

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

ANALYSIS

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

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 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 RSA 126-X:7, X is repealed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.

CHAPTER 165
HB 335 - FINAL VERSION

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

ANALYSIS

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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.

CHAPTER 165
HB 335 - FINAL VERSION

19-0618
01/04

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:

1 165:1 Use of Cannabis for Therapeutic Purposes; Dispensary Locations. RSA 126-X:7, X is
2 repealed 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 patients
5 and designated caregivers, the department may authorize the alternative treatment centers allowed
6 to operate in geographic areas 1, 2, 3, and 4 to establish a second dispensary location within those
7 same geographic areas. A second dispensary location shall only be established in a geographic
8 location approved by the department, shall be limited solely to the dispensing of cannabis and
9 educational efforts, and shall not be used for cultivation or other activities relative to the production
10 of cannabis. A second dispensary location shall be subject to rules adopted by the department under
11 RSA 126-X:6, III, and any additional rules adopted by the department relative to a second
12 dispensary location under RSA 126-X:6, IV, and all applicable provisions of this chapter relative to
13 alternative treatment centers including, but not limited to, compliance with local zoning laws. The
14 department shall, in conjunction with the local governing body of the town or city where the second
15 dispensary location would be located, solicit input from qualifying patients, designated caregivers,
16 and residents of the town or city in which the second dispensary location would be located.

17 165:2 Use of Cannabis for Therapeutic Purposes: Rulemaking. Amend RSA 126-X:6, IV to read
18 as follows:

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

165:3 Effective Date. This act shall take effect 60 days after its passage.

Approved: July 10, 2019
Effective Date: September 08, 2019

Committee Minutes

SENATE CALENDAR NOTICE
Executive Departments and Administration

Sen Sharon Carson, Chair
 Sen Kevin Cavanaugh, Vice Chair
 Sen Cindy Rosenwald, Member
 Sen Shannon Chandley, Member
 Sen John Reagan, Member

Date: April 25, 2019

HEARINGS

	Wednesday	05/08/2019
	(Day)	(Date)
Executive Departments and Administration	LOB 101	9:00 a.m.
(Name of Committee)	(Place)	(Time)
9:00 a.m. HB 280	designating the red-tailed hawk as the state raptor.	
9:15 a.m. HB 287	relative to nepotism in state employment.	
9:30 a.m. HB 335	relative to therapeutic cannabis dispensary locations.	
9:45 a.m. HB 410	allowing the department of environmental services to have access to enhanced 911 information.	
10:00 a.m. HB 524	establishing a committee to study issues and impediments to starting, running, and growing home and commercial day care facilities in New Hampshire.	
10:15 a.m. HB 650	establishing a committee to study the economic challenges of employed persons serving in the New Hampshire legislature.	
10:30 a.m. HB 567	relative to using the Atlantic Time Zone in New Hampshire.	
10:45 a.m. HB 627	relative to rulemaking by the board of pharmacy on compounding.	

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

HB 280

Rep. Janvrin
 Rep. Cushing

Rep. Abramson
 Rep. Edgar

Rep. Khan
 Rep. Bushway

Rep. Fowler

HB 287

Rep. P. Schmidt

HB 335

Rep. W. Thomas

Rep. Stack

Rep. Murphy

HB 410

Rep. M. Pearson
 Rep. Welch
 Rep. Gagne

Rep. Guthrie
 Rep. Salloway
 Rep. Knirk

Rep. S. Pearson
 Rep. D. Thomas
 Sen. Birdsell

Rep. Pratt
 Rep. Kotowski
 Sen. Feltes

HB 524

Rep. McWilliams

HB 650

Rep. Loughman

Rep. Wilhelm

HB 567

Rep. Yokela

Rep. McGuire

HB 627

Rep. Long

Rep. Acton

Rep. Josephson

Rep. Griffith

Rep. French

Rep. Aldrich

Rep. Piedra

Rep. Alexander Jr.

Rep. Hill

Rep. Sytek

Rep. Chretien

Rep. Cushing

Rep. Acton

Sen. Hennessey

Jennifer Horgan 271-2609

Sharon M Carson
Chairman

**Senate Executive Departments and Administration
Committee**

Jennifer Horgan 271-2609

HB 335, relative to therapeutic cannabis dispensary locations.

Hearing Date: May 8, 2019

Time Opened: 9:30 a.m.

Time Closed: 9:59 a.m.

Members of the Committee Present: Senators Cavanaugh, Rosenwald, Chandley and Reagan

Members of the Committee Absent : Senator Carson

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

Sponsors:

Rep. W. Thomas

Rep. Stack

Rep. Murphy

Who supports the bill: Representative Wendy Thomas; Teresa Rosenberger of Devine-Millimet on behalf of Temescal; Heather Marie Brown, Barnstead

Who opposes the bill: No one

Who is neutral on the bill: Michael Holt on behalf of the Dept. of Health and Human Services

Summary of testimony presented in support:

Representative W. Thomas introduced the bill and provided a handout. She clarified for the record that she is not speaking for Prime. By way of background, she explained that patients are allowed only two ounces of product every ten days. She said that for patients who need only micro doses, this is more than enough. But for some cancer patients, this is not nearly enough. She also commented that for about 30% of patients, they have a significant travel burden in order to get to their dispensary. She explained the various maps for the regions shown on her handout. On page 2, each circle represents 50 miles of travel and noted that this represents about an hour in the vehicle, not counting traffic, and that this is hard with very sick patients. The second map in the handout shows circles for 25 miles; the third map indicates 5 pharmacies. The legislation allows existing dispensaries to open satellite facilities. **Senator Rosenwald** remarked that this seems like a complicated way and why not just look at increasing the amount that people can purchase.

Representative Thomas responded that DHHS had done the survey which shows the information indicated. She said that she personally does not have a problem with increasing the amounts that are allowed at once, and said that for some cancer patients, they end up augmenting their supply from the street. She said that a few patients ended up in the emergency room when the street purchase had been laced with fentanyl. **Senator Cavanaugh** asked about increasing the amount to 6 ounces within 30 days. **Representative Thomas** responded that the cost can be prohibitive and that many do not have the cash to put forward, noting that this is not a cheap product. **Senator Reagan** commented that in previous hearings the police had been opposed to allowing others to pick up or deliver product to sick patients. **Representative Smith** responded that caregivers are now allowed to legally pick up for patients. In explaining her own background, she said that at age 16, she was hit by a car which resulted in many operations. She also has chronic Lyme disease. In the past she had been on a "pain contract" whereby she was given 120 Oxycodone with no questions asked. She researched the product and now with therapeutic cannabis, (other than for an emergency appendectomy), she has not had an opioid prescription for 3 years now. She said that this is a great program.

