

Committee Report

REGULAR CALENDAR

May 9, 2019

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on Health, Human Services and Elderly Affairs to which was referred SB 88-FN,

AN ACT relative to registry identification cards under the use of cannabis for therapeutic purposes law. Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. Joe Schapiro

FOR THE MAJORITY OF THE COMMITTEE

**MAJORITY
COMMITTEE REPORT**

| | |
|-------------------|---|
| Committee: | Health, Human Services and Elderly Affairs |
| Bill Number: | SB 88-FN |
| Title: | relative to registry identification cards under the use of cannabis for therapeutic purposes law. |
| Date: | May 9, 2019 |
| Consent Calendar: | REGULAR |
| Recommendation: | OUGHT TO PASS WITH AMENDMENT 2019-1667 h |

STATEMENT OF INTENT

This bill eliminates a provision in the use of therapeutic cannabis law which requires a three-month provider patient relationship prior to a provider certifying a patient with a qualifying medical condition. Given that some providers are understandably uncomfortable facilitating the use of therapeutic cannabis, some patients were being forced to give up a medical provider who they otherwise liked and to wait an additional three months. It should be noted that there is no such provision for providing medications, including opioids. While there was considerable discussion related to the possibility that this change could encourage medical practices focused solely on quick and unethical certifying of patients with a qualifying condition, the bipartisan majority of the committee felt that such abuses would be closely monitored and that fair and timely access is a priority. In addition, this bill mandates that the department will issue weekly, rather than monthly, reports of numbers and specific identification numbers of qualifying patients to alternative treatment centers.

Vote 18-3.

Rep. Joe Schapiro
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

SB 88-FN, relative to registry identification cards under the use of cannabis for therapeutic purposes law. **MAJORITY: OUGHT TO PASS WITH AMENDMENT. MINORITY: INEXPEDIENT TO LEGISLATE.**

Rep. Joe Schapiro for the **Majority** of Health, Human Services and Elderly Affairs. This bill eliminates a provision in the use of therapeutic cannabis law which requires a three-month provider patient relationship prior to a provider certifying a patient with a qualifying medical condition. Given that some providers are understandably uncomfortable facilitating the use of therapeutic cannabis, some patients were being forced to give up a medical provider who they otherwise liked and to wait an additional three months. It should be noted that there is no such provision for providing medications, including opioids. While there was considerable discussion related to the possibility that this change could encourage medical practices focused solely on quick and unethical certifying of patients with a qualifying condition, the bipartisan majority of the committee felt that such abuses would be closely monitored and that fair and timely access is a priority. In addition, this bill mandates that the department will issue weekly, rather than monthly, reports of numbers and specific identification numbers of qualifying patients to alternative treatment centers. **Vote 18-3.**

Original: House Clerk

Cc: Committee Bill File

COMMITTEE: HHSEA
BILL NUMBER: SB 88, Amendment 1667h
TITLE: Relative to registry identification cards under the use of cannabis for therapeutic purposes law.
DATE: 5/7/19 CONSENT CALENDAR: No

SB 88, Relative to registry identification cards under the use of cannabis for therapeutic purposes law. **MAJORITY: OUGHT TO PASS WITH AMENDMENT.**

Rep. Joe Schapiro for the **Majority** of Health, Human Services, and Elderly Affairs. This bill eliminates a provision in the use of therapeutic cannabis law, which required a three-month provider patient relationship prior to a provider certifying a patient with a qualifying medical condition. Given that some providers are understandably uncomfortable facilitating the use of therapeutic cannabis, some patients were being forced to give up a medical provider who they otherwise liked and to wait an additional three months. It should be noted that there is no such provision for providing medications, including opioids. While there was considerable discussion related to the possibility that this change could encourage medical practices focused solely on quick and unethical certifying of patients with a qualifying condition, the bipartisan majority of the committee felt that such abuses would be closely monitored and that fair and timely access is a priority. In addition, this bill mandates that the department will issue weekly, rather than monthly, reports of numbers and specific identification numbers of qualifying patients to alternative treatment centers. **Vote 18-3.**

Rep. Schapiro, Ches. 16
April 25, 2019
2019-1667h
01/04

Amendment to SB 88-FN

1 Amend RSA 126-X:1, XVII as inserted by section 2 of the bill by replacing it with the following:

2

3 XVII. "Written certification" means documentation of a qualifying medical condition by a
4 provider pursuant to rules adopted by the department pursuant to RSA 541-A for the purpose of
5 issuing registry identification cards, after having completed a full assessment of the patient's
6 medical history and current medical condition made in the course of a provider-patient relationship
7 ~~[of at least 3 months in duration. The 3-month requirement for the provider-patient relationship~~
8 ~~required in this paragraph shall not apply if the provider issuing the written certification certifies~~
9 ~~that the onset of the patient's qualifying medical condition occurred within the past [3 months] and~~
10 ~~the certifying provider is primarily responsible for the patient's care related to his or her qualifying~~
11 ~~medical condition, or if the patient is enrolled in hospice care or is medically eligible for hospice care~~
12 ~~with a prognosis of 6 months or less but has chosen to seek palliative or curative treatment, or~~
13 ~~both].~~ The date of issuance and the patient's qualifying medical condition, symptoms or side effects,
14 the certifying provider's name, medical specialty, and signature shall be specified on the written
15 certification.

REGULAR CALENDAR

May 7, 2019

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Minority of the Committee on Health, Human Services and Elderly Affairs to which was referred SB 88-FN,

AN ACT relative to registry identification cards under the use of cannabis for therapeutic purposes law. Having considered the same, and being unable to agree with the Majority, report with the following resolution: **RESOLVED**, that it is **INEXPEDIENT TO LEGISLATE**.

Rep. Mark Pearson

FOR THE MINORITY OF THE COMMITTEE

**MINORITY
COMMITTEE REPORT**

| | |
|-------------------|---|
| Committee: | Health, Human Services and Elderly Affairs |
| Bill Number: | SB 88-FN |
| Title: | relative to registry identification cards under the use of cannabis for therapeutic purposes law. |
| Date: | May 7, 2019 |
| Consent Calendar: | REGULAR |
| Recommendation: | INEXPEDIENT TO LEGISLATE |

STATEMENT OF INTENT

This bill removes the requirement that an individual seeking certification for medical marijuana must, in most cases, have a patient-provider relationship of at least three months. The minority believes this removal will lead to "doctor-shopping", in which individuals seeking the legal use of marijuana would shop around to obtain certification from a provider very willing to provide it, even though that provider does not know the patient. Sometimes a provider, in an ongoing professional relationship and who, therefore, knows the patient well, needs to give a compassionate, wise "no" to the request for certification. The minority is concerned that some providers who are in favor of recreational marijuana may grant certification to anyone wishing it, so as to foster recreational marijuana by the back door.

