; Seconded by Senator Anderson.

Roll Call Vote: 6 Yes 0 No 0 Absent Carrier: House: Rep. Ruby; Senate: Senator Roers

Rep. M. Ruby: I would like to do a little more research on the opioid use. I think we are missing a big group of people on opioids.

Closed.

DE 4/10/19

19.0966.02002
Title.04000

Adopted by the Conference Committee

April 10, 2019

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1519

That the Senate recede from its amendments as printed on page 1312 of the House Journal and pages 1009 and 1010 of the Senate Journal and that Engrossed House Bill No. 1519 be amended as follows:

Page 2, line 6, remove "Opioid use disorder;"

Page 2, remove line 7

Page 2, line 8, remove "w."

Page 2, line 9, replace "x." with "v."

Page 2, line 10, replace "y." with "w."

Page 2, line 11, replace "z." with "x. A brain injury;

y."

Page 2, line 11, overstrike "and" and insert immediately thereafter "or"

Page 2, line 12, replace "aa." with "z."

Renumber accordingly

Date: 4/8/2019
Roll Call Vote #1:

2019 HOUSE CONFERENCE COMMITTEE
ROLL CALL VOTES

HB 1519 as (re) engrossed

House Human Services Committee

Action Taken
- ☐ **HOUSE accede to Senate Amendments**
- ☐ **HOUSE accede to Senate Amendments and further amend**
- ☐ **SENATE recede from Senate amendments**
- ☒ **SENATE recede from Senate amendments and amend as follows**

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Senator Roers Seconded by: Senator Anderson

Representatives	4/8	4/10		Yes	No		Senators	4/8	4/10		Yes	No
Rep. Ruby, Chairman	X	X		X			Senator Roers, Chairman	X	X		X	
Rep. Westlind	X	X		X			Senator Anderson	X	X		X	
Rep. Damschen	X	X		X			Senator Clemens	X	X		X	
Total Rep. Vote							Total Senate Vote					

Vote Count Yes: 6 No: 0 Absent: 0

House Carrier Rep. Ruby Senate Carrier Senator Roers

LC Number 19.0966 . 02002 of amendment

LC Number 19.0966 . 04000 of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Insert LC: 19.0966.02002
House Carrier: M. Ruby
Senate Carrier: K. Roers

REPORT OF CONFERENCE COMMITTEE

HB 1519, as engrossed: Your conference committee (Sens. K. Roers, Anderson, Clemens and Reps. M. Ruby, Westlind, Damschen) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ page 1312, adopt amendments as follows, and place HB 1519 on the Seventh order:

That the Senate recede from its amendments as printed on page 1312 of the House Journal and pages 1009 and 1010 of the Senate Journal and that Engrossed House Bill No. 1519 be amended as follows:

Page 2, line 6, remove "Opioid use disorder;"

Page 2, remove line 7

Page 2, line 8, remove "w."

Page 2, line 9, replace "x." with "v."

Page 2, line 10, replace "y." with "w."

Page 2, line 11, replace "z." with "x. A brain injury;

y."

Page 2, line 11, overstrike "and" and insert immediately thereafter "or"

Page 2, line 12, replace "aa." with "z."

Renumber accordingly

Engrossed HB 1519 was placed on the Seventh order of business on the calendar.

2019 TESTIMONY

HB 1519

Within these pages is scientific research, pleas from desperate North Dakota autism families and cannabis success stories from other states. PLEASE BLESS AUTISTIC NORTH DAKOTANS WITH YOUR YES ON HB 1519.....

Two of my boys are autistic. We moved to West Fargo from Williston, desiring better schools and therapies for our boys. But services can only do so much. My 11-year-old is emotionally and physically explosive. Ronnie, my 9 year old, speaks only a handful of words, is violently self-injurious and often attacks me.

When our sons were diagnosed, doctors assured us that early intervention strategies would make "everything ok". But they cannot alter our reality--the reality that we must plan for the worst.

When Ronnie was 5 he escaped our fenced yard, shed his clothes and ran a quarter mile. Luckily, police found him within 10 minutes of my calling 911. Autistic children are often incredibly physically capable, but not mentally competent. It makes for a dangerous combination.

Ronnie gave me a concussion this summer. When we left our Williston rental we spent $5,000 on repairs. Ronnie destroyed carpets, a kitchen counter and sheetrock with his almost constant spitting habit. He jumped through the floor and put $800 worth of holes in our walls with his head. Williston Public Schools could not control Ronnie for longer than 2 hours each day. West Fargo is keeping him for 2.5 half hours.

The Fargo Anne Carlsen Center provides Ronnie with several daily hours of ABA therapy. But my baby is still far from happy.

Ronnie is on 2 minimally effective pharmaceuticals. Our next step will be strong, antipsychotic drugs.

Please help me avoid these medications and their side effects. Give Ronnie access to medical cannabis. Alexa Johnson, District 16, 701.793.7450

Dear Representatives

I am the mother of a 5 year old boy with non verbal Autism. He is currently expressing harmful behaviors towards himself and others. It is nearly impossible to redirect and discipline our son. We try daily. But parenting someone who's brain is very different is an unimaginable challenge. As he grows and is bigger than me, I fear the harm it may cause to himself, me, family members and peers.

If and when we need to medicate him. I would like to be able to try medical marijuana as a safe option to treat my child. As my personal research indicates that it can be highly effective with less possible side effects that psychotropic pharmaceuticals. Please pass HB 1519.

District 16
Christina McNeal

SCIENTIFIC REPORTS

OPEN

Real life Experience of Medical Cannabis Treatment in Autism: Analysis of Safety and Efficacy

Received: 23 August 2018
Accepted: 23 November 2018
Published online: 17 January 2019

Lihi Bar-Lev Schleider [1,2], Raphael Mechoulam[3], Naama Saban[2], Gal Meiri[4,5] & Victor Novack[1]

There has been a dramatic increase in the number of children diagnosed with autism spectrum disorders (ASD) worldwide. Recently anecdotal evidence of possible therapeutic effects of cannabis products has emerged. The aim of this study is to characterize the epidemiology of ASD patients receiving medical cannabis treatment and to describe its safety and efficacy. We analysed the data prospectively collected as part of the treatment program of 188 ASD patients treated with medical cannabis between 2015 and 2017. The treatment in majority of the patients was based on cannabis oil containing 30% CBD and 1.5% THC. Symptoms inventory, patient global assessment and side effects at 6 months were primary outcomes of interest and were assessed by structured questionnaires. After six months of treatment 82.4% of patients (155) were in active treatment and 60.0% (93) have been assessed; 28 patients (30.1%) reported a significant improvement, 50 (53.7%) moderate, 6 (6.4%) slight and 8 (8.6%) had no change in their condition. Twenty-three patients (25.2%) experienced at least one side effect; the most common was restlessness (6.6%). Cannabis in ASD patients appears to be well tolerated, safe and effective option to relieve symptoms associated with ASD.

There has been a 3-fold increase during the last 3 decades in the number of children diagnosed with autism spectrum disorders worldwide[1–5]. No specific treatments are currently available and interventions are focussing on lessening of the disruptive behaviors, training and teaching self-help skills for a greater independence[6].

Recently, CBD enriched cannabis has been shown to be beneficial for children with autism[7]. In this retrospective study on 60 children, behavioural outbreaks were improved in 61% of patients, communication problems in 47%, anxiety in 39%, stress in 33% and disruptive behaviour in 33% of the patients. The rationale for this treatment is based on the previous observations and theory that cannabidiol effects might include alleviation of psychosis, anxiety, facilitation of REM sleep and suppressing seizure activity[8]. A prospective single-case-study of Dronabinol (a THC-based drug) showed significant improvements in hyperactivity, lethargy, irritability, stereotypy and inappropriate speech at 6 month follow-up[9]. Furthermore, Dronabinol treatment of 10 adolescent patients with intellectual disability resulted in 8 patients showing improvement in the management of treatment-resistant self-injurious behaviour[10].

In 2007, The Israel Ministry of Health began providing approvals for medical cannabis, mainly for symptoms palliation. In 2014, The Ministry of Health began providing licenses for the treatment of children with epilepsy. After seeing the results of cannabis treatment on symptoms like anxiety, aggression, panic, tantrums and self-injurious behaviour, in children with epilepsy, parents of severely autistic children turned to medical cannabis for relief.

Although many with autism are being treated today with medical cannabis, there is a significant lack of knowledge regarding the safety profile and the specific symptoms that are most likely to improve under cannabis treatment. Therefore, the aim of this study was to characterize the patient population receiving medical cannabis treatment for autism and to evaluate the safety and efficacy of this therapy.

[1]Clinical Cannabis Research Institute, Soroka University Medical Center and Faculty of Health Sciences, Ben-Gurion University of the Negev, Be'er-Sheva, Israel. [2]Research Department, Tikun Olam LTD, Tel Aviv-Yafo, Israel. [3]Institute for Drug Research, School of Pharmacy, The Hebrew University of Jerusalem, Jerusalem, Israel. [4]Negev Autism Centre, Ben-Gurion University of the Negev, Beer Sheva, Israel. [5]Soroka University Medical and Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer Sheva, Israel. Correspondence and requests for materials should be addressed to V.N. (email: VictorNo@clalit.org.il)

#1 HB1519
1-23-19
p 3.

Dear Committee Members,

Many of you may recognize that I am physIcian who has raised a family with my wife Carolyn here in Bismarck. I regret that I am unable to break away from my clinical radiology practice duties to testify today. I am grateful to my friend Terry Kemmet of Steele for reading this on my behalf. Carolyn and I are parents of a child with autism named Riley. In our journey with him over the last 12 years since a formal diagnosis, we have worked in a wholistic manner to help him and other children in our state. Carolyn was part of the Autism Task Force under the Hoeven and Darlymple administrations.

My advocacy from within science and medicine for the last decade has been for the understanding of the biomedical needs of children with neurological disorders. This includes the needs of anoxic brain injured children such as Eden Carlson whose seemingly miraculous recovery from a semi-vegetative state was aided by simple hyperbaric air therapy. This was an international medical news story in July of 2017 that I published with Dr. Paul Harch at LSU in New Orleans.

We have a growing national crisis in neurological disorders across the age spectrum which is multifaceted. Our physicians in North Dakota have a great challenge in keeping up with the pace of discovery in so many evolving fields and care paradigms for injured brains. From around the world, my international colleagues in medicine have begun to show the rest of the professional ranks of physicians how important access to medical cannabinoids are for an additional tool in the armamentarium of brain healing. Just last week, January 17th, 2019, saw the publication of a safety and efficacy study of cannabis in Nature which is one of the world's most prestigious scientific journals. In the study of 93 Israeli children, only eight failed to improve in autism symptoms while taking medical cannabis.

There are promising reports of other neurological disorders being helped by cannabis, beyond the usual pediatric and or young adult seizure disorders. A clinical colleague and personal friend of mine in Colorado, Dr. John Hughes has a combination protocol for cannabis with hyperbaric oxygen therapy that is helpful for Alzheimers. Just last week Dr. Paul Harch of LSU and I published a case report showing the use of hyperbaric oxygen alone can reverse Alzheimers associated abnormalities in functional brain imaging studies such as PET. As imaging evidence mounts on the credibility of multi-modality combinations of cannabinoids and hyperbaric oxygen therapy having positive effects on the brain through functional imaging, we may see more of our citizens leaving the state for these combined approaches. If there is great difficulty for our states physicians to employ medical cannabis in our patients, we lose economic activity to less well-regulated states.

In Michigan, another colleague named Christian Bogner, MD has left establishment obstetrics to help children with autism via hyperbarics and cannabinoids. Carolyn and

I may take our son to the Detroit area to have access to what I see and understand as the best combination of therapeutic approaches for a previously 'untreatable' syndrome. There are North Dakotans who are in government and on various committees or cabinet spots over the years who have travelled to other jurisdictions for access to cannabinoids.

As a physician, I have little doubt that these medicinal compounds are extremely important and should be accessible for all of us, so long as the medical licensure of physicians in the great state of North Dakota is respected. The practice of medicine is a privilege and art that should not be restricted too greatly by the state resulting in our physicians being impeded in using their clinical acumen to try various versions and strengths of medical cannabis compounds. I am in favor of this bill as it appears to be a well-balanced approach to regulated use of cannabinoids in the hands of physicians.

Edward F. Fogarty, III

#1 HB 1519
1-23-19
P 5

January 22, 2019

My name is Jennifer and I'd like to share our family's personal experience with my twin sons and their diagnosis of Autism Spectrum Disorder at age 3. I am praying that the diagnosis of Autism Spectrum Disorder be added to the list of qualifying conditions for the ND Medical Cannabis Program.

My boys, Ethan and Shelby, love to go swimming, play basketball, go running, and they can build some amazing Lego creations. They are very loving and affectionate boys. One of my boys can put together 2+ puzzles of 1000 pieces, mixed together, without looking at the pictures, and he can build them in order from left to right, as if you were just reading a book. They see the world in a way I wish we could all see the world. Their brains are different in an amazing and complex way.

Ethan and Shelby were diagnosed with non-verbal Autism relatively early on after having regressed from development where they used to look at me in the eye, say words spontaneously, and mimic their peers and me just like any small child would. When they stopped doing those things, our life became much harder. Aside from the devastating newness of having your child look away from you, stop reaching out to you for comfort – or, even pushing you away when they are hurt as you try and comfort them which is heartbreaking enough, a host of more new issues followed. My boys ceased to talk. My boys became aggressive towards themselves. They would throw themselves on the floor and pound their head into it. They would bang their head into walls and use their fists to punch themselves. Hearing your child's head smack into the floor in any case is awful, and knowing that they are doing it compulsively and to solve an issue inside of them you can't understand and they can't tell you is defeating. Running to them as fast as I could was not fast enough to stop them from hurting themselves, and inevitably their heads would be red, swollen, bruised. So many years of self-abusive behavior causes issues that are lasting, inside and outside.

My boys are now 15 years old. In the last 12 years, we have suffered through self-abuse and also aggression towards others. It's not uncommon for me to go to work with bruises to my arms. These events come often out of surprise. These acts of aggression are felt from the special school my boys attend, our home, caregivers that come to help me with them, and extended family. Taking them out into the community can cause their senses to be so overwhelmed that aggressive behavior is triggered or a meltdown ensues which is their only way to handle things. There have been days where the school will tell me that my son had over 300 acts of aggression in a 6-hour period. I have lost count with acts of aggression towards me at 120 in an hour, some days.

One of my boys has lost the ability to spontaneously walk, feed himself, dress himself, and play with even preferred toys on his own. The other is so thin because he can't stop moving around anxiously that he is in the 5th percentile for weight in his age range, no matter how much I try and feed him. There are days it is hard to get him to eat. Both boys need to take time out of their educational time in school to have sensory breaks because they can't focus. One of my boys doesn't sleep: he could go to sleep at 10 pm only to wake up at 2:30 a.m. and be awake for the rest of the day. There is no medicine that will assist with all of these issues, and of the ones that *could* help – well, those medicines also come at a very expensive price tag. I'm not even talking literal price tag; I'm talking about the price you pay as a parent that by giving your child one medicine that may or may not help them, you are giving them one with serious side effects like involuntary movements which may never, ever go away their entire life like cardiac arrhythmias, seizures, unhealthy weight gain, glycemic

abnormalities which could lead to diabetes and, to add insult to injury: making my sons grow breasts. Can you even fathom such a decision? I think it's easy to blindly say what you'd do, but if you could just take a minute to picture in your mind and hearts one person you dearly love, who you would put yourself in front of a train for, and then picture putting in their mouth a medicine you suspect will cause them harm based on the side effects clearly listed – that even if you decided to stop the medicine later you could never reverse those side effects, could you? Or would you choose to just be the one who receives the hitting, punching, scratching, pinching and head butting? It's a rock and hard place type of decision nobody should be forced to have as sole choices. There are not many medical options for my boys that wouldn't bring very serious side effects, and of those options we have tried them or are currently trying them with only bare progress.

As a single mom to my boys and because of their intensive needs, I depend on much help from caregivers, which means that my time spent managing my caregivers is time taken away from my family and my job. I am not able to work full time hours because of my boys' needs, and I am not able to seek jobs with increased pay and benefits that I am qualified for because of the demands of those jobs. We are not able to participate in our communities the way we would like because we have to carefully weigh the pros and cons of venturing out while not knowing what kind of events will trigger a negative response for boys. We cannot go out into the community without extra assistance at times. With the rate of Autism as high as it is, it is likely this can and will happen to someone you love or care about or already has. Autism doesn't discriminate in any way; this could happen to you.

I want to be able to protect my boys and help them be as independent as they can be for the betterment of their lives and that of their community as they age into adulthood. I want them to be able to live with minimal supports and have a job that fulfills them, participate in sports they are passionate about, and have friends. To do this, we have to be able to help them remain calm and focused so they can learn those skills. At the rate my boys are progressing, this outlook seems grim and it breaks my heart. I don't want my boys to be a burden to anyone; they are truly a blessing and see the world in a curious and wholesome loving way that I wish everyone could experience.

There are amazing success stories in other families who have children with Autism who use medical cannabis for their children with qualifying conditions. The positive changes in these families' lives have been extraordinary. The ability to move away from pharmaceutical medications that can cause damaging, unalterable side effects has been a blessing for so many people. Why should these children continue to suffer every day when there are alternatives that are safe and may help them available?