Teresa Rosenberger appeared on behalf of Temescal which has two licenses (Dover and Lebanon). She gave some background on how they have been meeting to open up a dispensary in Keene and therefore in touch with the city manager, the health department, local police, etc. to make sure that they are welcome in the neighborhood. They hope to have this location open this June. She explained that this is a patient access bill and that patients do not want to drive two hours, only to have to do it again 10 days later. **Senator Rosenwald** asked what the cost is to open a facility. **Ms. Rosenberger** said that she could not say exactly but that she would get some information to the committee. She explained that you have to get real estate where they want you to be located, and that as soon as you mention medical cannabis, the price goes up immediately and that investments in staff are important as well. Continuation education is a vital part of this process. She agreed that going to six ounces for 30 day supply is fine but noted that the cost is an issue. She explained that these facilities are highly regulated and quite secure.

Heather Marie Brown appeared in support as a therapeutic cannabis patient. She said that her income is \$ 1,700 each month and her rent is \$ 1,400. She has three children to care for. She agreed that increasing the amount she could purchase at a time would be a wonderful convenience, but felt that very few patients could afford to purchase it. She explained that what she needs is split up so she cannot obtain a bulk discount. She pays well over \$300 per ounce. She commented about traveling and said that she goes to the Plymouth facility which takes her an hour in good weather. She said that there is a huge need to allow other dispensaries to open in the State but understands that there is a cost to open up. **Ms. Brown** commented that there are currently 7,500 patients on the therapeutic cannabis list. She said that this legislation opens the doorway to alleviate an obstacle and asked the committee to please support the bill to help the patients.

Summary of testimony presented in opposition: None

Neutral Information Presented:

Michael Holt appeared on behalf of DHHS and said that the department is taking no position. He provided a handout. He explained that last year, SB 38 allowed two of the 3 locations and this is the companion bill allowing the other two locations to open satellite facilities. He explained that the Department is prepared to implement this legislation should it pass. He agreed that travel burdens are an issue in regions 1 and 2. Another bill making its way through this process is HB 174 which adds a fifth license. **Senator Rosenwald** asked if it wouldn't be easier to reduce the total number of trips by increasing the amount someone can purchase each trip? **Mr. Holt** responded by explaining that there is no insurance coverage for this therapy and that it's a very small population who are using the system. He said that this is not an "either / or" and that her question actually addresses a different issue. She asked if there isn't an incentive for larger purchases and used the example in cost differentiation when purchasing a large bottle of Tylenol versus purchasing them 10 tablets at a time. **Mr. Holt** responded that one of the elements here is drive time. He said that the Department looked at the actual patient population, the number of individuals being served and the impact of driving to the facilities. They selected Berlin, Conway, Littleton and Colebrook and their current patients which indicated that there still is a need that is not being met currently. He referred to the map showing 40 to 60 minutes of drive time without taking traffic into account.

sfd

Date Hearing Report completed: May 9, 2019

Speakers

Testimony

HB 335
Michael Halt
DHHS

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 a significant travel burden</i>	Patients <i>still experiencing a limited travel burden</i>
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).

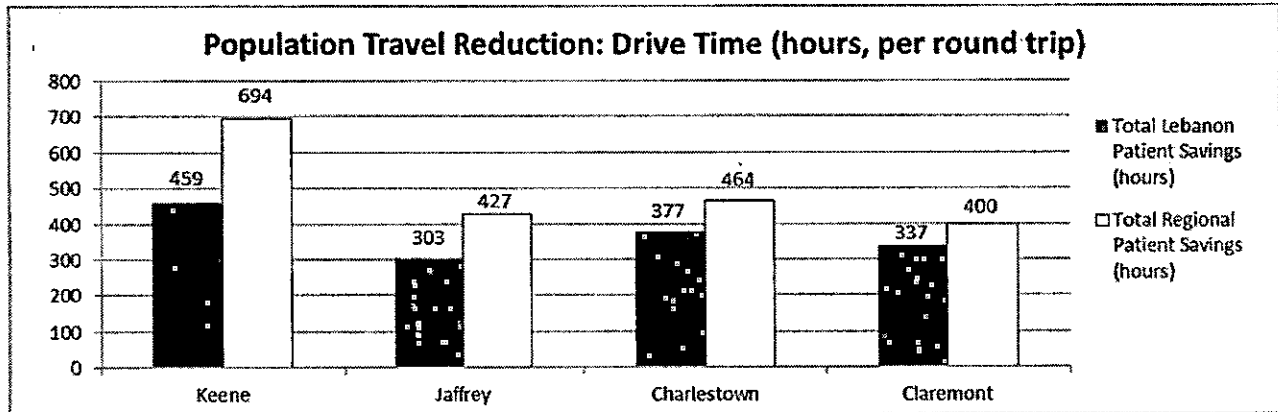


Figure 1: Reductions in per-trip patient drive time associated with each satellite location. Grey bar shows savings for Region 3 patients registered with Temescal. White bar shows savings for all Region 3 patients registered with Temescal-Lebanon or with other ATCs outside Region 3.

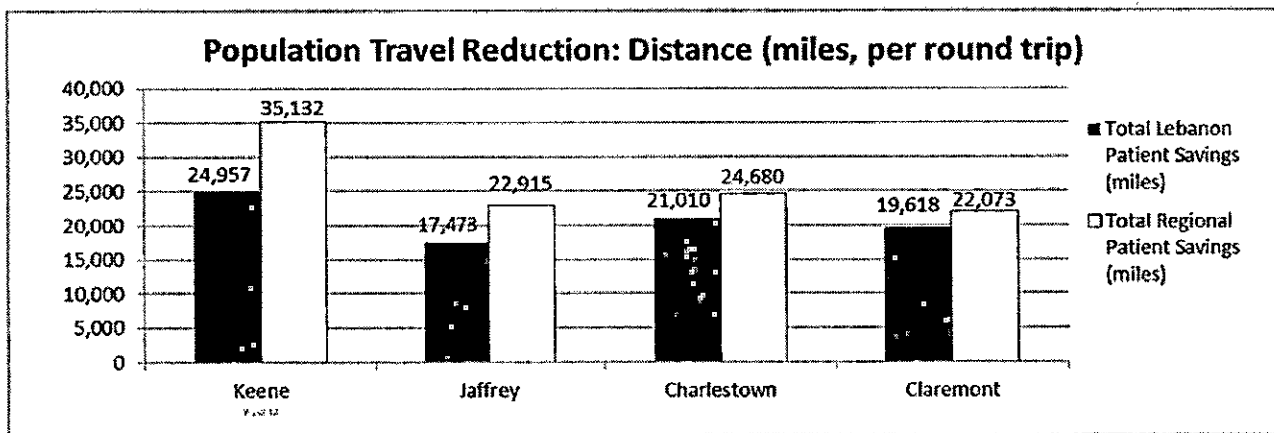


Figure 2: Reductions in per-trip patient miles driven associated with each satellite location. Grey bar shows savings for Region 3 patients registered with Temescal. White bar shows savings for all Region 3 patients registered with Temescal-Lebanon or with other ATCs outside Region 3.