Rep. Mark Pearson
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

SB 88-FN, relative to registry identification cards under the use of cannabis for therapeutic purposes law. **INEXPEDIENT TO LEGISLATE.**

Rep. Mark Pearson for the **Minority** of Health, Human Services and Elderly Affairs. This bill removes the requirement that an individual seeking certification for medical marijuana must, in most cases, have a patient-provider relationship of at least three months. The minority believes this removal will lead to "doctor-shopping", in which individuals seeking the legal use of marijuana would shop around to obtain certification from a provider very willing to provide it, even though that provider does not know the patient. Sometimes a provider, in an ongoing professional relationship and who, therefore, knows the patient well, needs to give a compassionate, wise "no" to the request for certification. The minority is concerned that some providers who are in favor of recreational marijuana may grant certification to anyone wishing it, so as to foster recreational marijuana by the back door.

Original: House Clerk

Cc: Committee Bill File

MINORITY REPORT

COMMITTEE: _____

BILL NUMBER: SB 88

TITLE: _____

DATE: _____ CONSENT CALENDAR: YES NO

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

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

*Ok
fine*

STATEMENT OF INTENT:

*The bill removes the requirement that an individual seeking certification for medical marijuana must, in most cases, have a patient-provider relationship of at least three months. The minority believes this removal will lead to "doctor-shopping" in which individuals seeking the legal use of marijuana would shop around to obtain certification from a provider very willing to provide it, even though that provider does not know the patient. Sometimes a provider, in an ongoing professional relationship and ^{who} therefore knows the patient well, needs to give a compassionate, wise "no" to the request for certification. ~~Some providers who are in favor of~~ *the minority is concerned that**

COMMITTEE VOTE: _____

| |
|-------------------------------|
| • Copy to Committee Bill File |
|-------------------------------|

RESPECTFULLY SUBMITTED,

Rep. Mark A. Pearson
For the Minority

recreational marijuana may grant
certification to anyone wishing it, so as to
foster recreational marijuana by the
back door.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 88-FN

BILL TITLE: relative to registry identification cards under the use of cannabis for therapeutic purposes law.

DATE: May 7, 2019

LOB ROOM: 205

MOTIONS: OUGHT TO PASS WITH AMENDMENT

Moved by Rep. Schapiro Seconded by Rep. Acton AM Vote: 19-2


Amendment # 2019-1667 h

Moved by Rep. Schapiro Seconded by Rep. Acton Vote: 18-3

CONSENT CALENDAR: NO

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 SB 88-FN

BILL TITLE: relative to registry identification cards under the use of cannabis for therapeutic purposes law.

DATE: 5-7-19

LOB ROOM: 205

MOTION: (Please check one box)

- OTP ITL Retain (1st year) Adoption of Amendment # 1667h (if offered)
- Interim Study (2nd year)

Moved by Rep. Shapiro Seconded by Rep. Acton Vote: 19-2

MOTION: (Please check one box)

- OTP OTP/A ITL Retain (1st year) Adoption of Amendment # 1667h (if offered)
- Interim Study (2nd year)

Moved by Rep. Shapiro Seconded by Rep. Acton Vote: 18-3

MOTION: (Please check one box)

- OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____ (if offered)
- Interim Study (2nd year)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

- OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____ (if offered)
- Interim Study (2nd year)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

CONSENT CALENDAR: ___ YES NO

Minority Report? Yes ___ No If yes, author, Rep: Pearson Motion ITL

Respectfully submitted: Susan Ticehurst
Rep Susan Ticehurst, Clerk



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

2/7/2019 12:10:51 PM
Roll Call Committee Registers
Report

2019 SESSION

Health, Human Services and Elderly Affairs

Bill #: SB 88 Motion: Adopt Amend AM #: 1667h Exec Session Date: 5-7-19

| Members | YEAS | Nays | NV |
|-----------------------------------|-----------|----------|----|
| Weber, Lucy M. Chairman | ✓ | | |
| Campion, Polly Kent Vice Chairman | ✓ | | |
| MacKay, James R. | ✓ | | |
| Snow, Kendall A. | ✓ | | |
| Freitas, Mary C. | ✓ | | |
| Ticehurst, 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 | | ✓ | |
| Stapleton, Walter A. | ✓ | | |
| TOTAL VOTE: | 19 | 2 | |



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

2/7/2019 12:10:51 PM
Roll Call Committee Registers
Report

2019 SESSION

Health, Human Services and Elderly Affairs

Bill #: SB 88 Motion: OTPA AM #: 1667h Exec Session Date: 5-7-19

| Members | YEAS | Nays | NV |
|-----------------------------------|-----------|----------|----|
| Weber, Lucy M. Chairman | ✓ | | |
| Campion, Polly Kent Vice Chairman | ✓ | | |
| MacKay, James R. | ✓ | | |
| Snow, Kendall A. | ✓ | | |
| Freitas, Mary C. | ✓ | | |
| Ticehurst, 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 | | ✓ | |
| Stapleton, Walter A. | ✓ | | |
| TOTAL VOTE: | 18 | 3 | |

Amendment to SB 88-FN

1 Amend RSA 126-X:1, XVII as inserted by section 2 of the bill by replacing it with the following:

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12 ~~with a prognosis of 6 months or less but has chosen to seek palliative or curative treatment, or~~
13 ~~both].~~ The date of issuance and the patient's qualifying medical condition, symptoms or side effects,
14 the certifying provider's name, medical specialty, and signature shall be specified on the written
15 certification.

Sub-
Committee
Actions

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION on SB 88-FN

BILL TITLE: relative to registry identification cards under the use of cannabis for therapeutic purposes law.

DATE: 4-25-19

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

Comments and Recommendations:

Mr. Holt provided "Application for the Therapeutic Use of Cannabis Qualifying Patient" & "Written Certification for Therapeutic Use of Cannabis"
Recessed - Reopened

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

Moved by Rep. Shapiro Seconded by Rep. Nutter-Upham AM Vote: 9-0

Adoption of Amendment # 1667 h

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

Amendment Adopted Amendment Failed

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

Moved by Rep. Shapiro Seconded by Rep. Ticehurst AM Vote: _____

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote: 9-0

Amendment Adopted Amendment Failed

Respectfully submitted,

Rep. Susan Ticehurst
Subcommittee Chairman/Clerk

Amendment to SB 88-FN

1 Amend RSA 126-X:1, XVII as inserted by section 2 of the bill by replacing it with the following:

2

3 XVII. "Written certification" means documentation of a qualifying medical condition by a
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12 ~~with a prognosis of 6 months or less but has chosen to seek palliative or curative treatment, or~~
13 ~~both].~~ The date of issuance and the patient's qualifying medical condition, symptoms or side effects,
14 the certifying provider's name, medical specialty, and signature shall be specified on the written
15 certification.

