

2023 HOUSE HUMAN SERVICES

HB 1478

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1478
1/25/2023

Relating to the self-certification of an individual sixty-five years of age or older for the medical use of marijuana.
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Chairman Weisz called the meeting to order at 11:05 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, and Jayme Davis present. Rep. Gretchen Dobervich virtually present.

Discussion Topics:

- Determining debilitating conditions
- Traditional medical certification processes
- Certified conditions of elderly individuals
- Medicaid program

Rep. Schneider introduced HB 1478 with supportive testimony (#16730).

Courtney Koebele, Executive Director of the North Dakota Medical Association, opposition testimony (#21133).

Additional written testimony:

Gail Pederson, SPRN in Holistic Nursing and Cannabis Nurse educator, supportive testimony (#16617).

Patrick Finken, Chair of Brighter Future Alliance, opposition testimony (#16523).

Chairman Weisz adjourned the meeting at 11:25 AM

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1478
2/13/2023

Relating to the self-certification of an individual sixty-five years of age or older for the medical use of marijuana.
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Chairman Weisz called the meeting to order at 4:13 PM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Committee work
- Amendments (23.0714.04003)
- Terminal illness

Chairman Weisz called for a discussion on HB 1478 and the proposed amendment (#22701).

Representative Rohr moved to adopt amendment to HB 1478. (23.0714.04003)

Seconded by Representative Anderson.

Motion withdrawn by Representative Rohr.

Chairman Weisz adjourned the meeting at 4:25 PM.

Phillip Jacobs, Committee Clerk By: Leah Kuball

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1478
2/14/2023

Relating to the self-certification of an individual sixty-five years of age or older for the medical use of marijuana.
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Chairman Weisz called the meeting to order at 9:06 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

Discussion Topics:

- Committee work
- Amendments
- Terminal illness

Chairman Weisz called for a discussion on HB 1478 and the proposed amendment (23.0714.04004).

Vice Chairman Ruby explained the proposed amendment to HB 1478.

Vice Chairman Ruby moved to adopt amendment to HB 1478.

Seconded by Rep. Porter.

Committee discussion

Motion carries by voice vote.

Rep. Dobervich moved a do pass as amended on HB 1478.

Seconded by Rep. Frelich.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y

Representative Dawson Holle	Y
Representative Dwight Kiefert	N
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion carries 13-1-0.

Representative McLeod will carry the bill.

Chairman Weisz adjourned the meeting at 9:14 AM.

Phillip Jacobs, Committee Clerk By: Donna Knutson

February 14, 2023

KA
2-14-23

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1478

- Page 1, line 2, replace "an individual sixty-five years of age or older" with "an individual admitted into the hospice program"
- Page 1, line 3, after "marijuana" insert "; and to amend and reenact section 19-24.1-04.1 of the North Dakota Century Code, relating to designated caregivers and criminal history record check exemptions"
- Page 1, line 7, replace "**Senior**" with "**Hospice program**"
- Page 1, line 8, remove "an individual sixty-five"
- Page 1, remove lines 9 and 10
- Page 1, line 11, replace "as needed to establish eligibility." with "an individual admitted into the hospice program as defined in chapter 23-17.4 may submit to the department a copy of the individual's medical records identifying a designation of being admitted into the hospice program."
- Page 1, line 11, replace "the form" with "medical records"
- Page 1, line 12, remove ", or require additional"
- Page 1, line 13, remove "information including medical documentation or medical records"
- Page 1, line 14, replace "thirty" with "fourteen"
- Page 1, line 15, after the underscored period insert "The department shall waive the registration fee for a qualifying patient applicant admitted into the hospice program."

SECTION 2. AMENDMENT. Section 19-24.1-04.1 of the North Dakota Century Code is amended and reenacted as follows:

19-24.1-04.1. Designated caregivers - Criminal history record check exemption.