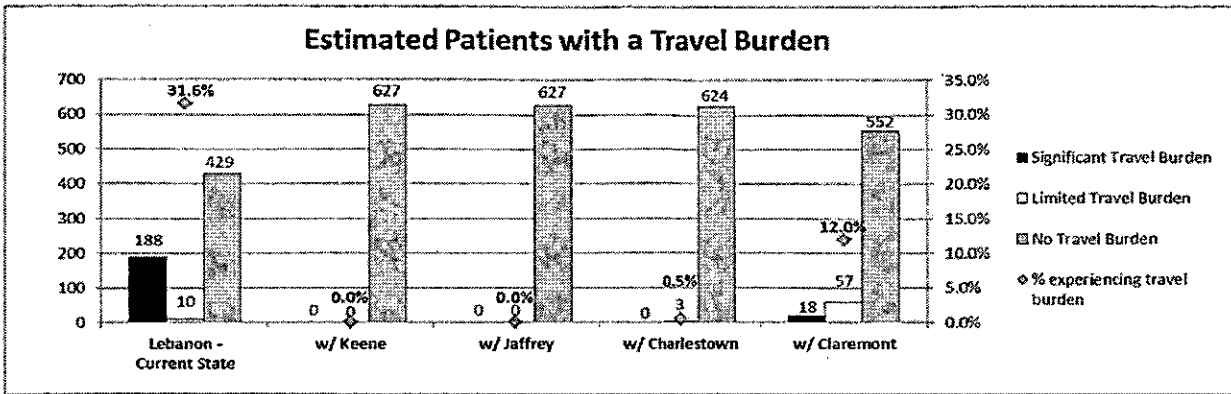


Figure 3: Region 3 Temescal patients experiencing a travel burden to Lebanon, and changes realized with the addition of the satellite location.

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.

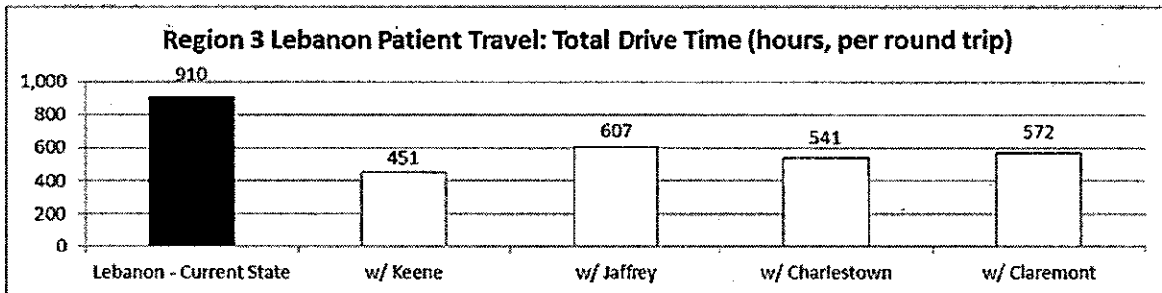


Figure 4: Future state patient hours spent driving per round trip; with each satellite location relative to Lebanon.

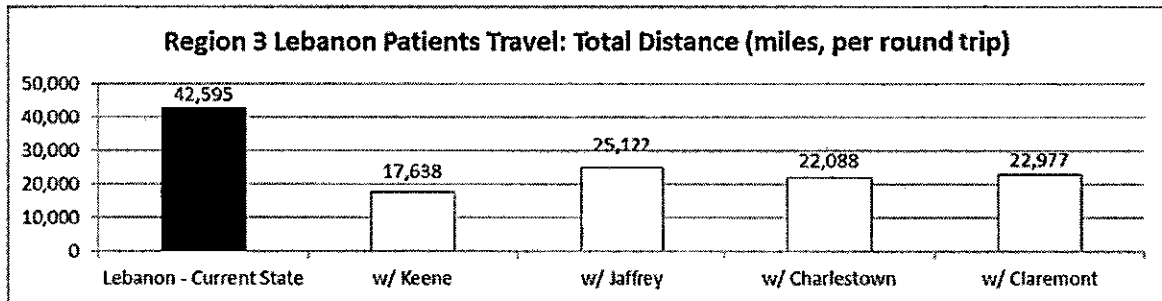


Figure 5: Future state patient miles driven per round trip; with each satellite location relative to Lebanon.

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 Jaffery 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).

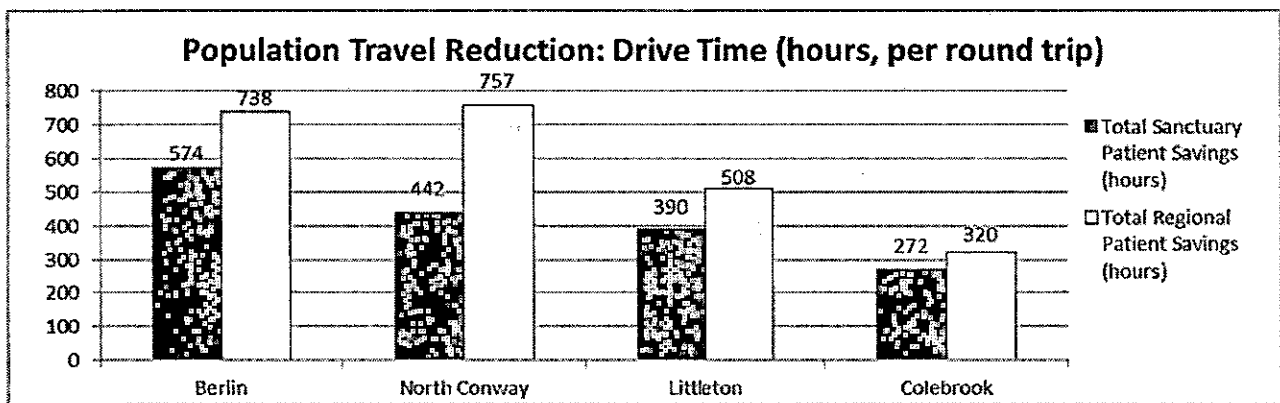


Figure 1: Reductions in per-trip patient drive time associated with each satellite location. Grey bar shows savings for Region 4 patients registered with Sanctuary. White bar shows savings for all Region 4 patients registered with Sanctuary or with other ATCs outside Region 4.