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON SB 88-FN

BILL TITLE: relative to registry identification cards under the use of cannabis for therapeutic purposes law.

DATE: April 23, 2019

LOB ROOM: 205 **Time Public Hearing Called to Order:** 10:00 AM

Time Adjourned: 10:30 AM

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

Bill Sponsors:

Sen. Kahn

Sen. Sherman

Sen. Rosenwald

Sen. Dietsch

Sen. Levesque

Sen. Cavanaugh

TESTIMONY

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

Introduced By: Sen. Kahn -

We now have three years of history with alternative treatment centers. This bill removes the 90-day waiting requirement from the point of establishing of a relationship to the point of permission being written by the medical provider. The picture requirement on the ID card is eliminated. Other means such as driver licenses can be used. This eliminates a cumbersome process. The department will provide to each dispensary a weekly update of all names and registration numbers for each patient and caregiver, providing multiple verifications of the privileges of patients and caregivers to have access to the products. Referenced a letter from a constituent who has been taking increasing amounts of oxi-drugs for pain resulting from an injury. The patient had to wait for 90 days to have access to cannabis.

Question - Rep. Weber: The 3-month waiting period was initiated over concerns about one doctor certifying conditions without seeing patients. How would you address that problem, and would you consider an amendment that requires at least some face-to-face contact?

Answer - The bill specifies the requirement for a medical relationship. This addresses that concern.

Question - Rep. Pearson: Why couldn't the doctor who made the prescription for opioids make the certification since that doctor had a relationship?

Answer - The prescriber could have facilitated that.

Question - Rep. Woods: Discloses that he was on the board of an Alternative Treatment Center. Referring to page 1, lines 16-18: It seems like crucial data is being eliminated. Why was that stricken?

Answer - This was the result of working with the department and the ATCs. It trusts the relationship between the licensed provider and the patient. How much disclosure is needed beyond that to certify the need for access?

Question - Rep. Woods: What was the motivation to move from monthly to weekly?

Answer - Weekly is more generous than daily. There is daily data that could be accessed.

Question - Rep. Knirk: Regardless of the time frame, don't the conditions on page 1, lines 16-18, need to be known to certify?

Answer - It does seem like something that rules would do.

Question - Rep. Stapleton: When patients go in to see a provider, they collect all of this basic information. Is it possible that you referred it to VIII?

Answer - Yes.

Michael Holt, DHHS, Program Administrator for the Therapeutic Cannabis Program -

This is not a department requested bill nor does the department have a position. Sections 1 and 2 remove the requirement for a three-month relationship as well as the exceptions for that 3-month relationship. This change will benefit those patients whose current providers, with whom they have a relationship, will not certify a patient. There is no public list of doctors who are willing to certify. Many patients struggle to find a new doctor, which requires a 90-day period to establish a relationship and then 3 weeks from application time to the ability to acquire the product. Line 7 requires the department to establish in rule what will be on the form. The department will include the data that is being deleted in the statute. Regarding the in-person exam, we interpret that in rule making to require a face-to-face visit. Does not allow telemedicine. Sections 3 and 4, regarding weekly reporting: We provide this information on a business day basis. A change to weekly reporting will not impact us. Section 5 requires the department to issue a card when there is a change of caregiver. This time limit is currently being met. Section 6, regarding removing the photo requirement: Printing the photo is a cumbersome process to the patient and an administrative burden. The law and rules require a second form of photo ID.

Question - Rep. Pearson: Is your testimony yours personally or that of the department?

Answer - I am providing the impact on the department.

Question - Rep. Guthrie: After a three-year history we aren't getting this kind of a bill from the department instead of from an independent legislator. Why doesn't the department have a position?

Answer - The department does not have a position on this bill. We will support another bill because we asked for a change. The department did not ask for this bill, but we are providing context, so you can make a decision.

Question - Rep. Guthrie: How many cards have been issued?

Answer - 78,047 active, qualifying patients. That does not include previous active patients who have not reapplied, which is about 10,000.

Question - Rep. Guthrie: How many dispensaries?

Answer - Five dispensaries but patients may only use one registry.

Question - Rep. Campion: Given that the department has no position, are there any concerns should this bill be passed?

Answer - The dept has no concerns regarding the administration of the changes in this bill.

Question - Rep. Woods: Is the major hang up in timeliness of access the photo ID requirement?

Answer - It is a significant barrier to a great number of patients. Patients are required to submit a digital image on a CD or USB stick. It is an arduous process. The vast majority of our patients are elderly and are not facile with computers.

Question - Rep. Woods: If this is deleted, is the time frame substantially reduced for applicants? Will this dramatically shorten the process from application to receiving a card?

Answer - Yes.

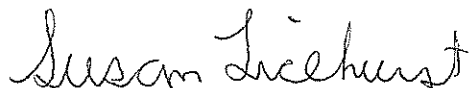
Question - Rep. Nelson: What do you think about the doctor's office having a camera to provide a photo?

Answer - There is nothing that would prevent that from happening right now.

Question - Rep. Guthrie: Can you make available a copy of the application and a copy of a card?

Answer - Yes. All materials are online, so I can easily provide the links and hard copies.

