

2021 HOUSE HUMAN SERVICES

HB 1391

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1391
1/26/2021

Relating to regulating edible medical marijuana products, definitions relating to medical marijuana products; and to declare an emergency.

Chairman Weisz opened the hearing at 10:18 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Medical marijuana marketing
- Edible medical marijuana child ingestion risk
- Medical marijuana products teenager availability

Rep. Gretchen Dobervich, District 11 (10:19) introduced the bill, testified in favor, and submitted testimony #3427.

Rep. Marvin Nelson, District 9 (10:21) testified in favor and submitted testimony # 3346.

Gail Pederson, Board Certified Holistic Nurse (10:25) testified in favor with proposed amendment stating 500 mg commercial cannabinoid product and submitted testimony #3304.

Scott Edinger, Chief of Police, Jamestown Police Department ND (10:29) testified in opposition

Additional written testimony: #3267

Chairman Weisz adjourned at 10:32

Tamara Krause, Committee Clerk by Anna Fiest

HB 1391 Medical Marijuana Inclusion of Edibles Testimony**Representative Gretchen Dobervich****January 26, 2021 10am**

Good Morning Chairman Weisz and Members of the House Human Services Committee. For the record, my name is Representative Gretchen Dobervich. I represent District 11 in Fargo.

HB 1391 would make edible products available for patients enrolled in the North Dakota Medical Marijuana program. Changes to current statute for edible medical cannabis products would include:

- At any given time, a registered qualifying patient, or a registered designated caregiver on behalf of a registered qualifying patient, could possess no more than five hundred milligrams of a cannabinoid edible product.
- Edible products would be limited to soft or hard lozenges in a geometric square shape
- The maximum concentration or amount of tetrahydrocannabinol permitted in a serving of a cannabinoid edible product would be ten milligrams.
- A manufacturing facility may not manufacture a cannabinoid edible product unless the manufacturing facility has received the prior approval of the department.
- A dispensary may not possess, market, or sell a cannabinoid edible product unless the dispensary has received the prior approval of the department.
- The department may not approve the manufacturing, possession, marketing, or sale of a cannabinoid edible product unless the department has reviewed and approved the form, manufacturing, packaging, labeling, and marketing of the cannabinoid edible product
- Manufacturing of a cannabinoid edible product must take place in a department licensed commercial kitchen that is inspected annually by the department.
- Packaging of a cannabinoid edible product must be resealable, must be child resistant, and may not be transparent.
- The maximum concentration or amount of tetrahydrocannabinol permitted in a package would be one hundred milligrams.
- Labeling of a cannabinoid edible product would be required to be in black arial font which provides the name of the product, manufacturer's information, ingredient list, milligrams of tetrahydrocannabinol per serving, and number of servings per package. The labeling may not include an image other than text would not be allowed.
- Target Marketing of edible cannabis products to minors would not be allowed
- The health council would be directed to adopt rules to regulate the form, manufacturing, packaging, labeling, and marketing of a cannabinoid edible product.

Edible cannabis products were included in the original medical cannabis bill and removed. Since the program started they have been a product patients have asked for. Edible medical cannabis products are easier to use for some patients, reduce the need for patients to make their own edibles and provide another alternative to smoking medical cannabis.

Testimony in favor of HB1391 Edibles

Representative Marvin E. Nelson

House Human Service Committee, Representative Robin Weisz

Members of the committee, edibles are needed for situations where smoking is not satisfactory.

Say you have a person in congregate living who has cancer and is benefitted by cannabis for pain or for appetite. Smoking likely doesn't work.

Or someone is in an apartment and the person's neighbors and the person do not want to bother others or be bothered. Maybe they fear their children won't be able to play with other children in the apartments.

Edibles allow the person to be discrete.

Thank you.

HOUSE BILL 1391

Testimony by Gail Pederson, SPRN, HN-BC

Thank you Mr Weisz and committee for allowing my testimony. I am Gail Pederson and introduced myself earlier in HB 1359.