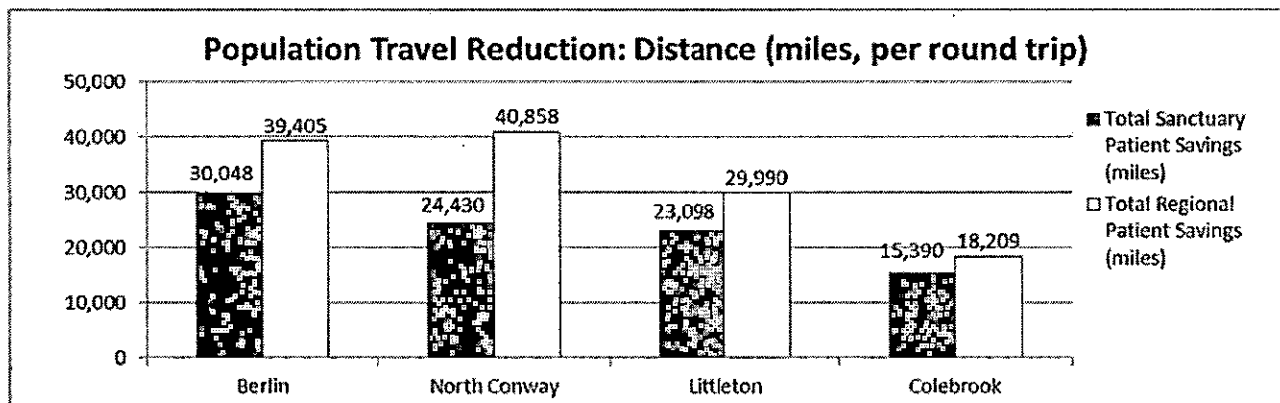


Figure 2: Reductions in per-trip patient miles driven associated with each satellite location. Grey bar shows savings for Region 4 patients registered with Sanctuary. White bar shows savings for all Region 4 patients registered with Sanctuary or with other ATCs outside Region 4.

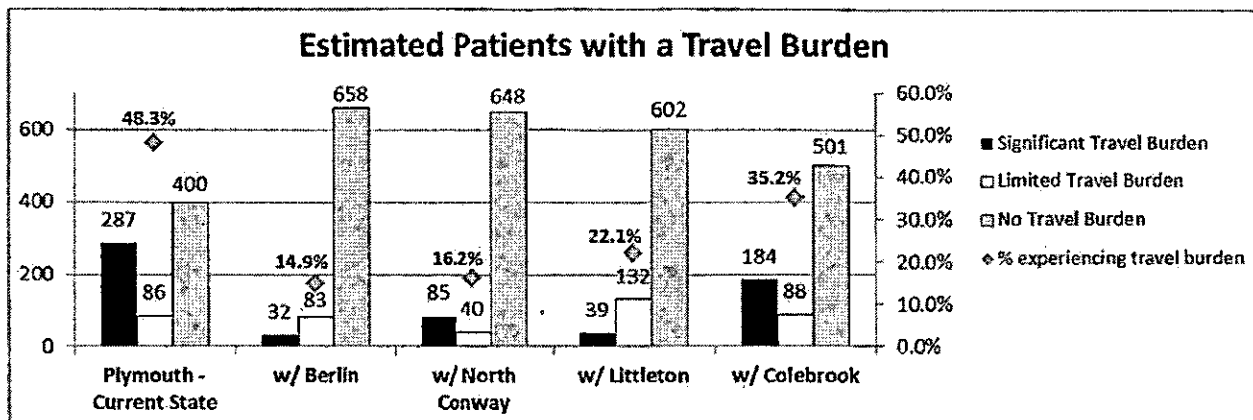


Figure 3: Region 4 Sanctuary patients experiencing a travel burden to Plymouth, and changes realized with the addition of the satellite location.

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.

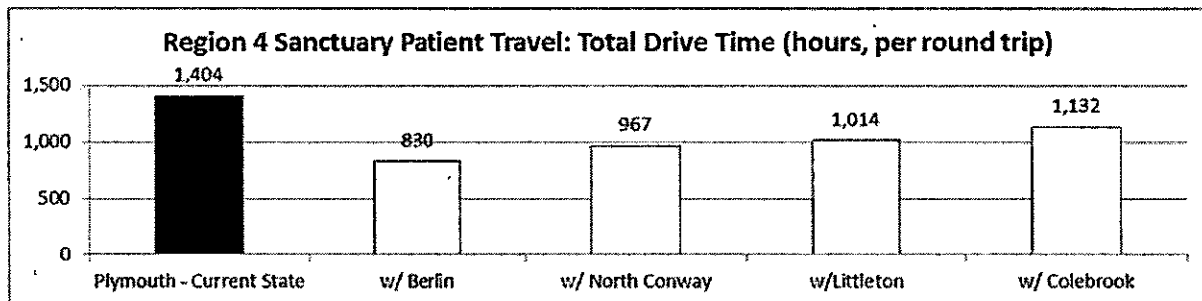


Figure 4: Future state patient hours spent driving per round trip; each satellite location relative to Plymouth.

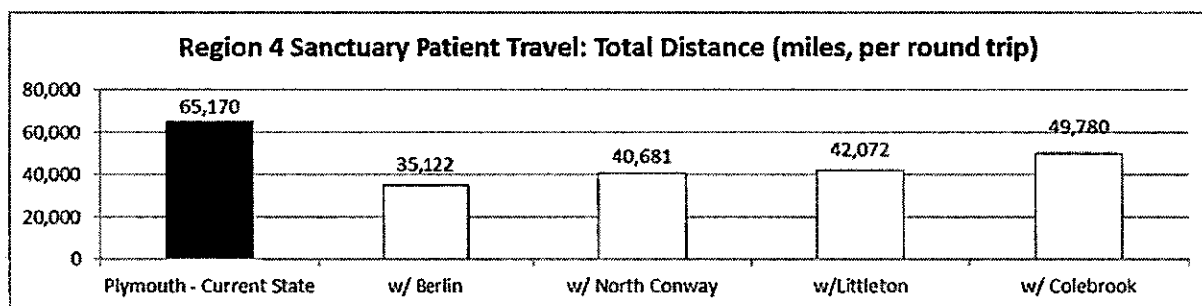


Figure 5: Future state patient miles driven per round trip; each satellite location relative to Plymouth.