Respectfully submitted,



Rep. Susan Ticehurst, Clerk

House Committee on Health, Human Services & Elderly Affairs
Public Hearing on SB 88

| | | | |
|-------------|---|--------------------------------------|-------|
| Bill Title: | Relative to registry identification cards under the use of cannabis for therapeutic purposes law. | | |
| Date: | 4/23/19 | | |
| Room: | 205 | Time Public Hearing Called to Order: | 10:00 |
| | | Time Adjourned: | 10:30 |

Committee Members Present:

| | |
|---|--------------|
| X | Shapiro |
| | Cannon |
| X | Stapleton |
| X | Nutter-Upham |
| X | Marsh |
| | Salloway |
| X | Fothergill |
| X | Freitas |
| X | Snow |
| X | MacKay |
| X | Ticehurst |
| X | Weber |

| | |
|---|----------|
| X | DeClercq |
| X | Osborne |
| | Acton |
| X | Woods |
| X | Pearson |
| X | Knirk |
| X | Guthrie |
| X | Nelson |
| X | McMahon |
| X | Campion |

Testimony

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

| * | Attch # | Name | Testimony: |
|---|---------|--------------------------|--|
| | | Introduced By: Sen. Kahn | We now have three years of history with alternative treatment centers. This bill removes the 90 day waiting requirement from the point of establishing of a relationship to the point of permission being written by the medical provider. The picture requirement on the ID card is eliminated. Other means such as driver licenses can be used. This eliminates a cumbersome process. The department |

will provide to each dispensary a weekly update of all names and registration numbers for each patient and caregiver, providing multiple verifications of the privileges of patients and caregivers to have access to the products. Referenced a letter from a constituent who has been taking increasing amounts of oxi-drugs for pain resulting from an injury. The patient had to wait for 90 days to have access to cannabis. Rep. Weber: The 3 month waiting period was initiated over concerns about one doctor certifying conditions without seeing patients. How would you address that problem and would you consider an amendment that requires at least some face-to-face contact? Sen. Kahn: The bill specifies the requirement for a medical relationship. This addresses that concern. Rep. Pearson: Why couldn't the doctor who made the prescription for opioids make the certification since that doctor had a relationship? Sen. Kahn: The prescriber could have facilitated that. Rep. Woods: Discloses that he was on the board of an Alternative Treatment Center. Referring to page 1, lines 16-18: It seems like crucial data is being eliminated. Why was that stricken? Sen. Kahn: This was the result of working with the department and the ATCs. It trusts the relationship between the licensed provider and the patient. How much disclosure is needed beyond that to certify the need for access? Rep. Woods: What was the motivation to move from monthly to weekly? Sen. Kahn: Weekly is more generous than daily. There is daily data that could be accessed. Rep. Knirk: Regardless of the time frame, don't the conditions on page 1, lines 16-18, need to be known to certify? Sen. Kahn: It does seem like something that rules would do. Rep. Stapleton: When patients go in to see a provider, they collect all of this basic information. Is it possible that you referred it to VIII?

| | | | |
|--|--|--|---|
| | | | Kahn: Yes. |
| | | Michael Holt, DHHS, Program Administrator for the Therapeutic Cannabis Program | <p>This is not a department requested bill nor does the department have a position. Sections 1 and 2 remove the requirement for a three month relationship as well as the exceptions for that 3 month relationship. This change will benefit those patients whose current providers, with whom they have a relationship, will not certify a patient. There is no public list of doctors who are willing to certify. Many patients struggle to find a new doctor, which requires a 90 day period to establish a relationship and then 3 weeks from application time to the ability to acquire the product. Line 7 requires the department to establish in rule what will be on the form. The department will include the data that is being deleted in the statute. Regarding the in-person exam, we interpret that in rule making to require a face-to-face visit. Does not allow telemedicine. Sections 3 and 4, regarding weekly reporting: We provide this information on a business day basis. A change to weekly reporting will not impact us. Section 5 requires the department to issue a card when there is a change of caregiver. This time limit is currently being met. Section 6, regarding removing the photo requirement: Printing the photo is a cumbersome process to the patient and an administrative burden. The law and rules require a second form of photo ID. Rep. Pearson: Is your testimony yours personally or that of the department? Holt: I am providing the impact on the department. Rep. Guthrie: After a three year history we aren't getting this kind of a bill from the department instead of from an independent legislator. Why doesn't the department have a position? Holt: The department does not have a position on this bill. We will support another bill because we asked for a change. The department did not ask for this bill but we</p> |

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Respectfully submitted,

Rep. Susan Ticehurst, Clerk

Testimony



Jeffrey A. Meyers
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
THERAPEUTIC CANNABIS PROGRAM

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9333 1-800-852-3345 Ext. 9333
TDD Access: 1-800-735-2964
email: TherapeuticCannabisProgram@dhhs.nh.gov

Application for the Therapeutic Use of Cannabis Qualifying Patient

GENERAL PROGRAM INFORMATION

Information about the Therapeutic Cannabis Program, including the enabling law (RSA 126-X), the administrative rules (He-C 400), and all required forms, is available on the Program's website at: <http://www.dhhs.nh.gov/oos/tcp/index.htm>

Application process

The application process takes up to 20 calendar days from the date a complete application is received by the Therapeutic Cannabis Program. The Program will approve or deny an application within 15 calendar days of receiving a complete application. If approved, the Program will issue a Registry Identification Card within 5 days of approval. *Information regarding application status will not be given over the phone.*

Incomplete application

If an application is received and it does not contain all required information and supporting documentation, it will be considered incomplete. The Program will notify you in writing within 10 business days of receiving an incomplete application. The notice will specify the information or documentation required to be submitted before the application can be processed. If you fail to provide the missing information or documentation within 30 days of the notice, your application shall be determined to be incomplete and will not be processed.

Application fees

The \$50 application fee is non-refundable. Make check or money order payable to "Treasurer, State of New Hampshire." Fees will not be returned to an applicant whose application is denied or determined to be incomplete.

Requirements for applicants who are under 18 years of age

- The application must be completed by the applicant's custodial parent or legal guardian on behalf of the applicant.
- The applicant's custodial parent or legal guardian must be approved by the Program as the applicant's Designated Caregiver. An application for a minor patient will not be approved unless the applicant's custodial parent or legal guardian has been approved as a Designated Caregiver.
- The application must include two "Written Certification for the Therapeutic Use of Cannabis" forms, completed by two separate health care providers. One of the health care providers must be a pediatrician, and both of the providers must have a provider-patient relationship of at least 3 months duration with the minor; unless the onset or diagnosis of the qualifying condition occurred within the past 3 months and the certifying provider is primarily responsible for the care related to this condition.
- If parents share legal custody (joint decision-making responsibility) of a minor applicant, the parent submitting the application shall provide the other parent with copies of the completed application and the completed Written Certifications prior to submitting the application to the Program.
- In cases where a minor applicant's legal guardian is not a custodial parent, the legal guardian shall submit proof of legal guardianship with the application.

Designated Caregivers

You may designate a caregiver either on the initial application or any time after you have been approved as a Qualifying Patient. You may designate only one caregiver at a time. The person you designate must submit an "Application for the Therapeutic Use of Cannabis – Designated Caregiver," be approved by the Program, and be issued a Registry Identification Card before the person can assist you with your therapeutic use of cannabis. A Designated Caregiver must be at least 21 years old and must have never been convicted of a felony. The Program will notify you if the person you designate as your caregiver is approved or denied. Please note that your Designated Caregiver may receive compensation for actual costs, such as gas, tolls, etc., but not for the time or labor, associated with assisting you with your therapeutic use of cannabis.

