

# Committee Report

**CONSENT CALENDAR**

**February 7, 2019**

**HOUSE OF REPRESENTATIVES**

**REPORT OF COMMITTEE**

**The Committee on Health, Human Services and Elderly  
Affairs to which was referred HB 335,**

**AN ACT relative to therapeutic cannabis dispensary  
locations. Having considered the same, report the same  
with the recommendation that the bill OUGHT TO PASS.**

**Rep. Jerry Knirk**

**FOR THE COMMITTEE**

## COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 335
Title:	relative to therapeutic cannabis dispensary locations.
Date:	February 7, 2019
Consent Calendar:	CONSENT
Recommendation:	OUGHT TO PASS

### STATEMENT OF INTENT

Currently, two of the four geographic areas for therapeutic cannabis distribution are authorized to establish a satellite facility within the same geographic area. This bill extends that authority to all four geographic areas. The long commute which some patients face is a significant hurdle for many qualifying patients. Opening satellite alternative treatment centers will relieve this significant burden.

Vote 20-1.

Rep. Jerry Knirk  
FOR THE COMMITTEE

Original: House Clerk  
Cc: Committee Bill File

## CONSENT CALENDAR

Health, Human Services and Elderly Affairs

**HB 335**, relative to therapeutic cannabis dispensary locations. **OUGHT TO PASS.**

Rep. Jerry Knirk for Health, Human Services and Elderly Affairs. Currently, two of the four geographic areas for therapeutic cannabis distribution are authorized to establish a satellite facility within the same geographic area. This bill extends that authority to all four geographic areas. The long commute which some patients face is a significant hurdle for many qualifying patients. Opening satellite alternative treatment centers will relieve this significant burden. **Vote 20-1.**

Original: House Clerk

Cc: Committee Bill File

Old  
Shuler

# COMMITTEE REPORT

COMMITTEE: Health

BILL NUMBER: HB 335

TITLE: relative to therapeutic cannabis  
dispensary locations

DATE: \_\_\_\_\_ CONSENT CALENDAR: YES  NO

- OUGHT TO PASS
- OUGHT TO PASS W/ AMENDMENT
- INEXPEDIENT TO LEGISLATE
- INTERIM STUDY (Available only 2<sup>nd</sup> year of biennium)

Amendment No. _____
------------------------

**STATEMENT OF INTENT:**

See reverse side

IN 2018 THE LEGISLATURE PASSED SB 388 WHICH ALLOWED TWO  
THERAPEUTIC CANNABIS LICENSEES TO OPEN <sup>EACH</sup> A SATELLITE <sup>ALTERNATIVE TREATMENT</sup> ATC'S <sup>CENTER</sup>  
IN ~~AN~~ UNDERSERVED AREA. THIS BILL REPEALS THAT AND ALLOWS  
EACH OF THE ALTERNATIVE TREATMENT CENTERS ~~TO~~ (OF WHICH THERE  
ARE CURRENTLY FOUR) <sup>EACH</sup> TO OPEN A SATELLITE FACILITY.  
THE LONG COMMUTE ~~TO~~ WHICH SOME PATIENTS FACE IS A SIGNIFICANT  
HURDLE <sup>FOR</sup> ~~TO~~ MANY QUALIFYING PATIENTS. OPENING SATELLITE ATC'S  
WILL RELIEVE THIS SIGNIFICANT BURDEN.

COMMITTEE VOTE: 20-1

RESPECTFULLY SUBMITTED,

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Copy to Committee Bill File</li> <li>• Use Another Report for Minority Report</li> </ul> |
|---|

Rep. JERRY KNIRK  
For the Committee

~~Currently two <sup>statutory</sup> areas are authorized~~  
to

Currently, two of the four geographic areas for therapeutic cannabis distribution are authorized to establish a satellite facility within the same geographic area. This bill extends that authority to all four geographic areas.

# Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 335

**BILL TITLE:** relative to therapeutic cannabis dispensary locations.

**DATE:** February 7, 2019

**LOB ROOM:** 205

**MOTIONS:** OUGHT TO PASS

Moved by Rep. Knirk


Seconded by Rep. Acton

Vote: 20-1

**CONSENT CALENDAR: YES**

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,

  
Rep Susan Ticehurst, Clerk



HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 335

BILL TITLE: relative to therapeutic cannabis dispensary locations.

DATE: 2-7-19

LOB ROOM: 205

MOTION: (Please check one box)

- OTP                       ITL                       Retain (1<sup>st</sup> year)                       Adoption of Amendment # \_\_\_\_\_  
 Interim Study (2nd year)                      (if offered)

Moved by Rep. Knork                      Seconded by Rep. Acton                      Vote: \_\_\_\_\_

MOTION: (Please check one box)

- OTP                       OTP/A                       ITL                       Retain (1<sup>st</sup> year)                       Adoption of Amendment # \_\_\_\_\_  
 Interim Study (2nd year)                      (if offered)

Moved by Rep. \_\_\_\_\_                      Seconded by Rep. \_\_\_\_\_                      Vote: \_\_\_\_\_

MOTION: (Please check one box)

- OTP                       OTP/A                       ITL                       Retain (1<sup>st</sup> year)                       Adoption of Amendment # \_\_\_\_\_  
 Interim Study (2nd year)                      (if offered)

Moved by Rep. \_\_\_\_\_                      Seconded by Rep. \_\_\_\_\_                      Vote: \_\_\_\_\_

MOTION: (Please check one box)

- OTP                       OTP/A                       ITL                       Retain (1<sup>st</sup> year)                       Adoption of Amendment # \_\_\_\_\_  
 Interim Study (2nd year)                      (if offered)

Moved by Rep. \_\_\_\_\_                      Seconded by Rep. \_\_\_\_\_                      Vote: \_\_\_\_\_

CONSENT CALENDAR:  YES                      \_\_\_\_\_ NO

Minority Report? \_\_\_\_\_ Yes                       No                      If yes, author, Rep: \_\_\_\_\_ Motion \_\_\_\_\_

Respectfully submitted: Susan Ticehurst  
Rep Susan Ticehurst, Clerk

OFFICE OF THE HOUSE CLERK



1/14/2019 3:22:00 PM  
Roll Call Committee Registers  
Report

2019 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB 335 Motion: OTP AM #: \_\_\_\_\_ Exec Session Date: 2-7-19

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Weber, Lucy M. Chairman	✓		
Campion, Polly Kent Vice Chairman	✓		
MacKay, James R.	✓		
Snow, Kendall A.	✓		
Freitas, Mary C.	✓		
Picehurst, Susan J. Clerk	✓		
Knirk, Jerry L.	✓		
Salloway, Jeffrey C.	✓		
Cannon, Gerri D.	✓		
Nutter-Upham, Frances E.	✓		
Osborne, Richard G.	✓		
Schapiro, Joe	✓		
Woods, Gary L.	✓		
McMahon, Charles E.	✓		
Nelson, Bill G.	✓		
Guthrie, Joseph A.	✓		
Fothergill, John J.	✓		
Marsh, William M.	✓		
Pearson, Mark A.		✓	
Acton, Dennis F.	✓		
DeClercq, Edward			

OFFICE OF THE HOUSE CLERK



1/14/2019 3:22:00 PM  
Roll Call Committee Registers  
Report

2019 SESSION

Health, Human Services and Elderly Affairs

Bill #:	Motion:	AM #:	Exec Session Date:
Stapleton, Walter A.			
<b>TOTAL VOTE:</b>		20	1

# Sub- Committee Actions

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

**SUBCOMMITTEE WORK SESSION** on HB 335

**BILL TITLE:** relative to therapeutic cannabis dispensary locations.

**DATE:** February 7, 2019

**Subcommittee Members:** Reps. Ticehurst, MacKay, Snow, Nutter-Upham, Cannon, Guthrie, Schapiro, Acton, Fothergill and Marsh

**Comments and Recommendations:**

**MOTIONS:** OUGHT TO PASS

Moved by Rep. Rep. Fothergill

Seconded by Rep. Rep. Snow

Vote: 9-0

Respectfully submitted,

Rep. Susan Ticehurst  
Subcommittee Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 335

BILL TITLE: relative to therapeutic cannabis dispensary locations.

DATE: 2-7-19

Subcommittee Members: Reps. Ticehurst, MacKay, Snow, Nutter-Upham, Cannon, Schapiro, Guthrie, Fothergill, Marsh and Acton

Comments and Recommendations:

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MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)  
(Please circle one)

Moved by Rep. Fothergill Seconded by Rep. Snow AM Vote: 9-0

Adoption of Amendment # \_\_\_\_\_

Moved by Rep. Fothergill Seconded by Rep. Snow Vote: \_\_\_\_\_

\_\_\_\_\_ Amendment Adopted      \_\_\_\_\_ Amendment Failed

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)  
(Please circle one)

Moved by Rep. \_\_\_\_\_ Seconded by Rep. \_\_\_\_\_ AM Vote: \_\_\_\_\_

Adoption of Amendment # \_\_\_\_\_

Moved by Rep. \_\_\_\_\_ Seconded by Rep. \_\_\_\_\_ Vote: \_\_\_\_\_

\_\_\_\_\_ Amendment Adopted      \_\_\_\_\_ Amendment Failed

Respectfully submitted,

Rep. Susan Ticehurst  
Subcommittee Chairman/Clerk

# Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 335

**BILL TITLE:** relative to therapeutic cannabis dispensary locations.

**DATE:** January 15, 2019

**LOB ROOM:** 205

**Time Public Hearing Called to Order:** 1:00 PM

**Time Adjourned:** 1:22 PM

**Committee Members:** Reps. Weber, Campion, Ticehurst, MacKay, Snow, Freitas, Knirk, Salloway, Cannon, Nutter-Upham, R. Osborne, Schapiro, Woods, McMahon, Nelson, Guthrie, Fothergill, M. Pearson, Acton, DeClercq and Stapleton

**Bill Sponsors:**

Rep. W. Thomas

Rep. Stack

Rep. Murphy

**TESTIMONY**

\* Use asterisk if written testimony and/or amendments are submitted.

**\* 1 Sponsor/Introduced By: Rep. Wendy Thomas -**

Rep. Thomas reported that 6,480 patients are in the therapeutic cannabis program, some having to drive 50-60 miles to obtain their cannabis. For some, this is a hardship. Patients are permitted to purchase only up to 2 oz every 10 days. Thirty percent of patients must travel 50 miles or more than an hour to reach a dispensary. This bill requests that established dispensaries in two regions be allowed to open additional satellite locations. No increase in crime has been reported in the area of the dispensary in the Merrimack region.

**\* 2 Michael Holt, Department of Health and Human Services Therapeutic Cannabis Program Administrator-**

DHHS takes no position on this bill. The bill would continue the work 2018 SB388, which allowed two of the four dispensaries to open satellites. HB 335 would require DHHS to conduct a needs assessment for regions 3&4. Distributed chart showing "Patient Travel Burden (Drive Time) by City/State". Prepared to complete the same needs assessment in regions 1 and 2.

**Brett Sicklick, Prime Alternative Treatment Center -**

Operates in Region 2; Anecdotal evidence from patients is that they are traveling upwards of an hour, sometimes experiencing traffic. Many patients have difficulties with mobility and transportation. Prices will not rise if a satellite is opened. The not-for-profit corporation intends to increase production to economies of scale which will lower cost to patients. The cost of therapeutic cannabis is significant.

**\* 3 -**

Michael Holt presented a copy of the New Hampshire Department of Health and Human Services, Division of Public Health Services, Therapeutic Cannabis Program, 2018 Data Report to the clerk.

Respectfully submitted,



Rep. Susan Ticehurst, Clerk



HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 335

BILL TITLE: relative to therapeutic cannabis dispensary locations.

DATE: 1/15/19

ROOM: 205

Time Public Hearing Called to Order: 1:00

Time Adjourned: 1:22

(please circle if present)

All present  
except Marsh

Committee Members: Reps. Weber, Champion, Ticehurst, MacKay, Snow, Freitas, Knirk, Salloway, Cannon, Nutter-Upham, R. Osborne, Schapiro, Woods, McMahon, Nelson, Guthrie, Fothergill, ~~Marsh~~, M. Pearson, Acton, DeClercq and Stapleton

Bill Sponsors:

Rep. W. Thomas

Rep. Stack

Rep. Murphy

TESTIMONY

\* Use asterisk if written testimony and/or amendments are submitted.

Multiple horizontal lines for testimony input.

House Committee on Health, Human Services & Elderly Affairs  
Public Hearing on HB335

Bill Title:	Relative to therapeutic cannabis dispensary locations.		
Date:	1/15/19		
Room:		Time Public Hearing Called to Order:	1:00
		Time Adjourned:	1:22

Committee Members Present:

X	Shapiro
X	Cannon
X	Stapleton
X	Nutter-Upham
	Marsh
X	Salloway
X	Fothergill
X	Freitas
X	MackKay
X	Ticehurst
X	Weber

X	DeClerq
X	Osborne
X	Acton
X	Woods
X	Pearson
X	Knirk
X	Guthrie
X	Snow
X	McMahon
X	Campion

Testimony

\* Use asterisk if written testimony and/or amendments are submitted.

*	Attch #	Name	Testimony:
*	1	Sponsor/Introduced By: Rep. Wendy Thomas	Rep. Thomas reported that 6,480 patients are in the therapeutic cannabis program, some having to drive 50-60 miles to obtain their cannabis. For some, this is a hardship. Patients are permitted to purchase only up to 2 oz every 10 days. Thirty percent of patients must travel 50 miles or more than an hour to reach a dispensary. This bill requests that established dispensaries in two regions be allowed to open additional satellite locations. No increase in crime has been reported in the area of the dispensary in the Merrimack region.
*	2	Michael Holt,	DHHS takes no position on this bill. The bill would

		Department of Health and Human Services Therapeutic Cannabis Program Administrator	continue the work 2018 SB388, which allowed two of the four dispensaries to open satellites. HB 335 would require DHHS to conduct a needs assessment for regions 3&4. needs assessment. Distributed chart showing "Patient Travel Burden (Drive Time) by City/State". Prepared to complete the same needs assessment in regions 1 and 2.
		Brett Sicklick, Prime Alternative Treatment Center	Operates in Region 2; Anecdotal evidence from patients is that they are traveling upwards of an hour, sometimes experiencing traffic. Many patients have difficulties with mobility and transportation. Prices will not rise if a satellite is opened. The not-for-profit corporation intends to increase production to economies of scale which will lower cost to patients. The cost of therapeutic cannabis is significant.
*	3		Michael Holt presented a copy of the New Hampshire Department of Health and Human Services, Division of Public Health Services, Therapeutic Cannabis Program, 2018 Data Report to the clerk.

Respectfully submitted,

Rep. Susan Ticehurst, Clerk



# Testimony

**Representative Wendy Thomas from Merrimack Hillsborough District 21**

- I am also the executive Director of The New Hampshire Challenge – a non-profit that advocates for NH’s disabled community.
- I also work as a Patient Liaison at Prime ATC in Merrimack.
- I also write educational articles about cannabis for Manchester Ink Link.

As of Nov. 2018 there are **6480** patient enrolled in the Therapeutic Cannabis program (includes minors and Designated Caregivers) That’s up from **2,089** in June of 2017 and **3,493** in June 2018.

It’s a rapidly growing program. One of the reasons for that is because patients are finding that low doses of cannabis control their symptoms and pain.