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.

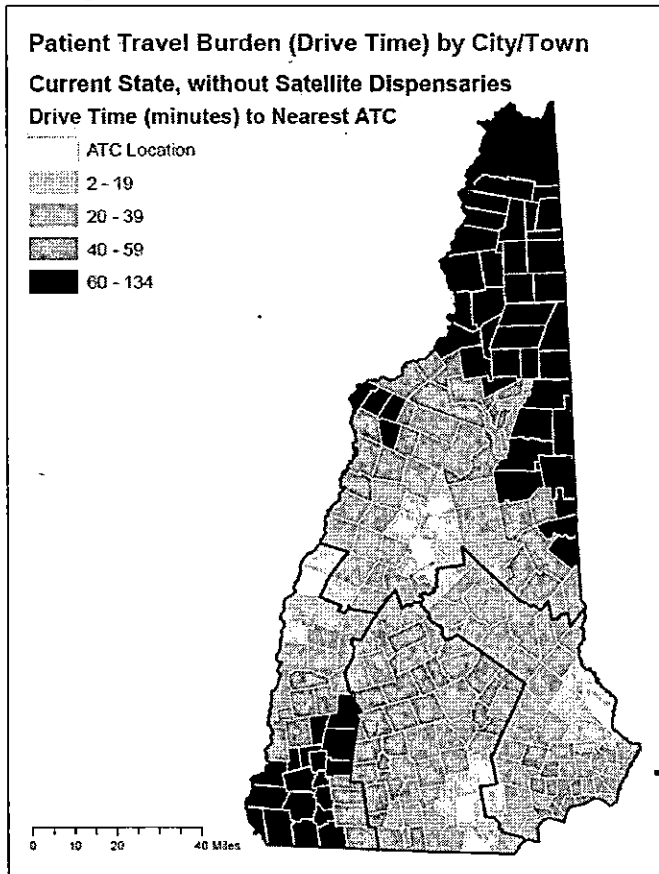
Additionally, among patients who responded to program satisfaction surveys, nearly 38% indicated that Increased Dispensary Locations was an area where they wanted to see improvement; it was second only to Cost of Product as an area for improvement, and unlike most other response options, this has been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

ATC Expansion

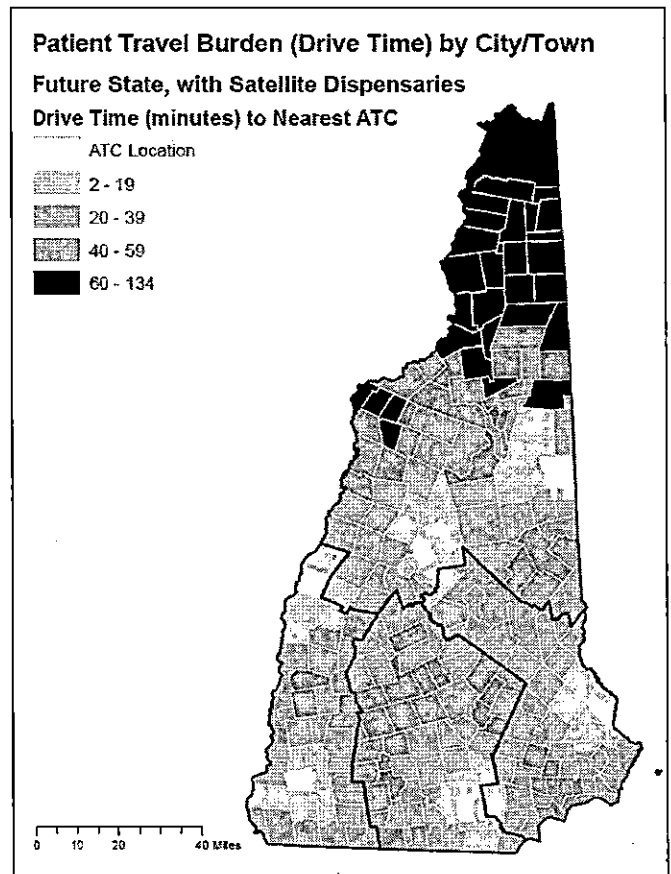
Current State vs. Future State Comparison

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.