The department may waive the requirement for a registered designated caregiver to obtain a criminal history record check under section 12-60-24 if the registered designated caregiver is solely assisting a registered qualifying patient whose debilitating medical condition is a terminal illness or if the registered designated caregiver is solely assisting a registered qualifying patient who is admitted into the hospice program. A registered designated caregiver seeking a waiver under this section shall provide the department with a written statement attesting the caregiver has not been convicted of a drug-related misdemeanor offense within the five years preceding the date of application or a felony offense. If a waiver is issued under this section, the registered designated caregiver's registry identification card is valid for a period not to exceed six months."

Renumber accordingly

REPORT OF STANDING COMMITTEE

HB 1478: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). HB 1478 was placed on the Sixth order on the calendar.

Page 1, line 2, replace "an individual sixty-five years of age or older" with "an individual admitted into the hospice program"

Page 1, line 3, after "marijuana" insert "; and to amend and reenact section 19-24.1-04.1 of the North Dakota Century Code, relating to designated caregivers and criminal history record check exemptions"

Page 1, line 7, replace "**Senior**" with "**Hospice program**"

Page 1, line 8, remove "an individual sixty-five"

Page 1, remove lines 9 and 10

Page 1, line 11, replace "as needed to establish eligibility." with "an individual admitted into the hospice program as defined in chapter 23-17.4 may submit to the department a copy of the individual's medical records identifying a designation of being admitted into the hospice program."

Page 1, line 11, replace "the form" with "medical records"

Page 1, line 12, remove ". or require additional"

Page 1, line 13, remove "information including medical documentation or medical records"

Page 1, line 14, replace "thirty" with "fourteen"

Page 1, line 15, after the underscored period insert "The department shall waive the registration fee for a qualifying patient applicant admitted into the hospice program."

SECTION 2. AMENDMENT. Section 19-24.1-04.1 of the North Dakota Century Code is amended and reenacted as follows:

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Renumber accordingly

2023 SENATE HUMAN SERVICES

HB 1478

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

HB 1478
3/14/2023

Relating to the self-certification of an individual admitted into the hospice program for the medical use of marijuana; and relating to designated caregivers and criminal history record check exemptions.

9:30 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Clemens, K. Roers, Weston**, are present. **Senators Cleary and Hogan** were absent.

Discussion Topics:

- Marijuana for hospice patients
- Marijuana eligibility
- Waiving medical certification
- Cancer pain relief
- Holistic nursing
- Cannabis for terminal patients
- Caregiver card

9:30 AM **Representative Schneider** introduced HB 1478 and testified in favor #24754.

9:39 AM **Gail Pederson, SPRN in Holistic Nursing, Cannabis Nurse Educator, Member of the American Cannabis Nurses Association's Government Policy and Advocacy Committee**, testified in favor. #24620.

9:47 AM **Courtney Koebele, Executive Director, ND Medical Association**, testified neutral verbally.

9:48 AM **Jason Wahl, Medical Marijuana Director ND Department of Human and Health Services** provided additional information neutral verbally.

9:56 AM **Madam Chair Lee** adjourned the hearing.

Senator Lee calls for discussion.

Senator K. Roers moved **DO PASS**.

Senator Weston seconded the motion.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	AB
Senator David A. Clemens	Y
Senator Kathy Hogan	AB
Senator Kristin Roers	Y
Senator Kent Weston	Y

The motion passed 4-0-2.

Senator K. Roers HB will carry HB 1478.

9:58 AM **Madam Chair** closed the hearing.

Patricia Lahr, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1478, as engrossed: Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** (4 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). Engrossed HB 1478 was placed on the Fourteenth order on the calendar. This bill does not affect workforce development.

TESTIMONY

HB 1478

2023 North Dakota Legislative Session
Testimony in Opposition to HB 1478

Patrick Finken, Chair
Brighter Future Alliance

The Brighter Future Alliance led the 2022 campaign to defeat Measure 2 and the legalization of marijuana. We were joined by the North Dakota Sheriff's and Deputies Association, the North Dakota Police Chief's Association, the North Dakota Peace Officers Association, the North Dakota Farmers Union, the North Dakota Farm Bureau, the Greater North Dakota Chamber, the North Dakota Petroleum Council, the Lignite Energy Council, the North Dakota Catholic Council, the North Dakota Family Alliance, and the North Dakota Medical Association.