As a parent, I would move heaven and earth for my children and truly, wholeheartedly need other options for treating them. I am asking you to please allow Autism Spectrum Disorder to be among the allowable qualifying conditions in the ND Medical Cannabis Program. This addition would allow families like mine the option, with their medical provider's assistance, to treat their loved ones' illnesses and allow stability and safety into our lives. Please pass HB 1519. Thank you for your time and consideration.

Jennifer Cabezas, District 24

2016 was the beginning of our family crisis.

By September of 2016 we'd been to the Emergency Room three times. Alex was having self-injurious episodes that left him with black eyes, bruises, and worries that he might have some level of brain injury due to him hitting himself in the head. The panic you feel when it's 2am, your child is in danger and you can't find a solution...I wouldn't wish it on my worst enemy. The image of me, several nights a week, holding my son, desperately trying to get him to land his blows on my body instead of his head is forever seared in my mind.

Alex was diagnosed when he was 2 years old. He had all the tell-tale signs of Autism: lack of eye contact, no functional language, and an inability to socially interact with others. When we got the diagnosis, I decided that being Alex's advocate was going to be my full-time job. We did Occupational Therapy, Music Therapy, ABA (behavioral therapy), I modified his diet, and scheduled play therapy...if there was a therapy that looked good, I did it. Everything looked good until puberty hit.

When Alex turned 13 his anxiety and depression were overwhelming him. We found a great doctor and spent the next 6 years cycling through meds to try and manage Alex's anxiety, panic and rage. Meds we were prescribed: Zoloft, Prozac, Abilify, Buspar, Zyprexa, Ativan, Klonopin, and Valium.

Each medication can take weeks, if not months, to reach a therapeutic dose. Once you hit that threshold, you are recommended to stay on that med for 3-6 months before you decide to stop. We spent 6 years introducing meds, seeing little to no help and then weaning off the meds. You have to understand that weaning off psych meds can be brutal. Sleep deprivation, lack of appetite, anxiety, depression, all of these symptoms can torture your child that is already in crisis. In September of last year the ER doctors (and Alex's personal doctor) prescribed Benzodiazepines (Ativan, Klonopin, Valium). Benzos helped, but they also knocked Alex out. Alex was sleeping 20 hours a day, his head hitting decreased by about 50% but he had no quality of life. We were told that after 2 weeks of use benzodiazepines have addiction issues, his tolerance will go up over time, and that weaning off benzos can be brutal.

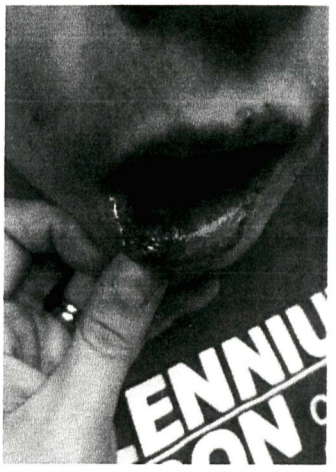
That was the moment I decided to try cannabis. From late September to Christmas day we began weaning Alex off his psych meds and including cannabis. Today we are off ALL psych meds. Alex has a regular sleep schedule, self-injurious episodes are GONE, he is no longer picking his fingers until they are raw and bloody, and he goes on public trips with his family. He's HAPPY. But the best part? He has a medication that has NO addiction issues. If Alex needs little to no help we can skip dosing. If Alex is having a challenging day we can up his dose.

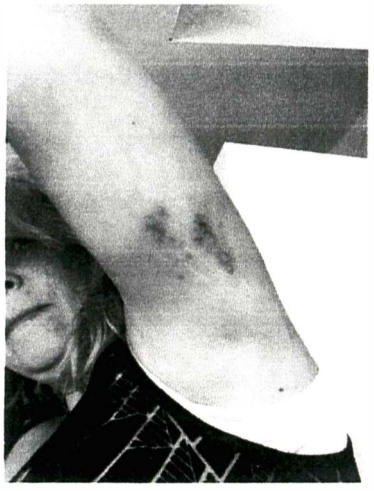
Cannabis is the ONLY medication I've seen that relieves the challenges of Autism. If not for cannabis, my son and our family would be in crisis. Autism MUST be added as a qualifying condition for medical marijuana use.

Jill Irvin (mother of Alex Irvin)
Portland, Oregon

#1 HB1519 1-23-19 p.8

My name is Jenni Mai and I would like to share the story of my 22 year old son as a testimonial to the powers of medical cannabis, which I have found to be nothing short of miraculous. Nate has severe autism and a history of severe self-injury and aggression towards others. We are originally from Wisconsin, where we lived until 2012 when we moved to Missouri. During the 2.5 years we were in that state, my son's behaviors became extremely violent. He was kicked out of school and out of an adult day program for individuals with developmental disabilities. He literally ripped half of his own bottom lip completely off and to this day has numerous scars on his hands and legs from other self-injury. He was abusive and dangerous to our entire family. We attempted to have him hospitalized in an inpatient psychiatric facility numerous times; around 30 attempts to get help for him over adding more and more psychotropic medications until he was at a point where he slept up to 18 hours/day and when he wasn't sleeping, he was violent and self-injurious - increasingly so. He was taking up to 18 pills/day towards the end of our residency in that state.





My husband was given the opportunity to move again, and we chose California. I had just heard of cannabis potentially helping people on the autism spectrum. This was our very last hope to keep him home and keep him and everyone else within our home safe. I had no idea if it would work. I had always believed cannabis was nothing more than a bad street drug. I believed it made people lazy and that there was absolutely no value to it at all. After seeing a video of a young child taking medicinal cannabis which almost immediately ended his violent behaviors, I began to reconsider all I knew about it. By this point, we had nothing left to lose. We were already expecting to have to institutionalize my son in California if the cannabis didn't work and this was our absolutely final thing to try in order to keep him home, since none of the other medications we tried in the past had helped him.

We started the cannabis within a couple of months of arriving in our new state. The results were almost immediate. I could see a dramatic change in his demeanor. He looked so calm, made eye contact, and just seemed to be more "present" in our world. Three days after beginning cannabis, we went to a National Park and he smiled and posed for the camera on his own. Before this, it was very rare to get him to smile for a photo. Now he does it all the time. Every preconceived notion I had about cannabis in the past was incredibly wrong. It has helped and began to heal my son more than anything else, ever.

We slowly began weaning him from those 18 pills he was taking. It took 7 months to remove them all, but it happened! It has now been 27 months since he stopped taking pharmaceuticals. That is over 14,500 chemical-filled pharmaceutical pills that he hasn't had to take. These medications were considered to be "safe" according to the FDA but actually are thought to have caused his diabetes, triggered a tic disorder, caused a grand mal seizure in the early stages of the weaning process (he had never had a seizure in his life), and didn't stop the aggressive episodes. They certainly were not going to keep him in our home and out of extremely high-cost, taxpayer-funded living arrangements. Now, on medicinal cannabis, he no longer sleeps 18 hours/day. Instead of being violent every single day, he might have a minor episode once every 3-4 months and it can generally be stopped in under 5 minutes. Before cannabis, it might have lasted all day long or we had to give him extra doses to make him sleepy so we wouldn't get beaten by him. It has changed his life and our entire family's lives drastically. He is happily living at home with us and we have no plans to find another home for him anymore. He also spends part of his days at a new day program with his peers and he seems to enjoy it. We no longer fear him or fear for his future.

Before and After Medicinal Cannabis

Cannabis heals. Please help our children. They count on us and we count on you to allow us the opportunity to give them the best life they can lead. My son is living proof that cannabis can change lives in ways that nobody thought possible. Please make it possible for others too.

#1 HB 1519
1-23-19
P.9.

To the Committee members:

I have learned a lot since I spoke to Health and Humans services committee 2 years ago. Now, as a nurse holding a Certificate of Completion in Cannabis Nursing and a member of the American Cannabis Nurses Association, I am better able to support people in their quest for relief using Cannabis. Please, let's refer to it by its proper name, Cannabis…..I do think all our wording in legislation should be changed to reflect this, not the slang name used throughout our Century Code.

Pediatric use and routes, especially in the use of Autism Spectrum disorder (ASD) have recently yielded significant study and acceptance, as an approved therapy. These children do not fit the norms for dosing or routes and I do feel the restricted THC level and route for pediatrics is not based on the solid knowledge. Whole plant access is necessary for the full "Entourage Effect" in ASD. While CBD is the main component of treatement, the need to have a portion of the preparation as THC is necessary. While THC is a perfect fit for the endocannabinoid system, CBD does not. It is an "Antagonist" to the THC's "agonist" effect. There is minimal "high" under these circumstances. The parts of the plant cannot be separated out and provide the same therapeutic effect. This "Whole Plant Access" should be a standard for our century code, removing the restrictions from whole plant use. What it all comes down to is the ability of a parent to choose the best treatment for their child.

I also want to make the distinction between CBD preparations made from hemp vs medical grade cannabis. Purity of product can be a factor for those with ASD. So it is imperative that it is added to the list of conditions, ensuring quality product.

The safety of Medical Cannabis vs the myriad of pharmaceuticals prescribed to these children is the difference of having a child who can converse, is happy. is eating more than one or 2 foods, and has a sense of control over their puzzling lives. Sensory stimulation is better tolerated and sleep is enhanced. The pharmaceutical side effects from the medications the children on the ASD take are debilitating. Long term liver and kidney damage, emotionally blah affect just to mention a few. I do not know of any parent who wishes this on their child.

Below are several articles and links, promoting real data on symptom reduction, with the use of Medical Cannabis. It includes the safety and efficacy of Cannabis use and autism.

https://www.nature.com/articles/s41598-018-37570-y?fbclid=IwAR1w-YSbVjIMatzwwFeLR3uOXG2Wvf-2iscyQAX2OFkTPF_EeQDw1epkRr4

http://www.integratedholisticcare.com/blog/category/autism Cannabis Nurse Janna Champagne's website.

Please support the addition of Autism Spectrum disorder to the approve list of conditions.

Gail Pederson, SPRN in Holistic Nursing, HN-BC
Be Well Healing Arts, pllc
Valley City, ND

#2
HB1519
P. 1

Craig Glen Nelson and me his mom and guardian Ardell Rae Stafne-Nelson at Medora three years ago. He attended the School of Promise in Bowman twice a week as a preschooler as it was just organized. Today they are working with kids as young as six months old. I fought teachers who taped the fingers on his dominant left hand to force him to write right-handed in grade school. I fought social workers when he was staying in Dickinson during the week so Badlands Human Services could evaluate him when I found him dark purple from above his penis to past his anus and the insides of his legs. He had been kicked in the slats numerous times to get that much damage.

He attended special education at Bowman, ND and stayed with a couple there which was good until they were divorced and then all hell broke loose. He was having all kinds of weird behaviors when he came home and could not figure out why. If someone when to the bathroom and didn't lock the door he would barge in and flush the toilet. She had him sitting on the toilet and was teaching him to masterbate and would flush the toilet. It was a programed behavior that we had to deal with until he was wheelchair bound. Social worker ignored my complaint.

The ARC lawsuit occurred, and he was the fist one in 23rd St. ABLE in Dickinson. Dickinson High School had some experience w[redacted]ng with Autistic kids but not the severe headbanging spectrum so sent him to Black Hills Special Service Co-op at Sturgis, SD as they were connected to a doctor who grew up in South Dakota and was involved with Autism Research at Harvard University. Craig returned to Grafton where he was trained to be a janitor at J. C. Penney. He rode his 3-wheel bike all over town with his primary caregiver. He has made hand puppets, packaged shims, delivered mail and supplies and a host of other jobs in his lifetime. No more!

There was an ISLA opening in Jamestown at ALPHA and he was accepted. He lived in his own apartment for 12 ½ years before returning to Grafton to a group home setting. His health continued to decline, and it started with his stumbling and soon he was in a wheelchair. The headbanging had caused stenosis (same as scar buildup) in the vertebrae in his neck, which was shutting off one body part at a time. He finally regressed to the point he had to move to Health Services Center 2nd Floor a more skilled caregiver setting at Life Skills and Transition Center.

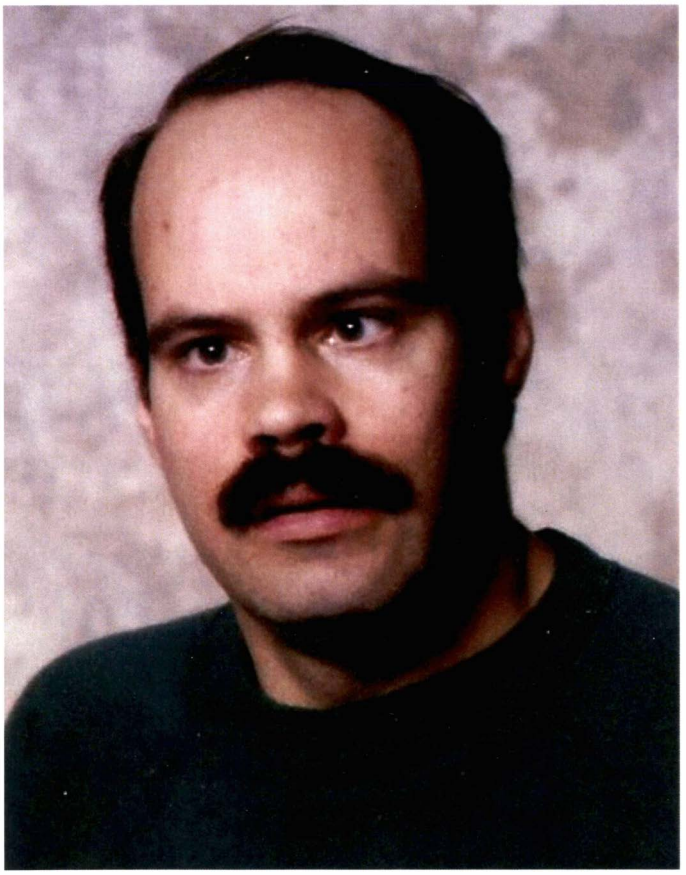
An Autistic child has many hurdles from an unaccepting parent and/or society because they are so different and out of control at times; school systems that have no experience with a severe autistic individual and social workers who don't find safe environments for them. The world can no longer pretend Autism is not in emergency treatment mode.

There is no help for my son Craig, who has deteriorated to the point he occasionally slaps the side of his face. His cognitive skills are slipping away. All the medical marijuana on earth cannot help him today. Yesteryear? Yes!!

If Medical Marijuana was available in his early life, I would not be watching him slowly die and/or hate the phone ringing to tell me he was in seizure mode one step closer to death. If the seizures and/or stenosis don't shut him down permanently before next month he will be 49 years old on February 11th

#2 HB 1519
1-23-19
P.2.

•BLESS them with your YES!



Craig Nelson, 48, Grafton (formerly Reeder)

Ronnie Johnson, 9, West Fargo

YES ON HB 1519

•Medical Cannabis for Autism

Paid for by Jack & Dorothy Orts, Ronnie's grandparents

#2 HB1519 1/23/17 P.3

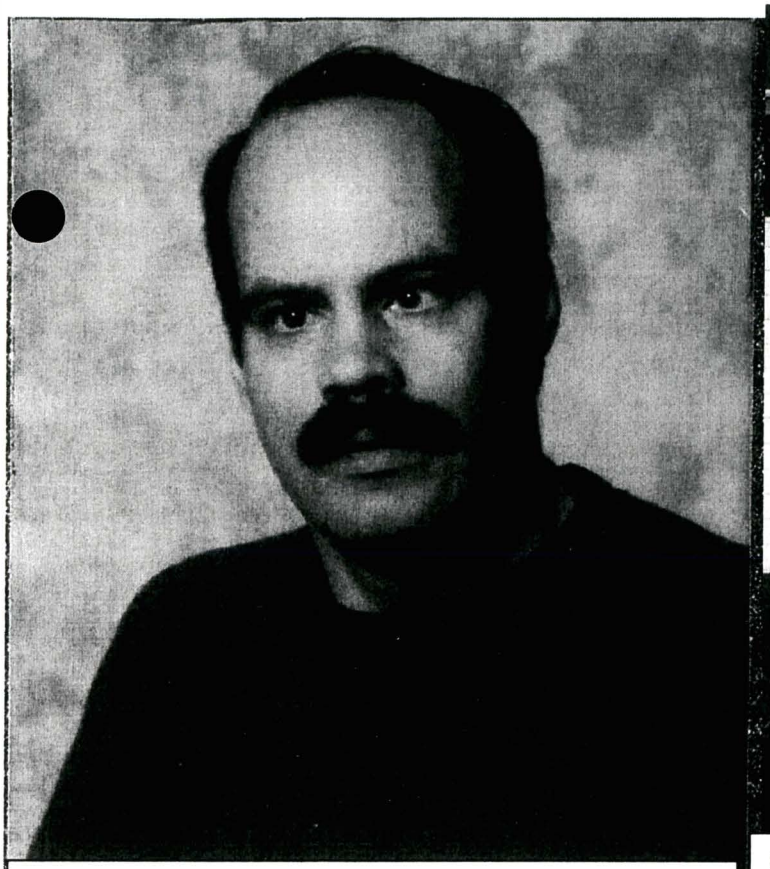
I saw Craig in June, 2014, knew me, interacted, and said "mama" and gave me hugs and kisses. August 2014 the story was different and I wrote this in my mind on the way home from Grafton and put it on paper to try and wrap myself around what happened. He no longer knows any of his family, but we know him and that is all that matters because we may be lost to him, but he is not lost to us. Ardell R. Nelson, mom and guardian, August 20, 2017.