<b>2016 Report (Dec. 19, 2016)</b>	<b>2017 Report (June 30, 2017)</b>	<b>2018 Report (June 30, 2018)</b>	<b>Current (Nov. 29, 2018)</b>	
Qualifying Patients	2,089	3,493	6,480	7,120
Designated Caregivers	129	258	428	449
Certifying Providers	560	703	935	998

I have worked with some of these patients and they tend to be some of the most vulnerable in our population with severe symptoms and pain and yet these people are often required to drive up to and over 50 miles *each* direction to a dispensary.

You are only allowed to purchased 2 ounces of cannabis every 10 days. Making a trip like that, when you are sick, in pain, or may not have the transportation or money for gas is a hardship. Winter travel also poses an additional hardship.

**Region 3**

188 (30%) have a significant travel burden 50 miles each way and 1 hour

10 (2%) have a limited travel burden 50 miles each way or 1 hour

**Region 4**

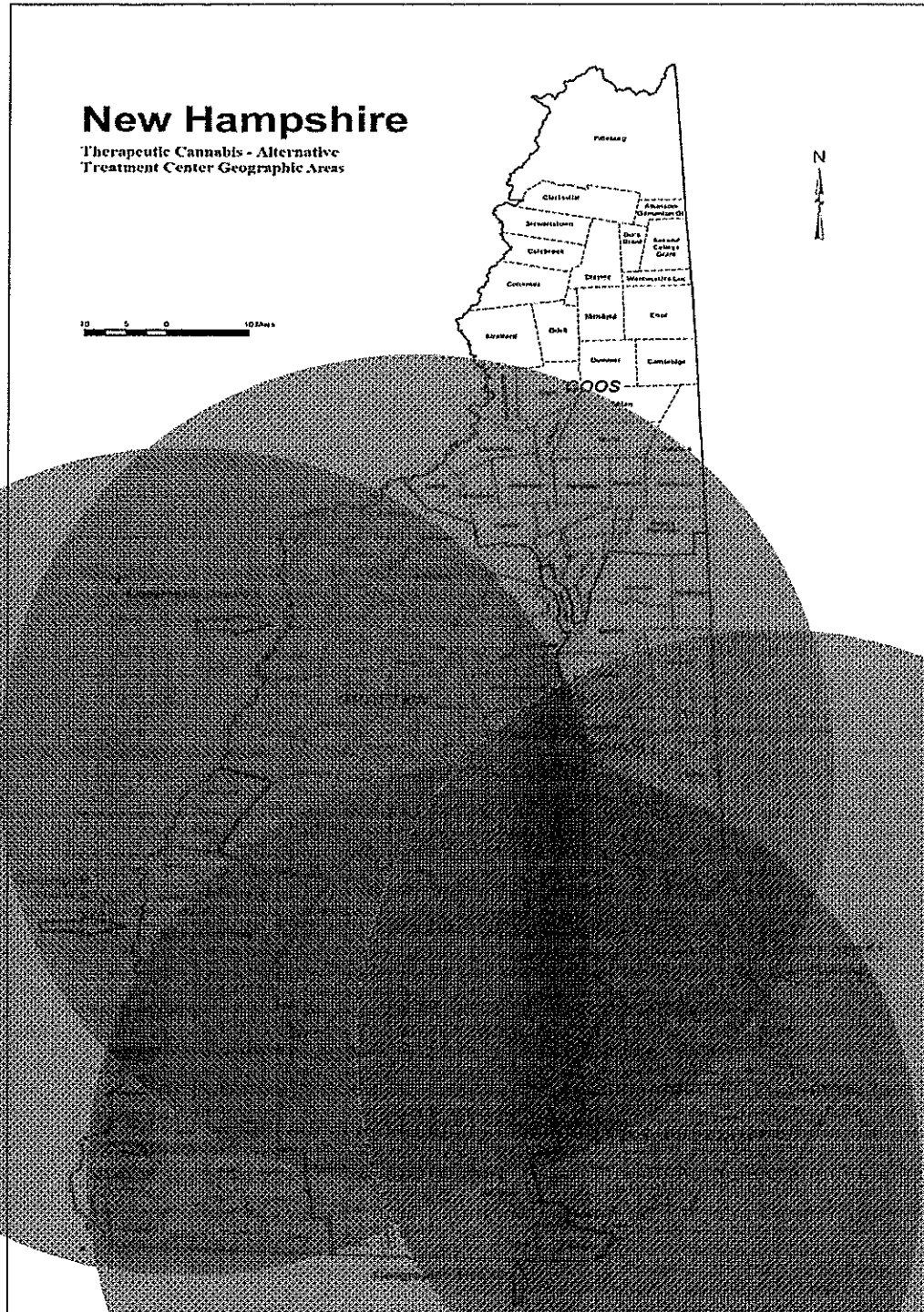
287 (37%) have a significant travel burden 50 miles each way and 1 hour

86 (11%) have a limited travel burden 50 miles each way or 1 hour

38% of patients who responded to program satisfaction surveys said increased dispensary locations was an area in which they’d like to see improvement.

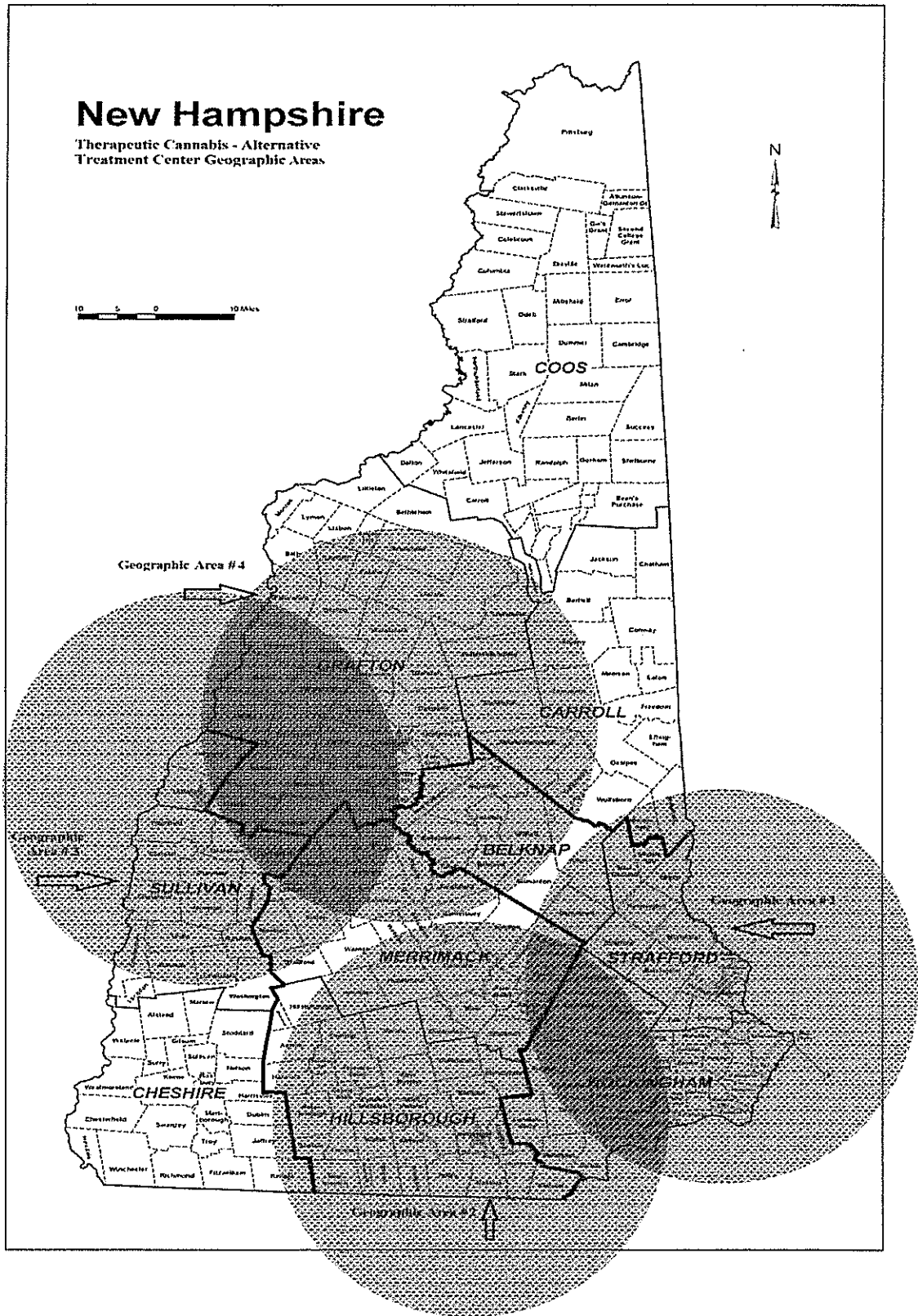


8.1. Appendix A – Geographic Area Map





8.1. Appendix A – Geographic Area Map

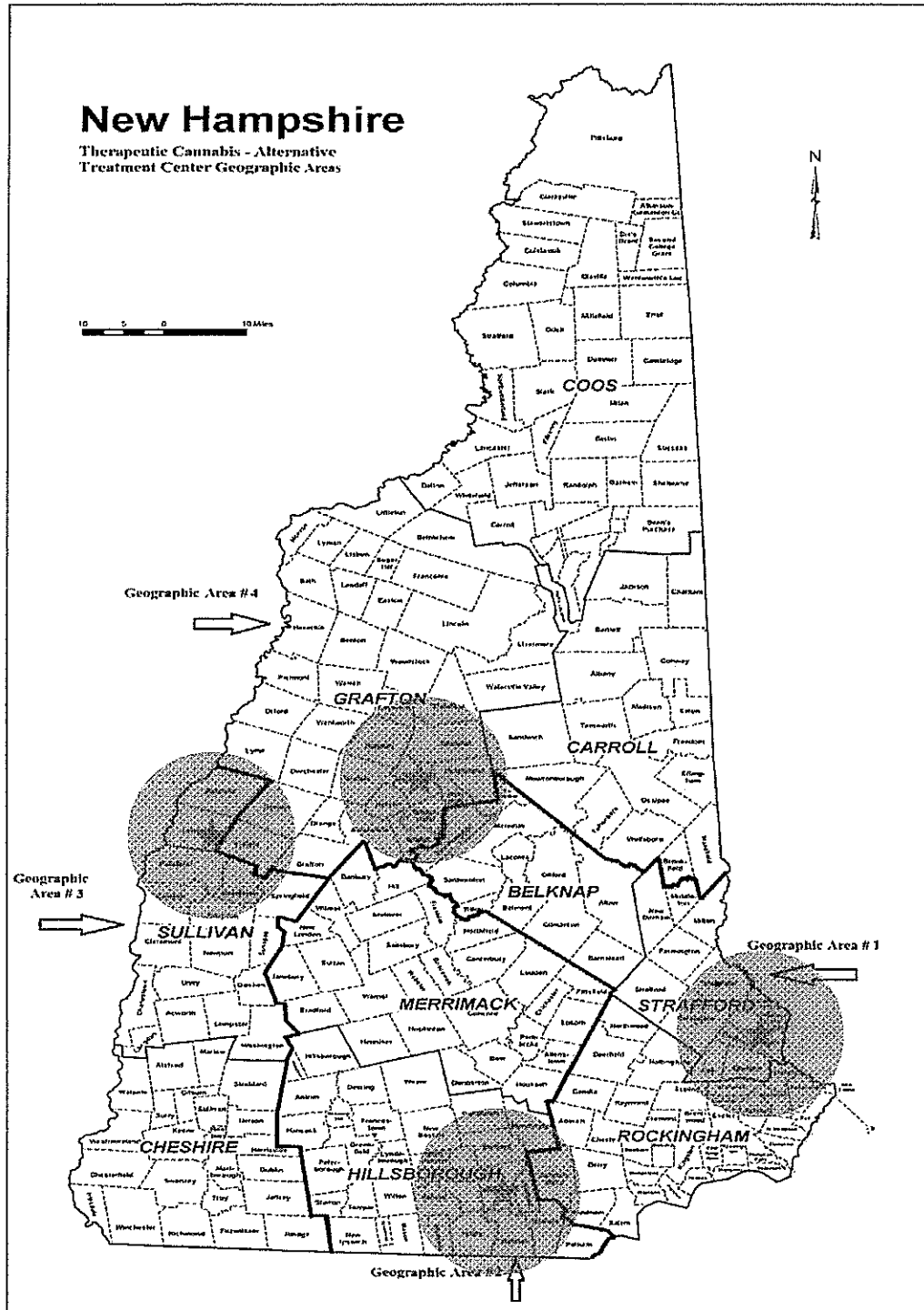




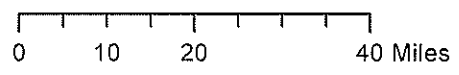
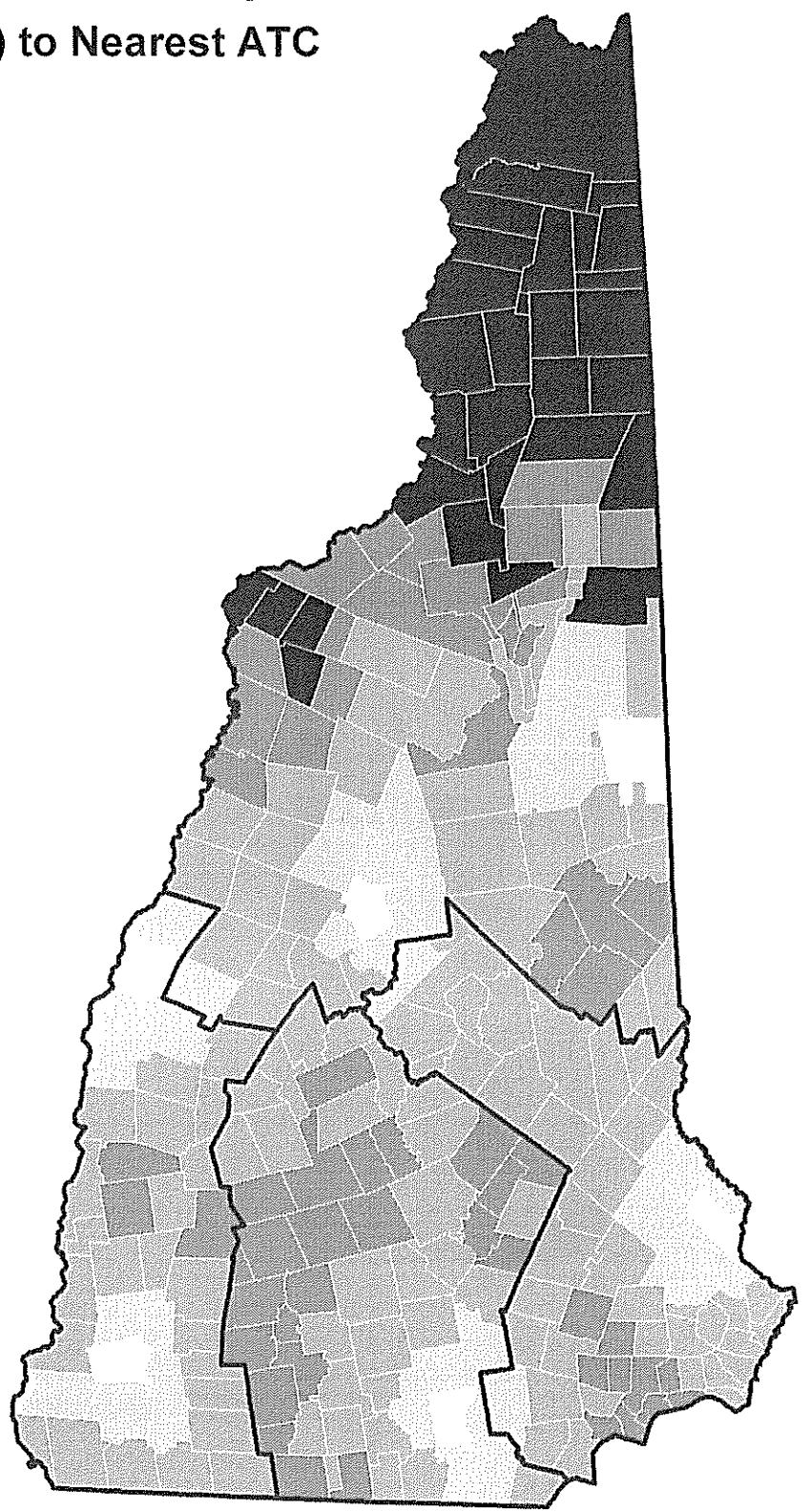
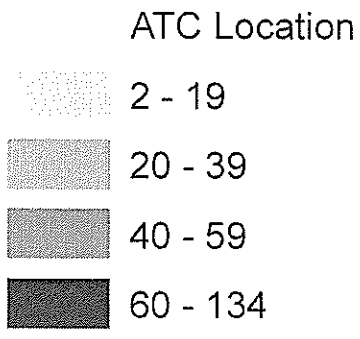
New Hampshire Department of Health and Human Services  
Approval to Operate an Alternative Treatment Center