While we understand that some changes to the laws governing the availability of marijuana for certified medical needs will require tweaks from time to time, we believe HB 1478 goes too far. We believe the concept of self-certification gives people an all-to-easy avenue to circumvent the prohibition on recreational cannabis use and will lead to diversion and expanded non-medical use.

The voters of North Dakota have clearly spoken, not once, but twice. They oppose the recreational sale and use of marijuana. We encourage this committee to honor the will of the people and oppose any legislation that would facilitate, intended or otherwise, the recreational use of cannabis.

Please vote Do Not Pass on HB 1478.

January 24, 2023

Thank you Chairman Weisz and The Human Services committee for allowing my testimony today. I am Gail Pederson, from District 24 in Valley City. SPRN in Holistic Nursing, Cannabis Nurse educator and a member of the American Cannabis Nurses association's Government Policy and Advocacy Committee. I am speaking in favor of House Bill 1478, relating to the self-certification of an individual 65 years or older for medical cannabis use.

Senior citizens are the fastest growing demographic for medicinal cannabis use. An increasing percentage of older adults are turning to the use of cannabis exclusively for therapeutic purposes. In a survey of Medicare recipients, 21 percent of respondents reported that they were current users of cannabis for medical purposes. Survey respondents were most likely to report using cannabis products to address symptoms of anxiety, chronic pain, depression, glaucoma, and HIV/AIDS.

An increasing body of scientific data shows that the use of cannabis by older adults is associated with improvements in their overall quality of life. In *Frontiers of Medicine*, An article titled *Adherence, Safety, and Effectiveness of Medical Cannabis and Epidemiological Characteristics of the Patient Population: A prospective study* states

“We describe the characteristics and outcomes of approximately 10,000 patients treated with medical cannabis. ... Quality of life (QOL) was assessed both at intake and at 6 months in 4,143 patients. While only 12.9% of patients reported good QOL prior to treatment initiation, 69.9% reported good QOL at 6 months. ... Results showed high adherence, high safety with a low incidence of adverse events, and a high rate of effectiveness in the prescribed treatment, as well as a decrease in pain levels, improvement in QOL, and a reduction in the consumption of concomitant medications.”

Why is this bill necessary? One simple word. Access! According to Americans for Safe Access State of the State report for 2021, North Dakota has a D- rating. The rating for access to medicine is 10/100. We can do better. The “bonafide relationship” in our law has created exactly what the legislators did not want our program to have. Right now, a patient/senior citizen wanting to utilize cannabis has 3 possibilities. One, their provider does certify. Two they are interested but don't even bother asking as they know their provider won't certify, or #3-they doctor shop. That comes at great out of pocket patient expense. I've heard \$200-400 every 6 to 8 months for some patient's recertification. More often than not, the patient has a better understanding of how cannabis works than their provider. This rift has caused patients to leave their long standing providers that will not certify them, because of either an unspoken or spoken institutional ban or no desire as a provider to learn about the important endocannabinoid system-now being called the master system. This amendment could actually strengthen bonafide provider-patient relationships, allowing patients to break the myths of cannabis therapeutics with their long time providers. I am fortunate that my long time provider trusted my knowledge. I am certified within my usual check ups....it is not any extra charge. This bill would allow for an important change for those that don't have this support.

Problems with access for senior citizens also comes with cost and difficulty getting cannabis products. We have the most expensive products in the country and honestly, some of the poorest quality I have encountered. Our dispensaries do offer a 10 or 20% discount for seniors. Personally, recently retired and on a fixed income for the first time, I have struggled with the price, as I had to choose between an expensive prescription drug and cannabis. I have taken advantage of changes made last legislative session and have a caregiver in a city with a dispensary. If there is a sale on a product I use, I do not have to travel the 120 miles just to purchase it. My caregiver can purchase it and I am able to pick it up when I have to make a trip to the larger metropolitan area.

Access, our patients need access no matter if they are a senior citizen or not. Our program does not provide easy access. This is one small step. Please vote favorably for HB 1478. Thank you. I stand for questions.