MY DEAR SON, CAN WE MEET IN AGAIN??

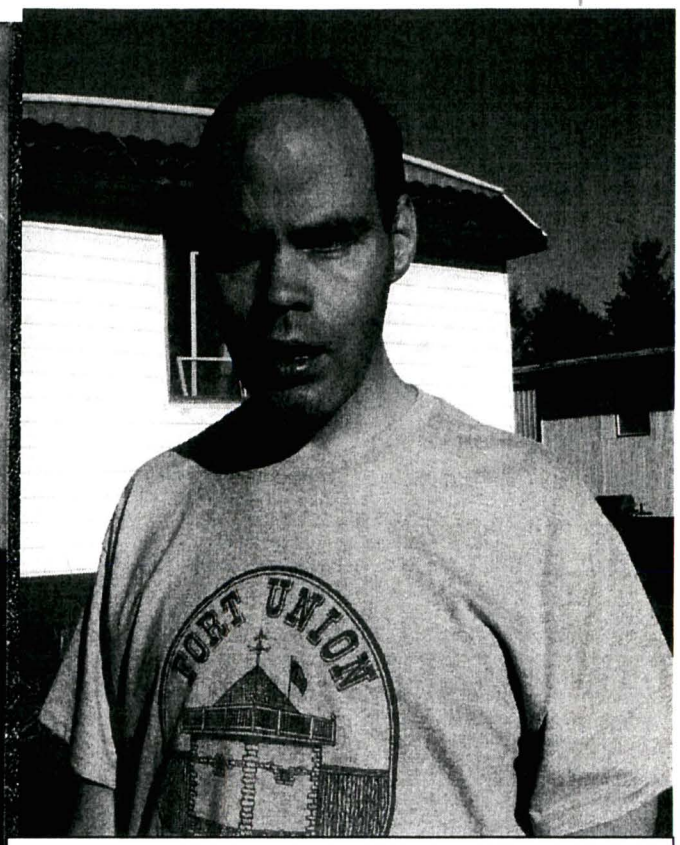
By Ardell Rae Stafne-Nelson

I looked at you my son, Craig and a
lifetime I could see; back at me your
Eyes were focused, but you were
Looking at a stranger – not me; All the
Hugs and kisses on my cheek you gave
Me at every visit is now only MY
Memory as your connection to me
Has slipped away. I remember
The young boy who never walked
But ran everywhere; all the challenges
We encountered together so your
Life could be the best it could
Possibly be. I so want it to be!!
Do you remember?? Are those
Memories locked in the memory
Vault of your mind?? Somewhere
Deep down do you know I am
Your mom or has that connection
Become elusive if you try to recall?
Or has it been eclipsed and is no longer
A part of your thought processes?
Have all the memories you and me
Used to share been replaced by
Your mind's acceptance of things
You can no longer do?? You can't
Walk; you can't stand; you enjoyed
All kinds of food which has now evolved
To pureed food so you don't choke
And being prompted to eat when
You slip back into your own private
World? How did this happen??
Why did this happen?? You are only
44. Like a thief in the night, in less
Than three years time, the "disease"
Stole bits and pieces of the physical
And mental special you. For the
Past four days I searched and searched
And tried to connect like we used
To do, but you looked at me as
Though I was a total stranger;
No hugs, no kiss on the cheek,
No smiling and greeting "Mom."
I see this all the time; family
Watch helplessly as a loved one
Slides into their private cocoon
Protected or imprisoned by the
Fragility of their body and mind.
I think I now understand how they
Feel, but no one can know unless
They can walk in their moccasins
For a day or more and still . . .
Understanding flits away!!!!!

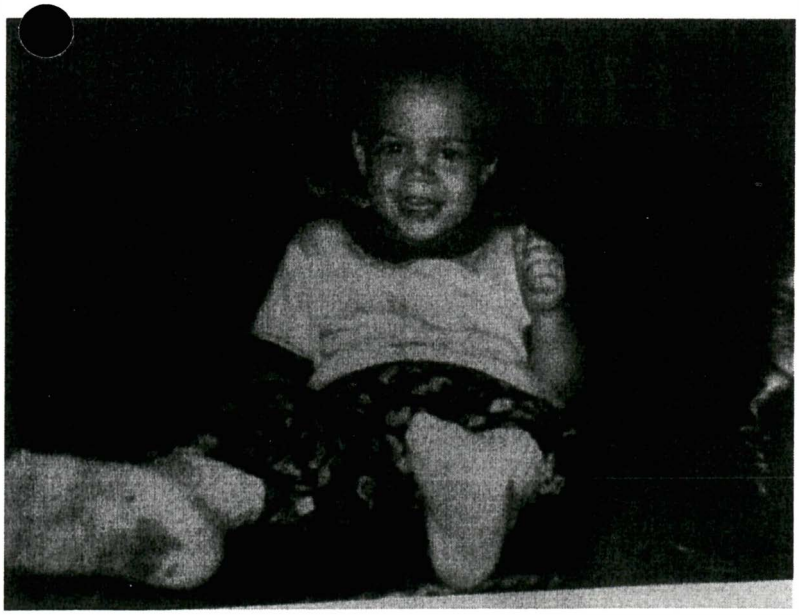
#2 HB 1519 1-23-19 p.4



Craig Glen Nelson, Age 23



Craig Glen Nelson September 2008. Note the head banging bruise on the forehead. Used to be the back of his head.



Craig Glen Nelson at the age of 18 months of age. He used to carry white Styrofoam cups around. Never walked until he was over four years old. Had a fear of water after having a rupture operation at 4 months. Had to set his bathtub onto the floor and slide his body down mine until he was in the bathtub. His fear was so strong he screamed so out of fear you could count every rib on his body the whole time he was in tub.

#3 HB1519
1-23-19
p. 1

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. 1519. I believe it should receive a DO PASS recommendation.

This bill is important for parents. Autism and its symptoms can be treated with cannabis. Several studies from Israel confirm this. Israel is the pioneer in cannabis research. News articles from Newsweek, USA today, Physiology Today and the Autism Support Network also support findings of the relief and improvement of several autistic symptoms and behaviors.

Children should receive the same if not more compassion then adults, in some instances children have very serious or terminal illnesses that require additional therapy that shouldn't be limited to pediatric standards when their physician confirms the need.

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

Sincerely,
Jody Vetter

#1 HB1519
2-6-19

19.0966.01002
Title.02000

Adopted by the Human Services Committee

February 6, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1519

Page 1, line 1, remove "for an Act to amend and reenact subsections 15, 38, and 40 of section 19-24.1-01,"

Page 1, replace lines 2 through 4 with "for an Act to amend and reenact subsection 15 of section 19-24.1-01 of the North Dakota Century Code, relating to debilitating medical conditions under the medical marijuana program; to provide for a legislative management study; and to declare an emergency."

Page 1, line 23, after the period insert: "Anorexia nervosa;

n. Bulimia nervosa;

o. Anxiety disorder;

p. Tourette syndrome;

q. Ehlers-Danlos syndrome;

r. Endometriosis;

s. Interstitial cystitis;

t. Neuropathy;

u. Opioid use disorder;

v. Opioid withdrawal;

w. Migraine;

x. Rheumatoid arthritis;

y. "

Page 1, line 24, replace "n." with "z."

Page 2, line 1, replace "o." with "aa."

Page 2, remove lines 11 through 19

Page 2, overstrike lines 20 through 25

Page 2, line 26, remove "usable marijuana which is not limited to pediatric medical marijuana."

Page 2, line 26 overstrike "A written"

Page 2, overstrike lines 27 through 30

Page 3, overstrike lines 1 through 6

Page 3, overstrike lines 7 through 10

Page 3, line 11, remove "authorized usable marijuana"

Page 3, line 11, overstrike "to treat or alleviate the debilitating medical"

Page 3, overstrike lines 12 through 22

Page 3, line 23, remove "authorized in a written certification,"

Page 3, line 23 overstrike "a dispensary or a dispensary agent is guilty of a"

Page 3, overstrike lines 24 through 30

Page 4, overstrike lines 1 through 6

Page 4, overstrike lines 7 and 8 and insert immediately thereafter

SECTION 2. LEGISLATIVE MANAGEMENT STUDY - MEDICAL MARIJUANA DEBILITATING MEDICAL CONDITIONS. During the 2019-20 interim, the legislative management shall consider studying the list of debilitating medical conditions under the medical marijuana program to determine the appropriateness of the list, including whether conditions should be added to or removed from the list. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement the recommendations, to the sixty-seventh legislative assembly.

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

Renumber accordingly

#2 HB 1519
2-6-19

19.0966.01001
Title.

Prepared by the Legislative Council staff for
Representative Weisz
February 5, 2019

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1519

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact subsections 2, 30, 38, and 40 of section 19-24.1-01 and sections 19-24.1-03, 19-24.1-11, and 19-24.1-21 of the North Dakota Century Code, relating to usable marijuana, the allowable amount of usable marijuana, and pediatric medical marijuana; and to declare an emergency.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 2 of section 19-24.1-01 of the North Dakota Century Code is amended and reenacted as follows:

2. "Allowable amount of usable marijuana" means the amount of usable marijuana a registered qualifying patient or registered designated caregiver may purchase in a thirty-day period under this chapter.

   a. Except as provided under subdivision b:

      (1) During a thirty-day period, a registered qualifying patient may not purchase or have purchased by a registered designated caregiver more than two and one-half ounces [70.87 grams] of dried leaves or flowers of the plant of genus cannabis in a combustible delivery form.

      (2) At any time a registered qualifying patient, or a registered designated caregiver on behalf of a registered qualifying patient, may not possess more than three ounces [85.05 grams] of dried leaves or flowers of the plant of the genus cannabis in a combustible delivery form.

   b. Notwithstanding subdivision a, if a registered qualifying patient has a registry identification card authorizing an enhanced allowable amount:

      (1) During a thirty-day period a registered qualifying patient may not purchase or have purchased by a registered designated caregiver more than six ounces [170.01 grams] of dried leaves or flowers of the plant of genus cannabis in a combustible delivery form.

      (2) At any time a registered qualifying patient, or a registered designated caregiver on behalf of a registered qualifying patient, may not possess more than seven and one-half ounces [212.62 grams] of dried leaves or flowers of the plant of the genus cannabis in a combustible delivery form.

   c. A registered qualifying patient may not purchase or have purchased by a registered designated caregiver more than the maximum concentration or amount of tetrahydrocannabinol permitted in a thirty-day period. The maximum concentration or amount of

tetrahydrocannabinol permitted in a thirty-day period for a cannabinoid concentrate or medical cannabinoid product, or the cumulative total of both, is two thousand milligrams.

SECTION 2. AMENDMENT. Subsection 30 of section 19-24.1-01 of the North Dakota Century Code is amended and reenacted as follows:

30. "Pediatric medical marijuana" means a medical marijuana product containing cannabidiol which may not contain a maximum concentration or amount of tetrahydrocannabinol of more than six percent, unless a health care provider expressly authorizes a concentration or amount of tetrahydrocannabinol in excess of six percent, not to exceed twelve percent.

SECTION 3. AMENDMENT. Subsection 38 of section 19-24.1-01 of the North Dakota Century Code is amended and reenacted as follows:

38. "Usable marijuana" means a medical marijuana product or the dried leaves or flowers of the plant of the genus cannabis in a combustible delivery form. However, the term does not include ~~the dried leaves or flowers unless authorized through a written certification and does not include~~ a cannabinoid edible product. In the case of a registered qualifying patient who is a minor, "usable marijuana" is limited to pediatric medical marijuana.

SECTION 4. AMENDMENT. Subsection 40 of section 19-24.1-01 of the North Dakota Century Code is amended and reenacted as follows:

40. "Written certification" means a form established by the department which is executed, dated, and signed by a health care provider within ninety calendar days of the date of application, stating that in the health care provider's professional opinion the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's debilitating medical condition. A health care provider may authorize ~~the use~~an enhanced amount of dried leaves or flowers of the plant of the genus cannabis in a combustible delivery form to treat or alleviate the patient's debilitating medical condition of cancer. A health care provider may expressly authorize a patient who is a minor to use pediatric medical marijuana with a concentration or amount of tetrahydrocannabinol in excess of six percent, not to exceed twelve percent. A written certification may not be made except in the course of a bona fide provider-patient relationship.

SECTION 5. AMENDMENT. Section 19-24.1-03 of the North Dakota Century Code is amended and reenacted as follows:

19-24.1-03. Qualifying patients - Registration.

1. A qualifying patient is not eligible to purchase, use, or possess usable marijuana under the medical marijuana program unless the qualifying patient has a valid registry identification card.

2. A qualifying patient application for a registry identification card is complete and eligible for review if an applicant submits to the department:

a. A nonrefundable annual application fee in the amount of fifty dollars, with a personal check or cashier's check payable to "North Dakota State Department of Health, Medical Marijuana Program".

b. An original written certification, which must include:

(1) The name, address, and telephone number of the practice location of the applicant's health care provider;

(2) The health care provider's North Dakota license number;

(3) The health care provider's medical or nursing specialty;

(4) The applicant's name and date of birth;

(5) The applicant's debilitating medical condition and the medical justification for the health care provider's certification of the patient's debilitating medical condition;

(6) Attestation the written certification is made in the course of a bona fide provider-patient relationship and that in the provider's professional opinion the applicant is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the applicant's debilitating medical condition;

(7) Whether the health care provider authorizes the patient to use an enhanced amount of the dried leaves or flowers of the plant of the genus cannabis in a combustible delivery form to treat or alleviate the patient's debilitating medical condition of cancer; ~~and~~

(8) If the patient is a minor, whether the health care provider authorizes the patient to use pediatric medical marijuana with a concentration or amount of tetrahydrocannabinol in excess of six percent, not to exceed twelve percent; and

(9) The health care provider's signature and the date.

c. An original qualifying patient application for a registry identification card form established by the department which must include all of the following:

(1) The applicant's name, address, and date of birth.

(2) The applicant's social security number.

(3) The name, address, and date of birth of the applicant's proposed designated caregiver, if any.

(4) A photographic copy of the applicant's North Dakota identification. The North Dakota identification must be available for inspection and verification upon request of the department. If the applicant is a minor, a certificated copy of a birth record is required.

(5) The applicant's or guardian's signature and the date, or in the case of a minor, the signature of the minor's parent or legal guardian with responsibility for health care decisions and the date.

d. A signed consent for release of medical information related to the applicant's debilitating medical condition, on a form provided by the department.

e. A recent two-by-two inch [5.08-by-5.08 centimeter] photograph of the applicant.

f. Any other information or material required by rule adopted under this chapter.

3. If the applicant is unable to submit the required application information due to age or medical condition, the individual responsible for making medical decisions for the applicant may submit the application on behalf of the applicant. The individual responsible for making medical decisions:

a. Must be identified on the qualifying patient application for a registry identification card; and

b. Shall provide a copy of the individual's North Dakota identification. The North Dakota identification must be available for inspection and verification upon the request of the department.

4. If the applicant is a minor, the department may waive the application or renewal fee if:

a. The parent or legal guardian of the applicant is the applicant's registered designated caregiver; and

b. The applicant resides with the applicant's registered designated caregiver.

SECTION 6. AMENDMENT. Section 19-24.1-11 of the North Dakota Century Code is amended and reenacted as follows:

19-24.1-11. Registry identification cards.

1. The contents of a registry identification card must include:

a. The name of the cardholder;

b. A designation as to whether the cardholder is a qualifying patient, designated caregiver, or compassion center agent;

c. A designation as to whether a qualifying patient is a minor and whether the minor is authorized to use pediatric medical marijuana with a concentration or an amount of tetrahydrocannabinol in excess of six percent, not to exceed twelve percent;

d. A designation as to whether a qualifying patient or a designated caregiver's qualifying patient is authorized to use ~~the~~an enhanced amount of dried leaves or flowers of the plant of the genus cannabis to treat or alleviate the patient's debilitating medical condition of cancer;

e. The date of issuance and expiration date;

f. A random ten-digit alphanumeric identification number containing at least four numbers and at least four letters which is unique to the cardholder;

g. If the cardholder is a designated caregiver, the random identification number of the qualifying patient the designated caregiver is authorized to assist;

h. A photograph of the cardholder; and

i. The phone number or website address at which the card can be verified.

2. Except as otherwise provided in this section or rule adopted under this chapter, a registry identification card expiration date must be one year after the date of issuance.

3. If a health care provider states in the written certification that the qualifying patient would benefit from the medical use of marijuana until a specified date, less than one year, the registry identification card expires on that date.

SECTION 7. AMENDMENT. Section 19-24.1-21 of the North Dakota Century Code is amended and reenacted as follows:

19-24.1-21. Compassion centers - Dispensing.

1. A compassion center shall comply with the dispensing requirements of this section.

2. Design and security features of usable marijuana containers must be in accordance with rules adopted under this chapter.