8.1. Appendix A – Geographic Area Map



# Patient Travel Burden (Drive Time) by City/Town Future State, with Satellite Dispensaries Drive Time (minutes) to Nearest ATC

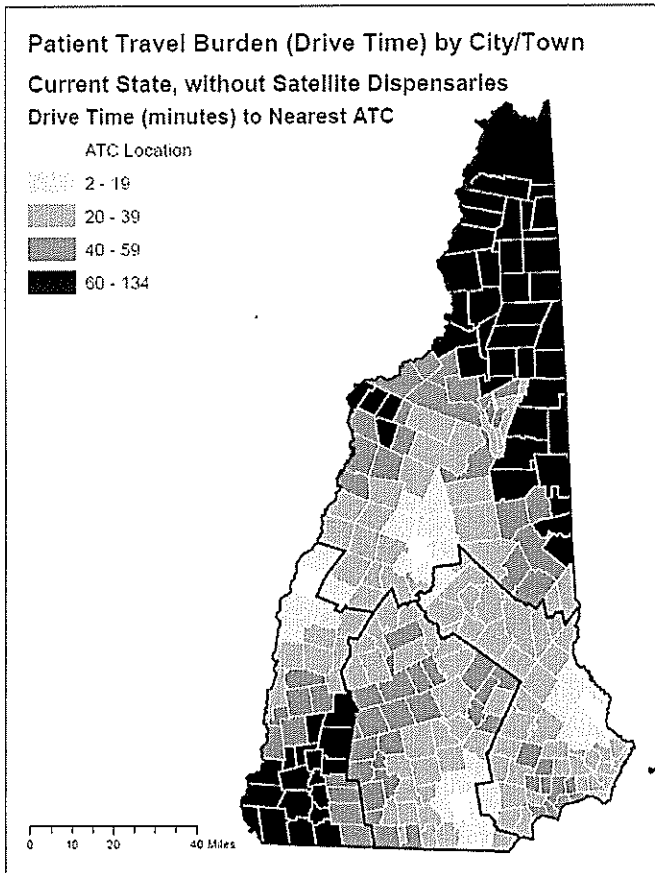


## ATC Expansion

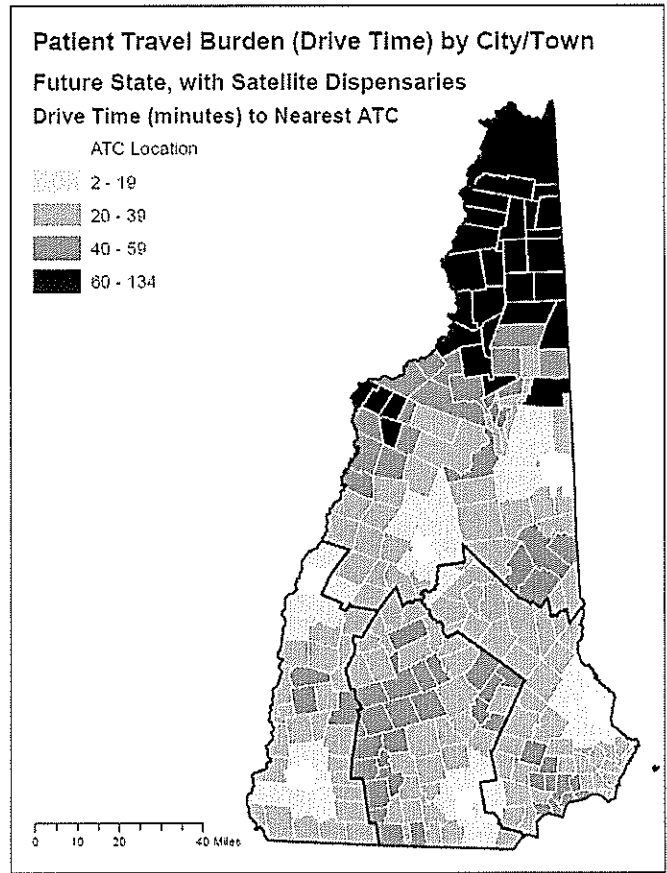
### Current State vs. Future State Comparison

A satellite dispensary located in the towns of Keene (Region 3) and North Conway (Region 4) will potentially result in the following improvements for patient access to an alternative treatment center for dispensing of therapeutic cannabis:

- Travel burden (as defined in the reports above) is completely eliminated in Region 3.
- Travel burden (as defined in the reports above) is significantly relieved, but not eliminated, in Region 4.
- Drive time reduction, per round trip, for Region 3 Temescal patients is 459 hours, and for Region 4 Sanctuary patients is 437 hours, with a combined reduction of 896 hours in both regions.
- Mileage reduction, per round trip, for Region 3 Temescal patients is 17,473 miles, and for Region 4 Sanctuary patients is 24,489 miles, with a combined reduction of 41,962 miles in both regions.



**Map 1:** Current-state drive time from town/city to nearest dispensary (without satellite dispensaries). Black indicates travel burden.



**Map 2:** Future-state drive time from town/city to nearest dispensary (with satellite dispensaries in Keene and North Conway). Black indicates travel burden.



**New Hampshire Department of Health and Human Services  
Division of Public Health Services  
Therapeutic Cannabis Program  
2018 Data Report**

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## **Introduction**

Pursuant to RSA 126-X:10, the Commissioner of the Department of Health and Human Services shall report annually on the Therapeutic Cannabis Program established under RSA 126-X. The report shall be made to the NH Health and Human Services Oversight Committee established under RSA 126-A:13, the NH Board of Medicine, and the NH Board of Nursing.

The report shall allow for identification of patterns of certification by qualifying patient and designated caregiver, location, age, medical condition, symptom or side effect, and medical provider, and for analysis and research to inform future policy, educational, and clinical decisions.

In 2018 administration of the Therapeutic Cannabis Program was moved to the Division of Public Health Services (DPHS) within the Bureau of Public Health Systems, Policy and Performance.

## **Therapeutic Cannabis Program Registry Data**

The data presented in this section reflects data in the Therapeutic Cannabis Program Registry Database as of June 30, 2018. In order to protect the confidentiality of patients and caregivers, where fewer than five individuals are affected with regard to city or town the number of individuals has not been published.

## **Alternative Treatment Center (ATC) Annual Report Summary**

The data presented in this section reflects ATC data between July 1, 2017 and June 30, 2018.

## **Qualifying Patient Satisfaction Survey Results**

The data presented in this section reflects data gathered from qualifying patients between mid-June and early August 2018.

## **Alternative Treatment Center Expansion**

The reports in this section support the Therapeutic Cannabis Program's patient needs assessment required by NH Senate Bill 388 (Laws of 2018) for the approval of second dispensary locations to be operated by (1) Temescal Wellness, the licensed ATC serving qualifying patients in NH TCP Region 3 (Cheshire and Sullivan counties), and (2) Sanctuary ATC, the licensed ATC serving qualifying patients in NH TCP Region 4 (Carroll, Coos, and Grafton counties). Temescal Wellness currently operates its regional ATC in Lebanon, and Sanctuary ATC currently operates its regional ATC in Plymouth. All results in this analysis are relative to registered TCP patients as of June 30, 2018.

**Therapeutic Cannabis Program Web Page:** <http://www.dhhs.nh.gov/oos/tcp/index.htm>

## Therapeutic Cannabis Program Registry Data

### Qualifying Patients

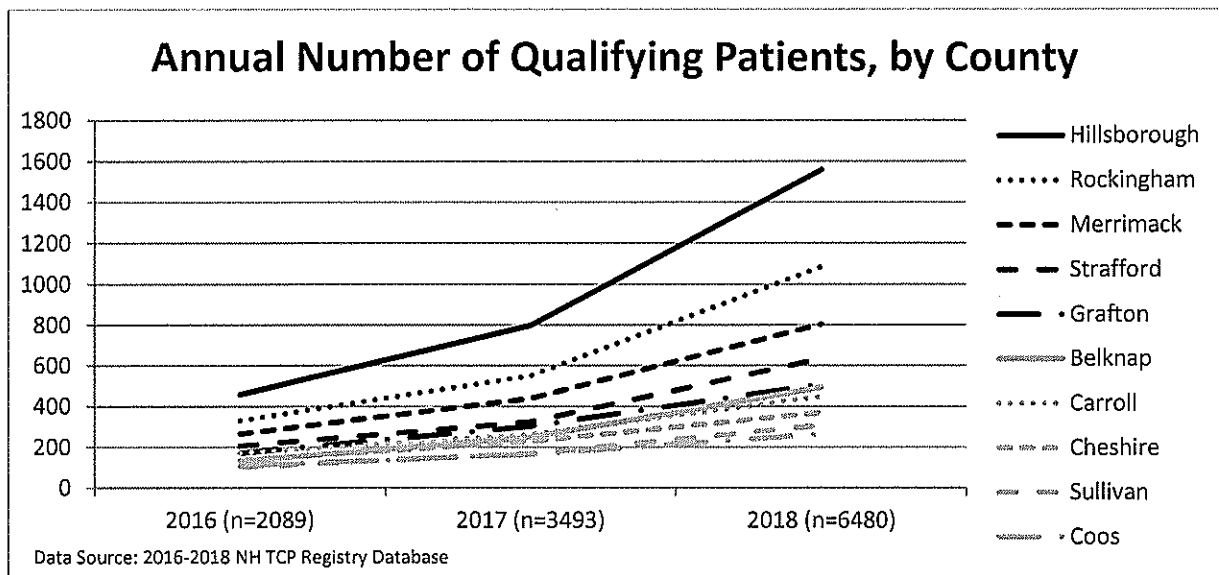
	<u># of Patients</u>
Active Qualifying Patients	6480
Minor Patients	13
Patients with a Designated Caregiver	441

### Qualifying Patients by Alternative Treatment Center

<u>ATC Name</u>	<u># of Patients</u>
Prime ATC - Merrimack	2356
Sanctuary ATC - Plymouth	1698
Temescal Wellness - Dover	1537
Temescal Wellness - Lebanon	889
<b>TOTAL</b>	<b>6480</b>

### Qualifying Patients by County

<u>County</u>	<u># of Patients</u>	<u>County</u>	<u># of Patients</u>
Belknap	494	Hillsborough	1559
Carroll	449	Merrimack	805
Cheshire	370	Rockingham	1086
Coos	265	Strafford	635
Grafton	509	Sullivan	308
		<b>TOTAL</b>	<b>6480</b>



**Table 1.** Annual number of qualifying patients by county.

## Qualifying Patients by City/Town

<u>City/Town</u>	<u># of Patients</u>	<u>City/Town</u>	<u># of Patients</u>
ACWORTH	5	CONCORD	215
ALBANY	7	CONWAY	148
ALEXANDRIA	14	CORNISH	15
ALLENSTOWN	23	CROYDON	5
ALSTEAD	15	DALTON	<5
ALTON	42	DANBURY	14
AMHERST	54	DANVILLE	14
ANDOVER	23	DEERFIELD	18
ANTRIM	23	DEERING	5
ASHLAND	12	DERRY	169
ATKINSON	18	DORCHESTER	<5
AUBURN	19	DOVER	148
BARNSTEAD	18	DUBLIN	6
BARRINGTON	54	DUMMER	5
BARTLETT	32	DUNBARTON	9
BATH	<5	DURHAM	22
BEDFORD	68	EAST KINGSTON	7
BELMONT	57	EATON	6
BENNINGTON	12	EFFINGHAM	<5
BERLIN	102	ENFIELD	42
BETHLEHEM	13	EPPING	21
BOSCAWEN	19	EPSOM	19
BOW	35	ERROL	<5
BRADFORD	16	EXETER	55
BRENTWOOD	11	FARMINGTON	42
BRIDGEWATER	<5	FITZWILLIAM	12
BRISTOL	32	FRANCESTOWN	6
BROOKFIELD	5	FRANCONIA	6
BROOKLINE	20	FRANKLIN	79
CAMPTON	33	FREEDOM	15
CANAAN	29	FREMONT	17
CANDIA	29	GILFORD	56
CANTERBURY	9	GILMANTON	22
CARROLL	<5	GILSUM	<5
CENTER HARBOR	15	GOFFSTOWN	60
CHARLESTOWN	40	GORHAM	18
CHATHAM	<5	GOSHEN	<5
CHESTER	18	GRAFTON	13
CHESTERFIELD	19	GRANTHAM	22
CHICHESTER	11	GREENFIELD	8
CLAREMONT	83	GREENLAND	7
CLARKSVILLE	<5	GREENVILLE	10
COLEBROOK	11	GROTON	<5
COLUMBIA	<5	HALES LOCATION	<5