Gail Pederson, SPRN. HN-BC
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Bill Presentation and Testimony in Support of HB 1478
By Representative Mary Schneider
House Human Services Committee, Robin Weisz, Chair
Wednesday, January 25, 2023

Chairman Weisz and Members of the Human Services Committee:

House Bill 1478 is just a little bill—but it has a big heart. I don't know if it will help a lot of people, but it could help some very vulnerable people who need some support.

HB 1478 would allow an individual over 65 the option to use a form developed by the Department of Human Services Division of Medical Marijuana (Division), with the verifications and information the Division needs, to establish their debilitating condition and eligibility for medical marijuana without necessarily having to go through the traditional medical certification process. It's similar in nature to the process currently in the law for veterans.

Veterans using Veterans Administration doctors had trouble getting medically certified because their doctors work for the federal government, and marijuana, even medical marijuana, is illegal under federal law. Well, I was told by two elderly constituents that their doctors wouldn't certify them because their visits were on Medicare, a federal program. Now that's probably an erroneous position, but it did happen because the person was elderly. Neither had another doctor, or private insurance, so gave up. Both had serious and obviously debilitating conditions that would have been well documented in medical records, but when their doctors declined to certify them, they just gave up.

There are other aging factors that present additional barriers for elders, too, that justify treating the elderly differently. They may have issues with technology—not having it, or not knowing how to use it, or neurologically being confused by it. There may be poverty issues, transportation issues, or isolation that make it more difficult to get certified.

There are still whole medical systems that don't allow their personnel to certify eligibility for medical marijuana, and an older, debilitated person may not be able to get another doctor because of distance, expense, or unavailability. And although such barriers are not unique to people in their sixties, seventies, or eighties, they may happen more frequently to them, and may be more difficult for them to overcome.

Let me give you a recent example, I know too well. This man was 74, and was my husband, Mark. I was his caretaker. By the time he thought medical marijuana would be worth serious use for his cancer pain, he was already pretty sick. He had stage 4 metastasized urothelial cancer and was terminal. Although he'd been a brilliant attorney, he couldn't have used the computer adequately or gotten through the application process.

Even though he frequently saw various doctors in a large medical health system, that system discouraged certification by its medical personnel, so those medical professionals weren't able or willing to do the medical certification. A blindfolded person, however, could have reached into his huge medical record and pulled out a page that would have documented his condition. Nevertheless, he had to find someone else to certify.

Mark went to another clinic where he'd had a general practitioner who had no problem certifying generally, but that doctor had just left the clinic where he'd practiced for years. Mark said any doctor would do, but the clinic policy had changed, and the clinic no longer allowed their doctors to certify. It took almost two months for Mark's longtime GP to get settled in his new clinic, change his Medical Marijuana information, get a new email, and get ready to see patients. But then Mark had to make an appointment "to establish a relationship" with the new clinic. Mark was really too sick to go by the time he was scheduled, but wanted to attend the appointment anyway. Mark was least uncomfortable lying flat, so the trip by car and in a wheelchair caused him terrible pain. The certification visit was excruciating, with his tumors pushing on his spine as he sat moaning in the waiting room. The doctor took a quick look at him, said of course he would complete the certification, and immediately sent him home. All that torture and misery could have been avoided with this bill.

The approval process at the Division, after the doctor's paperwork was filed, was blessedly smooth, and the effects of the medical marijuana amazing. Mark was two months from dying at that point, on Hospice at home, and on heavy doses of both Fentanyl patches and morphine. But strangely, when he needed relief from unbearable levels of pain, the medical marijuana often gave him the best relief. I don't use any drugs or marijuana, and I don't know why it worked, but I would want for others the assistance that medical marijuana gave Mark. He could have had several more months with less suffering if this bill had been law, because someone in the Division, in this building, would have looked at him, or any part of his record, and would have known he was eligible.

HB 1478 just respects the Division's ability to determine eligibility for some elderly people without making them jump through hoops they can't negotiate. And the Division will have the authority to require medical or other verification as needed.