You may use the "Caregiver Designation/Removal" form, available on the Program's website, to designate a caregiver after you've submitted your initial application or if you want to change your current Designated Caregiver.

Alternative Treatment Centers

On your initial application you will be required to select an Alternative Treatment Center (ATC). You will only be allowed to purchase cannabis from the ATC you have selected. You may change your ATC at any time by completing a "Change of Information/Lost Card" form and submitting it to the Program. A change in the designation of your ATC may take up to 10 days. The ATCs are as follows:

- Prime Alternative Treatment Centers of NH, Inc., with a dispensary located in Merrimack.
380 Daniel Webster Highway, Merrimack, NH 03054
Website: www.primeatc.com. Email: info@primeatc.com. Phone: (888) 298-7746
- Sanctuary ATC, with a dispensary located in Plymouth.
568 Tenney Mountain Highway, Plymouth, NH 03264
Website: www.sanctuaryatc.org. Email: info@sanctuaryatc.org. Phone: (603) 346-4619
- Temescal Wellness, Inc., with dispensaries located in Dover and Lebanon.
367 Route 120, Unit E-2, Lebanon, NH 03766
26 Crosby Road, Units 11-12, Dover, NH, 03820
Website: www.temescalwellness.com. Email: info@temescalwellness.com. Phone: (603) 285-9383
Note: The Dover and Lebanon dispensaries are separate ATCs. Selecting one does not allow a Qualifying Patient or Designated Caregiver to utilize the other location.

Changes of information

You are required to notify the Program in writing of changes to the following:

- *Name or Address.* Use the "Change of Information/ Lost Card" form to request such a change, which is available on the Program's website. A new Registry Identification Card, including a new identification number, will be issued to you within 20 days of your request. There is a \$25 fee for the replacement card. Failure to notify the Program of a change to your name or address within 10 days of the change will result in a fine of \$150.
- *Alternative Treatment Center.* Use the "Change of Information/ Lost Card" form to request such a change. There is no fee to change your ATC, and you will not be issued a new Registry Identification Card. (See "Alternative Treatment Centers" above.)
- *Designated Caregiver.* Use the "Caregiver Designation/Removal" form to request such a change, which is available on the Program's website. There is no fee associated with this change, and you will not be issued a new Registry Identification Card. (See "Designated Caregivers" below.)

Return of outdated or expired Registry Identification Card

A Registry Identification Card with outdated information, whether due to a change of information or because it has expired, must be returned to the Program within 10 business days of your receipt of a new card. Failure to timely return the outdated card to the Program shall be grounds for the Program to void the newly issued card until the outdated card is returned to the Program. You will not be able to purchase cannabis at an ATC with a voided Registry Identification Card.

Lost Registry Identification Card

If you lose your Registry Identification Card, whether due to loss, theft, or destruction, you are required to notify the Program in writing within 10 days of discovering the loss. Please submit the "Change of Information/Lost Card" form along with a check or money order made payable to "Treasurer, State of New Hampshire" in the amount of \$25. Within 5 calendar days of receiving written notice of the loss and the \$25 fee, the Program will re-issue a new Registry Identification Card, including a new identification number. You will not be able to purchase cannabis at an ATC without a valid Registry Identification Card.

THERAPEUTIC CANNABIS PROGRAM QUALIFYING PATIENT APPLICATION INSTRUCTIONS

1. Carefully read the general program information available on the Program's website.
2. Type or print in ink your responses on the application.
3. All releases, certifications, and acknowledgments on the application that require signature or initialing must be completed in ink. Photocopies or facsimiles of the application will not be accepted.
4. Have your health care provider complete the "Written Certification for the Therapeutic Use of Cannabis" form. The Written Certification form must be completed and signed by an individual who:
 - a. Is a physician or an advanced practice registered nurse (APRN);
 - b. Has an active license in good standing from the NH Board of Medicine or the NH Board of Nursing;
 - c. Has an active registration from the US Drug Enforcement Agency to prescribe controlled substances; and
 - d. Has a provider-patient relationship with you of at least 3 months duration, unless the onset or diagnosis of your qualifying condition occurred within the past 3 months and the certifying provider is primarily responsible for the care related to this condition.
5. Have your health care provider return the Written Certification form to you when it is completed. Do not have your health care provider return the Written Certification form to the Program. Note that for applicants who are minors, two separate Written Certification forms, completed by two different health care providers, one of whom must be a pediatrician, are required to be submitted. Make sure you submit your application within 60 days of the date of the Written Certification(s); otherwise your application will be considered incomplete.
6. Arrange to have a digital photograph of your face taken. The digital photograph will be used for your Registry Identification Card. A passport photo taken by a studio or store is preferred, but you may also use your own digital camera. In either case, the photograph you submit must meet all of the following requirements:
 - a. The digital photograph must be in .jpg format, and supplied on a compact disc (CD) that has is labeled with your name and date of birth;
 - b. The photograph shall contain a front image of your full face, taken in natural color;
 - c. Your face must appear against a white background;
 - d. Your face takes up at least 70% of the photograph;
 - e. Do not wear a hat, sunglasses, or any item that alters or disguises the overall features of your face; and
 - f. The photograph must be taken not more than 30 days prior to the date of the application.
7. Enclose a check or money order made payable to "Treasurer, State of New Hampshire" in the amount of \$50. The Program cannot accept cash, credit cards, or installment payments. All application fees are non-refundable in accordance with He-C 401.14(c).
8. You must be a resident of New Hampshire and submit proof of NH residency with your application. The following are acceptable forms of documentation. Originals are not required; legible copies of originals are acceptable. In all cases your name and current address must appear on the document you submit.
 - a. New Hampshire driver's license (both sides);
 - b. State or federal government-issued identification card that shows your name and address; or
 - c. If documentation in a. and b. above is unavailable, other documentation that contains your name and current address and which indicates New Hampshire residency, such as a current lease agreement, tax documents from the previous calendar year, or a utility bill issued within the previous 2 months of the date of the application.
9. For applicants who are minors, proof of residency shall be provided for the applicant's custodial parent or legal guardian who will be the applicant's Designated Caregiver.
10. Mail or hand-deliver the completed application (pages 4–6 of this packet) and supporting documents to: NH Department of Health and Human Services, Therapeutic Cannabis Program, Brown Building, 129 Pleasant Street, Concord, NH 03301.

Items 4, 6, 7, and 8 must be included with your completed application.