## Patients by City/Town (cont.)

<u>City/Town</u>	<u># of Patients</u>	<u>City/Town</u>	<u># of Patients</u>
HAMPSTEAD	30	MERRIMACK	137
HAMPTON	55	MIDDLETON	10
HAMPTON FALLS	8	MILAN	14
HANCOCK	9	MILFORD	74
HANOVER	32	MILTON	18
HARRISVILLE	8	MONROE	6
HAVERHILL	17	MONT VERNON	10
HEBRON	6	MOULTONBOROUGH	29
HENNIKER	24	NASHUA	317
HILL	9	NELSON	<5
HILLSBOROUGH	41	NEW BOSTON	30
HINSDALE	22	NEW CASTLE	<5
HOLDERNESS	11	NEW DURHAM	23
HOLLIS	32	NEW HAMPTON	26
HOOKSETT	62	NEW IPSWICH	12
HOPKINTON	20	NEW LONDON	25
HUDSON	77	NEWBURY	17
JACKSON	9	NEWFIELDS	<5
JAFFREY	25	NEWINGTON	5
JEFFERSON	5	NEWMARKET	30
KEENE	103	NEWPORT	57
KENSINGTON	5	NEWTON	13
KINGSTON	28	NORTH HAMPTON	12
LACONIA	143	NORTHFIELD	31
LANCASTER	29	NORTHUMBERLAND	13
LANDAFF	<5	NORTHWOOD	25
LANGDON	<5	NOTTINGHAM	24
LEBANON	77	ORFORD	<5
LEE	26	OSSIPEE	44
LEMPSTER	12	PELHAM	33
LINCOLN	11	PEMBROKE	30
LISBON	8	PETERBOROUGH	34
LITCHFIELD	30	PIERMONT	<5
LITTLETON	21	PITTSBURG	6
LONDONDERRY	92	PITTSFIELD	27
LOUDON	35	PLAINFIELD	17
LYME	12	PLAISTOW	20
LYNDEBOROUGH	6	PLYMOUTH	39
MADBURY	6	PORTSMOUTH	77
MADISON	18	RANDOLPH	<5
MANCHESTER	376	RAYMOND	49
MARLBOROUGH	14	RICHMOND	6
MARLOW	9	RINDGE	13
MASON	8	ROCHESTER	170
MEREDITH	62	ROLLINSFORD	11

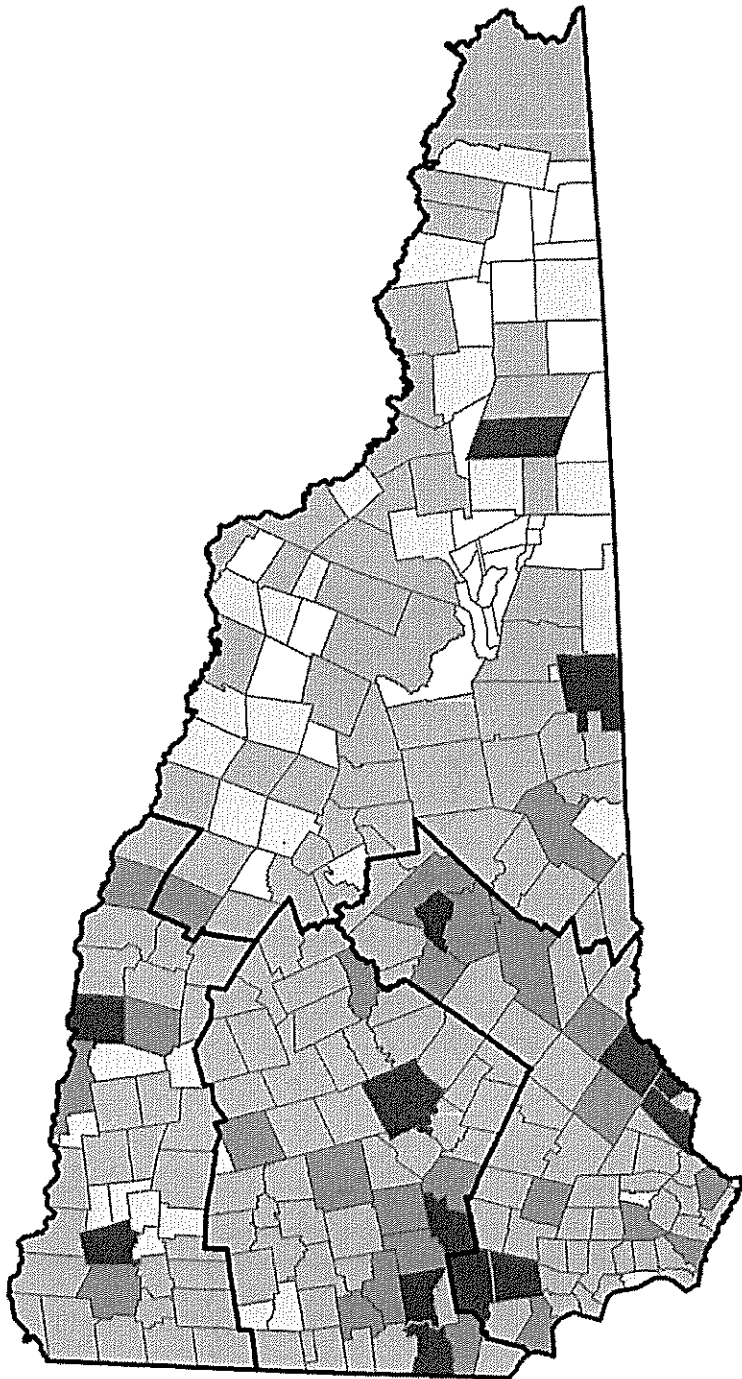
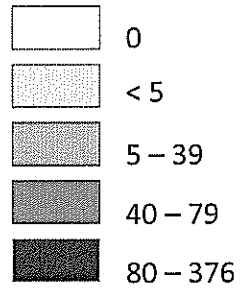
## Patients by City/Town (cont.)

<u>City/Town</u>	<u># of Patients</u>
ROXBURY	<5
RUMNEY	18
RYE	14
SALEM	72
SALISBURY	12
SANBORNTON	18
SANDOWN	31
SANDWICH	16
SEABROOK	26
SHARON	<5
SHELBURNE	<5
SOMERSWORTH	82
SOUTH HAMPTON	<5
SPRINGFIELD	7
STARK	<5
STEWARTSTOWN	9
STODDARD	7
STRAFFORD	23
STRATFORD	6
STRATHAM	24
SUGAR HILL	<5
SULLIVAN	<5
SUNAPEE	25
SURRY	<5
SUTTON	8
SWANZEY	41
TAMWORTH	27
TEMPLE	<5
THORNTON	7
TILTON	35
TROY	10
TUFTONBORO	20
UNITY	<5
WAKEFIELD	30
WALPOLE	20
WARNER	15
WARREN	<5
WASHINGTON	11
WATERVILLE VALLEY	7
WEARE	43
WEBSTER	10
WENTWORTH	10
WESTMORELAND	11
WHITEFIELD	23
WILMOT	8

<u>City/Town</u>	<u># of Patients</u>
WILTON	17
WINCHESTER	17
WINDHAM	33
WINDSOR	<5
WOLFEBORO	39
WOODSTOCK	6
TOTAL	6480

# Registered Qualifying Patients

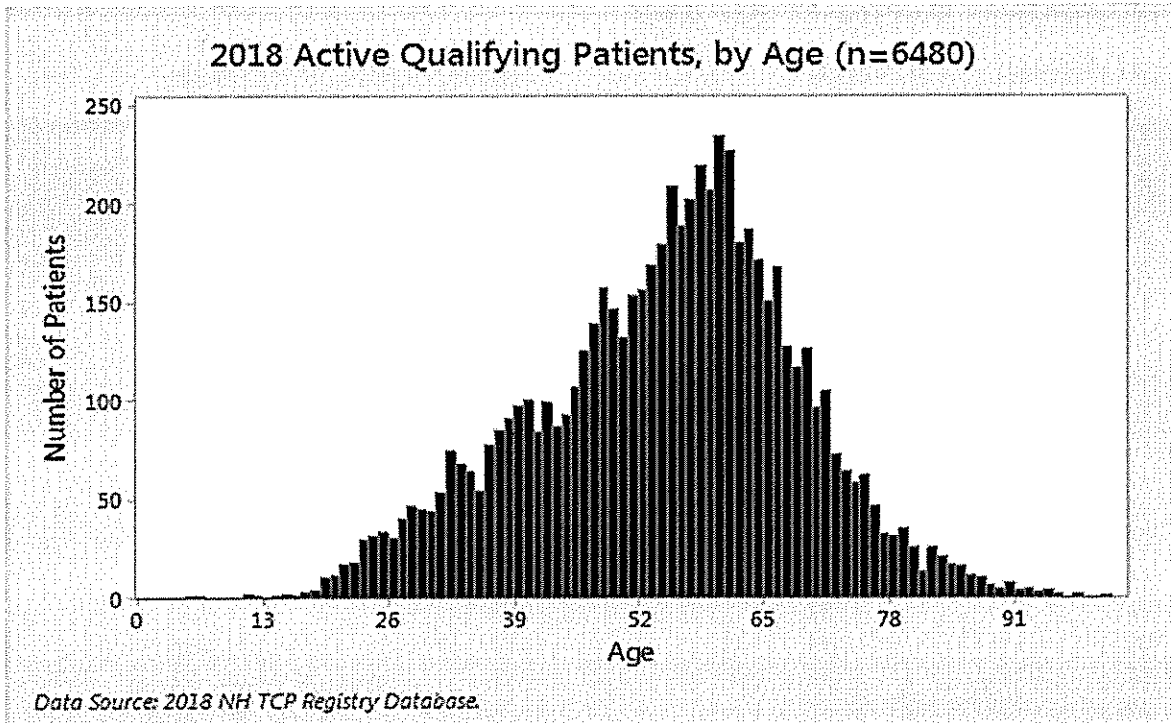
## Number of Patients, by City/Town



Data Source: 2018 NH TCP Registry Database

## Qualifying Patients by Age

<u>Age of Patient</u>	<u># of Patients</u>	<u>Age of Patient</u>	<u># of Patients</u>
6	2	55	197
11	1	56	207
12	1	57	195
13	1	58	228
14	1	59	213
15	1	60	207
16	2	61	243
17	4	62	203
18	2	63	158
19	12	64	179
20	7	65	172
21	20	66	145
22	18	67	146
23	27	68	128
24	31	69	119
25	32	70	107
26	34	71	99
27	32	72	87
28	47	73	53
29	44	74	64
30	43	75	68
31	52	76	48
32	70	77	39
33	71	78	28
34	69	79	37
35	58	80	30
36	74	81	15
37	80	82	22
38	81	83	28
39	102	84	16
40	90	85	18
41	96	86	9
42	87	87	13
43	100	88	7
44	85	89	8
45	101	90	7
46	118	91	5
47	143	92	4
48	159	93	3
49	148	94	5
50	127	95	2
51	157	97	2
52	160	100	1
53	164		
54	161		
			TOTAL 6480



**Table 2.** Qualifying patients by age.

## Designated Caregivers

	<u># of Caregivers</u>
Active Designated Caregivers	428
Caregivers with 1 Qualifying Patient	416
Caregivers with 2-4 Qualifying Patients	12
Caregivers with 5 or more Qualifying Patients	0

## Designated Caregivers by County

<u>County</u>	<u># of Caregivers</u>
Belknap	27
Carroll	28
Cheshire	28
Coos	11
Grafton	31
Hillsborough	127
Merrimack	62
Rockingham	69
Strafford	36
Sullivan	9
	TOTAL 428

## Designated Caregivers by City/Town

<u>City/Town</u>	<u># of Caregivers</u>	<u>City/Town</u>	<u># of Caregivers</u>
ALBANY	<5	FRANKLIN	<5
ALLENSTOWN	<5	FREEDOM	<5
ALSTEAD	<5	FREMONT	<5
ALTON	<5	GILFORD	<5
AMHERST	5	GILSUM	<5
ANDOVER	<5	GOFFSTOWN	7
ASHLAND	<5	GORHAM	<5
ATKINSON	<5	GRAFTON	<5
AUBURN	<5	GREENFIELD	<5
BARNSTEAD	<5	GREENLAND	<5
BARRINGTON	<5	HAMPSTEAD	<5
BARTLETT	5	HAMPTON	<5
BEDFORD	7	HANCOCK	<5
BELMONT	<5	HARRISVILLE	<5
BENNINGTON	<5	HAVERHILL	<5
BERLIN	<5	HEBRON	<5
BOSCAWEN	<5	HILL	<5
BOW	<5	HILLSBOROUGH	<5
BRADFORD	<5	HINSDALE	<5
BRENTWOOD	<5	HOLDERNESS	<5
BRISTOL	<5	HOLLIS	<5
BROOKLINE	5	HOOKSETT	<5
CAMPTON	<5	HOPKINTON	<5
CANDIA	7	HUDSON	6
CANTERBURY	<5	JACKSON	<5
CHARLESTOWN	<5	JAFFREY	<5
CHESTERFIELD	<5	JEFFERSON	<5
CHICHESTER	<5	KEENE	6
CLAREMONT	<5	KINGSTON	<5
CONCORD	15	LACONIA	12
CONWAY	6	LANCASTER	<5
DANBURY	<5	LEBANON	5
DANVILLE	<5	LEE	<5
DEERFIELD	<5	LINCOLN	<5
DERRY	6	LITCHFIELD	<5
DOVER	9	LONDONDERRY	5
DUBLIN	<5	LYME	<5
DURHAM	<5	MANCHESTER	34
EFFINGHAM	<5	MARLBOROUGH	<5
ENFIELD	<5	MARLOW	<5
EPPING	<5	MASON	<5
EPSOM	<5	MERRIMACK	9
EXETER	<5	MILAN	<5
FARMINGTON	5	MILFORD	<5
FITZWILLIAM	<5	MILTON	<5

## Caregivers by City/Town (cont.)

<u>City/Town</u>	<u># of Caregivers</u>	<u>City/Town</u>	<u># of Caregivers</u>
MONROE	<5	WALPOLE	<5
MOULTONBOROUGH	<5	WARNER	<5
NASHUA	21	WARREN	<5
NEW DURHAM	<5	WASHINGTON	<5
NEW HAMPTON	<5	WATERVILLE VALLEY	<5
NEW IPSWICH	<5	WEARE	<5
NEW LONDON	<5	WEBSTER	<5
NEWBURY	<5	WHITEFIELD	<5
NEWINGTON	<5	WILMOT	<5
NEWMARKET	<5	WILTON	<5
NEWPORT	<5	WINCHESTER	<5
NEWTON	<5	WINDHAM	<5
NORTH HAMPTON	<5	WOLFEBORO	<5
NORTHFIELD	<5	<u>WOODSTOCK</u>	<u>&lt;5</u>
NORTHUMBERLAND	<5		TOTAL 428
NORTHWOOD	<5		
NOTTINGHAM	<5		
OSSIPEE	<5		
PELHAM	<5		
PEMBROKE	<5		
PETERBOROUGH	5		
PITTSBURG	<5		
PITTSFIELD	<5		
PLYMOUTH	<5		
PORTSMOUTH	5		
RAYMOND	<5		
ROCHESTER	8		
RUMNEY	<5		
RYE	<5		
SALEM	<5		
SANBORNTON	<5		
SANDOWN	<5		
SANDWICH	<5		
SANDWICH, MA	<5		
SEABROOK	<5		
SOMERSWORTH	6		
STRAFFORD	<5		
SURRY	<5		
SUTTON	<5		
SWANZEY	<5		
TEMPLE	<5		
THORNTON	<5		
TILTON	<5		
TUFTONBORO	<5		
WAKEFIELD	<5		



## Designated Caregivers by Age

<u>Age of Caregiver</u>	<u># of Caregivers</u>	<u>Age of Caregiver</u>	<u># of Caregivers</u>
23	1	71	10
24	1	72	2
27	1	73	4
28	3	74	7
29	1	75	6
30	4	76	2
31	5	77	3
32	1	78	3
33	1	79	3
34	1	80	6
35	7	81	2
36	7	82	1
37	5	83	2
38	2	91	1
39	6		
40	4		TOTAL 428
41	2		
43	8		
44	4		
45	3		
46	3		
47	6		
48	10		
49	9		
50	6		
51	15		
52	10		
53	11		
54	12		
55	18		
56	15		
57	13		
58	12		
59	11		
60	16		
61	17		
62	19		
63	14		
64	14		
65	12		
66	12		
67	14		
68	17		
69	10		
70	13		