3. A manufacturing facility or agent of the manufacturing facility may not dispense marijuana or usable marijuana, except the manufacturing facility or agent may sell usable marijuana to a dispensary.

4. A dispensary or agent of the dispensary may not dispense usable marijuana unless the dispensary first uses the verification system to confirm the registered qualifying patient or registered designated caregiver identification card is valid. A dispensary or agent of the dispensary:

   a. May not dispense usable marijuana to a person other than a registered qualifying patient or a registered qualifying patient's registered designated caregiver. If a registered qualifying patient is a minor:

      (1) The dispensary or agent of the dispensary may not dispense usable marijuana to a minor; and

      (2) The usable marijuana dispensed to the minor's designated caregiver must be in the form of pediatric medical marijuana, which may not exceed a concentration or an amount of tetrahydrocannabinol in excess of six percent, unless the identification card expressly authorizes a concentration or an amount in excess of six percent, not to exceed twelve percent.

   b. May not dispense to a registered qualifying patient or registered designated caregiver more than the allowable amount of usable marijuana and may not dispense an amount if it is known that amount

would cause the recipient to purchase or possess more usable marijuana than is permitted under this chapter.

~~c.~~ ~~May not dispense to a registered qualifying patient or registered designated caregiver the dried leaves or flowers of the plant of the genus cannabis in a combustible delivery form unless the registry identification card and verification system authorize this form of usable marijuana.~~

SECTION 8. EMERGENCY. This Act is declared to be an emergency measure."

Renumber accordingly

John Fischer
909 Harwood Dr. S
Fargo, ND

3/3/2019

Judy Lee, Chair Senate Human Services Committee

RE: HB 1519 added medical conditions
HB 1417 enhanced amount
HB 1283 adding Physician's assistant
HB 1364 edibles added

Dear Judy and committee members:

My son, Michael, tested as genius scoring the highest score on 9 out of 10 categories since the test originated at the Mayo Clinic Rochester in 1976...He has an Eidetic memory having 100% detailed memory of nearly everything his entire life as if he was watch it happen. My gifted son needs your help.

Michael suffers from Auto immune disease without a name as it is more encompassing than Lupus and Bergers, it has destroyed his vascular system, creating incredible vascular pain, he has ulcerative Collitus (UC), creating substantial hospitalized pain, and a degenerative bone/joint infection from a surgery in Fargo at Sanford which has eaten all soft tissue in his shoulders meaning both shoulder joints are bone on bone everywhere and all of the time. Because of the infection, his Mayo Drs. will not fuse his shoulder as it may come alive and kill him. So, he is not a surgical candidate to stop this 10 out of 10 pain bone on bone pain in his shoulders. It is like having shoulders out of joint being moved constantly. He has diabetes as a result of having been on Prednisone at high doses for extended periods.

Michael has been treating pain from his conditions with Opiates/Opioids taking high pain clinic approved outpatient doses that will kill most people. Regulations have come that make it so His Drs. are not allowed to given him the doses he needs for pain and are being forced to reduce his opiate/opioid medications by ½ in response to the epidemic that both political parties feel the way to help it is to control supply of those who actually get it legally. The problem is the regulations do not allow for the Drs. to consider the magnitude of his pain nor number of conditions giving a combined impact of pain. Michael needs to have ND law allow for opioid/opiate replacement as a justification approved by law for Medical Marijuana/Cannabis. He is able to reduce his opioid/opiate level needed when he has medical Marijuana. The current HB1519 passed has opioid use disorder, and opioid withdrawal but not opioid replacement. I am pretty sure this hits a homerun with those who would like to have a lower amount of opiates/opioids prescribed or needed legally-as with my son, it certainly will. With his Opioid/opiate medication being cut in ½ what is Michael supposed to do, commit suicide? How can anyone live with this level of pain? You should use the term Opiate as well as Opioid not just Opioid so that it includes non-synthetic derived Opiates derived from the poppy seed, morphine, and codeine.

How can he live in ND without these changes? The unfortunate thing about my son's condition as they progress-soon he will need physical help. I can't move to Colorado because of the business I operate in Fargo, but he will need my help. How can this work with the current law leaving him out?

Michael also asked that the level of THC not be regulated. It is going to have unintended consequences he feels of what the plant can actually treat and how effective it is.

He has severe arthritis which is not rheumatoid in his shoulders and doesn't have enough bone left in his shoulders to allow for a fusing of the shoulders to stope the pain so he is asking you include regular arthritis be in covered conditions not just rheumatoid.

I am not certain if the current or proposed bills limit what part of the plant that can be used, but it should not be limited. Most of the strains available that help my son are not derived from the current MN version of the law which limits use to oils and concentrates. 95% of the strains helping my son according to medical dispensaries in Colorado I have spoken to come from the flower and the whole plant. 5% come from the oils and the concentrates. If it was just them saying it and not me seeing the difference Colorado versions of marijuana make in my son's ability to cope with pain as compared to the weak law versions in MN.. would be pretty skeptical. The same goes for having strains from Colorado with opiates/opioids cared to only opiates/opioids. I have firsthand witnessed my son's life change. He wants to open a framing business. Medical MJ if expand to include the following will help my son stay where I can help him eventually physically:

- vascular pain
- reduce his opioid/opiate level needed
- Not a surgical candidate for joint replacement or other surgery
- **Ulcerative Colitis**
- Arthritis which is not rheumatoid
- Diabetes
- degenerative bone/joint infection
- Diabetic Neuropathy. (to make sure this is included.
- Opiate or Opioid both terms should be used as Opioids refer generally to synthetics and Opiates are more of the naturally produced drugs like Morphine.
- Whole plant/whole flower Please do not limit what part of plant that can be used as 95% of the strains helping my son according to Medical dispensaries in Colorado I have spoken to come from the flower and the whole plant. 5% come from the oils and the concentrates.
- level of THC not be regulated avoiding unintended consequences to the positive impact

Thank you for your time to consider my Son, Michael and just how important this is for him.

Sincerely,

John Fischer--Fargo

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Craig Glen Nelson and me his mom and guardian Ardell Rae Stafne-Nelson at Medora three years ago. He attended the School of Promise in Bowman twice a week as a preschooler as it was just organized. Today they are working with kids as young as six months old. I fought teachers who taped the fingers on his dominant left hand to force him to write right-handed in grade school. I fought social workers when he was staying in Dickinson during the week so Badlands Human Services could evaluate him when I found him dark purple from above his penis to past his anus and the insides of his legs. He had been kicked in the slats numerous times to get that much damage.

He attended special education at Bowman, ND and stayed with a couple there which was good until they were divorced and then all hell broke loose. He was having all kinds of weird behaviors when he came home and could not figure out why. If someone when to the bathroom and didn't lock the door he would barge in and flush the toilet. She had him sitting on the toilet and was teaching him to masterbate and would flush the toilet. It was a programed behavior that we had to deal with until he was wheelchair bound. Social worker ignored my complaint.

The ARC lawsuit occurred, and he was the fist one in 23rd St. ABLE in Dickinson. Dickinson High School had some experience working with Autistic kids but not the severe headbanging spectrum so sent him to Black Hills Special Service Co-op at Sturgis, SD as they were connected to a doctor who grew up in South Dakota and was involved with Autism Research at Harvard University. Craig returned to Grafton where he was trained to be a janitor at J. C. Penney. He rode his 3-wheel bike all over town with his primary caregiver. He has made hand puppets, packaged shims, delivered mail and supplies and a host of other jobs in his lifetime. No more!

There was an ISLA opening in Jamestown at ALPHA and he was accepted. He lived in his own apartment for 12 ½ years before returning to Grafton to a group home setting. His health continued to decline, and it started with his stumbling and soon he was in a wheelchair. The headbanging had caused stenosis (same as scar buildup) in the vertebrae in his neck, which was shutting off one body part at a time. He finally regressed to the point he had to move to Health Services Center 2nd Floor a more skilled caregiver setting at Life Skills and Transition Center.

An Autistic child has many hurdles from an unaccepting parent and/or society because they are so different and out of control at times; school systems that

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have no experience with a severe autistic individual and social workers who don't find safe environments for them. The world can no longer pretend Autism is not in emergency treatment mode.

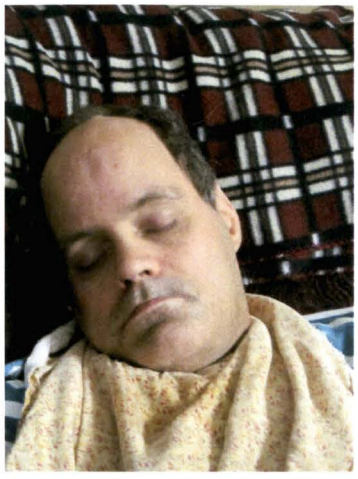
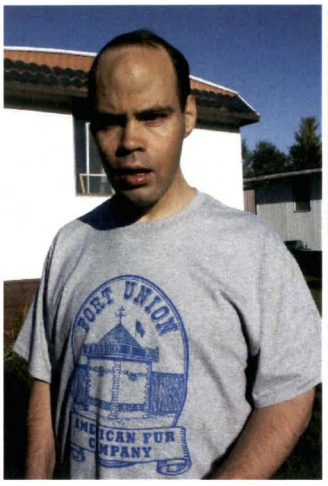
There is no help for my son Craig, who has deteriorated to the point he occasionally slaps the side of his face. His cognitive skills are slipping away. All the medical marijuana on earth cannot help him today. Yesteryear? Yes!! If Medical Marijuana was available in his early life, I would not be watching him slowly die and/or hate the phone ringing to tell me he was in seizure mode one step closer to death. If the seizures and/or stenosis don't shut him down permanently before next month he will be 49 years old on February 11th

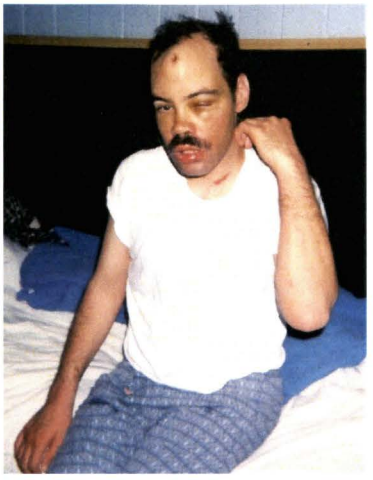
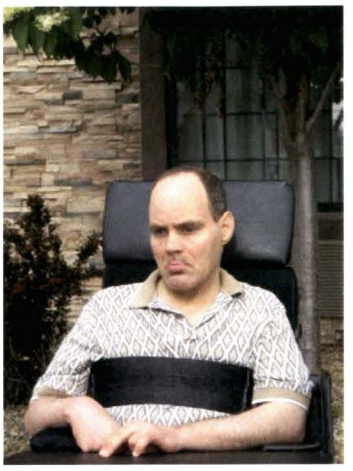
THE DECLINING LIFE OF A SEVERE AUTISTIC CRAIG GLEN NELSON
WHO LACKS THE NATURAL CANNABINOIDS FOUND IN MEDICAL MARIJUANA

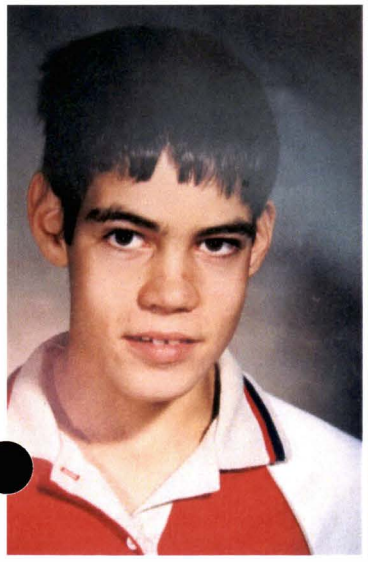
Row 1: Craig today 49 years old; The lumps on head and face from slapping and beating his head against walls, floors, anything available wen a Autism rage rears its ugly head for 49 years; Result of self-enduced Autism Traumatic Brain Injury June 2018.

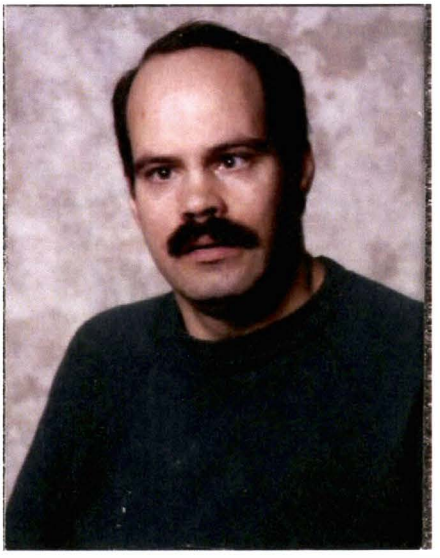
Row 2: Craig at the Depot in Williston; Craig and I, his mom, Ardell R. Stafne-Nelson at Medora 3 yrs ago for family vacation.

Row 3: Craig at 9 years of age, same age as Ronnie Johnson at HB 1519 Hearing; Craig at 18 months; Craig at 24 years of age.



Dear Committee members,

Many of you may recognize that I am physIcian who has raised a family with my wife Carolyn here in Bismarck. I regret that I am unable to break away from my clinical radiology practice duties to testify today. I am grateful to my friend Terry Kemmet of Steele for reading this on my behalf. Carolyn and I are parents of a child with autism named Riley. In our journey with him over the last 12 years since a formal diagnosis, we have worked in a wholistic manner to help him and other children in our state. Carolyn was part of the Autism Task Force under the Hoeven and Darlymple administrations.

My advocacy from within science and medicine for the last decade has been for the understanding of the biomedical needs of children with neurological disorders. This includes the needs of anoxic brain injured children such as Eden Carlson who's seemingly miraculous recovery from a semi-vegetative state was aided by simple hyperbaric air therapy. This was an international medical news story in July of 2017 that I published with Dr. Paul Harch at LSU in New Orleans.

We have a growing national crisis in neurological disorders across the age spectrum which is multifaceted. Our physicians in North Dakota have a great challenge in keeping up with the pace of discovery in so many evolving fields and care paradigms for injured brains. From around the world, my international colleagues in medicine have begun to show the rest of the professional ranks of physicians how important access to medical cannabinoids are for an additional tool in the armamentarium of brain healing. Just last week, January 17th, 2019, saw the publication of a safety and efficacy study of cannabis in Nature which is one of the world's most prestigious scientific journals. In the study of 93 Israeli children, only 8 failed to improve in autism symptoms while taking medical cannabis.

There are promising reports of other neurological disorders being helped by cannabis, this is beyond the usual pediatric and or young adult seizure disorders. A clinical colleague and personal friend of mine in Colorado, Dr. John Hughes has combination protocol for cannabis with hyperbaric oxygen therapy that is helpful for Alzheimers. Just last week Dr. Paul Harch of LSU and I published a case report showing the use of hyperbaric oxygen alone can reverse Alzheimers associated abnormalities in functional brain imaging studies such as PET. As imaging evidence mounts on the credibility of multi-modality combinations of cannabinoids and hyperbaric oxygen therapy having positive effects on the brain through functional imaging, we may see more of our citizens leaving the state for these combined approaches. If there is great difficulty for our state's physicians to employ medical cannabis in our patients, we lose economic activity to less well-regulated states.

In Michigan, another colleague named Christian Bogner, MD has left establishment obstetrics to help children with autism via hyperbarics and cannabinoids. Carolyn and I may take our son to the Detroit area to have access to what I see and understand as the best combination of therapeutic approaches for a previously 'untreatable' syndrome. There are North Dakotans who are in government and on various committees or cabinet spots over the years who have travelled to other jurisdictions for access to cannabinoids. As a physician, I have little doubt that these medicinal compounds are extremely important and should be accessible for all of us, so long as the medical licensure of physicians in the great state of North Dakota is respected. The practice of medicine is a privilege and art that should not be restricted too greatly by the state resulting in our physicians being impeded in using their clinical acumen to try various versions and strengths of medical cannabis compounds. I am in favor of this bill as it appears to

To the Committee members:

I have learned a lot since I spoke to Health and Humans services committee 2 years ago. Now, as a nurse holding a Certificate of Completion in Cannabis Nursing and a member of the American Cannabis Nurses Association, I am better able to support people in their quest for relief using Cannabis. Please, let's refer to it by its proper name, Cannabis.....I do think all our wording in legislation should be changed to reflect this, not the slang name used throughout our Century Code.

Pediatric use and routes, especially in the use of Autism Spectrum disorder (ASD) have recently yielded significant study and acceptance, as an approved therapy. These children do not fit the norms for dosing or routes and I do feel the restricted THC level and route for pediatrics is not based on the solid knowledge. Whole plant access is necessary for the full "Entourage Effect" in ASD. While CBD is the main component of treatement, the need to have a portion of the preparation as THC is necessary. While THC is a perfect fit for the endocannabinoid system, CBD does not. It is an "Antagonist" to the THC's "agonist" effect. There is minimal "high" under these circumstances. The parts of the plant cannot be separated out and provide the same therapeutic effect. This "Whole Plant Access" should be a standard for our century code, removing the restrictions from whole plant use. What it all comes down to is the ability of a parent to choose the best treatment for their child.