APPLICATION FOR THE THERAPEUTIC USE OF CANNABIS – QUALIFYING PATIENT

Instructions: Complete each page of this form. Sections or items labeled "Optional" need to be completed only if they apply to you. Please type or print in ink your responses on this form.

APPLICANT INFORMATION

- Initial Application
 Renewal Application

If a renewal application,
your Registry ID Number

| | | | |
|----------------------------------|--|--|---|
| Name | Last | First | Middle |
| Mailing Address | Street/P.O. Box | County | |
| | City | State | Zip Code |
| Phone Number | | | |
| Physical Address | (If different than mailing address) (If the applicant is homeless, this is not required) | | |
| Date of Birth | MM/DD/YYYY | NH Driver's License or State or Federal Government ID Number (For minor applicants, provide this information for applicant's Designated Caregiver) | <input type="checkbox"/> I do not have this documentation, but other proof of NH Residency is included with this application. |
| | | | |
| E-Mail Address (optional) | | | |

MEDICAL PROVIDER INFORMATION

Provide the following information about the medical provider who issued you the Written Certification for your qualifying condition.

| | | | |
|-------------------------|-----------------|-------|----------|
| Name | Last | First | |
| Business Address | Street/P.O. Box | | |
| | City | State | Zip Code |
| Phone Number | | | |

For minor applicants (under age 18), provide the following information about the medical provider who issued you the second Written Certification for your qualifying condition.

| | | | |
|-------------------------|-----------------|-------|----------|
| Name | Last | First | |
| Business Address | Street/P.O. Box | | |
| | City | State | Zip Code |
| Phone Number | | | |

MEDICAL INFORMATION RELEASE

I, hereby, authorize the release of relevant medical information by the provider(s) listed above to the NH Department of Health and Human Services if further information about my qualifying medical condition is required by the Department.

Signature of Applicant/Applicant's custodial parent or legal guardian

Date

DESIGNATED CAREGIVER INFORMATION – OPTIONAL

| | | | |
|-------------------------|-------------------------------------|----------------------------------|----------|
| Name | Last | First | Middle |
| Mailing Address | Street/P.O. Box | | |
| | City | State | Zip Code |
| Phone Number | | | |
| Physical Address | (If different than mailing address) | | |
| Date of Birth | MM/DD/YYYY | E-Mail Address (optional) | |

ALTERNATIVE TREATMENT CENTER

Check the box of the Alternative Treatment Center you have selected.

- Dover – Temescal Wellness
- Merrimack – Prime Alternative Treatment Centers of NH
- Lebanon – Temescal Wellness
- Plymouth – Sanctuary ATC

ADDITIONAL REQUIREMENTS FOR PATIENTS WHO ARE MINORS (UNDER AGE 18)

This section is required for any applicant who is under 18 years of age.

The applicant's custodial parent or legal guardian must initial each paragraph and certify that each paragraph is true.

Initials

| | |
|--|---|
| | I am the applicant's custodial parent or legal guardian who is responsible for the health care decisions of the applicant. |
| | The applicant's health care provider has explained to me the potential risks and benefits of the therapeutic use of cannabis. |
| | I consent to allow the applicant's therapeutic use of cannabis. |
| | I consent to serve as the applicant's Designated Caregiver and to control the acquisition of the cannabis and the frequency of the therapeutic use of cannabis by the applicant. |
| | I understand that if my application to be a Designated Caregiver is not approved, then the applicant's application to be a Qualifying Patient will not be approved. |
| | [If applicable] I share legal custody of the applicant, and have notified the other parent with legal custody of the minor applicant in advance of submitting this application by having provided to the other parent a copy of the completed Application Form and the completed Written Certification Forms. |

CERTIFICATION

I, hereby, certify that the paragraphs initialed by me above are true and that I agree to comply with all requirements of the Therapeutic Cannabis Program. I understand that any false statements made on this application are punishable as unsworn falsification under RSA 641:3.

Signature of Custodial Parent or Legal Guardian

Date



Jeffrey A. Meyers
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

THERAPEUTIC CANNABIS PROGRAM

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Written Certification for the Therapeutic Use of Cannabis

WRITTEN CERTIFICATION INSTRUCTIONS FOR MEDICAL PROVIDERS

Information about the Therapeutic Cannabis Program, including the enabling law (RSA 126-X), the administrative rules (He-C 400), all required forms, and the "Medical Provider Information Sheet," is available on Program's website at: <http://www.dhhs.nh.gov/oos/tcp/index.htm>

1. Type or print in ink your responses on the Written Certification. All certifications on this form that require signature or initialing must be completed in ink. Photocopies or facsimiles of this form will not be accepted.
2. Failure to complete this Written Certification in its entirety will cause your patient's application to be incomplete and the Written Certification to be returned to you.
3. Give the completed Written Certification to your patient to submit to the Program. DO NOT send the form directly to the Program; it must accompany the patient's application.
4. The Program will notify you in writing once a determination has been made regarding your patient's application.
5. You must be a "provider" as defined in RSA 126-X:1, VII: "(1) A physician licensed to prescribe drugs to humans under RSA 329 and who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances; (2) An advanced practice registered nurse licensed to prescribe drugs to humans under RSA 326-B:18 and who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances; or (3) A physician or advanced practice registered nurse licensed to prescribe drugs to humans under the relevant state licensing laws in Maine, Massachusetts, or Vermont and who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances and who is primarily responsible for the patient's care related to his or her qualifying medical condition."
6. You must have a "provider-patient relationship" with the patient you are certifying. This means at least a 3-month medical relationship between you and the patient, during which you have conducted a full assessment of the patient's medical history and current medical condition, including an in-person physical examination of the patient; a medical history of the patient, including a prescription history; a review of laboratory testing, imaging, and other relevant tests; appropriate consultations; a diagnosis of the patient's current medical condition; and the development of a treatment plan for the patient appropriate for your specialty. The 3-month requirement shall not apply if (1) the onset or diagnosis of the patient's qualifying medical condition occurred within the past 3 months, and if you are primarily responsible for the patient's care related to his or her qualifying medical condition; or (2) the patient is enrolled in hospice care or is medically eligible for hospice care with a prognosis of 6 months or less but has chosen to seek palliative or curative treatment, or both.
7. Your patient must have a "qualifying medical condition" as defined in RSA 126-X:1, IX(a)(1) or (2):
 - (1) "Qualifying medical condition" means the presence of: (A) Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, muscular dystrophy, Crohn's disease, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, traumatic brain injury, epilepsy, lupus, Parkinson's disease, Alzheimer's disease, ulcerative colitis, Ehlers-Danlos syndrome, or one or more injuries or conditions that has resulted in one or more qualifying symptoms under subparagraph (B); and (B) A severely debilitating or terminal medical condition or its treatment that has produced at least one of the following: elevated intraocular pressure, cachexia, chemotherapy-induced anorexia, wasting syndrome, agitation of Alzheimer's disease, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, constant or severe nausea, moderate to severe vomiting, seizures, or severe, persistent muscle spasms. OR
 - (2) "Qualifying medical condition" also means: (A) Moderate to severe chronic pain; (B) Severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects; or (C) Moderate or severe post-traumatic stress disorder.