## Certifying Medical Providers

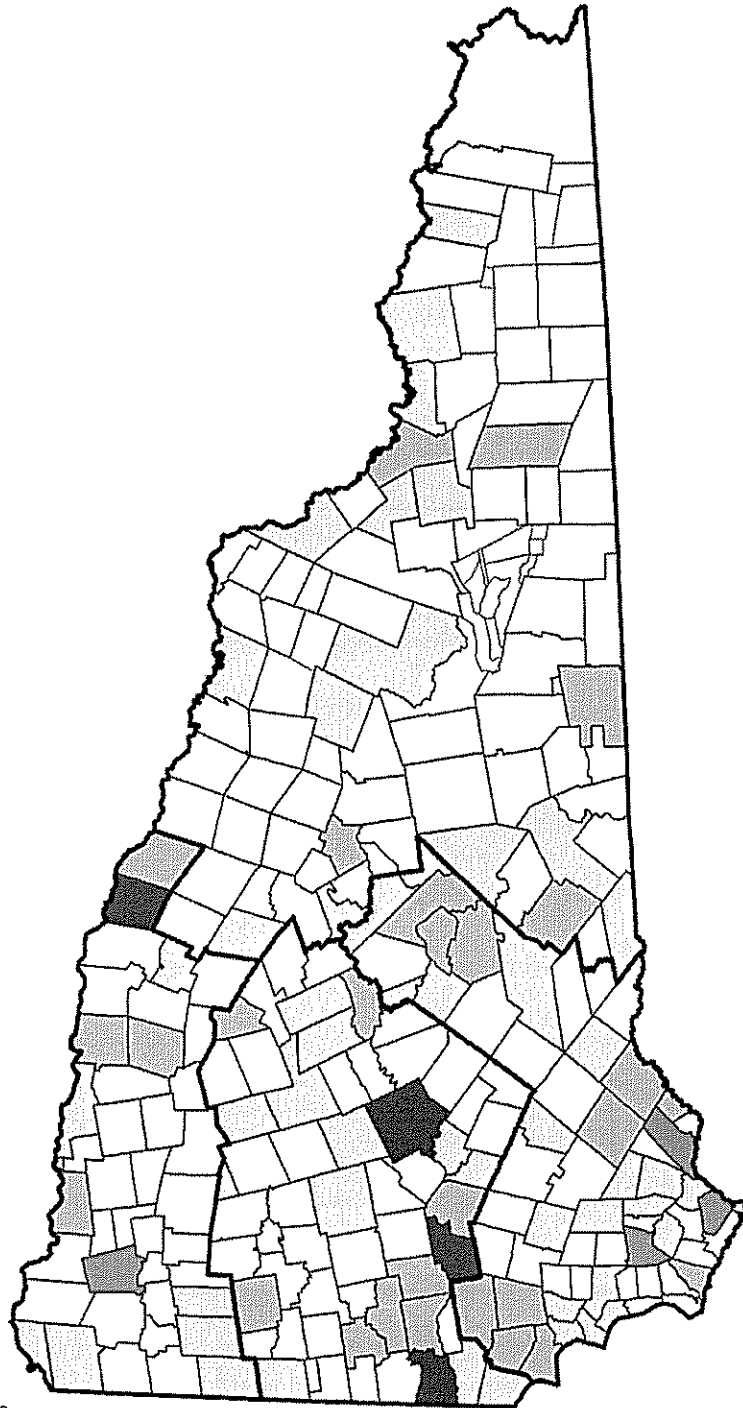
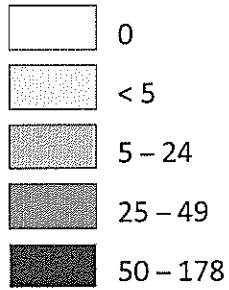
<u>Provider Type</u>	<u># of Providers</u>	<u># of Patients</u>
APRN	188	1970
Physician	747	4510
TOTAL	935	6480

## Provider Location by New Hampshire County

<u>County</u>	<u>Provider Type</u>	<u># of Providers</u>
Belknap	APRN	6
	Physician	25
	County TOTAL	31
Carroll	APRN	13
	Physician	17
	County TOTAL	30
Cheshire	APRN	8
	Physician	39
	County TOTAL	47
Coos	APRN	8
	Physician	11
	County TOTAL	19
Grafton	APRN	26
	Physician	132
	County TOTAL	158
Hillsborough	APRN	35
	Physician	163
	County TOTAL	198
Merrimack	APRN	31
	Physician	85
	County TOTAL	116
Rockingham	APRN	24
	Physician	118
	County TOTAL	142
Strafford	APRN	22
	Physician	56
	County TOTAL	78
Sullivan	APRN	5
	Physician	11
	County TOTAL	16
TOTAL		835

# Certifying Medical Providers

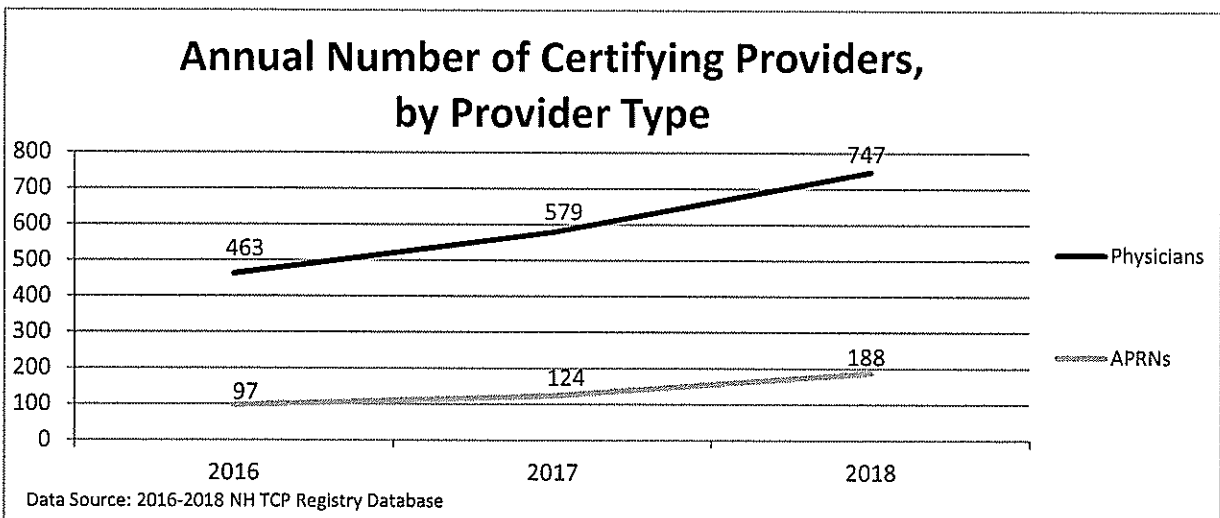
## Number of Providers, by NH City/Town



Data Source: 2018 NH TCP Registry Database

## Out-of-State Providers

State	Provider Type	# of Providers
Mass	APRN	3
	Physician	56
	State TOTAL	59
Maine	APRN	4
	Physician	13
	State TOTAL	17
Vermont	APRN	3
	Physician	21
	State TOTAL	24
		TOTAL 100



**Table 3.** Annual number of certifying providers, by provider type (combined in-state and out-of-state).

## Physicians by Specialty

<u>Physician Specialty</u>	<u># of Physicians</u>
Addiction Medicine	1
Anesthesiology	7
Cardiac Electrophysiology	1
Child Neurology	1
Clinical Pathology	1
Emergency Medicine	2
Family Practice/Family Medicine	278
Gastroenterology	19
General Practice	4
General Surgery	3
Geriatric Medicine – FP	1
Gynecological Oncology	3
Gynecology	1
Head & Neck Surgery	1
Hematology	12
Hematology - Oncology	32
Infectious Disease	8
Internal Medicine	167
Maternal & Fetal Medicine	1
Medical Oncology	19
Musculoskeletal Oncology	1
Neurodevelopmental Disabilities – Neurology	4
Neurological Surgery	2
Neurology	48
Neuroradiology	1
Obstetrics & Gynecology	1
Occupational Medicine	1
Ophthalmology	6
Orthopedic Surgery	14
Otolaryngology	1
Pain Management	24
Pain Medicine	2
Palliative Medicine	4
Pediatric Emergency Medicine - PD	1
Pediatric Surgery - Neurological PCC	1
Pediatrics	12
Physical Medicine & Rehabilitation PS	4
Psychiatry	21
Radiation Oncology	4
Rheumatology	20
Sleep Medicine	1
Surgical Critical Care	1
Thoracic Surgery	1
Urology	8
Vascular Medicine	1

## Number of Patients per Provider

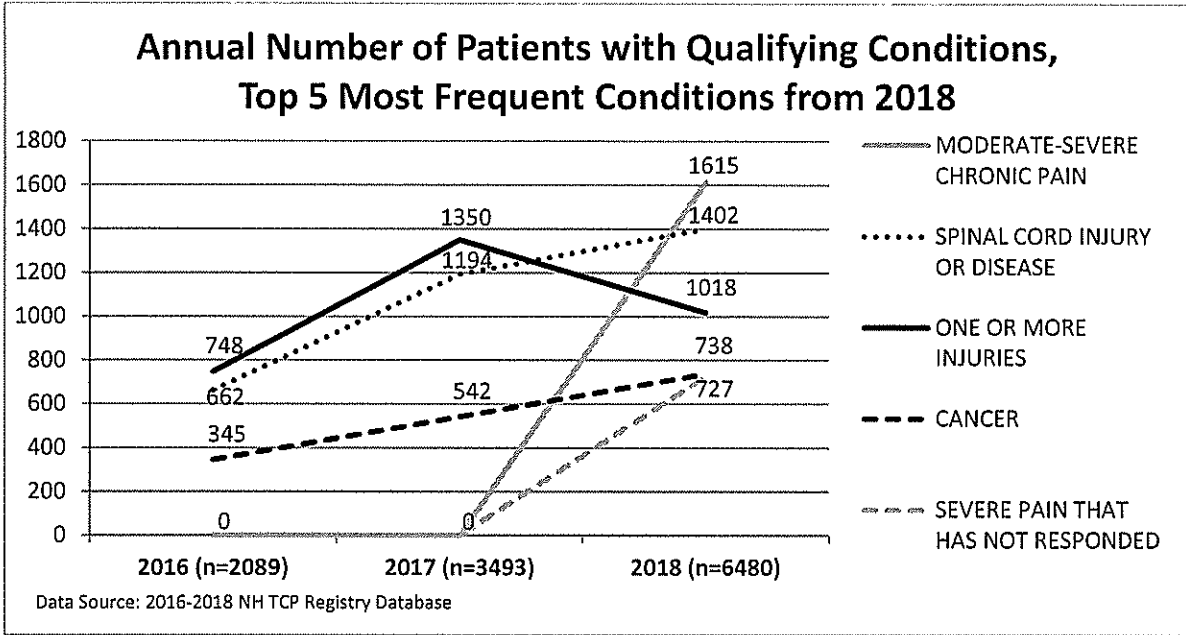
<u>Patients per Provider</u>	<u># of Providers</u>	<u>Patients per Provider</u>	<u># of Providers</u>
1	330	79	1
2	121	86	1
3	88	117	1
4	59	122	1
5	56	126	1
6	44	169	1
7	41	197	1
8	30	511	1
9	25		
10	14		
11	21		
12	10		
13	13		
14	8		
15	6		
16	4		
17	7		
18	4		
19	1		
20	2		
21	3		
22	4		
23	2		
24	1		
25	4		
26	2		
28	1		
29	1		
31	2		
32	5		
33	1		
34	4		
36	1		
40	1		
43	1		
45	2		
49	1		
53	1		
58	1		
61	1		
66	1		
67	1		
68	1		
77	1		

## Qualifying Medical Conditions

<u>Qualifying Medical Condition</u>	<u># of Patients</u>
ACQUIRED IMMUNE DEFICIENCY SYNDROME	23
ALZHEIMER'S DISEASE	16
AMYOTROPHIC LATERAL SCLEROSIS	15
CANCER	738
CHRONIC PANCREATITIS	64
CROHN'S DISEASE	148
EHLERS-DANLOS SYNDROME	41
EPILEPSY	159
GLAUCOMA	96
HEPATITIS C	40
LUPUS	65
MODERATE TO SEVERE POST-TRAUMATIC STRESS DISORDER	408
MODERATE TO SEVERE CHRONIC PAIN	1615
MULTIPLE SCLEROSIS	365
MUSCULAR DYSTROPHY	30
ONE OR MORE INJURIES OR CONDITIONS	1018
PARKINSON'S DISEASE	139
POSITIVE STATUS FOR HUMAN IMMUNODEFICIENCY VIRUS	20
SEVERE PAIN THAT HAS NOT RESPONDED TO TREATMENT	727
SPINAL CORD INJURY OR DISEASE	1402
TRAUMATIC BRAIN INJURY	182
ULCERATIVE COLITIS	69

## Symptoms/Side Effects

<u>Symptom/Side Effect</u>	<u># of Patients</u>
AGITATION OF ALZHEIMER'S DISEASE	18
CACHEXIA	235
CHEMOTHERAPY-INDUCED ANOREXIA	251
CONSTANT OR SEVERE NAUSEA	667
ELEVATED INTRAOCULAR PRESSURE	84
MODERATE TO SEVERE VOMITING	174
SEIZURES	205
SEVERE PAIN THAT HAS NOT RESPONDED TO TREATMENT	2148
SEVERE, PERSISTENT MUSCLE SPASMS	1481
WASTING SYNDROME	67



**Table 4.** Annual number of patients with most frequent qualifying medical conditions in 2018.



## Alternative Treatment Center Annual Reports Summary

### Qualifying Patients and Designated Caregivers Served

ATC	Patients and Caregivers Served
Prime ATC of New Hampshire	2,319
Sanctuary ATC	1,609
Temescal Wellness – Dover	1,577
Temescal Wellness – Lebanon	897

### Strains of Cannabis Dispensed

ATC	Strains of Cannabis Dispensed
Prime	33
Sanctuary	35
Temescal	19

### Forms of Prepared Cannabis Dispensed

ATC	Forms of Prepared Cannabis Dispensed
Prime	Cannabis Flower, Capsules, Decarboxylated Syringes, Edibles, Inhalable Concentrates, Lozenges, Pre-roll Joints, Tinctures, Topicals, Transdermal Patches, Vaporizer Cartridges
Sanctuary	Cannabis Flower, Capsules, Concentrate/Waxes, Edibles, Kief, Lozenges, Pre-roll joints, Salves/Oils, Suppositories, Tinctures, Transdermal Patches, Vaporizer Cartridges
Temescal	Bubble Hash, Cannabis Flower, Capsules, Cold Brew Concentrate, Edibles, Pre-rolled Joints, Rosin, Tinctures, Topicals, Transdermal Patches, Vaporizer Cartridges