I totally agree with the addition of an edible food product. As a medical person, I want to know my consumption and an edible can do just that, whether it is a micro dose of 2.5 mg or a more robust dose some people need. I do have trouble with the statement of the amount of edible a patient can possess (500mg). I would like to add to "500mg of a 'commercial' cannabinoid product." I make my own edibles, usually with a gram of Full Spectrum Oil (FSO). That amount of oil is around 800mg of CBD/THC. Would I be breaking the law even though I can possess legally the product it is made out of? I would also like to point out misspelling of cannibinoid vs cannabinoid in some of the amended language.

Thank you to those who brought this forward. I stand for questions.

Good Morning Chairman Weisz and members of the House Human Services Committee. My name is Jordan Schatz and I am the Compassion Center Program Manager within the Division of Medical Marijuana at the North Dakota Department of Health. I do not have testimony for HB 1391 but want to let you know I am available virtually to answer questions if needed. Thank You.

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1391
2/9/2021

Relating to regulating edible medical marijuana products, definitions relating to medical marijuana products; and to declare an emergency.

Chairman Weisz opened the hearing at 10:55 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Children
- Young adults
- 500-mg edible product

Rep. Greg Westlind (10:56) moved Do Pass

Rep. Mary Schneider (10:57) second

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	N
Representative Mike Beltz	Y
Representative Chuck Damschen	N
Representative Bill Devlin	N
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Dwight Kiefert	N
Representative Todd Porter	Y
Representative Matthew Ruby	Y
Representative Mary Schneider	Y

Representative Kathy Skroch	N
Representative Bill Tveit	N
Representative Greg Westlind	Y

Motion Carried Do Pass 8-6-0

Bill Carrier: Rep. Greg Westlind

Chairman Weisz adjourned at 11:07 a.m.

Tamara Krause, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1391: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS**
(8 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING). HB 1391 was placed on the
Eleventh order on the calendar.

2021 SENATE HUMAN SERVICES

HB 1391

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Sakakawea Room, State Capitol

HB 1391
3/15/2021

A BILL for an Act to create and enact section 19-24.1-24.1 and a new subsection to section 19-24.1-36 of the North Dakota Century Code, relating to regulating edible medical marijuana products; to amend and reenact section 19-24.1-01 of the North Dakota Century Code, relating to definitions relating to medical marijuana products; and to declare an emergency.

Madam Chair Lee opened the hearing on HB 1391 at 9:02 a.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- Edible dosage
- FDA approved THC drugs
- Insurance coverage of edible products
- Pill delivery methods
- Edible costs
- Black market marijuana products

[9:02] Representative Gretchen Dobervich, District 11. Introduced HB 1391 and provided testimony #9082 in favor.

[9:13] Gail Pederson, Registered Nurse (SPRN, HN-BC). Provided testimony #9062 in favor.

[9:18] Dave Owens, Legalize ND. Provided oral testimony in favor.

[9:31] Jason Wahl, Director, Medical Marijuana Division, NDDoH. Provided clarification to the committee on the manufacturer of edible products and costs.

[9:35] Tara Bradner, Assistant Attorney General. Provided clarification to the committee on the legality of at-home made marijuana edible products.

Additional written testimony: (2)

Jody Vetter, Bismarck Resident, Committee for Compassionate Care and ND Freedom of Cannabis Act. Written testimony #9090 in favor.

Dustin Peyer, Real ND News. Written neutral testimony #9047.

Madam Chair Lee closed the hearing on HB 1391 at 9:37 a.m.

Justin Velez, Committee Clerk

HB 1391 Medical Marijuana Inclusion of Edibles Testimony**Representative Gretchen Dobervich****March 15, 2021 9:00am**

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

HB 1391 would make edible products available for patients enrolled in the North Dakota Medical Marijuana program. Changes to current statute for edible medical cannabis products would include:

- At any given time, a registered qualifying patient, or a registered designated caregiver on behalf of a registered qualifying patient, could possess no more than five hundred milligrams of a cannabinoid edible product.
- Edible products would be limited to soft or hard lozenges in a geometric square shape
- The maximum concentration or amount of tetrahydrocannabinol permitted in a serving of a cannabinoid edible product would be ten milligrams.
- A manufacturing facility may not manufacture a cannabinoid edible product unless the manufacturing facility has received the prior approval of the department.
- A dispensary may not possess, market, or sell a cannabinoid edible product unless the dispensary has received the prior approval of the department.
- The department may not approve the manufacturing, possession, marketing, or sale of a cannabinoid edible product unless the department has reviewed and approved the form, manufacturing, packaging, labeling, and marketing of the cannabinoid edible product
- Manufacturing of a cannabinoid edible product must take place in a department licensed commercial kitchen that is inspected annually by the department.
- Packaging of a cannabinoid edible product must be resealable, must be child resistant, and may not be transparent.
- The maximum concentration or amount of tetrahydrocannabinol permitted in a package would be one hundred milligrams.
- Labeling of a cannabinoid edible product would be required to be in black arial font which provides the name of the product, manufacturer's information, ingredient list, milligrams of tetrahydrocannabinol per serving, and number of servings per package. The labeling may not include an image other than text would not be allowed.
- Target Marketing of edible cannabis products to minors would not be allowed
- The health council would be directed to adopt rules to regulate the form, manufacturing, packaging, labeling, and marketing of a cannabinoid edible product.

Edible cannabis products were included in the original medical cannabis bill and removed. Since the program started they have been a product patients have asked for. Edible medical cannabis products are easier to use for some patients, reduce the need for patients to make their own edibles and provide another alternative to smoking medical cannabis.

HB 1391 specifically outlines the way in which medical cannabis edibles can be produced, marketed, and sold. These changes are based on best practices the North Dakota Department of Health Medical Marijuana Division suggested based on experiences from other states with medical cannabis programs.

Ms. Chairwoman and Members of the Committee, this concludes my testimony. I stand for questions.

HOUSE BILL 1391

Testimony by Gail Pederson, SPRN, HN-BC

Thank you Mrs Lee and the Senate Human Services committee for allowing my testimony. I am Gail Pederson and I introduced myself earlier in HB 1359. I am from District 24 in Valley City.

As a cannabis nurse advocate, professional organizations recommend and I totally agree with the addition of an edible food product. As a medical person, I want to know the dosage and an edible food product can do just that. Micro dosing of 2.5 mg of a THC product is a good starting point. An edible allows for a longer time of action which is usually 4-6 hours. This is something important for proper medication management. Since us elderly are the largest growing group using cannabis, access is limited in facilities where recovering seniors may reside. Edibles are a way to provide legal access for those in this situation.

I do have trouble with the statement of the amount of edible a patient can possess (500mg). I would like to add to "500mg of a 'commercial' cannabinoid product." People are making their own edibles, usually with a gram of Full Spectrum Oil (FSO). That is 1000mg. Would a person be breaking the law for making their own under this language? That is a concern for me of the continued criminalization of this legal plant.

On page two Line 19, I would like to point out the misspelling of cannabinoid in the amended language.

Thank you to those who brought this forward. I stand for questions.

Madam Chair and Senate Human Services Committee,

My name is Jody Vetter from District 32. I am in favor a Bill 1391.

Having an edible product in the medical marijuana program will benefit the most ill of patients.

The Full Spectrum oil is very thick and must be heated in hot water before it will come out of the tube. The taste is not very good and is usually put on food. Some patients are very ill and having to do this is very difficult.

Medical Marijuana patients are responsible with their medicine. I encourage a DO PASS for Bill 1391.

Thank you,

Jody Vetter

To the North Dakota Senate Human Services Committee

My name is Dustin Peyer. I live in district 28. I am a sponsor of the Freedom of Cannabis ACT. I am asking you to amend 1420 , 1391, 1359, to include the right to grow cannabis for adult use. We must allow people to grow their own cannabis if they choose. This will create a free market balance and system of quality regulation created by the people themselves, not the government. 20 states have allowed and added home cultivation to their programs and there is no reason why North Dakota cannot do the same. This will provide patients and those who want adult use the Freedom to create and use cannabis as they see fit. A free society is not hampered down by unnecessary regulation and government overreach. How long do you think the 216,000 who voted for measure 5 will continue to accept prohibition lite and a legal state run cartel. A monopoly is taking over the North Dakota cannabis industry. While I support cannabis reform I strongly urge a do not pass until home cultivation is added. Is freedom still at the core of enough members to actually give it to the people. The Freedom of Cannabis ACT has a solid infrastructure and continues to grow every time cannabis rights are denied. Patients are paying some of the highest prices in the nation and deserve better. We all deserve better.