I also want to make the distinction between CBD preparations made from hemp vs medical grade cannabis. Purity of product can be a factor for those with ASD. So it is imperative that it is added to the list of conditions, ensuring quality product. The THC levels of 6%, as it is set currently may be insufficient to help with behaviors. You are setting up these patients to fail without the removal of this restriction. Vaporization, which is NOT smoking allows immediate relief. Necessary to prevent harm in many cases.

The safety of Medical Cannabis vs the myriad of pharmaceuticals prescribed to these children is the difference of having a child who can converse, is happy. is eating more than one or 2 foods, and has a sense of control over their puzzling lives. Sensory stimulation is better tolerated and sleep is enhanced. The pharmaceutical side effects from the medications the children on the ASD take are debilitating. Long term liver and kidney damage, emotionally blah affect just to mention a few. I do not know of any parent who wishes this on their child.

Below are several articles and links, promoting real data on symptom reduction, with the use of Medical Cannabis. It includes the safety and efficacy of Cannabis use and autism.

https://www.nature.com/articles/s41598-018-37570-y?fbclid=IwAR1w-YSbVjIMatzwwFeLR3uOXG2Wvf-2iscyQAX2OFkTPF_EeQDw1epkRr4

http://www.integratedholisticcare.com/blog/category/autism Cannabis Nurse Janna Champagne's website.

Please support the addition of Autism Spectrum disorder to the approve list of conditions. Also I ask that THC levels for pediatrics be removed and routes availbale to prevent injury of themselves and others.

Gail Pederson, SPRN in Holistic Nursing, HN-BC
Be Well Healing Arts, pllc
Valley City, ND

bewellhealingarts@gmail.com

Dear Senators,

I am the mother of a 5 year old boy with non verbal Autism.

A year ago our son experienced a psychotropic episode at the age of 4. He stopped eating, drinking, and began throwing himself onto the floor and banging his head for an hour at a time. There was a time in between getting therapeutic intervention and the flare of this behavior that he was recommended psychotropic drugs. I do believe there is a time and a place for meds. But for a 4 year old boy? We would have definitely considered medical cannabis had it been available to us. We believe it would've calmed his nervous system as well as increased his appetite.
His food intake was so restrictive that multiple doctors were talking about the potential of a feeding tube. At this time, he was down to 2-5 foods that he lived on.

He is currently expressing harmful behaviors towards himself and others. It is nearly impossible to redirect and discipline our son. We try daily. But parenting someone whose brain is very different is an unimaginable challenge. As he grows and is bigger than me, I fear the harm it may cause to himself, me, family members and peers.

If and when we need to medicate him, I would like to be able to try medical marijuana as a safe option to treat my child. My personal research indicates that it can be highly effective with fewer possible side effects than psychotropic pharmaceuticals. Please give HB 1519 a do pass recommendation.

District 16
Christina McNeal

I am the constituent who asked Rep. Koppelman to introduce HB 1519. Ronnie, 9, is the second of my 6 children. He cannot speak, bolts away from me in public at the drop of a hat and has become physically aggressive, especially with me.

We moved to West Fargo after a 7-year stint in Williston. While in Williston Ronnie developed severe insomnia, to the point that I would have to drive him around for 3 to 5 hours to get him to sleep, even when he was on a sleeping medication.

When we left our rental in Williston we spent $5,000 to repair the damage Ronnie did to sheetrock, carpet and countertops. I am honored to be his mother, but obviously want better behaviors for him.

Ronnie is currently on Prozac. It does slightly curb his anxiety, but not to the point where he lives a happy life.

Please know that all over the nation, autistic patients are being treated with appropriate THC to CBD ratios so they don't get high. That is not a parent's goal.

If medical cannabis does not become available to Ronnie, we have no idea where we will be in the next few years.

Additionally, i wish to address the concern that some may have concerning caregivers taking a patient's cannabis and using it recreationally. Yesterday i called the West Fargo Police Department and asked what the going street price for cannabis is. Street marijuana goes for $200 an oz. The only dispensary in the state is selling medical cannabis for $400 an oz. I do not believe that individuals seeking recreational cannabis will choose to "overpay". The great trouble one must go through to obtain a medical marijuana card also discourages such misuse.

Please issue a do pass recommendation to HB 1519.

Alexa Johnson
701.793.7450
1827 12 St. E.
West Fargo, ND 58078
johnsonfargo@gmail.com

My son Logan (8) has been a medicinal cannabis patient in California for his autism for the last year and a half. In that time, he has had enormous gains in communication, cognition, comprehension, emotional maturity, and education.

Prior to whole plant cannabis therapy Logan would get overwhelmed, unable to communicate what the problem was and attack anyone and everyone around him, including himself. Treatment with THC and THCA have given him the ability to verbalize "Excuse me! I'm having problems with my sensory processing, can someone help me?", which is simply unheard of with any other autism treatment. CBD has not always been an option for him due to the activation it can cause in the autistic population. In fact, it's only in the last 2-3 months that he been able to tolerate any CBD at all in addition to his regular doses of THC cannabis infused oils.

Logan has had considerably fewer meltdowns and the ones he does have are less intense since starting cannabinoid therapy. Cannabis therapy has given him the ability to interact with peers with much lessened social awkwardness. Many autistic children seem to live in their own little world, but cannabis has brought him into my world and me into his. He is reading at above grade level now and rarely struggles with defiance of non-preferred activities, which used to be a major issue.

This beautiful plant has given me my son back and I could not be any more grateful or humbled by our journey. I implore you to add autism as a qualifying condition in your state's medicinal cannabis program. Our children go through so much, cannabis has and will continue to improve the quality of life for our most vulnerable kids and adults.

Feel free to contact me if you have any questions.

Sarah McKay
909-654-4208
Sarahmckay22184@gmail.com

Testimony of the Moeller Family of California

I am writing in support of adding autism as a qualifying condition. My daughter (8 years old) has been using medical cannabis (THC, THCa, CBD and CBDa) since Jan 2016. We reside in California and have had access to amazing doctors that provide recommendations for any condition they deem necessary. Luckily for us, autism is a condition that many cannabis doctors in California will provide recommendations for.

My daughter was diagnosed with mild to moderate autism when she was 3 years old. She has been in a myriad of therapies including behavioral, speech, occupations, physical and equine. She was making slow progress, but progress nonetheless, until she began to get aggressive. Like many children with autism, my daughter began to spit at, scream at, kick, slap, and push other children, therapists and teachers. When she was 3 years old, my daughter was kicked out of preschool on the first day. I found another preschool that was willing to work with her and her team of therapists, but I also had to hire a personal aide (out of pocket) to attend the school with her as well, for her safety and for the safety of others.

At about 5 years old, I was seeing such little progress in her therapies, that I began to realize I had to leave my career. I did this, knowing my child needed more and not really knowing what that "more" was. I began to research different biomedical treatments and the one "treatment" that caught my eye was cannabis. We jumped in feet first, not knowing really anything about cannabis (I had never used it in my life). What I saw when we got the right dose/ratio of cannabinoids was amazing and absolutely life changing for us. My daughter was a different child. She was calm, no longer aggressive, able to focus and speaking more clearly than she ever had before. I still recall seeing this evolution, and just crying happy tears, almost daily, for weeks. Everyone noticed the change, though they had no clue what we were doing. Teachers, aides, and family members saw what I saw. It was like a fog had lifted from her mind and my daughter was for the first time, actually mentally present with us.

Two years later, my daughter is thriving. Because she is able to now focus on her therapies, she has graduated from 3 or her therapies. Before cannabis, my daughter was speaking in 1-3 word phrases. Now we have conversations about princesses, her classmates, what she wants to wear tomorrow. She is doing so well in school and continues to win awards and prizes for being a good student and a good citizen. They are currently considering placing her in general education full time.

I don't know what the future holds for my daughter, but what cannabis gave us was hope. When my daughter was first diagnosed, all the dreams I had for my daughter disappeared. I had no clue if she would be able to speak, if she would be able to function in society, if she would be able to get a job or if she would have a relationship. But for the first time since her diagnosis, when we started using cannabis, the hope that she will be able to someday live a happy, independent life came back. Adding autism as a qualifying condition means other parents will have that same hope too. And isn't that what we all want as parents? To look at our children and see the possibilities, whether it's graduating from high school and college or watching them walk down the aisle on their wedding day. And maybe that won't all happen, but we have hope that maybe it will. Without hope, this whole "autism mom" gig was hard. Now, I don't see autism anymore. I see possibilities.

Thank you for your time and for your consideration,

Rhonda Moeller

To Whom It May Concern:

We found out Mikey was on the Spectrum when he was 2 years old. We started to see him regress. He lost his language, his eye contact, his self-control, his ability to follow directions, to focus, to control his emotions. He began to scream constantly and throw tantrums that were destructive. His behaviors were such that we could no longer take him out to the simplest places for fear of a full-on meltdown. We couldn't take him to the park because we were terrified he would run away or run into the street. We couldn't leave his windows open at night to feel the fresh breeze, for fear that he would climb out of it in the middle of the night. He wasn't sleeping well and wasn't eating well. He hit, bit, and scratched us when he was angry. He would bang his head against his wall and go into meltdown mode when he didn't want to go to bed. He was so energetic that he had to constantly move. He eventually became completely nonverbal. He started school at 3 years old and exhibited similar behaviors in the classroom. He gets the usual therapies daily in school, but he continued to behave similarly.

At 3 years old, we started treating the symptoms of his Autism with CBD. First in a cream, and gummies. We saw mild, but very noticeable changes in his mood and behavior. He started eating and sleeping. He was able to focus for short periods of time. His anger started to subside. He was following simple directions better. He was starting to use sign language to communicate.

We then took his treatment to the next level, going through legal channels in our state of Florida, and getting him a Medical Cannabis Card. The physician prescribed whole plant CBD made from Cannabis, to be given sublingually. More drastic changes came. He was starting to verbalize the words he knew in sign language. He was sleeping well, no more tantrums. He was happy and helpful and followed more complex directions. Eye contact was great. He said Mama for the first time! He was asking for things he wanted and needed, and was stringing a few words together in sign language.

After much debate, and going back and forth with our physician, we then added RSO to his treatment with the CBD, again whole plant extracts sublingually. Here is where we experienced the most change. He can sit still for long periods of time. He is trying to say EVERYTHING! He knows his alphabet and can count to 20, written and verbally. He is happy, and loving. He always makes eye contact. He understands emotions. He is writing 3-5 letter words. He's verbalizing and speaking in 3 word sentences, "no thank you Mama" or "don't cry Mama". He understands that mom, dad, and Mikey are a family. He loves reading his bedtime stories and doing kindergarten work in his workbooks. He isn't angry or frustrated anymore. He's improved in 6/8 categories that his teacher tracks daily. He rides his bike, and plays with other children. He says "mama tickle me". HE IS ABLE TO BE HIS BEST SELF WITH HIS MEDICATION. He has had treatment for 1 year, and is now 4 years old, almost 5.

Cannabis has been his best medicine, the medicine that lets Mikey shine through the symptoms of ASD. My son is not the sum of the symptoms that characterize Autism Spectrum Disorder. My son is a strong, beautiful, intelligent little soul who has been able to be himself through Cannabis therapy.

I know most of the information parents report is considered anecdotal. If anyone has ever been in a household where a child with ASD has made even the slightest improvement, you would realize our information is front line information, far from anecdotal. We know our children better than anyone, and we will do whatever it takes to improve their lives. We don't get many chances to be on the right side of history, this is one of those times where I urge you to consciously choose the right side. Please add Autism to your medical marijuana program.

Thank you for your time,
Keri Crittenden
Mikey's mom, and Florida State Representative for cannabisforchildren.org

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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 1519

- I amongst others reached out to respected and recognized experts (Doctors and Industry Leaders) that have provided verifiable evidence to support the addiction of these conditions and can make available for committee members if not already available from what was submitted to the House Human Services committee.
- The addition of Autism Spectrum Disorder and other new conditions is the right direction for the state's Medical Marijuana program.

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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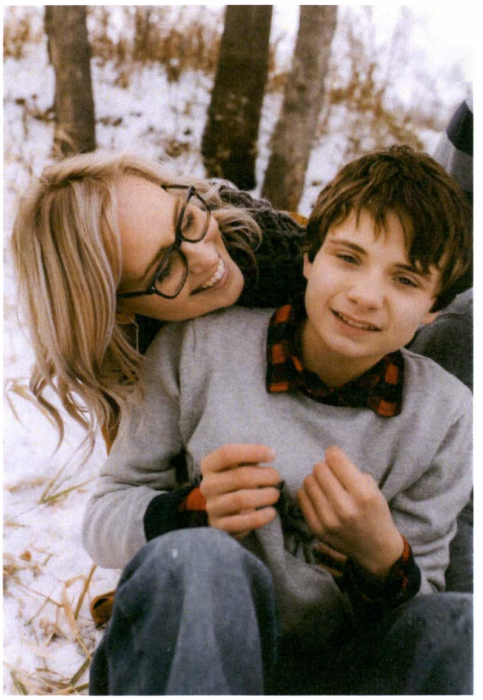
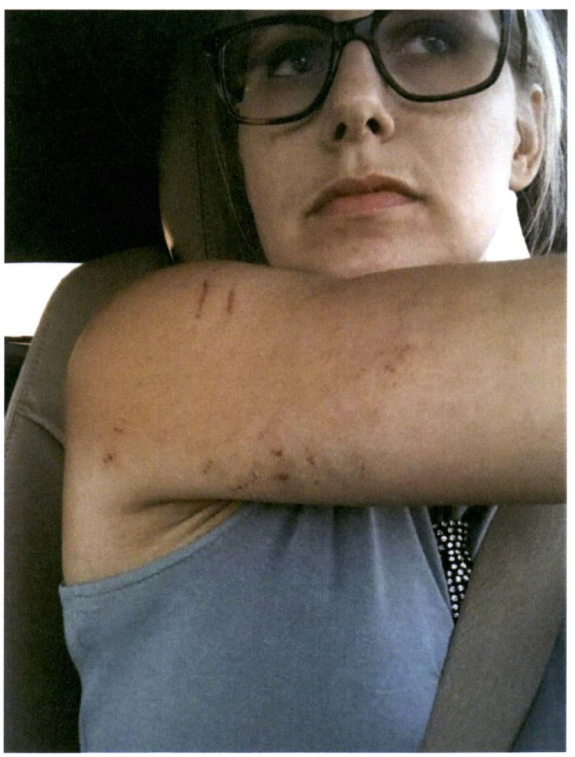


Cabezas twins



Moms arm after an autistic meltdown

January 22, 2019

My name is Jennifer and I'd like to share our family's personal experience with my twin sons and their diagnosis of Autism Spectrum Disorder at age 3. I am praying that the diagnosis of Autism Spectrum Disorder be added to the list of qualifying conditions for the ND Medical Cannabis Program.

My boys, Ethan and Shelby, love to go swimming, play basketball, go running, and they can build some amazing Lego creations. They are very loving and affectionate boys. One of my boys can put together 2+ puzzles of 1000 pieces, mixed together, without looking at the pictures, and he can build them in order from left to right, as if you were just reading a book. They see the world in a way I wish we could all see the world. Their brains are different in an amazing and complex way.

Ethan and Shelby were diagnosed with non-verbal Autism relatively early on after having regressed from development where they used to look at me in the eye, say words spontaneously, and mimic their peers and me just like any small child would. When they stopped doing those things, our life became much harder. Aside from the devastating newness of having your child look away from you, stop reaching out to you for comfort – or, even pushing you away when they are hurt as you try and comfort them which is heartbreaking enough, a host of more new issues followed. My boys ceased to talk. My boys became aggressive towards themselves. They would throw themselves on the floor and pound their head into it. They would bang their head into walls and use their fists to punch themselves. Hearing your child's head smack into the floor in any case is awful, and knowing that they are doing it compulsively and to solve an issue inside of them you can't understand and they can't tell you is defeating. Running to them as fast as I could was not fast enough to stop them from hurting themselves, and inevitably their heads would be red, swollen, bruised. So many years of self-abusive behavior causes issues that are lasting, inside and outside.

My boys are now 15 years old. In the last 12 years, we have suffered through self-abuse and also aggression towards others. It's not uncommon for me to go to work with bruises to my arms. These events come often out of surprise. These acts of aggression are felt from the special school my boys attend, our home, caregivers that come to help me with them, and extended family. Taking them out into the community can cause their senses to be so overwhelmed that aggressive behavior is triggered or a meltdown ensues which is their only way to handle things. There have been days where the school

will tell me that my son had over 300 acts of aggression in a 6-hour period. I have lost count with acts of aggression towards me at 120 in an hour, some days.