## Effectiveness of Cannabis

ATC	Patients Providing Effectiveness Responses (% of Total Patients)	Effectiveness
Prime	Total Responses = 19,151 Total Products Dispensed = 71,872 % of Total Responses to Products Dispensed = 26.64%	0 = No Response, 52,721 (74.25%) 1 = Minimal Effectiveness, 382 (0.53%) 2 = Somewhat Effective, 327 (0.46%) 3 = Effective, 4,034 (5.68%) 4 = Good Effectiveness, 5,602 (7.89%) 5 = Very Effective, 8,806 (12.4%)
Sanctuary	248 (15%)	Positive: 98% Negative: 1% Mixed/Neutral: 1%
Temescal – Dover	135 (9%)	Positive: 82.22% Negative: 4.44% Mixed/Neutral: 13.33%
Temescal – Lebanon	76 (8%)	Positive: 81.57% Negative: 1.32% Mixed/Neutral: 17.11%

## Education Efforts for Qualifying Patients and Designated Caregivers

Education Methods	Education Topics
Prime <ul style="list-style-type: none"> <li>• Paper Hand-Outs</li> <li>• Patient Consultations (Initial and Ongoing)</li> <li>• Patient Education Handbook</li> <li>• Email Newsletters</li> <li>• Website and Social Media</li> <li>• Product Labeling</li> <li>• Patient Data Tracking</li> <li>• In-Store Education</li> <li>• Independent Support Group Education (outside of Prime ATC)</li> <li>• Support Group Education (inside of Prime ATC)</li> <li>• Third-Party Informational Sessions</li> <li>• New Patient Orientation</li> <li>• Complimentary Wellness Education</li> </ul>	Prime <ul style="list-style-type: none"> <li>• Dosage Instructions</li> <li>• Edible Recipe Instructions (baked goods, capsules, tinctures)</li> <li>• Strains of Cannabis</li> <li>• Routes of Administration (including onset and duration of effects)</li> <li>• Titration Process (finding optimal dosage)</li> <li>• Cannabinoids and Terpenes</li> <li>• Side Effects (and strategies to avoid or minimize adverse side effects)</li> <li>• Potential Drug Interactions</li> <li>• Cannabis Abuse Disorder (dependence)</li> <li>• Child Safety</li> <li>• Avoiding Operating a Vehicle or Heavy Machinery (if impairment occurs)</li> <li>• Alternative Complimentary Therapies</li> </ul>

Education Methods	Education Topics
<p>Sanctuary</p> <ul style="list-style-type: none"> <li>• Patient Outreach</li> <li>• Patient Consultations (initial &amp; ongoing)</li> <li>• Patient Handbook</li> <li>• Educational Literature</li> <li>• Email Newsletter</li> <li>• Website and social media</li> <li>• Patient Data Tracking</li> <li>• Product Labeling</li> <li>• Educational group classes for patients</li> </ul>	<p>Sanctuary</p> <ul style="list-style-type: none"> <li>• Strains of cannabis, routes of administration and potential effects, including onset and duration of effects</li> <li>• Cannabinoid and terpenoids</li> <li>• Dosing information for different routes of administration, with focus on optimal therapeutic dose</li> <li>• Cannabis preparation and use of ingestion equipment</li> <li>• Laws and responsible use</li> <li>• Side effects, and strategies to minimize adverse side effects</li> <li>• Cannabis use disorder information on tolerance, dependence, and withdrawal</li> <li>• Substance misuse signs and symptoms</li> <li>• Referral information to substance abuse treatment programs</li> <li>• Organic growing methods and product testing</li> <li>• Child safety tips</li> <li>• Safe transport and storage, with focus on preventing diversion</li> <li>• Program rules and laws</li> <li>• Preparation of cannabis infused products, including cooking classes on how to create edibles and make your own capsules</li> </ul>
<p>Temescal</p> <ul style="list-style-type: none"> <li>• Patient Outreach</li> <li>• Patient Consultations (initial &amp; ongoing)</li> <li>• Patient Educational Handbook</li> <li>• Email Newsletters</li> <li>• Website and Social Media</li> <li>• Patient Data Tracking</li> <li>• Product Labeling</li> <li>• In-Store Hand-outs</li> </ul>	<p>Temescal</p> <ul style="list-style-type: none"> <li>• What are cannabinoids? (Cannabis Science)</li> <li>• Introduction to terpenoids</li> <li>• Cannabis categories and classifications</li> <li>• Delivery methods (onset &amp; duration)</li> <li>• Proper dosing</li> <li>• Vaping vs. smoking</li> <li>• Product descriptions</li> <li>• References for clinical journal articles and pertinent organizations and sources</li> <li>• Patient strain and Product logs</li> <li>• Using cannabis safely</li> <li>• Potential side-effects</li> <li>• Information on addiction</li> <li>• Child safety tips</li> <li>• Preventing youth use</li> <li>• Laws and responsible use/storage</li> <li>• Substance misuse signs and symptoms</li> </ul>

### ATC Financial Report

ATC	Financial Report
Prime	Sales: \$4,231,603 Expenses: \$5,090,820 Liabilities: \$6,112,500 Monetary Reserves: \$21,000
Sanctuary	Total Sales: \$2,617,172 Total Expenditures: \$2,247,771 Total Liabilities: \$2,012,278 Monetary Reserve: \$675,026
Temescal	Revenue (Dover): \$2,195,454 Revenue (Lebanon): \$1,444,134 Expenditures: \$885,658 Total Liabilities: \$5,610,670 Reserve: \$505,799

### Patient Affordability Program

ATC	Affordability Program Elements	Patients Enrolled (% of Total Patients)	Total Discount
Prime	Financial Hardship (including SSI, SSDI, Medicaid, and Low Income), Veterans, and Seniors (65+)  All affordability programs are eligible for 10% discount on 2.5 ounces of cannabis or cannabis infused products (CIP) per month; and 10% discount on all other accessories and products	322 (14%) (all categories)	\$139,304 (minimum)
Sanctuary	<u>SSI/SSDI</u> : 35% discount on up to ¼ ounce of cannabis or CIP every 10 days. <u>Medicaid</u> : 30% discount on up to ¼ ounce of cannabis or CIP every 10 days. <u>Low Income</u> : 10%–20% discount on up to ¼ ounce of cannabis or CIP every 10 days, depending on income. <u>Veteran</u> : 10% discount on total purchase.	933 (57%) (all categories)	\$347,282
Temescal – Dover	<u>SSI/SSDI, Medicaid, Low Income</u> : 15% discount all purchases of cannabis or accessories. <u>Veteran</u> : 22% discount all purchases of cannabis or accessories.  These discounts can be used every visit, every day for qualifying patients.	SSI/SSDI: 675 (46%) Medicaid: 61 (4%) Low Income: 1 (.06%) Veterans: 135 (9%)	\$183,875
Temescal – Lebanon	Same as above.	SSI/SSDI: 392 (43%) Medicaid: 47 (5%) Low Income: 0 (0%) Veterans: 75 (8%)	\$111,306

### Reportable Incidents

ATC	Number of Reportable Incidents (Location)
Prime	0
Sanctuary	0
Temescal	1 (Dover Dispensary)

### Product Recalls and Cannabis Batches Destroyed

ATC	Product Recalls	Cannabis Batches Destroyed
Prime	0	0
Sanctuary	0	0
Temescal	0	0

### Complaints Received

ATC	Number of Complaints	Nature of Complaint
Prime	0	N/A
Sanctuary	0	N/A
Temescal	n/a	<ul style="list-style-type: none"> <li>Complaints persist regarding the reported difficulty and redundancy of the yearly renewal process for a Therapeutic Cannabis registry card, especially from those with chronic conditions or terminal illnesses.</li> <li>Patients continually ask why they cannot visit more than one ATC at one time.</li> <li>Pricing has been a common complaint since opening. Patients look at other legal markets and wonder why NH is so expensive.</li> </ul>

### ATC Recommendations for Program Improvement

ATC	Recommendations for Program Improvement
Prime	<ul style="list-style-type: none"> <li>Enable ATCs to advertise its services to the public through traditional means of advertising</li> <li>Continue to expand the list of qualifying conditions and symptoms</li> <li>Create public awareness campaigns for the program sponsored by the Division of Public Health Services</li> <li>Limit the number of labels needing to be affixed to each product to one label per bag of products being dispensed</li> </ul>
Sanctuary	<ul style="list-style-type: none"> <li>Implementation of new systematic process for faster patient application processing</li> <li>Adding a virtual gateway system for patients and medical providers to help streamline the process of registering</li> <li>Change the 2 oz per 10 day limit for patients that need higher doses</li> <li>Eliminate the non-profit requirement, which significantly constrains ATCs' cash flow, programmatic reinvestment, and overall financial management.</li> </ul>

Temescal	<ul style="list-style-type: none"> <li>• Streamline the patient application process, eliminating the all-paper process and requirement that applicants submit a photo on a CDROM.</li> <li>• Allow patients who live beyond a certain distance or travel time to obtain more than two ounces in a ten-day period.</li> <li>• Eliminate the non-profit requirement, which significantly constrains ATCs' cash flow, programmatic reinvestment and overall financial management. The non-profit requirement prevents businesses from exchanging equity for investment as a for-profit entity is allowed to do. Instead, we are limited to taking loans, which creates debt service, akin to a home mortgage. The loan is repaid each month, at a set amount, regardless of economic conditions. Whereas in the case of a for-profit business, equity is granted for a specific dollar investment and monthly loan payments do not exist, which is why equity is considered "patient". The current structure limits the ATC's ability to make timely investments in the business (e.g., equipment, technology, people and patient discounts). If ATCs were not constrained by these "non-profit shackles", Temescal Wellness would have been able to have an even more robust product offering for patients, deeper patient discounts, lower prices and a larger employee base to accelerate product innovation. We believe that modifying this structure will allow more patients to be served and benefit from the use of therapeutic cannabis.</li> </ul>
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## Qualifying Patient Satisfaction Survey Results

1. Which ATC facility are you registered with?

	Responses	Participation Rate
Prime ATC - Merrimack	361	15.5%
Sanctuary ATC - Plymouth	155	9.65%
Temescal Wellness – Dover	135	8.5%
Temescal Wellness – Lebanon	76	8.5%
<b>Total</b>	<b>727</b>	<b>11.3%</b>

2. How would you rate the process of registering for the Therapeutic Cannabis Program with DHHS?

1 (Very Easy)	2	3	4	5 (Very Difficult)
201 (27.65%)	179 (24.62%)	217 (29.85%)	95 (13.07%)	35 (4.81%)

3. How would you rate the convenience of the ATC's days and hours of operation?

1 (Very Convenient)	2	3	4	5 (Very Inconvenient)
329 (45.25%)	231 (31.77%)	128 (17.61%)	28 (3.85%)	11 (1.51%)

4. How would you rate the current selection of the therapeutic cannabis products available?

1 (Sufficient)	2	3	4	5 (Not Sufficient)
356 (48.97%)	168 (23.11%)	136 (18.71%)	43 (5.91%)	24 (3.30%)

5. How would you rate the customer service of the ATC overall?

1 (Excellent)	2	3	4	5 (Very Poor)
664 (91.33%)	43 (5.91%)	13 (1.79%)	5 (0.69%)	2 (0.28%)

6. How would you rate the quality of guidance provided by the ATC? (e.g., recommending dosage, routes of administration, strain, etc.)

1 (Very Helpful)	2	3	4	5 (Not Very Helpful)
569 (78.27%)	107 (14.72%)	35 (4.81%)	10 (1.38%)	6 (0.83%)

7. How knowledgeable is the staff at the ATC?

1 (Very Knowledgeable)	2	3	4	5 (Not Knowledgeable)
598 (82.26%)	91 (12.52%)	28 (3.85%)	8 (1.10%)	2 (0.28%)

8. Has your wellness and quality of life improved since becoming a patient of the ATC?

1 (Very Much)	2	3	4	5 (Not At All)
440 (60.52%)	173 (23.80%)	90 (12.38%)	13 (1.79%)	11 (1.51%)

9. Have you been able to reduce the amount of prescription medication you take since becoming a patient of the ATC?\*

Yes, all prescriptions	Yes, most prescriptions	Yes, some prescriptions	No prescriptions
115 (16.04%)	196 (27.34%)	295 (41.14%)	111 (15.48%)

\*717 respondents; 11.2% participation rate

10. How would you rate the ATC overall?

1 (Excellent)	2	3	4	5 (Not Good)
514 (70.70%)	160 (22.01%)	42 (5.78%)	6 (0.83%)	5 (0.69%)

11. Would you recommend the Therapeutic Cannabis Program to others?

1 (Yes)	2 (No)
713 (98.07%)	14 (1.93%)

12. In what areas would you like to see improvement with the Therapeutic Cannabis Program?

Area of Improvement	Patients Commenting on Area of Improvement
Cost of product	613 (86.95%)
Hours of operation	140 (19.86%)
Strain availability	202 (28.65%)
Product availability	224 (31.77%)
Program registration process	167 (23.69%)
Dispensary locations	311 (44.11%)
Qualifying medical conditions	149 (21.13%)
Public education	225 (31.91%)
Dispensary staff knowledge	36 (5.11%)
Other issues	57 (8.09%)



**Addendum**  
**Alternative Treatment Center Expansion Reports**  
**(SB 388, Laws of 2018)**

Region 3 – Sullivan and Cheshire Counties  
Region 4 – Carroll, Coos, and Grafton Counties

NH Department of Health and Human Services  
 Division of Public Health Services – Therapeutic Cannabis Program  
 Region 3 ATC Expansion – Dispensary Location Analysis

Introduction

This analysis supports the Therapeutic Cannabis Program’s (TCP) patient needs assessment required by NH Senate Bill 388 (Laws of 2018) for the approval of a second dispensary location to be operated by Temescal Wellness, the licensed alternative treatment center (ATC) serving qualifying patients in NH TCP Region 3. Temescal operates its regional ATC in Lebanon, NH in Grafton County. All results in this analysis are relative to TCP patients as of June 30, 2018.

Current State

Region 3 is comprised of two western New Hampshire counties (Sullivan and Cheshire), and the towns of Hanover and Lebanon in Grafton County; the region is more rural than NH as a whole. There are 781 registered qualifying patients residing in 53 municipalities in this region. There are 627 patients in Region 3 (80% of the regional TCP population) who have designated Temescal Wellness–Lebanon as their ATC for dispensing therapeutic cannabis.

Based on the Department’s analysis, 198 (32%) Temescal patients from Region 3 (n=627) experience a *travel burden*:

- 188 (30%) patients experience a *significant travel burden*, defined as *both* more than 50 miles in travel distance *and* more than 1 hour in travel time *each way* to Lebanon; and
- 10 (2%) patients experience a *limited travel burden*, defined as *either* more than 50 miles in travel distance *or* more than 1 hour in travel time *each way* to Lebanon.

SB 388 authorizes the Department to allow a second dispensary location (satellite dispensary) to be established in Region 3. DHHS has determined that the travel burden on patients has created a need for an additional location for the dispensing of therapeutic cannabis to patients in the region.

Analysis

To assess whether a satellite dispensary would relieve travel burden for qualifying patients, DHHS analyzed geographic access to potential satellite dispensaries in four communities in Region 3 (Keene, Jaffrey, Charlestown, and Claremont). Other factors impacting access also exist, including provider certification and out-of-pocket expenses, but these are not assessed here. Results were determined by finding the drive time and distance from each patient’s town to Lebanon, and then to the proposed satellite location (using town centers rather than individual addresses), and then estimating changes in patient travel burden with the addition of a satellite dispensary.

Results

Table 1 estimates the relative effectiveness of each satellite location on relieving patient travel burden.