I wish I could say this is a novel idea, but it's not. Other places are even more accepting and accommodating when it comes to helping seniors access medical marijuana when appropriate. Last February, for example, the Mayor of Washington, D.C., signed an act changing the District's medical marijuana law, "to ease registration burdens for seniors entering or remaining in the program." He said, "The recent act permits D.C. residents 65 years of age and older to **self-certify** that they will use cannabis for medical purposes, in lieu of including a recommendation from their healthcare practitioner with their registration application, as is required for all other applicants." Expressed another way, they take a senior's word for it.

This bill doesn't go that far, but will allow the Division to develop a form, supplemented with any needed information and verifications, to assist elderly folks through barriers that might otherwise cause them to fail in getting help, getting relief from pain. The Division has the professionalism, experience, and expertise to do that. I trust them, and I trust our North Dakota elders, and I think you can, too. Please give HB 1478 a chance to do some good.



**House Human Services Committee
HB 1478
January 25, 2023**

Good morning, Chairman Weisz and Committee Members. I am Courtney Koebele and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA is opposed to HB 1478. This bill allows persons over 65 to bypass medical certification. This category of patients is uniquely susceptible because of the number of chronic conditions and medications in that age category.

At this point we don't know if the certification process is a barrier, but there are good public health reasons to keep the certification process in the law.

Marijuana is an addictive drug that can have significant adverse public health impacts, particularly if used in combination with medications a patient may already be prescribed. Or is the goal is to have access to medical marijuana for non-medicinal purposes? This bill has that effect in allowing people over age 65 to directly apply for a medical marijuana card without any health care professional oversight.

Thank you for your time today. I would be happy to answer any questions you may have.

Drug interactions with cannabinoids

Tony Antoniou PhD, Jack Bodkin BScPhm, Joanne M.-W. Ho MD MSc

■ Cite as: *CMAJ* 2020 March 2;192:E206. doi: 10.1503/cmaj.191097

1 Cannabinoid levels can be increased by other medications

Delta-9-tetrahydrocannabinol (THC) and cannabidiol are pharmacologically active cannabinoids in marijuana that are metabolized by cytochrome P450 (CYP)3A4; THC is also metabolized by CYP2C9, a liver enzyme.¹ A pharmacokinetic study found that the CYP3A4 inhibitor ketoconazole nearly doubled THC and cannabidiol concentrations,² and similar interactions could occur with other CYP3A4 inhibitors, including macrolides and verapamil, augmenting the psychoactive effects of THC and dose-related adverse effects of cannabidiol (e.g., somnolence, transaminase elevation).^{1,2} CYP2C9 inhibitors such as cotrimoxazole, fluoxetine and amiodarone would also be expected to increase THC exposure and psychoactive effects.¹

2 Cannabinoids can affect levels of other drugs

Cannabidiol inhibits CYP2C19, increasing levels of the active metabolite of clobazam threefold.^{1,3} Interactions with other drugs metabolized by CYP2C19 (Appendix 1, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.191097/-/DC1) should be anticipated. Very high international normalized ratio levels and bleeding have been reported with combined use of warfarin and marijuana.¹ A case reporting a threefold increase in tacrolimus levels following the addition of cannabidiol shows that CYP3A4/5 inhibition can also occur.⁴

3 Smoking marijuana can increase clearance of some drugs

Smoked marijuana increases the clearance of theophylline 40%.¹ Similar findings would be expected for other drugs metabolized by CYP1A2, such as olanzapine. Increased drug clearance occurs with regular marijuana use (> 2 marijuana cigarettes per week); no effect of occasional use has been reported.

4 Additive effects can occur with other drugs

Additive effects can occur when marijuana is combined with sympathomimetics (e.g., tachycardia, hypertension), central nervous system depressants such as alcohol and opioids (e.g., drowsiness, ataxia), and anticholinergics (e.g., tachycardia, confusion).⁵

5 There are potential “red flag” interactions

Though further research is needed, marijuana may have serious interactions with drugs including warfarin (increased international normalized ratio and risk of bleeding); clobazam (increased risk of benzodiazepine toxicity); central nervous system depressants and sympathomimetics (additive effects); and theophylline, clozapine and olanzapine (reduced efficacy). Patients should be advised about possible increased cannabinoid effects with concomitant CYP3A4 and 2C9 inhibitors (Appendix 1).^{1,5} Alternatives that do not interact with marijuana should be selected when clinically feasible.