One of my boys has lost the ability to spontaneously walk, feed himself, dress himself, and play with even preferred toys on his own. The other is so thin because he can't stop moving around anxiously that he is in the 5th percentile for weight in his age range, no matter how much I try and feed him. There are days it is hard to get him to eat. Both boys need to take time out of their educational time in school to have sensory breaks because they can't focus. One of my boys doesn't sleep: he could go to sleep at 10 pm only to wake up at 2:30 a.m. and be awake for the rest of the day. There is no medicine that will assist with all of these issues, and of the ones that *could* help – well, those medicines also come at a very expensive price tag. I'm not even talking literal price tag; I'm talking about the price you pay as a parent that by giving your child one medicine that may or may not help them, you are giving them one with serious side effects like involuntary movements which may never, ever go away their entire life like cardiac arrhythmias, seizures, unhealthy weight gain, glycemic abnormalities which could lead to diabetes and, to add insult to injury: making my sons grow breasts. Can you even fathom such a decision? I think it's easy to blindly say what you'd do, but if you could just take a minute to picture in your mind and hearts one person you dearly love, who you would put yourself in front of a train for, and then picture putting in their mouth a medicine you suspect will cause them harm based on the side effects clearly listed – that even if you decided to stop the medicine later you could never reverse those side effects, could you? Or would you choose to just be the one who receives the hitting, punching, scratching, pinching and head butting? It's a rock and hard place type of decision nobody should be forced to have as sole choices. There are not many medical options for my boys that wouldn't bring very serious side effects, and of those options we have tried them or are currently trying them with only bare progress.

As a single mom to my boys and because of their intensive needs, I depend on much help from caregivers, which means that my time spent managing my caregivers is time taken away from my family and my job. I am not able to work full time hours because of my boys' needs, and I am not able to seek jobs with increased pay and benefits that I am qualified for because of the demands of those jobs. We are not able to participate in our communities the way we would like because we have to carefully weigh the pros and cons of venturing out while not knowing what kind of events will trigger a negative response for boys. We cannot go out into the community without extra assistance at times. With the rate of Autism as high as

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it is, it is likely this can and will happen to someone you love or care about or already has. Autism doesn't discriminate in any way; this could happen to you.

I want to be able to protect my boys and help them be as independent as they can be for the betterment of their lives and that of their community as they age into adulthood. I want them to be able to live with minimal supports and have a job that fulfills them, participate in sports they are passionate about, and have friends. To do this, we have to be able to help them remain calm and focused so they can learn those skills. At the rate my boys are progressing, this outlook seems grim and it breaks my heart. I don't want my boys to be a burden to anyone; they are truly a blessing and see the world in a curious and wholesome loving way that I wish everyone could experience.

There are amazing success stories in other families who have children with Autism who use medical cannabis for their children with qualifying conditions. The positive changes in these families' lives have been extraordinary. The ability to move away from pharmaceutical medications that can cause damaging, unalterable side effects has been a blessing for so many people. Why should these children continue to suffer every day when there are alternatives that are safe and may help them available?

As a parent, I would move heaven and earth for my children and truly, wholeheartedly need other options for treating them. I am asking you to please allow Autism Spectrum Disorder to be among the allowable qualifying conditions in the ND Medical Cannabis Program. This addition would allow families like mine the option, with their medical provider's assistance, to treat their loved ones' illnesses and allow stability and safety into our lives. Please pass HB 1519. Thank you for your time and consideration.

Jennifer Cabezas, District 24

NDLA, S HMS - Velez, Justin

From: Lee, Judy E.
Sent: Tuesday, March 12, 2019 10:20 PM
To: -Grp-NDLA Senate Human Services; NDLA, S HMS - Velez, Justin; NDLA, Intern 02 - Carthew, Alexandra
Subject: FW: Cannabis Research 1

Copies, please

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: Alexa Orts of <johnsonfargo@gmail.com>
Sent: Tuesday, March 12, 2019 1:09 PM
To: Lee, Judy E. <jlee@nd.gov>; Larsen, Oley L. <olarsen@nd.gov>; Anderson, Jr., Howard C. <hcanderson@nd.gov>; Clemens, David <dclemens@nd.gov>; Hogan, Kathy L. <khogan@nd.gov>; Roers, Kristin <kroers@nd.gov>
Subject: Cannabis Research 1

Nature is one of the world's top scientific journals. Concerning the purported link between cannabis and schizophrenia...

https://www.nature.com/articles/s41593-018-0206-1
2018 study on 184,765 people

Does cannabis cause schizophrenia or do those with a genetic predisposition to schizophrenia turn to cannabis to manage symptoms? Many doctors hesitate to use cannabis for children due to the possible risk of developing schizophrenia. But what came first? Cannabis use or schizophrenic symptoms? Chicken or egg?

For those managing symptoms of autism, we are often asked to weigh the pros and cons of this possible risk. But is it really a risk at all?

This sample size of the study below was N = 184,765, five times as large as the previous largest study on cannabis use.

"We found weak evidence for a causal link from cannabis use to schizophrenia and much stronger evidence for a causal link from schizophrenia to cannabis use. This suggests that individuals with schizophrenia have a higher risk to start using cannabis. These results are in contrast with results from a Mendelian randomization study by Vaucher et al., who found strong evidence for a causal effect from cannabis use to schizophrenia (causality in the other direction was not tested). However, our findings are in line with a Mendelian randomization study by Gage et al., who used genetic instruments similar to ours and also found weak evidence for a causal effect of cannabis use to schizophrenia and much stronger evidence for a causal effect in the other direction. Our findings may indicate that individuals at risk for developing schizophrenia experience prodromal symptoms or negative affect that make them more likely to start using cannabis to cope."

Alexa Johnson
701.793.7450

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NDLA, S HMS - Velez, Justin

From: Lee, Judy E.
Sent: Tuesday, March 12, 2019 10:39 PM
To: -Grp-NDLA Senate Human Services; NDLA, S HMS - Velez, Justin; NDLA, Intern 02 - Carthew, Alexandra
Subject: FW: your opinion

Copies, please

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: Kurt Snyder <kurt@heartview.org>
Sent: Tuesday, March 12, 2019 8:58 AM
To: Lee, Judy E. <jlee@nd.gov>
Subject: Re: your opinion

Good morning Senator Lee,
Dr Henke is putting her thoughts together on your question and I will forward to you asap.
As far as my thoughts are concerned this is not a good solution. Opioid withdrawal is a very acute issue that is best addressed by medical care or better yet the induction of FDA approved medications such as buprenorphine or methadone. We are always concerned about poly substance use because it can be so dangerous. (It is true that marijuana is the least dangerous.) A person experiencing opioid withdrawal feels very little relief except if they use more opioids. Think about a scenario where someone is suffering from acute alcohol withdrawal. It is only by drinking more alcohol that they feel relief from their withdrawal symptoms. We do use benzodiazapines to assist in alcohol withdrawal (both are central nervous system depressants) but they work because they are so similar to alcohol.
Medical marijuana could help with the nausea one is experiencing in opioid withdrawal, but the symptoms of withdrawal will persist until the person uses more opioids.
I hope this is helpful and I will forward her thoughts as soon as I get them.

Is the bill scheduled to come up soon?

Kurt Snyder
Executive Director
Heartview Foundation
101 E. Broadway
Bismarck, ND 58501
Bismarck (701) 222-0386

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#1 pg. 2

Cando (701) 968-4056
Direct (701) 751-5708
Fax (701) 751-5709
kurt@heartview.org
heartview.org

From: Lee, Judy E. <jlee@nd.gov>
Sent: Monday, March 11, 2019 5:50 PM
To: Kurt Snyder
Subject: your opinion

Kurt –
One of the conditions which the House recommended for approval for medical marijuana is opioid withdrawal. Can you tell me what you think of using medical marijuana for this purpose? Some of us are not eager to expand the list to include every request from someone who stepped to the podium, but we want to be thoughtful about any expansion of the list of conditions.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

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NDLA, S HMS - Velez, Justin

From: NDLA, S HMS - Velez, Justin
Sent: Monday, March 18, 2019 3:47 PM
To: Lee, Judy E.
Subject: FW: HB 1519

From: Lee, Judy E.
Sent: Tuesday, March 12, 2019 1:44 PM
To: Missy Henke <MHenke@heartview.org>
Cc: -Grp-NDLA Senate Human Services <ndlashumserv@nd.gov>; NDLA, S HMS - Velez, Justin <shms@nd.gov>; NDLA, Intern 02 - Carthew, Alexandra <intern2@nd.gov>
Subject: RE: HB 1519

Thank you so much for taking the time to respond to my inquiry!
We have been deluged with comments from advocates for expansion and with sad stories, but no science or medical input, so your comments are very helpful.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: Missy Henke <MHenke@heartview.org>
Sent: Tuesday, March 12, 2019 1:04 PM
To: Lee, Judy E. <jlee@nd.gov>
Subject: HB 1519

Senator Lee

Thank you for reaching out to Kurt regarding the medical marijuana legislation. He has been keeping me informed of the proceedings thus far and I wanted to take an opportunity to reach out to you myself with my concerns regarding HB 1519. First, I want to say that I think that many of the changes are positive including the addition of edible cannabis. Specifically for the agitation of Alzheimer's disease I believe that the edible formulation will be more practical and hopefully benefit more patients. This is a very special population that I work closely with at several nursing homes in the Bismarck area and currently there are no FDA approved medications for this condition. All of these facilities are smoke-free so the addition of edible cannabis makes that option a possibility.

My primary concern with HB 1519 is the addition of Opioid Use Disorder (OUD) and Opioid Withdrawal. I certainly will not try and dispute that there may be individuals who have benefited from cannabis when trying to stop using opioids. However, the science just does not support this option for this group as a whole. There are multiple studies being reported at this time and the conclusions are not consistent in showing benefit. Most of the literature

demonstrates a lack of benefit at this time and possible harm. There are no definitive conclusions and hopefully in the coming years we can better sort out this issue. There are several FDA approved medications for the treatment of OUD including Buprenorphine, Methadone and Naltrexone. There are also medications specifically approved for Opioid Withdrawal. Lofexidine was just approved by the FDA in 2018 for this purpose. I think that it would be best to wait until there is clear evidence supporting cannabis for OUD and opioid withdrawal before adding that to the Century Code, especially since there are FDA approved medications for these diagnoses.

I sincerely appreciate your thoughtfulness in dealing with this hot-button issue and please do not hesitate to reach out if you have additional question or concerns. Thank you for your time.

Missy Henke, MD

North Dakota

- Cancer
- HIV/AIDS
- Hepatitis C (decompensated cirrhosis)
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Post-traumatic stress disorder (PTSD)
- Agitation of Alzheimer's disease or related dementia
- Crohn's disease
- Fibromyalgia
- Spinal stenosis or chronic back pain, including:
    - Neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Glaucoma
- Epilepsy
- A chronic or debilitating disease, medical condition, or its treatment that produces one or more of the following:
    - Cachexia (wasting syndrome)
    - Severe, debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects
    - Intractable nausea
    - Seizures
    - Severe or persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.
    -
- Anorexia nervosa
- Bulimia nervosa
- Anxiety disorder
- Tourette syndrome
- Endometriosis
- Interstitial cystitis
- Neuropathy
- Opioid use disorder
- Opioid withdrawal
- Migraine
- Rheumatoid arthritis
- Autism spectrum disorder

Complied from a list dated October 2018

Alaska

- Cancer
- Glaucoma
- HIV/AIDS
- Any chronic or debilitating disease or treatment for such diseases, which produces:
  - Cachexia (wasting syndrome)
  - Severe pain
  - Severe nausea
  - Seizures, including those that are characteristic of epilepsy
  - Persistent muscle spasms, including those that are characteristic of multiple sclerosis

Arizona

- Cancer
- Glaucoma
- HIV/AIDS
- Hepatitis C
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Crohn's disease
- Agitation of Alzheimer's disease
- A chronic or debilitating condition or its treatment that produces one or more of the following:
  - Cachexia (wasting syndrome)
  - Severe and chronic pain
  - Severe nausea
- Seizures, including those characteristic of epilepsy
- Severe or persistent muscle spasms, including those characteristic of multiple sclerosis
- Post-traumatic stress disorder

Arkansas

- Cancer
- Glaucoma
- HIV/AIDS

- Hepatitis C
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Tourette's Syndrome
- Crohn's disease
- Ulcerative colitis
- Post-traumatic stress disorder (PTSD)
- Severe arthritis
- Fibromyalgia
- Alzheimer's disease
- A chronic or debilitating disease that produces:
    - Cachexia or wasting syndrome
    - Peripheral neuropathy
    - Intractable pain
    - Severe nausea
    - Seizures, including those characteristic of epilepsy
    - Severe or persistent muscle spasms, including those characteristic of multiple sclerosis

California

- Cancer
- Anorexia
- AIDS
- Chronic pain
- Spasticity
- Cachexia
- Persistent muscle spasms, including those associated with multiple sclerosis
- Seizures, including, but not limited to, those associated with epilepsy
- Severe nausea
- Glaucoma
- Arthritis
- Migraines
- Any other chronic or persistent medical symptom that substantially limits the ability of the person to conduct one or more major life activities (as defined by the Americans with Disabilities Act of 1990) or, if not alleviated, may cause serious harm to the patient's safety or physical or mental health

Colorado

- Cancer
- Glaucoma
- HIV/AIDS
- Post-traumatic stress disorder (PTSD)
- If the patient has a chronic or debilitating disease or medical condition that produces one or more of the following:
  - Cachexia (wasting syndrome)
  - Persistent muscle spasms
  - Seizures
  - Severe nausea
  - Severe pain
- Any other medical condition, or treatment for such condition, approved by the state health agency, pursuant to its rule making authority or its approval of any petition submitted by a patient or physician as provided in this section.

Connecticut

- Cancer
- Glaucoma
- HIV/AIDS
- Parkinson's disease
- Multiple sclerosis
- Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Epilepsy
- Cachexia (wasting syndrome)
- Crohn's disease
- Post-traumatic stress disorder (PTSD)
- Sickle Cell Disease
- Post Laminectomy Syndrome with Chronic Radiculopathy
- Severe Psoriasis and Psoriatic Arthritis
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Ulcerative colitis
- Complex Regional Pain Syndrome
- Cerebral palsy
- Cystic fibrosis

- Irreversible spinal cord injury with objective neurological indication of intractable spasticity
- Terminal illness requiring end of life care
- Uncontrolled intractable seizure disorder
- Hydrocephalus with intractable headaches
- Intractable headache syndromes
- Neuropathic facial pain
- Muscular dystrophy
- Severe rheumatoid arthritis
- Spasticity or neuropathic pain associated with fibromyalgia
- Post Herpetic Neuralgia
- Osteogenesis Imperfecta

Delaware

- Terminal illness
- Cancer
- HIV/AIDS
- Decompensated cirrhosis
- Hepatitis C
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Agitation of Alzheimer's disease
- Post-traumatic stress disorder (PTSD)
- Intractable epilepsy
- Autism with self-injurious or aggressive behavior
- Glaucoma
- A chronic or debilitating disease or medical condition that produces one or more of the following:
    - Cachexia (wasting syndrome)
    - Severe, debilitating pain that has not responded to prescribed medication in 3 months
    - Intractable nausea
    - Seizures
- Severe or persistent muscle spasms, including those characteristic of multiple sclerosis

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District of Columbia (Washington, D.C.)

- HIV/AIDS
- Cancer
- Glaucoma
- Severe or persistent muscle spasms, including those characteristic of multiple sclerosis
- Any other condition that is chronic, cannot be effectively treated by ordinary medical measures, or,
- Any condition for which treatment with medical marijuana would be beneficial, as determined by the patient's physician

Florida

- Cancer
- Epilepsy
- Glaucoma
- HIV/AIDS
- Post-traumatic stress disorder (PTSD)
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Crohn's disease
- Chronic seizures
- Parkinson's disease
- Multiple sclerosis
- Medical conditions of the same kind or class as or comparable to those listed above
- A terminal condition diagnosed by a physician other than the qualified physician issuing the certification
- Chronic nonmalignant pain

Hawaii

- Cancer
- Crohn's disease
- Epilepsy
- Glaucoma
- HIV/AIDS
- Lupus
- Multiple sclerosis
- Post-traumatic stress disorder (PTSD)

- Rheumatoid arthritis
- A chronic or debilitating disease or medical condition that produces one or more of the following:
    - Cachexia (wasting syndrome)
    - Severe pain
    - Severe nausea
    - Seizures, including those characteristic of epilepsy
    - Severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease.