**WRITTEN CERTIFICATION
FOR THE THERAPEUTIC USE OF CANNABIS**

Initial Certification
 Renewal Certification

If a Renewal Certification, have you previously certified this patient?
 Yes No

PATIENT INFORMATION

| | | | |
|------------------------|-----------------|-------|----------|
| Name | Last | First | Middle |
| Mailing Address | Street/P.O. Box | | |
| | City | State | Zip Code |
| Phone Number | | | |
| Date of Birth | MM/DD/YYYY | | |

PROVIDER INFORMATION

| | | | |
|----------------------------------|-----------------------------|-----------|---|
| Name of Physician or APRN | Last | First | Middle |
| Name of Medical Practice | | | |
| Office Mailing Address | Street/P.O. Box | | County |
| | City | State | Zip Code |
| Office Phone/Fax Number | Phone | Extension | Fax |
| | State License Number | | <input type="checkbox"/> Physician <input type="checkbox"/> Advanced Practice Registered Nurse |
| DEA Number | | | |
| Medical Specialty | | | |

Please provide the following information for the person in the office to be contacted by the Program in order to facilitate the processing of this Certification, if different than the provider listed above.

| | |
|-----------------------|--|
| Name and Title | |
| Phone Number | |
| Email Address | |

PROVIDER'S CERTIFICATION OF A PATIENT'S QUALIFYING MEDICAL CONDITION

IMPORTANT INSTRUCTIONS – PLEASE READ:

1. Complete EITHER Box A – Condition / Symptom (both sections), OR Box B – Condition Only
2. Sign and date at the bottom of the page

A. Condition / Symptom (Check all that apply)

I certify that I am treating _____ who has the following condition(s):
(Patient Name)

- | | |
|--|---|
| <input type="checkbox"/> Acquired immune deficiency syndrome | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Amyotrophic lateral sclerosis | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> One or more injuries or conditions that has resulted in one or more qualifying symptoms listed below |
| <input type="checkbox"/> Chronic pancreatitis | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Crohn's disease | <input type="checkbox"/> Positive status for human immunodeficiency virus |
| <input type="checkbox"/> Ehlers-Danlos syndrome | <input type="checkbox"/> Spinal cord injury or disease |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Ulcerative colitis |
| <input type="checkbox"/> Hepatitis C | |

AND who has a severely debilitating or terminal medical condition, or its treatment, that has produced at least one of the following qualifying symptoms or side effects:

- | | |
|---|---|
| <input type="checkbox"/> Agitation of Alzheimer's disease | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cachexia | <input type="checkbox"/> Severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects |
| <input type="checkbox"/> Chemotherapy-induced anorexia | <input type="checkbox"/> Severe, persistent muscle spasms |
| <input type="checkbox"/> Constant or severe nausea | <input type="checkbox"/> Wasting syndrome |
| <input type="checkbox"/> Elevated intraocular pressure | |
| <input type="checkbox"/> Moderate to severe vomiting | |

OR

B. Condition Only (Check all that apply)

I certify that I am treating _____ who has the following condition(s):
(Patient Name)

- Moderate or severe post-traumatic stress disorder
- Moderate to severe chronic pain
- Severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects

SIGNATURE

Signature of Certifying Provider

Date

PROVIDER'S CERTIFICATION OF A PROVIDER-PATIENT RELATIONSHIP

INSTRUCTIONS: Certify that you have a provider-patient relationship with your patient.

"Provider-patient relationship" means at least a 3-month medical relationship between a licensed provider and a patient, unless the 3-month requirement does not apply in accordance with He-C 401.06(b)(1)b., during which the provider has conducted a full assessment of the patient's medical history and current medical condition in accordance with He-C 401.06(b)(2). This rule requires the full assessment to include an in-person physical examination of the patient; a medical history of the patient, including a prescription history; a review of laboratory testing, imaging, and other relevant tests; appropriate consultations; a diagnosis of the patient's current medical condition; and the development of a treatment plan for the patient appropriate for your specialty.

You **must** initial one of the following boxes and provide applicable dates.

I have completed a full assessment of the patient's medical history and current medical condition in accordance with He-C 401.06(b)(2) [described above] made in the course of a provider-patient relationship of at least 3 months in duration.

The dates of the provider-patient relationship are: FROM: _____ TO: _____

I have completed a full assessment of the patient's medical history and current medical condition in accordance with He-C 401.06(b)(2), [described above] but I do not have a provider-patient relationship of at least 3 months in duration. The onset or diagnosis of my patient's qualifying medical condition occurred within the past 3 months, and I am primarily responsible for the patient's care related to his or her qualifying medical condition.

The date of the onset or diagnosis of my patient's qualifying medical condition is: _____

I have completed a full assessment of the patient's medical history and current medical condition in accordance with He-C 401.06(b)(2), [described above] but I do not have a provider-patient relationship of at least 3 months in duration. My patient is enrolled in hospice care or is medically eligible for hospice care with a prognosis of 6 months or less but has chosen to seek palliative or curative treatment, or both.

You **must** initial the following box.

I have explained the potential health effects of the therapeutic use of cannabis to my patient.

If my patient is a minor, I have explained to my patient's custodial parent or legal guardian with responsibility for health care decisions for the patient both the potential health effects and the potential risks and benefits of the therapeutic use of cannabis.

I certify that I am:

A physician or an advanced practice registered nurse licensed in New Hampshire to prescribe drugs to humans under RSA 329 or RSA 326-B:18, respectively, and who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances; OR

A physician or an advanced practice registered nurse licensed in Maine, Massachusetts, or Vermont to prescribe drugs to humans under the relevant state licensing laws, who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances, and who is primarily responsible for my patient's care related to his or her qualifying medical condition.

I possess an active license in good standing with the State of New Hampshire, or the State of Maine, Massachusetts, or Vermont, and the facts as stated in this Written Certification are accurate to the best of my knowledge and belief. I understand that any false statements made on this Certification are punishable as unsworn falsification under RSA 641:3.