Satellite Location	Patients not experiencing a travel burden	Patients <i>still experiencing</i> a significant travel burden	Patients <i>still experiencing</i> a limited travel burden
Keene	100% (627)	0% (0)	0% (0)
Jaffrey	100% (627)	0% (0)	0% (0)
Charlestown	99.5% (624)	0% (0)	0.5% (3)
Claremont	88% (552)	3% (18)	9% (57)

**Table 1:** Impact estimates of satellite locations on the travel burden for Temescal patients from Region 3 (n=627).

Results (continued)

- Keene and Jaffrey have the greatest potential to relieve the travel burden of TCP patients living in Region 3.
- The Keene location has the potential to deliver the greatest total savings to patients living in Region 3, by reducing the time travelled (Figure 1) and miles driven (Figure 2) to access their designated ATC.
  - Additional savings are gained by Region 3 patients in southern Cheshire County who currently utilize the ATC in Region 2, located in Merrimack, but who would likely switch to Keene to reduce their travel burden.
- If the analysis removes the assumption that patients will switch from Merrimack, both the Keene and Jaffrey locations offer the potential to completely eliminate the travel burden for Region 3 Temescal patients (time travelled and miles driven) (Figure 3).

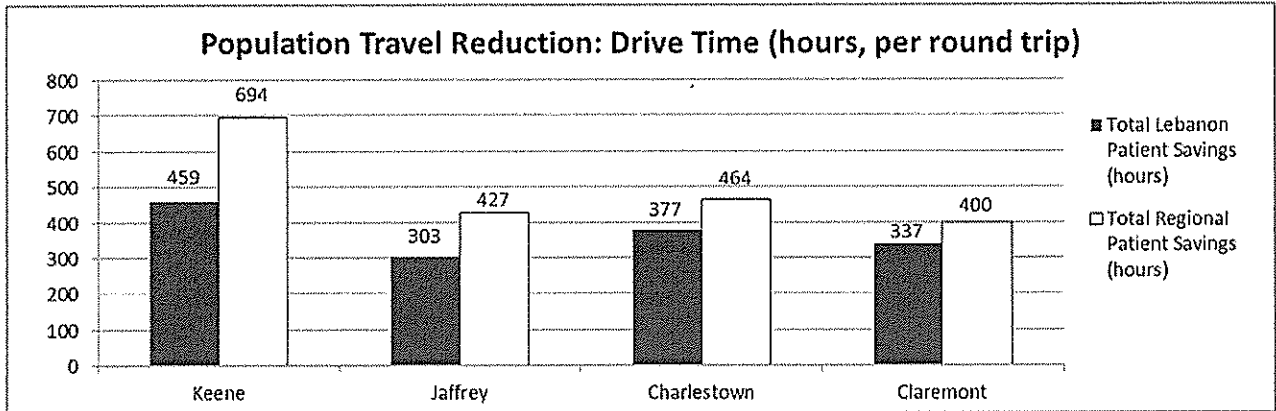


Figure 1: Reductions in per-trip patient drive time associated with each satellite location. Grey bar shows savings for Region 3 patients registered with Temescal. White bar shows savings for all Region 3 patients registered with Temescal-Lebanon or with other ATCs outside Region 3.

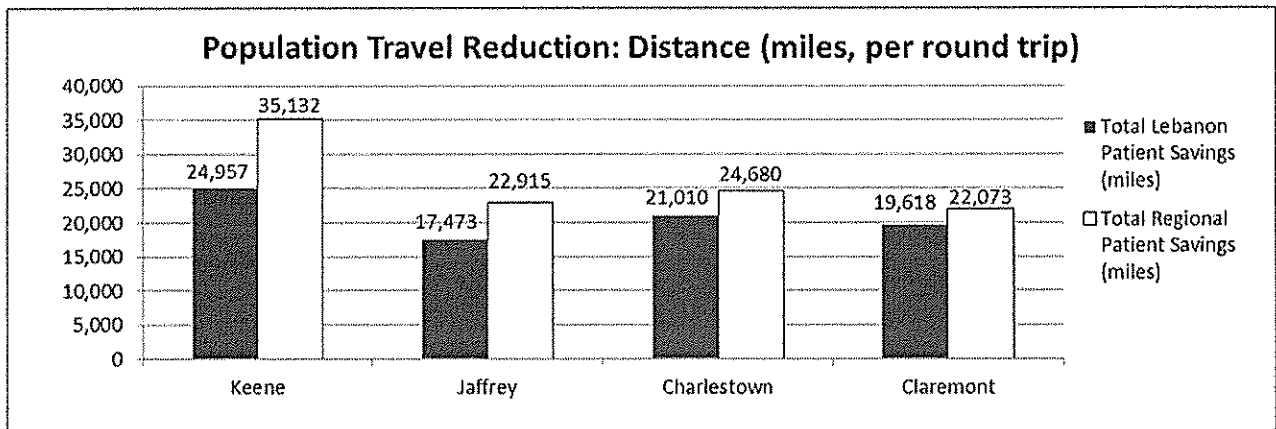


Figure 2: Reductions in per-trip patient miles driven associated with each satellite location. Grey bar shows savings for Region 3 patients registered with Temescal. White bar shows savings for all Region 3 patients registered with Temescal-Lebanon or with other ATCs outside Region 3.

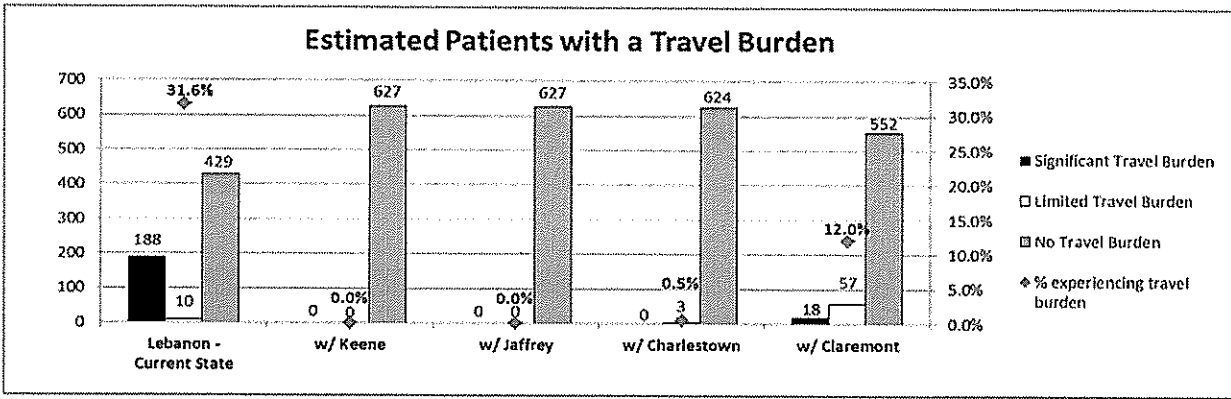


Figure 3: Region 3 Temescal patients experiencing a travel burden to Lebanon, and changes realized with the addition of the satellite location.

This analysis also used geographic data to estimate the **current travel burden** in hours and distance travelled *per round trip* by the Region 3 Temescal patient population, and compared it to the **future state travel burden** associated with the addition of each of the satellite locations (Figures 4 and 5). **Keene results in the fewest hours and miles driven** by the Region 3 patient population currently utilizing Temescal-Lebanon.

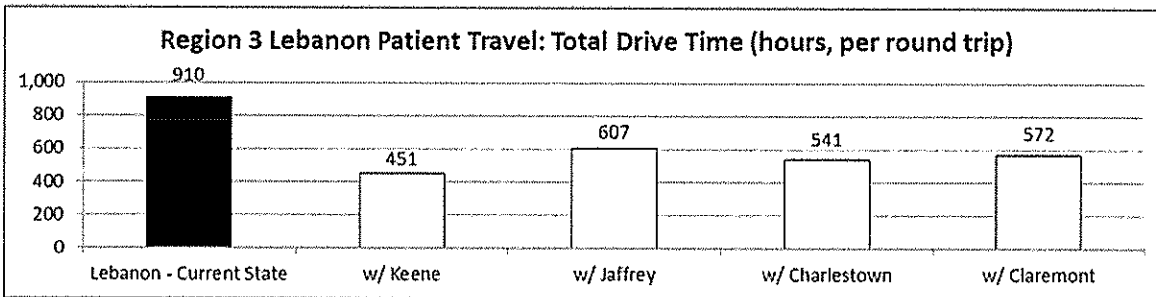


Figure 4: Future state patient hours spent driving per round trip; with each satellite location relative to Lebanon.

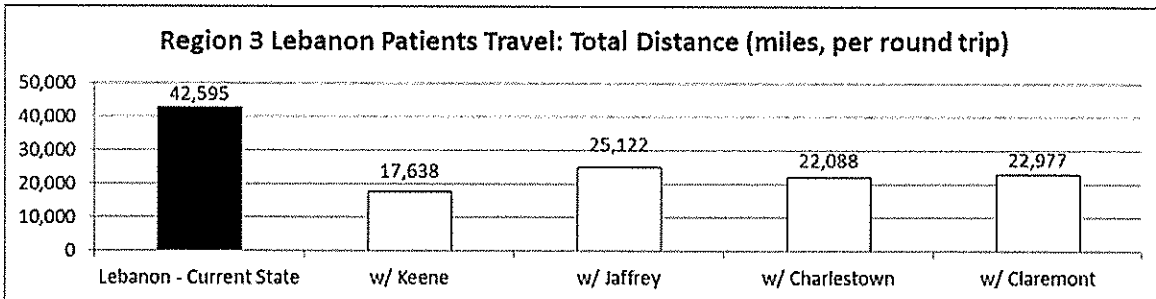


Figure 5: Future state patient miles driven per round trip; with each satellite location relative to Lebanon.

**Additional Considerations**

Locating a satellite dispensary in Cheshire County will potentially cause up to 141 patients who reside in Region 3, but who currently utilize the ATC in Region 2, to switch to a Keene or Jaffrey location because of the reduction in travel burden. Additionally, because of Keene and Jaffrey’s proximity to several towns in western Hillsborough County, this could result in an additional 100 or more patients from Region 2 designating the Cheshire Region 3 ATC for dispensing therapeutic cannabis. Combined, DHHS estimates that 250 patients could switch out of Region 2; and potentially even more could switch if the satellite dispensary were to be located in Jaffrey.

Additionally, among patients who responded to program satisfaction surveys, nearly 38% indicated that Increased Dispensary Locations was an area where they wanted to see improvement; it was second only to Cost of Product as an area for improvement, and unlike most other response options, this has been increasing since 2016.

NH Department of Health and Human Services  
 Division of Public Health Services – Therapeutic Cannabis Program  
 Region 4 ATC Expansion – Dispensary Location Analysis

Introduction

This analysis supports the Therapeutic Cannabis Program’s (TCP) patient needs assessment required by NH Senate Bill 388 (Laws of 2018) for the approval of a second dispensary location to be operated by Sanctuary ATC, the licensed alternative treatment center (ATC) serving qualifying patients in NH TCP Region 4. Sanctuary operates its regional ATC in Plymouth, NH in Grafton County. All results in this analysis are relative to TCP patients as of June 30, 2018.

Current State

Region 4 is comprised of the three northern New Hampshire counties (Carroll, Coos, and Grafton counties) and is more rural than NH as a whole. There are 1,122 registered qualifying patients residing in 100 municipalities in this region. There are 773 patients in Region 4 (69% of the regional TCP population) who have designated Sanctuary ATC as their ATC for dispensing therapeutic cannabis.

Based on the Department’s analysis, 373 (48%) Sanctuary patients from Region 4 (n=773) experience a *travel burden*:

- 287 (37%) patients experience a *significant travel burden*, defined as *both* more than 50 miles in travel distance *and* more than 1 hour in travel time *each way* to Plymouth; and
- 86 (11%) patients experience a *limited travel burden*, defined as *either* more than 50 miles in travel distance *or* more than 1 hour in travel time *each way* to Plymouth.

SB 388 authorizes the Department to allow a second dispensary location (satellite dispensary) to be established in Region 4. DHHS has determined that the travel burden on patients has created a need for an additional location for the dispensing of therapeutic cannabis to patients in the region

Analysis

To assess whether a satellite dispensary would relieve travel burden for qualifying patients, DHHS analyzed geographic access to potential satellite dispensaries in four communities in Region 4 (Berlin, North Conway, Littleton, and Colebrook). Other factors impacting access also exist, including provider certification and out-of-pocket expenses, but these are not assessed here. Results were determined by finding the drive time and distance from each patient’s town to Plymouth, and then to the proposed satellite location (using town centers rather than individual addresses), and then estimating changes in patient travel burden with the addition of a satellite dispensary.

Results

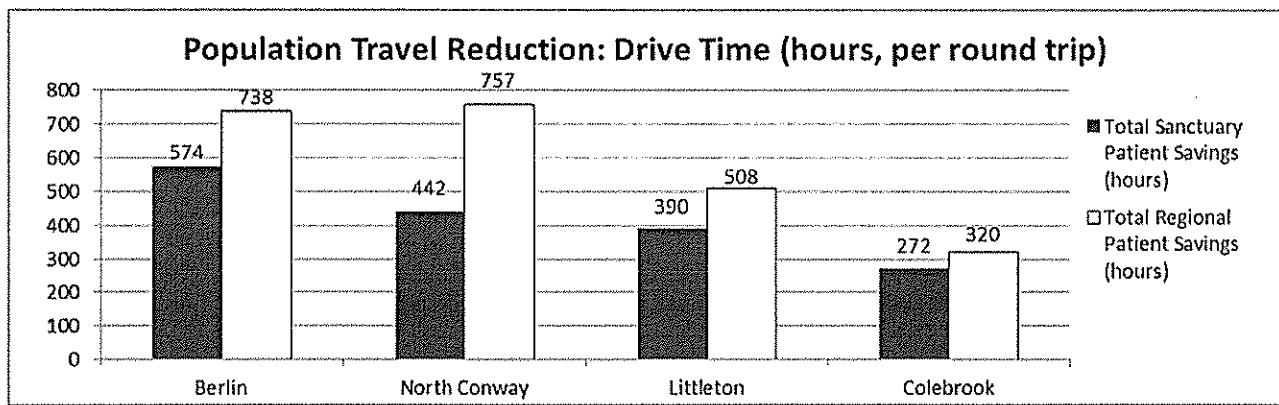
Table 1 estimates the relative effectiveness of each satellite location on relieving patient travel burden.