Illinois

- HIV/AIDS
- Agitation of Alzheimer's disease
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Arnold-Chiari malformation
- Cachexia (wasting syndrome)
- Cancer
- Causalgia
- Chronic inflammatory demyelinating polyneuropathy
- Crohn's disease
- CRPS (Complex Regional Pain Syndrome Type II)
- Dystonia
- Fibrous dysplasia
- Glaucoma
- Hepatitis C
- Hydrocephalus
- Hydromyelia
- Interstitial cystitis
- Lupus
- Multiple sclerosis
- Muscular dystrophy
- Myasthenia gravis
- Myoclonus
- Nail-patella syndrome
- Neurofibromatosis
- Parkinson's disease
- Post-concussion syndrome
- Post-traumatic stress disorder (PTSD)
- Reflex sympathetic dystrophy

- Residual limb pain
- Rheumatoid arthritis
- Seizures (including those characteristic of epilepsy)
- Sjogren's syndrome
- Spinal cord disease (including but not limited to arachnoiditis)
- Spinal cord injury with objective neurological indication of intractable spasticity
- Spinocerebellar ataxia
- Syringomyelia
- Tarlov cysts
- Tourette syndrome
- Traumatic brain injury (TBI)

Iowa

- Cancer, if the underlying condition or treatment produces one or more of the following:
  - Severe or chronic pain
  - Nausea or severe vomiting
  - Cachexia (wasting syndrome)
- Multiple sclerosis with severe and persistent muscle spasms
- Seizures, including those characteristic of epilepsy
- AIDS/HIV as defined in section 141A.1
- Crohn's disease
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Any terminal illness, with a probable life expectancy of under one year, if the illness or its treatment produces one or more of the following:
  - Severe or chronic pain
  - Nausea or severe vomiting
  - Cachexia (wasting syndrome)
- Parkinson's disease
- Untreatable pain

Louisiana

- Cancer
- HIV/AIDS
- Cachexia (wasting syndrome)
- Seizure disorders
- Epilepsy
- Spasticity
- Crohn's disease
- Severe muscle spasms
- Intractable pain
- Post-traumatic stress disorder (PTSD)

Maine

LD 1539 approved 07/09/2018 amends the laws so that qualification is now the sole discretion of a physician and can be recommended to any patient for which they believe it would be beneficial. This law takes effect 90 days after the close of the 2018 special legislative session.
Sec. 19. 22 MRSA §2423-B
A medical provider who is in good standing with the appropriate licensing board may provide a written certification for the medical use of marijuana under this chapter and, after having done so, may otherwise state that in the medical provider's professional opinion a qualifying patient is likely to receive therapeutic benefit from the medical use of marijuana to treat or alleviate the patient's debilitating medical condition.

Maryland

- Cachexia (wasting syndrome)
- Anorexia
- Severe pain
- Severe nausea
- Seizures, including those characteristic of epilepsy
- Severe and persistent muscle spasms
- Glaucoma
- Post-traumatic stress disorder (PTSD)

Massachusetts

- Cancer
- Glaucoma
- HIV/AIDS
- Hepatitis C
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Crohn's disease
- Parkinson's disease
- Multiple sclerosis
- Other debilitating conditions as determined in writing by a qualifying patient's certifying physician.

Michigan

- Cancer
- Glaucoma
- HIV/AIDS
- Hepatitis C
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Crohn's disease
- Agitation of Alzheimer's disease
- Nail-patella syndrome
- A chronic or debilitating disease or medical condition that produces one or more of the following:
  - Cachexia (wasting disease)
  - Severe and chronic pain
  - Severe nausea
  - Seizures, including those characteristic of epilepsy
- Severe or persistent muscle spasms, including those characteristic of multiple sclerosis

Minnesota

- Cancer; if the underlying condition or treatment produces one or more of the following:
  - Severe or chronic pain
  - Nausea or severe vomiting
  - Cachexia (wasting syndrome)
- Glaucoma
- HIV/AIDS
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Tourette's syndrome
- Seizures, including those characteristic of epilepsy
- Severe and persistent muscle spasms, including those characteristic of multiple sclerosis
- Crohn's disease
- Terminal illness with life expectancy of less than one year, if the illness or its treatment produces one or more of the following:
  - Severe or chronic pain
  - Nausea or severe vomiting
  - Cachexia (wasting syndrome)
- Intractable pain
- Post-traumatic stress disorder (PTSD)
- Autism
- Obstructive sleep apnea
- Any other medical condition or its treatment approved by the commissioner

Missouri

- Cancer
- Epilepsy
- Glaucoma
- Intractable migraines unresponsive to other treatment
- Conditions that cause persistent pain or muscle spasms, including multiple sclerosis, Parkinson's disease, and Tourette's syndrome.
- Debilitating psychiatric disorders including but not limited to, post-traumatic stress disorder, if diagnosed by a state licensed psychiatrist
- HIV/AIDS
- A chronic medical condition normally treated with prescription medication that can lead to dependence, when a physician determines that medical

marijuana could be an effective and safer treatment. (This is most commonly used with regard to prescription opioids.)
- Any terminal illness
- In the professional judgment of a physician, any other chronic, debilitating or other medical condition, including, but not limited to:
    - Hepatitis C
    - Amyotrophic lateral sclerosis/Lou Gehrig's disease
    - Inflammatory bowel disease
    - Crohn's disease
    - Huntington's disease
    - Autism
    - Neuropathies
    - Sickle cell anemia
    - Agitation of Alzheimer's disease
    - Cachexia (wasting syndrome)
- Any other chronic or debilitating medical condition that, in the professional judgment of a physician, might be helped by the use of medical cannabis.

Montana

- Cancer
- Glaucoma
- HIV/AIDS
- Cachexia (wasting syndrome)
- Severe or chronic pain
- Intractable nausea or vomiting
- Epilepsy or an intractable seizure disorder
- Multiple sclerosis
- Crohn's disease
- Painful peripheral neuropathy
- A central nervous system disorder resulting in chronic, painful spasticity or muscle spasms
- Admittance into hospice care
- Post-traumatic stress disorder (PTSD)

Nevada

- AIDS
- Cancer
- Glaucoma
- Post-traumatic stress disorder (PTSD)
- A medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following:
  - Cachexia
  - Persistent muscle spasms (including multiple sclerosis)
  - Seizures, including seizures caused by epilepsy
  - Severe nausea
  - Severe pain
- Any other chronic or debilitating medical condition that, in the professional judgment of a physician, might be helped by the use of medical cannabis

New Hampshire

- Cancer
- Ehler's Danlos Syndrome
- Glaucoma
- HIV/AIDS
- Hepatitis C
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Muscular dystrophy
- Crohn's disease
- Multiple sclerosis
- Chronic pancreatitis
- Spinal cord injury or disease
- Traumatic brain injury (TBI)
- Epilepsy
- Lupus
- Parkinson's disease
- Alzheimer's disease
- Ulcerative colitis
- Post-traumatic stress disorder (PTSD)
- A severely debilitating or terminal medical condition that produces one or more of the following:
  - Elevated intra-ocular pressure
  - Cachexia (wasting syndrome)

- Chemotherapy-induced anorexia
- Agitation of Alzheimer's disease
- Severe pain
- Nausea or severe vomiting
- Seizures
- Severe, persistent muscle spasms

New Jersey

- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Multiple sclerosis
- Terminal cancer
- Muscular dystrophy
- Inflammatory bowel disease (IBD)
- Crohn's disease
- Terminal illness if the physician has determined a prognosis of less than 12 months of life
- Seizure disorder, including epilepsy
- Intractable skeletal muscular spasticity
- Glaucoma
- Post-traumatic stress disorder (PTSD)
- HIV/AIDS
- Cancer
- Anxiety
- Migraines
- Tourette's Syndrome
- Chronic pain related to musculoskeletal disorders
- Chronic pain of visceral origin (related to internal organs)

New Mexico

- Lou Gehrig's disease (amyotrophic lateral sclerosis, or ALS)
- Cancer
- Crohn's disease
- Epilepsy or seizure disorders
- Glaucoma
- Hepatitis C infection currently receiving antiviral treatment
- HIV/AIDS
- Huntington's Disease
- Hospice care

- Inclusion Body Myositis
- Inflammatory autoimmune-mediated arthritis
- Intractable nausea/vomiting
- Multiple sclerosis
- Damage to the nervous tissue of the spinal cord with intractable spasticity
- Painful peripheral neuropathy
- Parkinson's disease
- Post-traumatic stress disorder (PTSD)
- Severe chronic pain
- Severe anorexia
- Cachexia (wasting syndrome)
- Spasmodic Torticollis (cervical dystonia)
- Ulcerative colitis
- Obstructive sleep apnea

New York

- Cancer
- Glaucoma
- HIV/AIDS
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Parkinson's disease
- Multiple sclerosis (MS)
- Spinal cord damage with intractable spasticity
- Epilepsy
- Cachexia (wasting syndrome)
- Crohn's disease
- Fibromyalgia
- Arthritis
- Lupus
- Diabetes
- Inflammatory Bowel Disease (IBD)
- Neuropathy
- Huntington's disease
- Post-traumatic stress disorder (PTSD)
- Must include associated or complicating conditions:
    - Cachexia or wasting syndrome
    - Severe or chronic pain
    - Severe nausea
    - Seizures Severe or persistent muscle spasms

North Dakota

- Cancer
- HIV/AIDS
- Hepatitis C (decompensated cirrhosis)
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Post-traumatic stress disorder (PTSD)
- Agitation of Alzheimer's disease or related dementia
- Crohn's disease
- Fibromyalgia
- Spinal stenosis or chronic back pain, including:
  - Neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Glaucoma
- Epilepsy
- A chronic or debilitating disease, medical condition, or its treatment that produces one or more of the following:
  - Cachexia (wasting syndrome)
  - Severe, debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects
  - Intractable nausea
  - Seizures
  - Severe or persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.

Ohio

- AIDS
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Alzheimer's disease
- Cancer
- Chronic traumatic encephalopathy
- Crohn's disease
- Epilepsy or other seizure disorders
- Fibromyalgia
- Glaucoma
- Hepatitis C

- Inflammatory bowel disease (IBD)
- Multiple sclerosis
- Chronic, severe and/or intractable pain
- Parkinson's disease
- HIV-positive status
- Post-traumatic stress disorder (PTSD)
- Sickle cell anemia
- Spinal cord injury or disease
- Tourette's syndrome
- Traumatic brain injury (TBI)
- Ulcerative colitis

Oklahoma

Oklahoma has one of the least restrictive medical marijuana programs and only requires that applicants be OK residents 18 years or older with board-certified physician's signature. Special circumstances may be allowed for minors if applications receive (2) physician signatures as well as the applicant's parent or guardian.

Oregon

- Cancer
- Glaucoma
- A degenerative or pervasive neurological condition
- HIV/AIDS
- A medical condition that produces one or more of the following:
    - Cachexia (wasting syndrome)
    - Severe pain
    - Severe nausea
    - Seizures, including but not limited to seizures caused by epilepsy
    - Persistent muscle spasms, including but not limited to those caused by multiple sclerosis
    - Post-traumatic stress disorder (PTSD)

Pennsylvania

- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Autism
- Cancer, including remission therapy
- Crohn's disease

- Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Epilepsy
- Glaucoma
- HIV/AIDS
- Huntington's disease
- Inflammatory bowel disease (IBD)
- Intractable seizures
- Multiple sclerosis
- Neuropathies
- Parkinson's Disease
- Post-traumatic stress disorder (PTSD)
- Severe, chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective
- Sickle cell anemia
- Dyskinetic and spastic movement disorders
- Neurodegenerative diseases
- Terminal illness

Rhode Island

- Cancer
- Glaucoma
- HIV/AIDS
- Hepatitis C
- Post-traumatic stress disorder (PTSD)
- A chronic or debilitating disease or medical condition that produces one or more of the following:
    - Cachexia (wasting syndrome)
    - Chronic pain
    - Severe nausea
    - Seizures, including but not limited to those characteristic of epilepsy
    - Severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis, Crohn's disease, or agitation of Alzheimer's disease
- Any other medical condition or its treatment approved by the department

South Carolina

- Cancer
- Glaucoma
- HIV/AIDS
- Hepatitis C
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Crohn's disease
- Ulcerative colitis
- Agitation of Alzheimer's disease
- Post-traumatic stress disorder (PTSD)
- Autism
- Idiopathic Pulmonary Fibrosis
- Parkinson's disease
- Neural-tube defects
- A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:
    - Cachexia (wasting syndrome)
    - Severe debilitating pain
    - Severe nausea
    - Seizures
    - Neurological disorders
    - Severe and persistent muscle spasms including, but not limited to, those characteristic or multiple sclerosis
- Any other serious medical condition or its treatment added by the Medical Cannabis Advisory Board

Utah

- HIV/AIDS
- Alzheimer's disease
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Cancer
- Cachexia (wasting syndrome)
- Persistent nausea that is not significantly responsive to traditional treatment, except for nausea related to pregnancy, cannabis-induced vomiting syndrome, or cannabinoid hyper-emesis syndrome
- Crohn's disease
- Ulcerative colitis
- Epilepsy, or debilitating seizures

- Multiple Sclerosis or persistent and debilitating muscle spasms
- Post-traumatic stress disorder (PTSD), that a licensed and board eligible or board-certified psychiatrist or psychologist with a doctorate-level degree has diagnosed or confirmed through face-to-face or tele-health evaluation of the patient
- Autism
- A terminal illness when the patient's remaining life expectancy is less than six months
- A condition resulting in the individuals receiving hospice care
- A rare condition or disease that:
    - Affects less than 200,000 individuals in the United States, as defined in Section 526 of the Federal Food, Drug, and 1340 Cosmetic Act
    - Is not adequately managed despite treatment attempts using:
        - Conventional medications other than opioids or opiates
        - Physical interventions
        - Pain lasting longer than two weeks that is not adequately managed despite treatment attempts using:
            - Conventional medications other than opioids or opiates
            - Physical interventions
            - A condition that the compassionate use board approves under Section 26-61b-106 on an individual, case-by-case basis

Vermont

- Cancer, including end of life care
- Multiple sclerosis
- Glaucoma
- AIDS/HIV
- Parkinson's disease
- Crohn's disease
- Post-traumatic stress disorder (PTSD), provided the applicant is undergoing psychotherapy or counseling with a license mental health care provider
- A chronic or debilitating disease that produces severe, persistent and one or more of the following:
    - Cachexia (wasting syndrome)
    - Severe pain
    - Nausea
    - Seizures (including those characteristic of epilepsy)

Virginia

- Intractable epilepsy
- Any other chronic or debilitating medical condition that, in the professional judgment of a physician, might be helped by the use of medical cannabis

Washington

- Cancer
- HIV/AIDS
- Multiple sclerosis
- Epilepsy or other seizure disorder
- Spasticity disorders
- Intractable pain, limited for the purpose of this chapter to mean pain unrelieved by standard medical treatments and medications
- Glaucoma, either acute or chronic increased intra-ocular pressure unrelieved by standard treatments and medications
- Crohn's disease
- Hepatitis C
- A chronic or debilitating disease that produces severe, persistent and one or more of the following:
    - Anorexia
    - Severe nausea
    - Severe Vomiting
    - Cachexia (wasting syndrome)
    - Appetite loss
    - Cramping
    - Seizures
    - Muscle Spasms
    - Spasticity
- Chronic renal failure requiring dialysis
- Traumatic brain injury (TBI)
- Post-traumatic stress disorder (PTSD)

West Virginia

- Cancer
- HIV/AIDS
- Amyotrophic lateral sclerosis/Lou Gehrig's disease
- Parkinson's disease
- Multiple sclerosis
- Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- Epilepsy
- Neuropathies
- Huntington's disease
- Crohn's disease
- Post-traumatic stress disorder (PTSD)
- Intractable seizures
- Sickle cell anemia
- Terminal illness, with a prognosis of one year or less to live
- A chronic or debilitating disease or medical condition that results in a patient being admitted into hospice or receiving palliative care
- A chronic or debilitating disease or medical condition or the treatment of a chronic or debilitating disease or medical condition that produces:
    - Cachexia (wasting syndrome)
    - Anorexia
- Severe or chronic pain that does not find effective relief through standard pain medication
- Severe nausea

Thirty seven total.

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Division of Medical Marijuana

Medical Marijuana Program Annual Report

Fiscal Year 2018

NORTH DAKOTA DEPARTMENT of HEALTH

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NORTH DAKOTA
DEPARTMENT *of* HEALTH

Division of Medical Marijuana
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505
www.ndhealth.gov/mm

Honorable Doug Burgum, Governor

Members of the North Dakota Legislative Assembly

I am pleased to submit the first Annual Report for the Medical Marijuana Program. This report is required pursuant to North Dakota Century Code Section 19-24.1-39. In addition, this report includes information related to a study of debilitating medical conditions as required by Chapter 171 of the 2017 Session Laws.

The Medical Marijuana Program was being implemented at the time of this report. Due to this, most of the data elements required to be reported are not included as no manufacturing facilities or dispensaries were registered by the end of fiscal year 2018. Subsequent Annual Reports will include all required reporting information.

If you have questions related to the report or other aspects of the program, please contact the Division of Medical Marijuana at 328-1311.

Sincerely,

Jason M. Wahl

Jason M. Wahl
Director, Division of Medical Marijuana

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Glossary

(Terms as defined in NDCC Section 19-24.1-01)

Cardholder: means a qualifying patient, designated caregiver, or compassion center agent who has been issued and possesses a valid registry identification card.

Compassion Center: means a manufacturing facility or dispensary.

Designated Caregiver: means an individual who agrees to manage the well-being of a registered qualifying patient with respect to the qualifying patient's medical use of marijuana.

Dispensary: means an entity registered by the department as a compassion center authorized to dispense usable marijuana to a registered qualifying patient and a registered designated caregiver.

Health Care Provider: means a physician or an advanced practice registered nurse.

Manufacturing Facility: means an entity registered by the department as a compassion center authorized to produce and process and to sell usable marijuana to a dispensary.

Qualifying Patient: means an individual who has been diagnosed by a health care provider as having a debilitating medical condition.