Signature of Certifying Provider

Date

DURATION OF WRITTEN CERTIFICATION

If your patient's Registry Identification Card should be valid for a period shorter than one year, please indicate for how many months the card shall remain valid.

The Registry Identification Card shall remain valid for:

One year from the date of issuance OR _____ months from the date of issuance

**THIS FORM AS COMPLETED IS NOT INTENDED TO BE A
PRESCRIPTION OR MEDICAL RECOMMENDATION FOR THE THERAPEUTIC USE OF CANNABIS**

Bill as
Introduced

SB 88-FN - AS AMENDED BY THE SENATE

03/07/2019 0606s
03/21/2019 1210s

2019 SESSION

19-0830
01/04

SENATE BILL

88-FN

AN ACT relative to registry identification cards under the use of cannabis for therapeutic purposes law.

SPONSORS: Sen. Kahn, Dist 10; Sen. Sherman, Dist 24; Sen. Rosenwald, Dist 13; Sen. Dietsch, Dist 9; Sen. Levesque, Dist 12; Sen. Cavanaugh, Dist 16

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill makes certain changes in the use of cannabis for therapeutic purposes law, including eliminating the time frame for a provider-patient relationship.

.....

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 registry identification cards under the use of cannabis for therapeutic purposes law.

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

1 1 Therapeutic Use of Cannabis; Definitions. Amend RSA 126-X:1, VIII to read as follows:

2 VIII. "Provider-patient relationship" means ~~[at least a 3 month]~~ a medical relationship
3 between a licensed provider and a patient that includes an in-person exam, a history, a diagnosis,
4 and a treatment plan appropriate for the licensee's medical specialty.

5 2 Therapeutic Use of Cannabis; Definitions. Amend RSA 126-X:1, XVII to read as follows:

6 XVII. "Written certification" means documentation of a qualifying medical condition by a
7 provider pursuant to rules adopted by the department pursuant to RSA 541-A for the purpose of
8 issuing registry identification cards, after having completed a full assessment of the patient's
9 medical history and current medical condition made in the course of a provider-patient relationship
10 ~~[of at least 3 months in duration. The 3 month requirement for the provider-patient relationship
11 required in this paragraph shall not apply if the provider issuing the written certification certifies
12 that the onset of the patient's qualifying medical condition occurred within the past [3 months] and
13 the certifying provider is primarily responsible for the patient's care related to his or her qualifying
14 medical condition, or if the patient is enrolled in hospice care or is medically eligible for hospice care
15 with a prognosis of 6 months or less but has chosen to seek palliative or curative treatment, or both.
16 The date of issuance and the patient's qualifying medical condition, symptoms or side effects, the
17 certifying provider's name, medical specialty, and signature shall be specified on the written
18 certification].~~

19 3 Therapeutic Use of Cannabis; Departmental Administration; Registry Identification Cards.

20 Amend the introductory paragraph of RSA 126-X:4, VII(a) to read as follows:

21 (a) The department shall track the number of qualifying patients who have designated
22 each alternative treatment center and issue a ~~[monthly]~~ *weekly* written statement to the
23 alternative treatment center identifying the number of qualifying patients who have designated
24 that alternative treatment center along with the registry identification numbers of each qualifying
25 patient and each qualifying patient's designated caregiver.

26 4 Therapeutic Use of Cannabis; Departmental Administration; Registry Identification Cards.

27 Amend the introductory paragraph of RSA 126-X:4, VIII to read as follows:

28 VIII. In addition to the ~~[monthly]~~ *weekly* reports, the department shall also provide written
29 notice to an alternative treatment center which identifies the names and registration identification
30 numbers of a qualifying patient and his or her designated caregiver whenever any of the following

1 events occur:

2 5 Therapeutic Use of Cannabis; Departmental Administration; Registry Identification Cards.

3 Amend RSA 126-X:4, IX(d) to read as follows:

4 (d) If a qualifying patient notifies the department of a change in his or her designated
5 caregiver and the prospective designated caregiver meets the requirements of this chapter, the
6 department shall issue the designated caregiver a registry identification card within ~~[50]~~ 20 days of
7 receiving the designated caregiver's application.

8 6 Repeal. The following are repealed:

9 I. RSA 126-X:4, I(c), relative to a photograph of the applicant's face.

10 II. RSA 126-X:4, II(b), relative to a photograph of the applicant's face.

11 III. RSA 126-X:4, IV(f), relative to a photograph of an applicant's face.

12 7 Effective Date. This act shall take effect 60 days after its passage.

SB 88-FN- FISCAL NOTE
 AS AMENDED BY THE SENATE (AMENDMENT #2019-0606s)

AN ACT relative to registry identification cards under the use of cannabis for therapeutic purposes law.

FISCAL IMPACT: State County Local None

| STATE: | Estimated Increase / (Decrease) | | | |
|------------------------|---|----------------|----------------|----------------|
| | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
| Appropriation | \$0 | \$0 | \$0 | \$0 |
| Revenue | Indeterminable | Indeterminable | Indeterminable | Indeterminable |
| Expenditures | Indeterminable | Indeterminable | Indeterminable | Indeterminable |
| Funding Source: | <input type="checkbox"/> General <input type="checkbox"/> Education <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Other - Registry Identification Card and Certificate Fund | | | |

METHODOLOGY:

This bill amends RSA 126:X by:

- removing the length of time a provider and patient must have a relationship before written certification of a medical condition may be issued,
- changing the reporting frequency from monthly to weekly, and
- repealing requirements related to photographs of the applicant's face for registration cards.

To the extent that there is a net administrative cost resulting from the changes in the bill, those costs would be included in the registration fees paid by the Alternative Treatment Centers. The Therapeutic Cannabis Program is self-funded through annual registration fees, currently set at \$50 per application.

AGENCIES CONTACTED:

Department of Health and Human Services

SB 88-FN- FISCAL NOTE
 AS AMENDED BY THE SENATE (AMENDMENT #2019-1210s)

AN ACT relative to registry identification cards under the use of cannabis for therapeutic purposes law.

FISCAL IMPACT: State County Local None

| STATE: | Estimated Increase / (Decrease) | | | |
|------------------------|---|----------------|----------------|----------------|
| | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
| Appropriation | \$0 | \$0 | \$0 | \$0 |
| Revenue | Indeterminable | Indeterminable | Indeterminable | Indeterminable |
| Expenditures | Indeterminable | Indeterminable | Indeterminable | Indeterminable |
| Funding Source: | <input type="checkbox"/> General <input type="checkbox"/> Education <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Other - Registry Identification Card and Certificate Fund | | | |

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