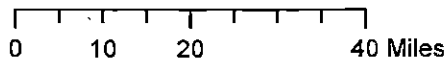
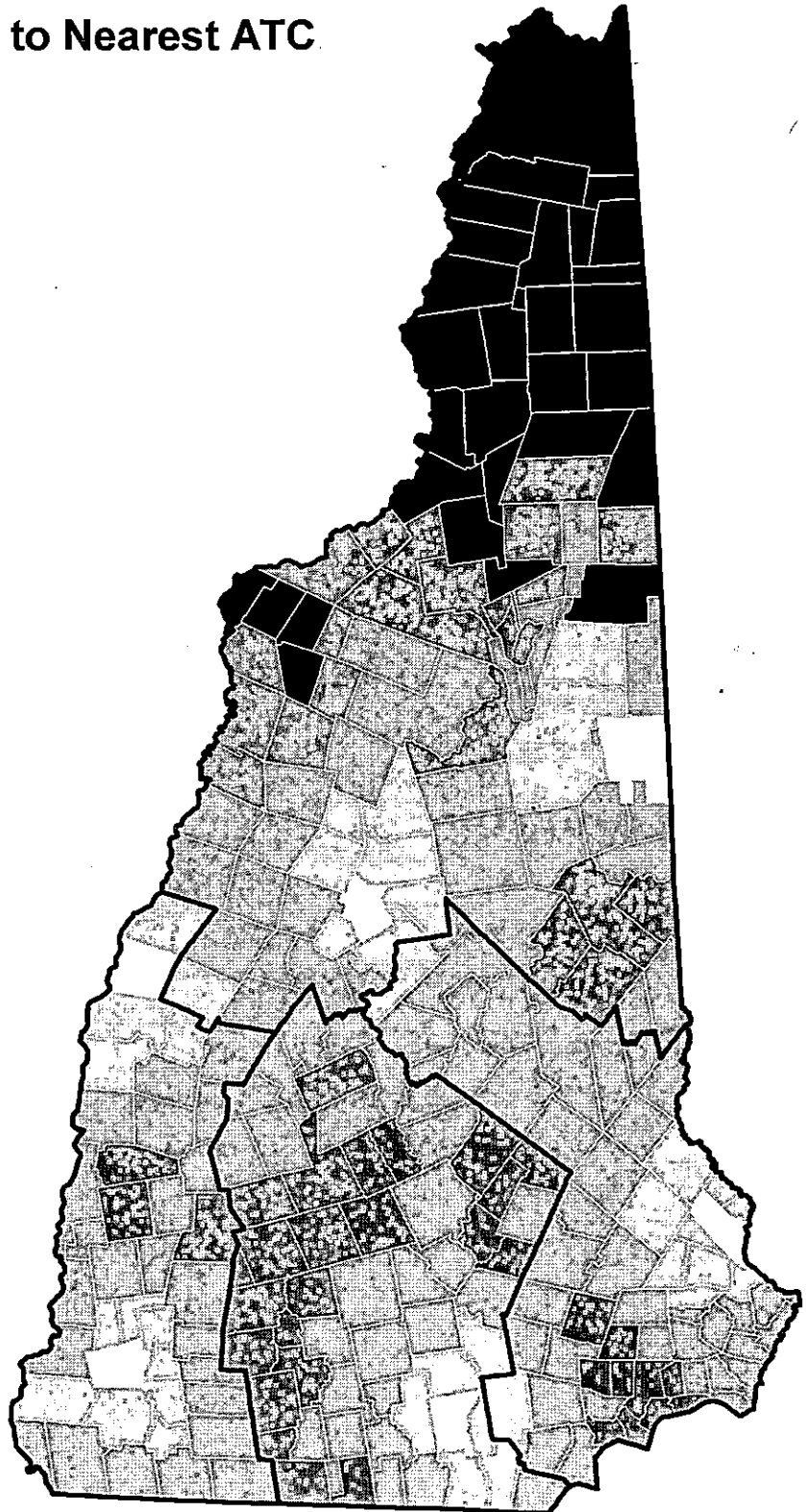
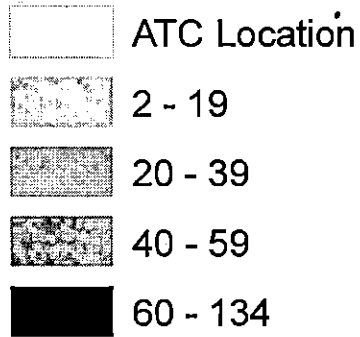


Map 2: Future-state drive time from town/city to nearest dispensary (with satellite dispensaries in Keene and North Conway). Black indicates travel burden.

Patient Travel Burden (Drive Time) by City/Town

Future State, with Satellite Dispensaries

Drive Time (minutes) to Nearest ATC



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.

2016 Report (Dec. 19, 2016)	2017 Report (June 30, 2017)	2018 Report (June 30, 2018)	Current (Nov. 29, 2018)	
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

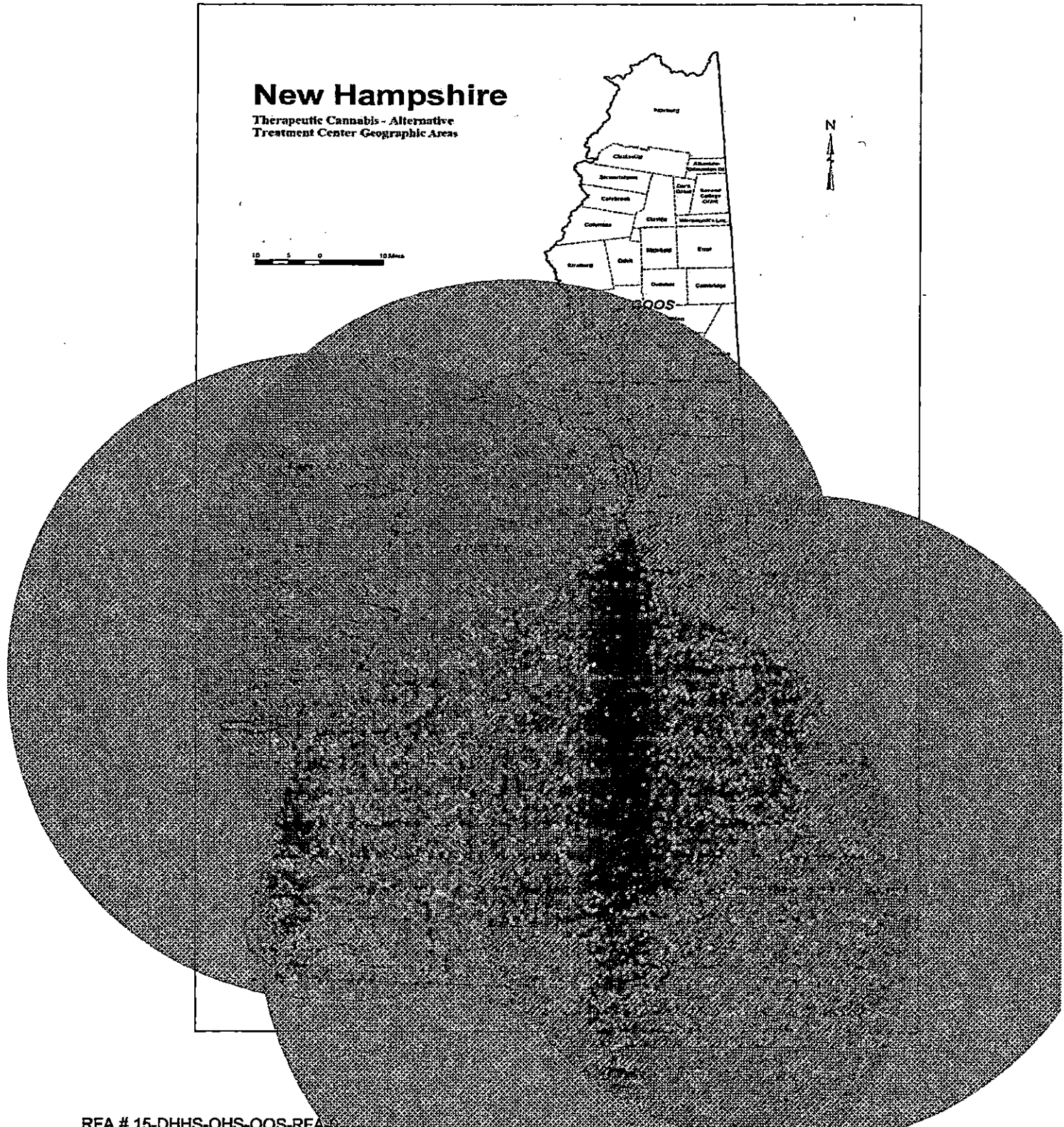
86 (11%) have a limited travel burden 50 miles each way or 1 hour