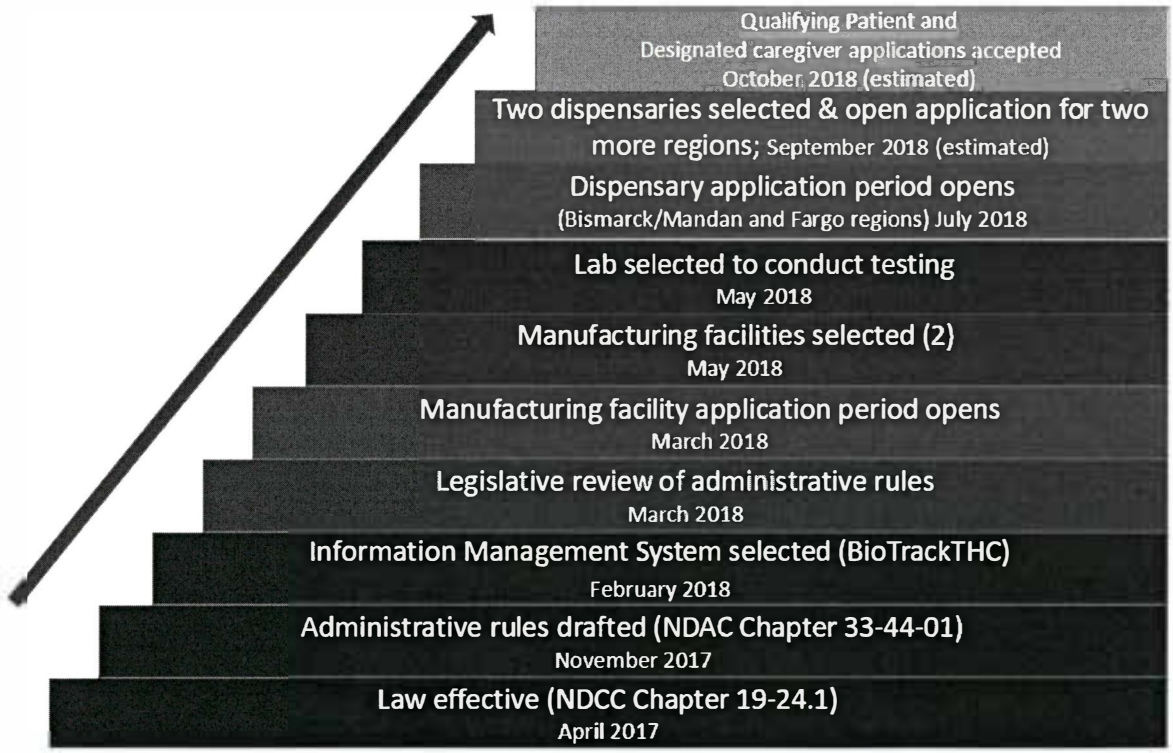
Registry Identification Card: means a document issued by the department which identifies an individual as a registered qualifying patient, registered designated caregiver, or registered compassion center agent.

Usable marijuana: means a medical marijuana product or the dried leaves or flowers of the plant of the genus cannabis in a combustible delivery form. However, the term does not include the dried leaves or flowers unless authorized through a written certification and does not include a cannabinoid edible product. In the case of a registered qualifying patient who is a minor, "usable marijuana" is limited to pediatric medical marijuana.

Background Information and Status of the Program

In November 2016, an initiated measure, known as the "North Dakota Compassionate Care Act," was approved by voters. On January 26, 2017, the provisions of the North Dakota Compassionate Care Act were suspended through legislation passed by the Legislative Assembly. On April 18, 2017, a new state law became effective requiring the Department of Health (DoH) to establish and implement a Medical Marijuana Program allowing for the production and processing, sale and dispensing of usable marijuana, and medical use of marijuana. Since the effective date of the new state law, the DoH has been committed to implementing a well-regulated program that would protect the health and safety of qualifying patients and the public.

The chart below provides information related to the major steps in implementing the program:



State law specifies that the DoH is to register no more than two manufacturing facilities and eight dispensaries unless the DoH determines additional entities are necessary to increase access to usable marijuana by registered qualifying patients and registered designated caregivers. An open application period for manufacturing facilities started in March 2018. There were 19 applications submitted. Following an evaluation of nine complete applications, two entities were selected to move forward with the registration process. One entity, Pure Dakota LLC, will locate their facility in Bismarck while the other entity, Grassroots Cannabis (legal name GR Vending ND, LLC), will be located in Fargo.

The DoH has established eight regions in the state where dispensaries may be located. Regions are comprised of a 50-mile radius from certain cities. On July 10, 2018, an application period was opened to accept applications from entities to become a registered dispensary in the

Bismarck/Mandan region and in the Fargo region. The selection of an applicant to move forward in the registration process in each region is anticipated to be complete near the end of September.

By the end of September, an application period will open for the Grand Forks region and Williston region. The selection of an applicant to move forward in each of these two regions is anticipated to be complete by the end of December. An open application period for the four remaining dispensary regions is expected to occur in January 2019.

By the end of October 2018, it is anticipated applications will be available for qualifying patients and designated caregivers. An online application process will be used in the registration process.

Following a formal procurement process, a contract was entered into with BioTrackTHC for an information management system that includes a seed-to-sale inventory tracking system as well as a registration system. In addition, another formal procurement process was used to select a vendor to conduct compliance testing as required by administrative rules. Keystone State Testing (dba Dakota State Testing) is expected to have their laboratory located in Fargo.

State Law Reporting Requirements

NDCC Section 19-24.1-39 requires the DoH to submit an annual report that contains the following information:

1. The number of registry identification card applications and renewals;
2. The number of registered qualifying patients and registered designated caregivers;
3. The nature of the debilitating medical conditions of the registered qualifying patients;
4. The number of registry identification cards revoked;
5. The number of health care providers providing written certifications for qualifying patients;
6. The number of compassionate care centers; and
7. Any expenses incurred and revenues generated by the department from the medical marijuana program.

At the time of this report, no data exists related to items 1 through 5 as listed above. There are two entities who have been selected to move forward with the registration process to become registered manufacturing facilities. Expense and revenue information follow:

Fiscal Year 2018 Expenditures	
Salaries and Wages	$269,289
Operating	$94,137
Total Expenditures	$363,426
General Funds	$345,651
Special Funds	$17,775

Fiscal Year 2018 Revenue	
Medical Marijuana Fees*	$95,000

* All revenue is from the nonrefundable application fee ($5,000) paid by entities submitting manufacturing facility applications.

Session Law Study Requirement

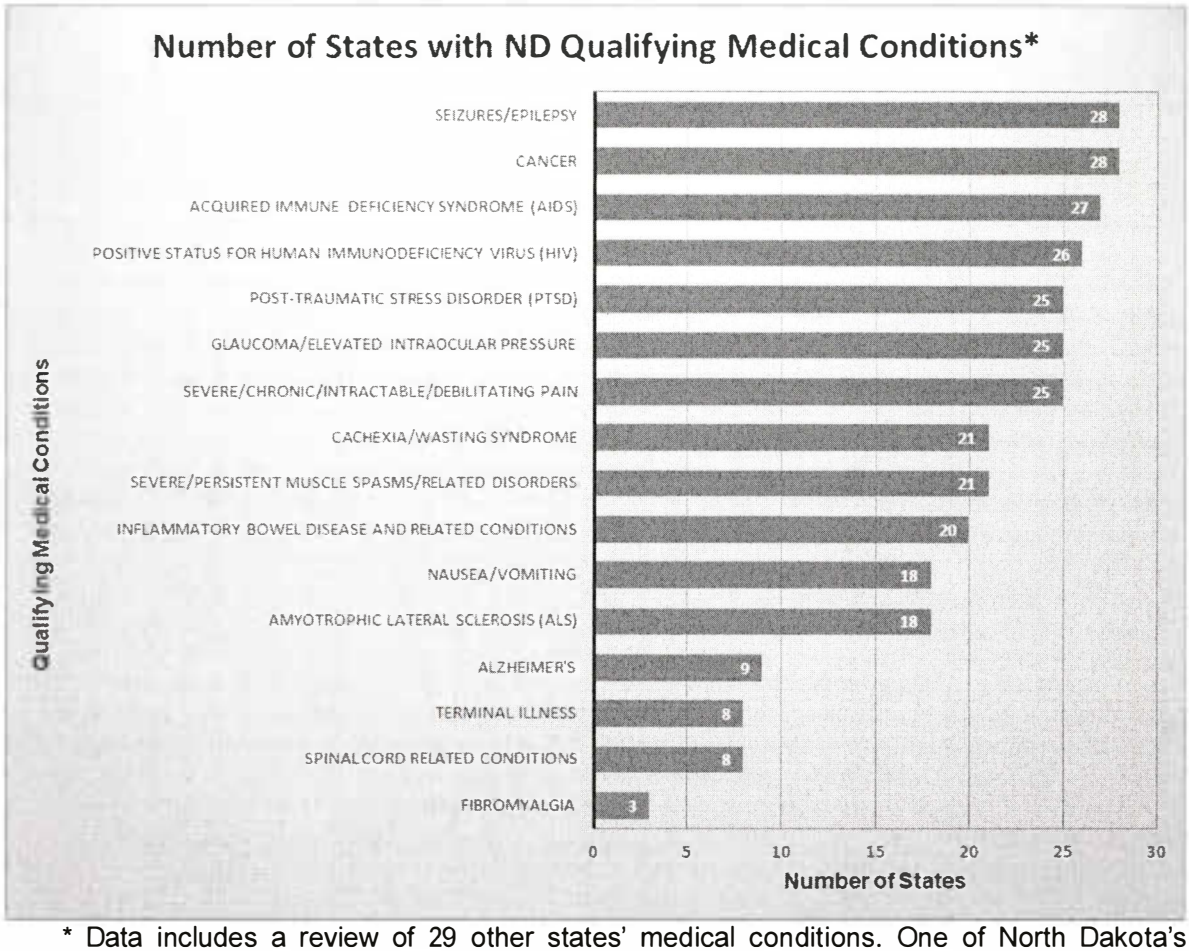
Chapter 171 of the 2017 Session Laws required the DoH to conduct a study of the feasibility and desirability of adding identified medical conditions or providing for an administrative process to add identified medical conditions to the definitions of "debilitating medical condition" under the Medical Marijuana Program. Since the program was still being implemented in fiscal year 2018, we conducted a review and analysis of states' medical marijuana qualifying medical conditions and compared the results with the debilitating medical conditions included in North Dakota Century Code (NDCC) Chapter 19-24.1. The debilitating medical conditions under NDCC Chapter 19-24.1 are:

a. Cancer;
b. Positive status for human immunodeficiency virus;
c. Acquired immune deficiency syndrome;
d. Decompensated cirrhosis caused by hepatitis C;
e. Amyotrophic lateral sclerosis;
f. Posttraumatic stress disorder;
g. Agitation of Alzheimer's disease or related dementia;
h. Crohn's disease;
i. Fibromyalgia;
j. Spinal stenosis or chronic back pain, including neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity;
k. Glaucoma;
l. Epilepsy;
m. A terminal illness; and
n. A chronic or debilitating disease or medical condition or treatment for such disease or medical condition that produces one or more of the following:
   (1) Cachexia or wasting syndrome;
   (2) Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects;
   (3) Intractable nausea;
   (4) Seizures; or
   (5) Severe and persistent muscle spasms, including those characteristic of multiple sclerosis.

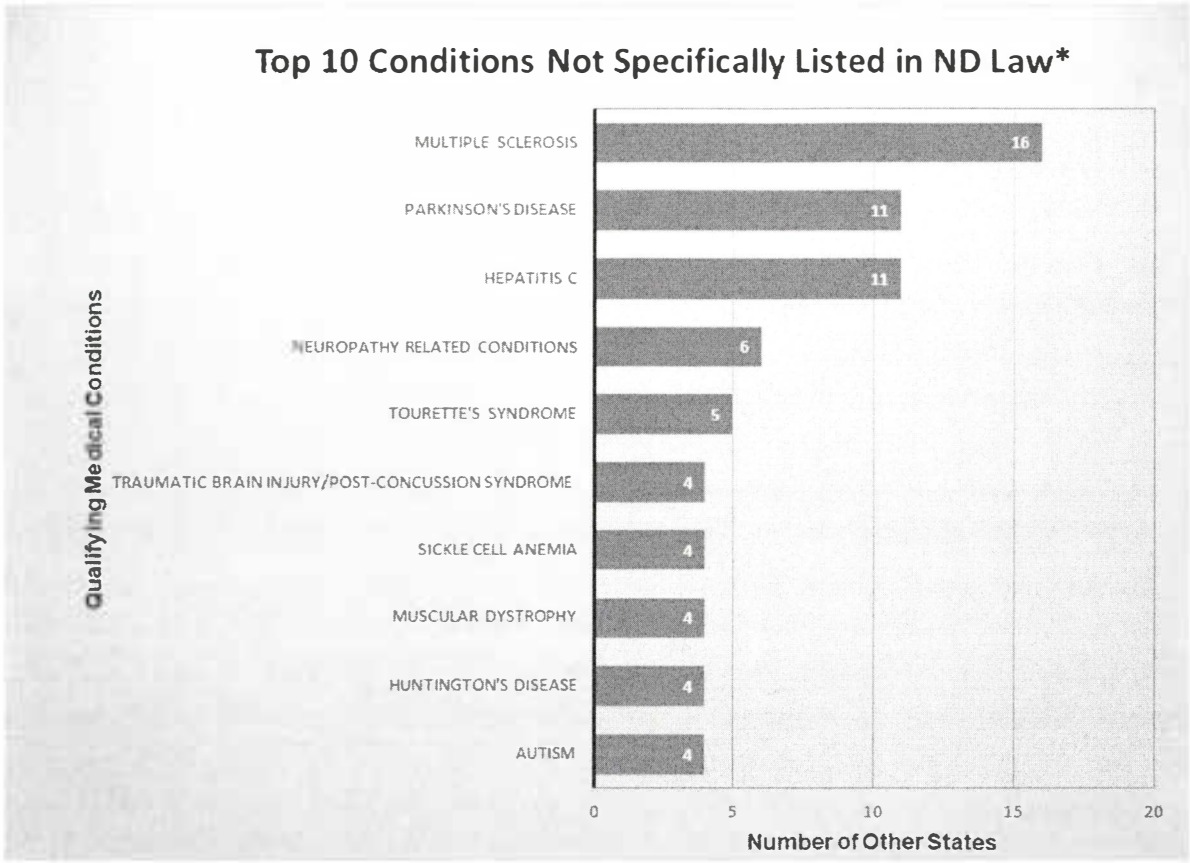
Several medical conditions exist in other states' programs that are identical to the debilitating medical conditions in the North Dakota program. Also, similarities exist with the terminology used in other states' medical conditions and the conditions within the North Dakota program. However, differences in terminology included in various states made it difficult to categorize certain medical conditions to compare among states and to North Dakota. Examples include:

- While a medical condition is included in another state's program, there may be an additional requirement or symptom needed to qualify. For example, two states include cancer as a medical condition and require an individual to have one or more associated symptoms such as severe or chronic pain or severe nausea. For analysis purposes, the two states were included in the 'Cancer' category.
- Within state law, the last listed debilitating medical condition in the North Dakota program is a chronic or debilitating disease or medical condition or treatment for such disease or medical condition that produces one or more of five listed items. For analysis purposes, we categorized the five items (cachexia or wasting syndrome, seizures, etc.) into specific categories.

We attempted to consistently use information identified in other states' laws to categorize medical conditions for comparison purposes. Information regarding other states' medical conditions were reviewed as of July 2018. We identify 29 other states with laws related to a medical marijuana program. This does not include Oklahoma who had passed a ballot measure in late June 2018 to establish medical marijuana laws. We used the information reviewed to create the following two charts.



* Data includes a review of 29 other states' medical conditions. One of North Dakota's debilitating medical conditions, decompensated cirrhosis caused by Hepatitis C, was not specifically included in other states' programs. However, Delaware includes decompensated cirrhosis and 11 other states include Hepatitis C.



* It should be noted while North Dakota's program does not identify certain medical conditions listed in the above chart as a specific condition, individuals with such conditions may still be eligible to be a registered qualifying patient. Within state law, a listed debilitating medical condition includes a chronic or debilitating disease or medical condition or treatment for such disease or medical condition that produces one or more of five listed items (such as cachexia or wasting syndrome, seizures, and severe and persistent muscle spasms). Thus, an individual with a medical condition such as multiple sclerosis, Parkinson's disease, or Huntington's disease having severe and persistent muscle spasms could have a debilitating medical condition under the North Dakota program. However, certain medical conditions identified in other states and not in North Dakota's program such as autism would not appear to allow an individual with such conditions to be eligible.

Other states have various ways of adding qualifying medical conditions to the list of eligible conditions. Certain states allow a department commissioner or a specific department to add conditions, certain states provide for a petition process, and other states use an advisory committee to review information regarding medical conditions and make recommendations to an appropriate body.

Conclusion

Our review identified most of the debilitating medical conditions for the North Dakota program are included in several of the other states' programs. We did identify medical conditions included in other states' programs that are not specifically listed in North Dakota's law. However, symptoms associated with specific medical conditions identified in other states may still allow an individual

to qualify to be a registered qualifying patient in North Dakota. The information included in this report may be considered by the legislative body in determining whether any changes are necessary to the statutory debilitating medical conditions of the Medical Marijuana Program. Based on our review of other states and the fact the program was still being implemented at the time of this report, the DoH has no recommendations to consider related to the law regarding debilitating medical conditions.