Satellite Location	Patients not experiencing a travel burden	Patients <i>still experiencing</i> a significant travel burden	Patients <i>still experiencing</i> a limited travel burden
Berlin	85% (658)	4% (32)	11% (83)
North Conway	84% (648)	11% (85)	5% (40)
Littleton	78% (602)	5% (39)	17% (132)
Colebrook	65% (501)	24% (184)	11% (88)

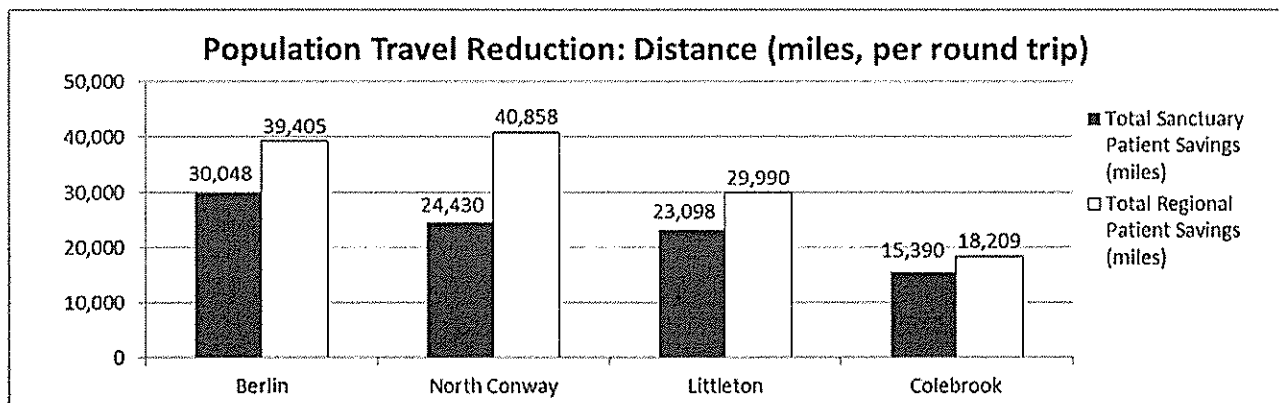
**Table 1:** Impact estimates of satellite locations on the travel burden for Sanctuary patients from Region 4 (n=773).

**Results (continued)**

- Berlin and North Conway have the greatest potential to relieve the travel burden of TCP patients living in Region 4.
- **The North Conway location has the potential to deliver the greatest total savings to patients living in Region 4,** by reducing the time travelled (Figure 1) and miles driven (Figure 2) to access their designated ATC.
  - Additional savings are gained by Region 4 patients in Carroll County who currently utilize the ATC in Region 1, located in Dover, but who would likely switch to North Conway to reduce their travel burden.
  - There are Region 4 patients in Grafton and Coos counties who currently utilize the ATC in Region 3, located in Lebanon, who would also likely switch to a new location in Littleton, Berlin, or Colebrook; but there are fewer patients in this area, and they contribute less toward the potential total savings.
- If the analysis removes the assumption that patients will switch from Dover and Lebanon, **the Berlin location offers Region 4 Sanctuary patients the greatest reduction in significant travel burden** (time travelled and miles driven), and the greatest overall reduction in travel burden (Figure 3).



**Figure 1:** Reductions in per-trip patient drive time associated with each satellite location. Grey bar shows savings for Region 4 patients registered with Sanctuary. White bar shows savings for all Region 4 patients registered with Sanctuary or with other ATCs outside Region 4.



**Figure 2:** Reductions in per-trip patient miles driven associated with each satellite location. Grey bar shows savings for Region 4 patients registered with Sanctuary. White bar shows savings for all Region 4 patients registered with Sanctuary or with other ATCs outside Region 4.

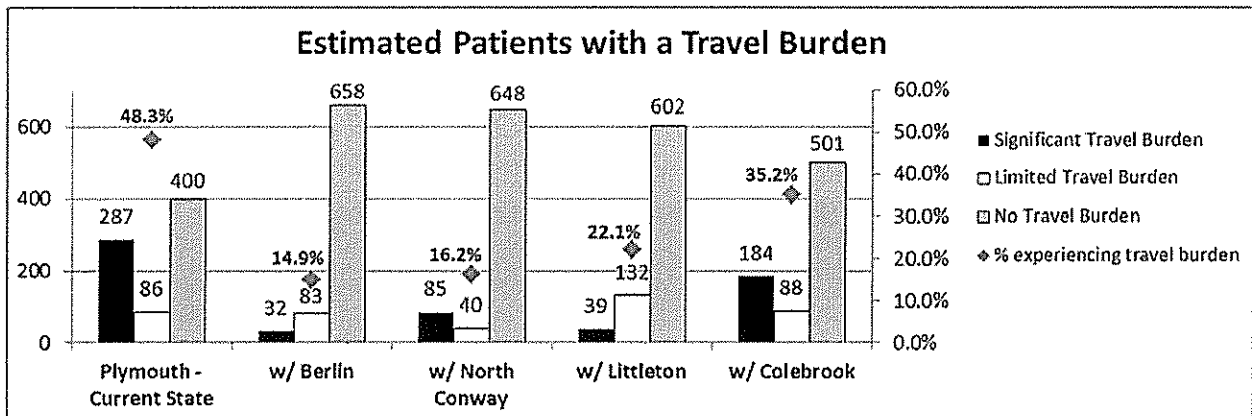


Figure 3: Region 4 Sanctuary patients experiencing a travel burden to Plymouth, and changes realized with the addition of the satellite location.

This analysis also used geospatial data to estimate the **current travel burden** in hours and distance travelled *per round trip* by the Region 4 Sanctuary patient population, and compared it to the **future state travel burden** associated with each of the satellite locations (Figures 4 and 5). **Berlin results in the fewest hours and miles driven** by the Region 4 patient population currently utilizing Sanctuary Plymouth.

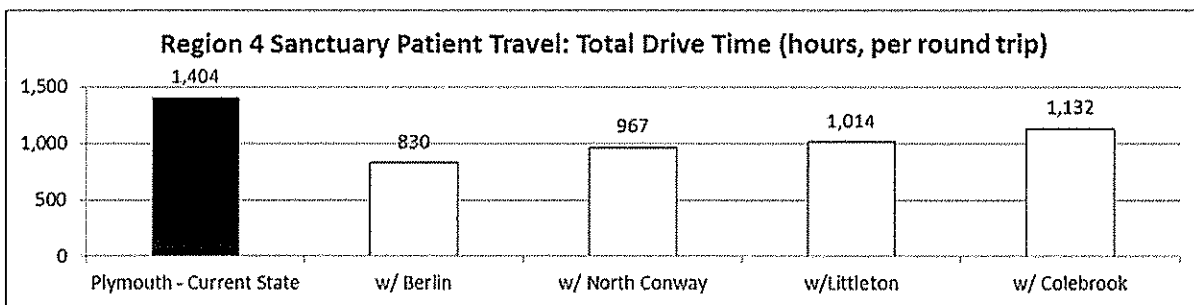


Figure 4: Future state patient hours spent driving per round trip; each satellite location relative to Plymouth.

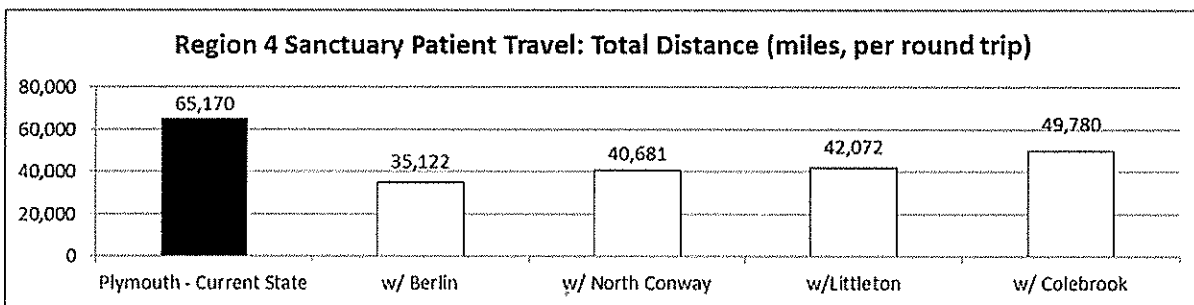


Figure 5: Future state patient miles driven per round trip; each satellite location relative to Plymouth.

#### Additional Considerations

All satellite location options considered in this analysis offer significant improvement for Region 4 patients in relieving travel burden. None of the locations, however, completely relieves the travel burden for all patients in the region (see Table 1). This suggests that a total of 2 viable dispensary locations in Region 4 may not be sufficient to effectively meet the needs of the regional qualifying patient population. When this analysis is replicated for other TCP regions, there is 100% relief of the travel burden with the addition of a single satellite location.

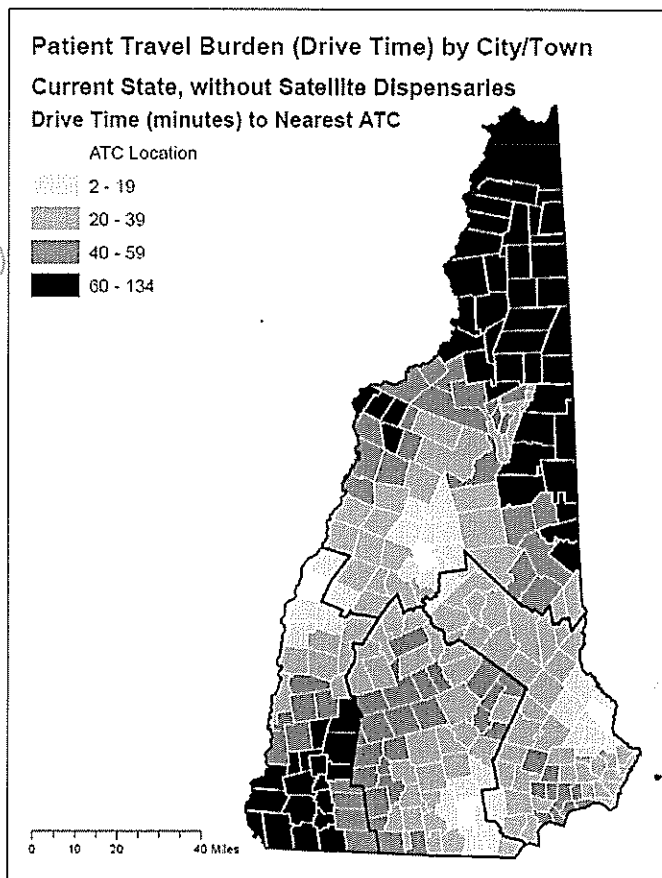
Additionally, among patients who responded to program satisfaction surveys, nearly 38% indicated that Increased Dispensary Locations was an area where they wanted to see improvement; it was second only to Cost of Product as an area for improvement, and unlike most other response options, this has been increasing since 2016.

## ATC Expansion

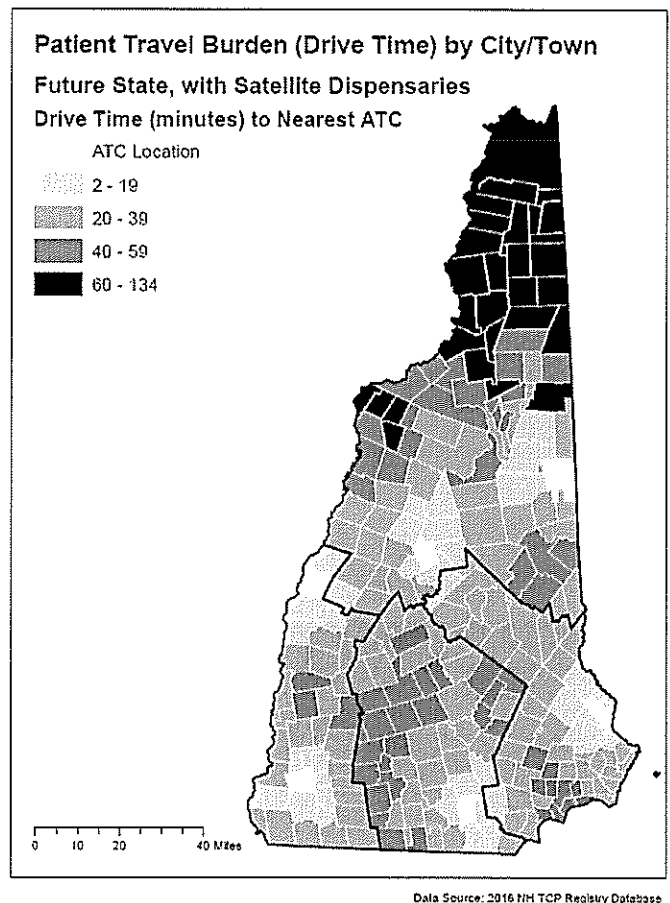
### Current State vs. Future State Comparison

A satellite dispensary located in the towns of Keene (Region 3) and North Conway (Region 4) will potentially result in the following improvements for patient access to an alternative treatment center for dispensing of therapeutic cannabis:

- Travel burden (as defined in the reports above) is completely eliminated in Region 3.
- Travel burden (as defined in the reports above) is significantly relieved, but not eliminated, in Region 4.
- Drive time reduction, per round trip, for Region 3 Temescal patients is 459 hours, and for Region 4 Sanctuary patients is 437 hours, with a combined reduction of 896 hours in both regions.
- Mileage reduction, per round trip, for Region 3 Temescal patients is 17,473 miles, and for Region 4 Sanctuary patients is 24,489 miles, with a combined reduction of 41,962 miles in both regions.



**Map 1:** Current-state drive time from town/city to nearest dispensary (without satellite dispensaries). Black indicates travel burden.



**Map 2:** Future-state drive time from town/city to nearest dispensary (with satellite dispensaries in Keene and North Conway). Black indicates travel burden.



Bill as  
Introduced

HB 335 - AS INTRODUCED

2019 SESSION

19-0618  
01/04

HOUSE BILL

**335**

AN ACT relative to therapeutic cannabis dispensary locations.

SPONSORS: Rep. W. Thomas, Hills. 21; Rep. Stack, Hills. 21; Rep. Murphy, Hills. 21

COMMITTEE: Health, Human Services and Elderly Affairs

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ANALYSIS

This bill clarifies where a second dispensary may be geographically located for the purposes of the use of cannabis for therapeutic purposes law.

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Explanation: Matter added to current law appears in *bold italics*.  
Matter removed from current law appears [~~in brackets and struck through.~~]  
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Nineteen*

AN ACT                   relative to therapeutic cannabis dispensary locations.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1           1 Use of Cannabis for Therapeutic Purposes; Dispensary Locations. RSA 126-X:7, X is repealed  
2 and reenacted to read as follows:

3           X. If the department determines that having additional locations for the dispensing of  
4 therapeutic cannabis is necessary to adequately and effectively meet the needs of qualifying  
5 patients and designated caregivers, the department may authorize the alternative treatment  
6 centers allowed to operate in geographic areas 1, 2, 3, and 4 to establish a second dispensary  
7 location within those same geographic areas. A second dispensary location shall only be established  
8 in a geographic location approved by the department, shall be limited solely to the dispensing of  
9 cannabis and educational efforts, and shall not be used for cultivation or other activities relative to  
10 the production of cannabis. A second dispensary location shall be subject to rules adopted by the  
11 department under RSA 126-X:6, III, and any additional rules adopted by the department relative to  
12 a second dispensary location under RSA 126-X:6, IV, and all applicable provisions of this chapter  
13 relative to alternative treatment centers including, but not limited to, compliance with local zoning  
14 laws. The department shall, in conjunction with the local governing body of the town or city where  
15 the second dispensary location would be located, solicit input from qualifying patients, designated  
16 caregivers, and residents of the town or city in which the second dispensary location would be  
17 located.

18           2 Use of Cannabis for Therapeutic Purposes: Rulemaking. Amend RSA 126-X:6, IV to read as  
19 follows:

20           IV. The department may adopt rules regarding the establishment of [a] second dispensary  
21 [~~location by the alternative treatment centers described in~~] *locations under* RSA 126-X:7, X  
22 including, but not limited to, fees, operational requirements, and geographic location.

23           3 Effective Date. This act shall take effect 60 days after its passage.