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

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

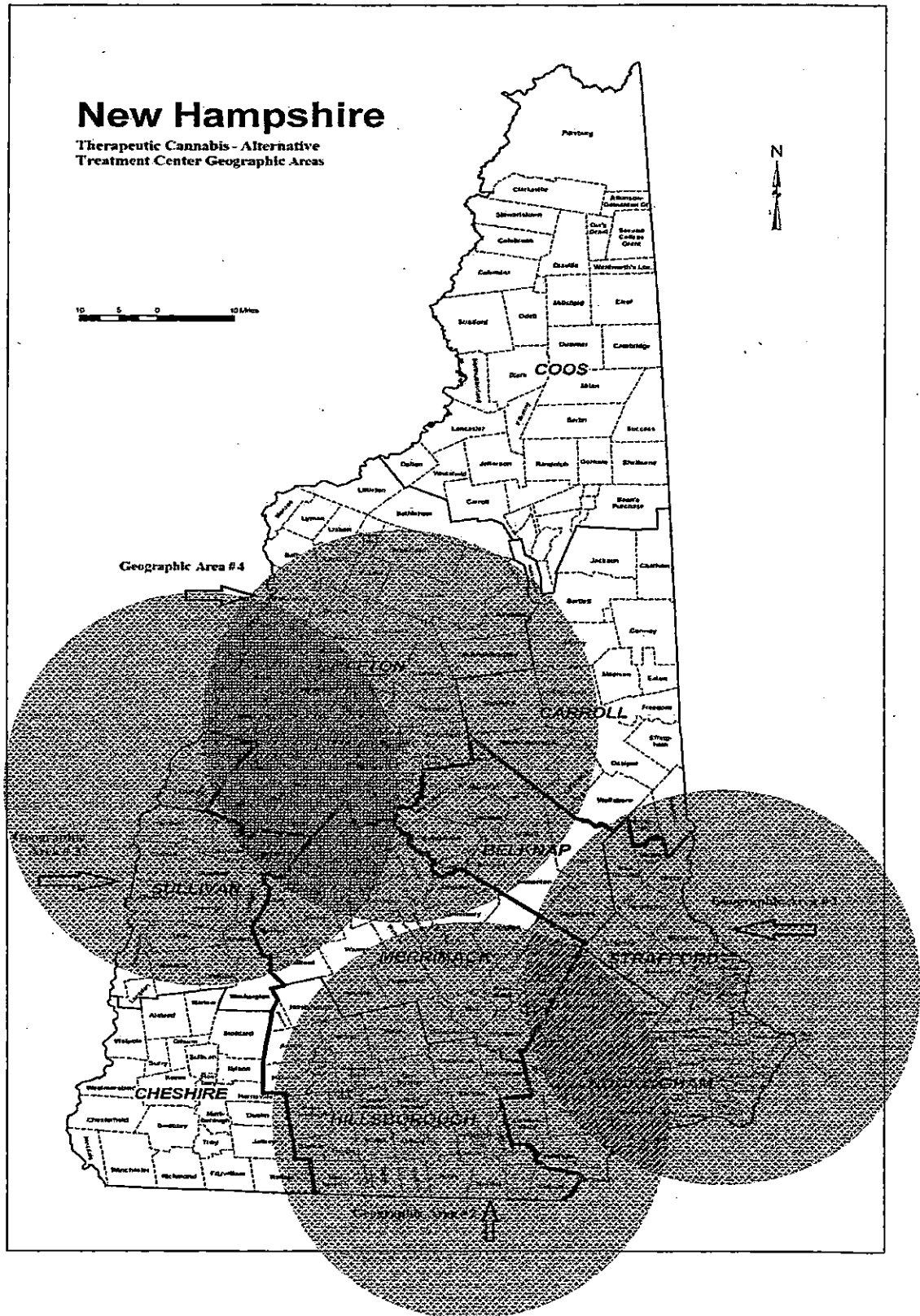


8.1. Appendix A – Geographic Area Map



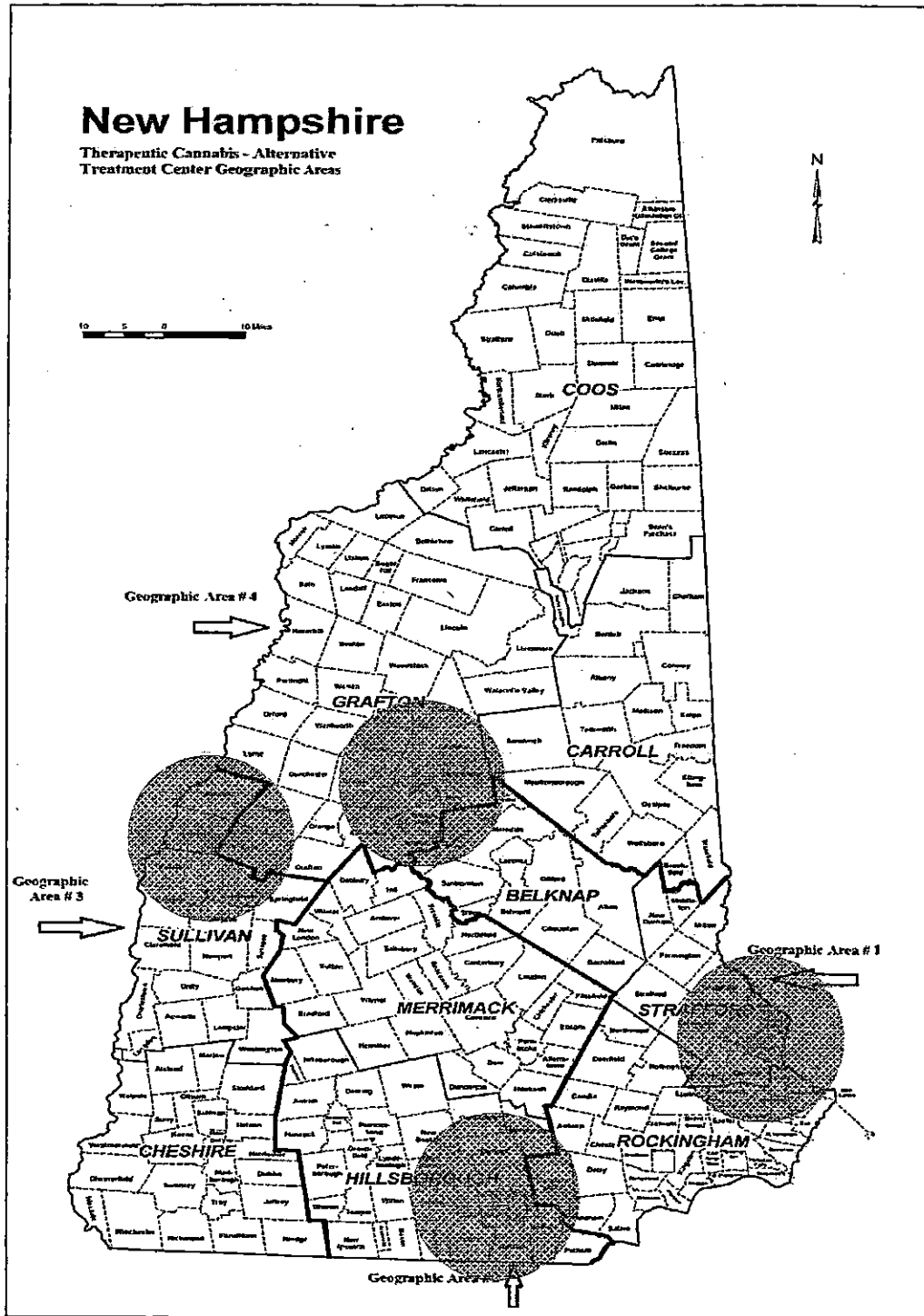


8.1. Appendix A – Geographic Area Map





8.1. Appendix A – Geographic Area Map



Voting Sheets

Senate Executive Departments and Administration Committee

EXECUTIVE SESSION

Bill # HB333 S

Hearing date: _____

Executive session date: _____

Motion of: OTD

VOTE: 5-0

<u>Made by</u> Carson <input type="checkbox"/>	<u>Seconded</u> Carson <input type="checkbox"/>	<u>Reported</u> Carson <input type="checkbox"/>
<u>Senator:</u> Cavanaugh <input type="checkbox"/>	<u>by Senator:</u> Cavanaugh <input type="checkbox"/>	<u>by Senator:</u> Cavanaugh <input type="checkbox"/>
Chandley <input type="checkbox"/>	Chandley <input checked="" type="checkbox"/>	Chandley <input type="checkbox"/>
Reagan <input checked="" type="checkbox"/>	Reagan <input type="checkbox"/>	Reagan <input type="checkbox"/>
Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>

Motion of: consent

VOTE: 5-0

<u>Made by</u> Carson <input type="checkbox"/>	<u>Seconded</u> Carson <input type="checkbox"/>	<u>Reported</u> Carson <input type="checkbox"/>
<u>Senator:</u> Cavanaugh <input type="checkbox"/>	<u>by Senator:</u> Cavanaugh <input checked="" type="checkbox"/>	<u>by Senator:</u> Cavanaugh <input type="checkbox"/>
Chandley <input type="checkbox"/>	Chandley <input type="checkbox"/>	Chandley <input type="checkbox"/>
Reagan <input checked="" type="checkbox"/>	Reagan <input type="checkbox"/>	Reagan <input type="checkbox"/>
Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>

<u>Committee Member</u>	<u>Present</u>	<u>Yes</u>	<u>No</u>	<u>Reported out by</u>
Senator Carson, Chairman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Cavanaugh, Vice-Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Chandley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Reagan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Senator Rosenwald	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Amendments: _____

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Wednesday, May 22, 2019

THE COMMITTEE ON Executive Departments and Administration

to which was referred **HB 335**

AN ACT

relative to therapeutic cannabis dispensary
locations.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS

BY A VOTE OF: 5-0

Senator John Reagan
For the Committee