Cannabis Caucus amendment compromise

19 - 24.1 - 08.1. Qualifying patients and designated caregivers - Producing.

A North Dakota resident and qualifying medical marijuana patient may produce up to eight marijuana plants, at any stage beyond a non germinated seed, in an enclosed, locked facility.

The enclosed, locked facility may not be within one thousand feet [304.80 meters] of a property line of a public or private school.

The registered qualifying patient or designated caregiver shall give the medical marijuana advisory board a notice of intent to produce marijuana in an enclosed, locked facility out of sight from the public. The notice must include the qualifying patient's name, a copy of the written certification, and the address of the location where the marijuana will be produced. No fee may be charged.

What other states do.

Alaska– Alaska allows for at-home cultivation. Adults aged 21 and older can grow up to six marijuana plants. Used for either adult-use or medical purposes, growers must keep in mind that only three mature and flowering plants are permitted at any given time. Additionally, all plants must be grown out of public view and properly secured from unauthorized access.

Arizona– Arizona allows for at-home cultivation, but only if a registered patient lives more than 25 miles from their closest dispensary. State-approved patients can grow up to 12 plants.

California— California allows for at-home cultivation. Adults aged 21 and over each can grow up to six plants for recreational use, with only six plants allowed per residence at a given time. Registered medical cannabis patients, however, are allowed to grow the amount of cannabis required for their medical treatment. However, individual counties are able to set further home cultivation restrictions. It is best to check with your local jurisdiction before starting a home grow.

Colorado— Colorado allows for at-home cultivation. Recreational users can grow up to six plants, with three allowed to mature and flower at any time. Caregivers can grow additional plants, as they can be assigned to up to five patients. They are permitted to cultivate up to 36 plants. Medical patients are allowed to cultivate six plants as well, though they are also allowed to petition for, “greater amounts [when] medically necessary to address the patient’s debilitating medical condition.”

Hawaii— Hawaii allows for at-home cultivation. Before growing, medical patients must register as a cultivator with the state. Once approved, they can produce up to ten plants at a time.

Illinois— Illinois allows for at-home cultivation. Medical patients are permitted to grow their own cannabis, with up to five plants per household regardless of the number of patients living there.

Maine— Maine allows for at-home cultivation. Adults aged 21 and over can grow their own plants, each home can contain up to six mature and twelve immature plants. The state differentiates between medical and adult-use home grows, but the limits for cultivation are the same.

Massachusetts— Massachusetts allows for at-home cultivation. Both medical patients and recreational users aged 21 and over can grow up to six plants. If two adults live in one home, they can collectively produce twelve plants.

Michigan— Michigan allows for at-home cannabis cultivation. Recreational users are permitted to grow up to 12 plants at home. Medical patients can be permitted to cultivate if they are unable to access a medical dispensary due to financial hardship, physical incapability, or lives too far to access a dispensary reasonably. There is no set number of plants a medical patient can cultivate, but the grow is limited to “an amount needed to harvest a 60-day supply,” totaling ten ounces. Caregivers can provide support for up to five patients. They can grow for their patients once the caregiver registers with the state and they can grow up to 60 plants if taking care of five patients.

Missouri— Missouri allows for at-home cannabis cultivation. Medical cannabis patients can grow up to six plants in an enclosed and secured space at their homes. Home cultivators must pay an additional licensing fee to be approved.

Montana— Montana allows for at-home cannabis cultivation. Home growing is permitted to medical patients, who can grow up to four mature plants or 12 seedlings at any time. Two adults living together can grow up to eight mature plants and eight seedlings.