References

1. Cox EJ, Maharao N, Patilea-Vrana G, et al. A marijuana-drug interaction primer: precipitants, pharmacology, and pharmacokinetics. *Pharmacol Ther* 2019;201:25-38.
2. Stott C, White L, Wright S, et al. A Phase I, open-label, randomized, crossover study in three parallel groups to evaluate the effect of Rifampicin, Ketoconazole, and Omeprazole on the pharmacokinetics of THC/CBD oromucosal spray in healthy volunteers. *Springerplus* 2013;2:236.
3. Geffrey AL, Pollack SF, Bruno PL, et al. Drug-drug interaction between clobazam and cannabidiol in children with refractory epilepsy. *Epilepsia* 2015;56:1246-51.
4. Leino AD, Emoto C, Fukuda T, et al. Evidence of a clinically significant drug-drug interaction between cannabidiol and tacrolimus. *Am J Transplant* 2019;19:2944-8.
5. Lucas CJ, Galettis P, Schneider J. The pharmacokinetics and the pharmacodynamics of cannabinoids. *Br J Clin Pharmacol* 2018;84:2477-82.

Competing interests: None declared.

This article has been peer reviewed.

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23.0714.04003
Title.

Prepared by the Legislative Council staff for
Representative Schneider
January 31, 2023

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1478

Page 1, line 2, replace "the self-certification of an individual sixty-five years of age or older" with "alternative certification"

Page 1, line 7, replace "**Senior**" with "**Alternative certification**"

Page 1, line 8, replace "sixty-five" with "eighteen"

Page 1, line 10, after the first "a" insert "terminal"

Page 1, line 10, replace "and" with ", approval for hospice care, or"

Page 1, line 11, after "eligibility" insert "if there is a serious impediment to obtaining a certification under section 19-24.1-03"

Page 1, line 13, replace "or" with an underscored comma

Page 1, line 13, after "records" insert ", or a medical or pharmacological review"

Renumber accordingly

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

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

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

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

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

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

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

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

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

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

Gail Pederson, SPRN, HN-BC
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Bill Presentation and Testimony in Support of HB 1478

By Representative Mary Schneider

Senate Human Services Committee, Judy Lee, Chair

Tuesday, March 14, 2023

Chairman Lee and Members of the Human Services Committee:

House Bill 1478 was just a little bill when it started and is much smaller now. I do not know if it will help a lot of people, but it could help some very vulnerable people who need some support.

HB 1478 originally would have allowed an individual over 65 the option to use a form developed by the Department of Human Services Division of Medical Marijuana (Division), with the verifications and information the Division needs, to establish their debilitating condition and eligibility for medical marijuana without necessarily having to go through the traditional medical certification process. It's similar in nature to the process currently in the law for veterans.

Veterans using Veterans Administration doctors had trouble getting medically certified because their doctors work for the federal government, and marijuana, even medical marijuana, is illegal under federal law.

Well, some older persons ran into similar barriers plus those created by advanced age and infirmity.

I was told by two elderly constituents that their doctors would not certify them because their visits were on Medicare, a federal program. Now that is probably an erroneous position, but it did happen because the person was elderly. Neither had another doctor, or private insurance, so gave up. Both had serious and obviously debilitating conditions that would have been well-documented in medical records, but when their doctors declined to certify them, they quit rather than fight the decision.

That position of the medical providers may have been from Center for Medicaid Services (CMS) policy that finds federally illegal medical marijuana non-reimbursable, or from something else entirely. And other doctors have other reasons for not assisting their patients with medical marijuana. I have not once heard expressed a concern for the medical health, drug interactions, or the welfare of patients, but have heard fairly consistently from doctors that it's against their health system's policy or their employer's administration has discouraged it.