This bill clarifies where a second dispensary of therapeutic cannabis may be geographically located. Implementing this change will address some of the challenges of access to therapeutic cannabis by allowing for an increase in the number of satellite locations.

Jennifer Horgan 271-2609

FOR THE CONSENT CALENDAR

EXECUTIVE DEPARTMENTS AND ADMINISTRATION

HB 335, relative to therapeutic cannabis dispensary locations.

Ought to Pass, Vote 5-0.

Senator John Reagan for the committee.

This bill clarifies where a second dispensary of therapeutic cannabis may be geographically located. Implementing this change will address some of the challenges of access to therapeutic cannabis by allowing for an increase in the number of satellite locations.

Docket of HB335**Bill Title:** relative to therapeutic cannabis dispensary locations.**Official Docket of HB335.:**

Date	Body	Description
12/31/2018	H	Introduced 01/02/2019 and referred to Health, Human Services and Elderly Affairs HJ 2 P. 45
1/10/2019	H	Public Hearing: 01/15/2019 01:00 pm LOB 303
1/31/2019	H	Division I Subcommittee Work Session: 02/07/2019 10:00 am LOB 212
1/30/2019	H	Executive Session: 02/07/2019 01:00 pm LOB 205
2/12/2019	H	Committee Report: Ought to Pass for 02/27/2019 (Vote 20-1; CC) HC 13 P. 10
2/27/2019	H	Ought to Pass: MA VV 02/27/2019 HJ 6 P. 16
3/18/2019	S	Introduced 03/14/2019 and Referred to Executive Departments and Administration; SJ 9
4/25/2019	S	Hearing: 05/08/2019, Room 101, LOB, 09:30 am; SC 20
5/22/2019	S	Committee Report: Ought to Pass, 05/30/2019; Vote 5-0; CC SC 24
5/30/2019	S	Ought to Pass: MA, VV; OT3rdg; 05/30/2019; SJ 18
6/18/2019	S	Enrolled (In recess 06/13/2019); SJ 21
6/18/2019	H	Enrolled 06/13/2019 HJ 19 P. 18
7/15/2019	H	Signed by Governor Sununu 07/10/2019; Chapter 165; Eff: 09/08/2019

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: HB 335

Senate Committee: E, D + A

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: {Legislative Aides}

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

_____ - amendment # _____ _____ - amendment # _____

_____ - amendment # _____ _____ - amendment # _____

Executive Session Sheet

Committee Report

Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

_____ - amendment # _____ _____ - amendment # _____

_____ - amendment # _____ _____ - amendment # _____

Post Floor Action: (if applicable) {Clerk's Office}

_____ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

_____ Enrolled Bill Amendment(s)

_____ Governor's Veto Message

All available versions of the bill: {Clerk's Office}

_____ as amended by the senate _____ as amended by the house

final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Committee Aide

Date

Senate Clerk's Office jm