

HB 1359 Caregiver/Advisory Board Testimony
by Gail Person, SPRN, HN-BC.

Thank you chairman Weisz and committee members for this opportunity to appear today. I am here to speak for HB 1359, but I will offer amendments to it. I am Gail Pederson from Valley City, District 24. I am a Special Practice Registered Nurse in Holistic Nursing and a Board Certified Holistic Nurse. My scope of practice includes cannabis education and consultation. I have a continuing education program approved by the ND BON for 1.5 hrs, entitled "Cannabis 101: What Medical Professionals Need to Know" based on the National Counsel for State Boards of Nursing "Guidelines for the Nursing Care of Patients Who Use Cannabis. I am a member of the American Nurses Association, The American Cannabis Nurses Association and The Cannabis Nurses Network. I have over 40 hours of cannabis therapeutics education in the last 2 years, and have the extensive network of these organizations and medical professionals. They are researching, educating and solving problems with legislation and implementation of medical cannabis in their states and federally. I am also a medical cannabis patient. I will refer to it as cannabis, it's true scientific name.

While HB 1359 is a wonderful start, it does not go far enough for our states most vulnerable people who may benefit from medical cannabis. That is pediatrics, disabled adults and the elderly. Since our product and the true implementation has started after the last legislative session, problems have arisen which were not visibly apparent until implementation.

If you do not know the history of the word "marijuana", it is worth looking into.

Through the ACNA, I am on a national long term care (LTC) working group for cannabis access in LTC facilities. The elderly are the largest growing group utilizing cannabis as medicine. What this working group comes down to, besides setting up a research project with cannabis and dementia, is finding a work around to federal regulations restricting organizations who receive federal funds from allowing cannabis in their facility. This includes organizations for most any major health system. The developmentally delayed/adult disabled population is personally important to me since I have a 30 yo son in this category. I am also on the Board of

Directors for the organization he is connected to, The Open Door Center in Valley City.

The 3 proposed caregivers is inadequate for someone needing 24/7/365 days a year coverage with cannabis and cannot, because of disability, age or institutionalization is unable to be responsible for themselves and the product.

The situations I will tell you about are personal. They represent flaws in the program.

My sister in Law Sam suffered from difficult to control seizures after being hit by a car when she was 11. She was on every new seizure medication that came out as she aged. She was never seizure free. The horrendous side effects she endured from the medications, from having to have her gums carved down, to liver complications, they never did control her seizures. She had many “scary spells” throughout the day. She was a zombie because of her medication. She died a little over a year ago at the age of 60. We had talked to her neurologist about using cannabis, but never pursued it because of her living in a group home setting and the restrictions we faced. She was not being treated as a normal citizen.

Ronnie and Alexa. Ronnie is a sweet boy whose mom Alexa was instrumental in adding Autism Spectrum Disorder to our list of conditions last session. I received the North Dakota Legendary Nurse award for Advocacy in 2019, nominated by Alexa. She had to wait for his bus to give him his afternoon dose and missed presenting me the award by 10 minutes. They are not being treated as a normal citizens.

Matt is 35 years old and has Cerebral palsy. He lives in his own apartment with the help of caregivers. Matt got his card early in the program, but because of the difficulty of a single caregiver providing for him, it was inconsistent in finding him a solution for his spasms, nausea and anxiety. He let his card lapse without really being able to see if cannabis worked for him. Matt does not have the rights of a healthy North Dakotan.

Jonathan's is a young man who lives in a group home setting. His neurologist recommended that his parents/guardians try CBD. It worked! He slept on the days they saw him and were able to give it to him. His mother's testimony will hopefully be heard today.

Below is the DESIRED AMENDMENT TO HB 1359

SECTION 2. A new subsection to section 19-24.1-05 of the North Dakota Century Code is created and enacted as follows: A registered qualifying patient may have no more than one registered designated caregiver, except in the case that the registered qualifying patient is not capable of one or more of the following: purchase, possession or self-administration of medical cannabis. Such incapability shall be determined by the patient's status as a minor, division review of medical records or a written attestation by the condition-certifying health care provider that the patient is not capable of one or all of the following: purchase, possession, or self-administration of medical cannabis. In such cases the registered qualifying patient may have no more than five registered designated caregivers. Only 2 of those 5 registered caregivers will have the ability to purchase product and will be designated as such on their application.

I agree with the formation of the advisory board under 19-24.1-38, but would like to have at least two patients represented or several more “at large” positions. The Advisory board is currently filled with those who were active in implementation. It is now time to shift to a patient centered group that is concerned with the functionality, transparency and consumer safety of our program.

Thank you to those representatives that have heard the need for more representation for patients. It is time to take care of all of our citizens equally and removed the criminality of this plant. I leave with you the 6th and final basic principle from the NCSBN guidelines. I have paraphrased adding legislator instead of nurse, constituent instead of patient.

“In addition to ethical responsibilities under the legislator’s jurisdictional law. The legislator shall approach the constituent without judgement regarding their choice of treatment or preferences in managing pain or other distressing symptoms. Awareness of one’s own beliefs and attitudes about any therapeutic intervention is vital, as you are expected to provide care for your constituents without personal judgment.”

Thank you for considering this change. I will stand for questions.