Nevada— Nevada allows for at-home cannabis cultivation. Adult-use growing is allowed if a person lives 25 miles or more away from the closest dispensary with a max of six plants per person or 12 in one household. A property owner or landlord can prohibit growing on their site, while the state requires all activities to occur in an enclosed, secure space. Medical cannabis patients CAN'T home cultivation if a dispensary opens in their county of residence. They are expected from this rule and can cultivate at home only if:

A dispensary is more than 25 miles from their residence

The cardholder is unable reasonably to travel to a medical marijuana dispensary

A strain or amount needed is not provided by a dispensary in their county

Or was already cultivating at home before July 1, 2013.

New Hampshire— New Hampshire allows for at-home cannabis cultivation. Medical patients and caregivers can grow up to three mature plants, as well as three immature plants and 12 seedlings. All plants must be stored in a secure location undetectable from the street or public view.

New Mexico— New Mexico allows for at-home cannabis cultivation. Medical patients and their caregivers have been allowed to cultivate up to 16 plants, with four allowed to be mature.

Oklahoma— Oklahoma allows for at-home cannabis cultivation. Medical patients can grow up to six mature plants and six seedlings.

Oregon— Oregon allows for at-home cannabis cultivation. Adults 21 and over have been allowed to grow up to four plants at home for their own personal use. Medical caregivers can grow up to eight plants but are capped at six adult plants at any time.

Rhode Island— Rhode Island allows for at-home cannabis cultivation. Qualified medical patients or caregivers are permitted to grow up to 12 plants and 12 seedlings on their property inside their home.

Vermont— Vermont allows for at-home cannabis cultivation. Adult residents are allowed to grow up to two mature plants at a time, with a max total of nine.

Washington— Washington allows for at-home cannabis cultivation. Medical patients are allowed to grow up to six plants at home, but they could grow more if they appeal to the state. If the appeal is successful, a person can grow up to 15 plants at a time. Adult-use recreational cultivation is still illegal.

Washington D.C.- Washington D.C. allows for at-home cannabis cultivation. Recreational users aged 21 years or older are allowed to cultivate and possess up to six plants at a time, with three being mature and three being seedlings. Home cultivation for medical purposes is not allowed in the nation's capital.

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Sakakawea Room, State Capitol

HB 1391
3/22/2021

A BILL for an Act to create and enact section 19-24.1-24.1 and a new subsection to section 19-24.1-36 of the North Dakota Century Code, relating to regulating edible medical marijuana products; to amend and reenact section 19-24.1-01 of the North Dakota Century Code, relating to definitions relating to medical marijuana products; and to declare an emergency.

Madam Chair Lee opened the discussion on HB 1391 at 3:21 p.m. Members present: Lee, K. Roers, Hogan, Anderson, Clemens, O. Larsen.

Discussion Topics:

- Packaging
- At-home edibles

Senator O. Larsen moves **DO NOT PASS**.

Senator Clemens seconded.

Senators	Vote
Senator Judy Lee	N
Senator Kristin Roers	N
Senator Howard C. Anderson, Jr.	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	N
Senator Oley Larsen	Y

The motion failed 3-3-0

Senator K. Roers moves **DO PASS**.

Senator Hogan seconded.

Senators	Vote
Senator Judy Lee	Y
Senator Kristin Roers	Y
Senator Howard C. Anderson, Jr.	N
Senator David A. Clemens	N
Senator Kathy Hogan	Y
Senator Oley Larsen	N

The motion failed 3-3-0

Senator K. Roers moves **WITHOUT COMMITTEE RECOMMENDATION**.

Senator Hogan seconded.

Senators	Vote
Senator Judy Lee	Y
Senator Kristin Roers	Y
Senator Howard C. Anderson, Jr.	Y

Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Oley Larsen	N

The motion passed 5-1-0

Senator K. Roers will carry HB 1391.

Additional written testimony: N/A

Madam Chair Lee closed the hearing on HB 1391 at 3:33 p.m.

Justin Velez, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1391: Human Services Committee (Sen. Lee, Chairman) recommends **BE PLACED ON THE CALENDAR WITHOUT RECOMMENDATION** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). HB 1391 was placed on the Fourteenth order on the calendar.