If turned down, an older, debilitated person may not be able to get another doctor because of distance, expense, or unavailability. And although such barriers are not unique to people in their sixties, seventies, or eighties, they may happen more frequently to them, and may be more difficult for them to overcome.

There are other aging factors that present additional barriers for elders, too, that justified treating the elderly differently. They may have issues with technology—not having it, or not knowing how to use it, or neurologically being confused by it. There may be poverty issues, transportation issues, or isolation that make it more difficult to get certified.

Let me give you a recent example, I know too well. This man was 74, and was my husband, Mark. I was his caretaker. By the time he thought medical marijuana would be worth serious use for his cancer pain, he was already sick. He had stage 4 metastasized urothelial cancer and was terminal. Although he'd been a brilliant attorney, he couldn't have used the computer adequately or gotten through the application process because his focus and concentration were undermined by pain and heavy doses of fentanyl and morphine.

Even though he frequently saw various doctors in a large medical health system, that system discouraged certification by its medical personnel, so those medical professionals weren't able or willing to do the medical certification. A blindfolded person, however, could have reached into his huge medical record and pulled out a page that would have documented his condition. Nevertheless, he had to find someone else to certify him for medical marijuana.

Mark had gone in the past to another clinic where he'd had a general practitioner who had no problem certifying generally, but that doctor had just left the clinic where he'd practiced for years. Mark said any doctor would do, but the clinic policy had changed, and the clinic no longer allowed their doctors to certify. It took almost two months for Mark's longtime GP to get settled in his new clinic, change his Medical Marijuana information, get a new email, and get ready to see patients. But then Mark had to make an appointment "to establish a relationship" with the new clinic. Mark was really too sick to go by the time he was scheduled but wanted to attend the appointment anyway. Mark was least uncomfortable lying flat, so the trip by car and in a wheelchair caused him terrible pain. The certification visit was excruciating, with his tumors pushing on his spine as he sat moaning in the waiting room. The doctor took a quick look at him, said of course he would complete the certification, and immediately sent him home. All that torture and misery could have been avoided with this bill in any of its forms.

The approval process at the North Dakota Division of Medical Marijuana, after the doctor's paperwork was filed, was blessedly smooth, and the effects of the medical marijuana amazing. Mark was two months from dying at that point, on Hospice at home, and on heavy doses of both Fentanyl patches and morphine. But strangely, when he needed relief from unbearable levels of pain, the medical marijuana often gave him the best relief. In addition, Mark had stopped eating, and after his first use of medical marijuana, he shocked us all by saying, "Hey, what's for dinner?"

I don't use any drugs or marijuana, and I don't know why it worked for severe cancer pain or why it improved appetite, but I would want for others the assistance that medical marijuana gave Mark. He could have had several more months with less suffering if this bill had been law

because someone in the Division, in this building, would have looked at him, or any part of his record, and would have known he was eligible. After I proposed this bill, others in the House shared their difficulties with medical certification requirements. Representative Henderson said I could share that her mother died before the family could get her through the process.

HB 1478 as amended just respects the Division's ability to determine eligibility for some dying elderly people without making them jump through hoops they can't negotiate. And the Division will have the authority to require medical or other verification as needed.

I wish I could say this is a novel idea, but it is not. Other places are even more accepting and accommodating when it comes to helping seniors access medical marijuana when appropriate. Last February, for example, the Mayor of Washington, D.C., signed an act changing the District's medical marijuana law, "to ease registration burdens for seniors entering or remaining in the program." He said, "The recent act permits D.C. residents 65 years of age and older to **self-certify** that they will use cannabis for medical purposes, in lieu of including a recommendation from their healthcare practitioner with their registration application, as is required for all other applicants." Expressed another way, they take a senior's word for it.

This bill doesn't go that far, but will allow Hospice patients, and some of their caregivers, through barriers that might otherwise cause them to fail in getting help, getting relief from pain. The Division has the professionalism, experience, and expertise to certify them without the hassles, if that is warranted. I trust them, and I trust our North Dakota elders, and I think you can, too. Please give HB 1478 a chance to do some good.