

Committee Report

CONSENT CALENDAR

February 10, 2021

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Health, Human Services and Elderly
Affairs to which was referred HB 350,**

**AN ACT permitting qualifying patients and designated
caregivers to cultivate cannabis for therapeutic use.**

**Having considered the same, report the same with the
recommendation that the bill OUGHT TO PASS.**

Rep. Dennis Acton

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 350
Title:	permitting qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.
Date:	February 10, 2021
Consent Calendar:	CONSENT
Recommendation:	OUGHT TO PASS

STATEMENT OF INTENT

This is a bill that authorizes patients or their designated caregivers who are licensed through the New Hampshire Therapeutic Cannabis Program to cultivate three mature and three immature cannabis plants at their home. This allows patients who can't afford the Alternative Treatment Center prices or who may live hours away from the nearest location to produce their own cannabis according to their needs. This bill has passed the house multiple times so it has been carefully amended to address concerns. It is important to note that this bill is far more restrictive than cultivation laws that exist in surrounding states where any adult may grow six or more plants for recreational use.

Vote 20-1.

Rep. Dennis Acton
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 350, permitting qualifying patients and designated caregivers to cultivate cannabis for therapeutic use. **OUGHT TO PASS.**

Rep. Dennis Acton for Health, Human Services and Elderly Affairs. This is a bill that authorizes patients or their designated caregivers who are licensed through the New Hampshire Therapeutic Cannabis Program to cultivate three mature and three immature cannabis plants at their home. This allows patients who can't afford the Alternative Treatment Center prices or who may live hours away from the nearest location to produce their own cannabis according to their needs. This bill has passed the house multiple times so it has been carefully amended to address concerns. It is important to note that this bill is far more restrictive than cultivation laws that exist in surrounding states where any adult may grow six or more plants for recreational use. **Vote 20-1.**

Original: House Clerk

Cc: Committee Bill File

Voting Sheets

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK



1/22/2021 10:06:45 AM
Roll Call Committee Registers
Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB 350 Motion: OTP AM #: _____ Exec Session Date: _____

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	20		
Marsh, William M. Vice Chairman	1		
McMahon, Charles E.	2		
Nelson, Bill G.		1	
Acton, Dennis F.	3		
Gay, Betty I.	4		
Cushman, Leah P.	5		
Folsom, Beth A. Clerk	6		
Kelsey, Niki	7		
King, Bill C.	8		
Kofalt, Jim	9		
Weber, Lucy M.	10		
MacKay, James R.	11		
Snow, Kendall A.	12		
Knirk, Jerry L.	13		
Salloway, Jeffrey C.	14		
Cannon, Gerri D.	15		
Nutter-Upham, Frances E.	16		
Schapiro, Joe	17		
Woods, Gary L.	18		

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK



1/22/2021 10:06:45 AM
Roll Call Committee Registers
Report

2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB 350	Motion: OTP	AM #:	Exec Session Date:
Merchant, Gary			19
TOTAL VOTE:			20
			1
			0

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # HB 350

BILL TITLE: An Act Permitting qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.

DATE: 2/1/2021

ROOM: 206/8

Time Public Hearing Called to Order: 3:00 pm

Time Recessed: 4:30 pm

Committee Members Present:

**In Room 206/8: Reps. M. Pearson, Folsom, McMahon, Gay, Cushman, B. King, MacKay
On Zoom from home:**

Marsh, Nelson, Acton, Kelsey, Kofalt, Snow, Knirk, Salloway, Cannon, Weber, Nutter-Upham, Schapiro, Woods and Merchant

TESTIMONY

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

Representative Acton

Current high prices are making it hard on patients to afford

1 ounce - \$350 - dispensary, \$150-200 - black market, \$25 - grow your own.

3 mature/ 3 immature/ 12 seedlings

Designated care giver grow for only one person, Must be licensed care giver and/or patient

Larger penalties, Geographical barriers to ATC

Rep. Schapiro

Not wanting to promote use in adolescents

Getting into the wrong hands

Self reliance - Live Free or Die State

Chief Graronski, Bedford, Chiefs of Police against

Removes regulation and controls over product

No quality control as with all other medicine

No protections on inspection & cultivation, and how many plants

Kate Steinberg - Horticultural Therapy

Justin Johnson - patient, particular strains, illegal to cross state lines to get product cheaper

Lisa Powers, nurse - patient/caregiver

Highly documented materials on potency and varietal care, Lowers opioid use, lower side effects

Grant Ellis, Pres. Massachusetts Adult Home grow usage

Regulated/Police? Extra oversight unnecessary State knows who as they are registered

Matt Simon Protects Patient privacy

Asma Elhusi - Rights for Democracy in NH, Should not be controversial, other herbs grown for medicinal use.

Ellen Brown, Air force Veteran -Not enough dispensaries

Josie Pinto - NH Youth Movement supports

Respectfully submitted,

Rep. Beth Folsom, Clerk

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill HB350 on 2021-02-01

Support: 128 Oppose: 4 Neutral: 2 Total to Testify: 12

12

<u>Name</u>	<u>Email Address</u>	<u>Phone</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Signed Up</u>
Steinberg, Kate	kate.steinberg@gmail.com	856.577.9495	A Member of the Public	Myself	Support	Yes (5m)	1/31/2021 10:27 AM
Johnson, Justin	Peace.johnson603@gmail.com	603.892.9402	A Member of the Public	Myself	Support	Yes (5m)	1/31/2021 8:36 PM
Brown, Ellen	Ellensinsemilla@gmail.com	774.330.8811	A Member of the Public	Myself	Support	Yes (5m)	2/1/2021 9:13 AM
Ellis, Grant	ellisgr2@gmail.com	617.285.7334	A Member of the Public	Myself	Support	Yes (3m)	2/1/2021 4:24 AM
Piergallini, John	Max@masscann.org	603.505.5863	A Member of the Public	Myself	Support	Yes (3m)	1/31/2021 11:53 PM
Sanchez, Sean	seangsanchez1@gmail.com	603.661.2843	A Member of the Public	Myself	Support	Yes (10m)	2/3/2021 6:10 AM
Elhuni, Asma	asma@radnh.org	678.644.3544	A Lobbyist	Rights and Democracy	Support	Yes (0m)	2/1/2021 3:03 PM
Cushing, Renny	reprennycushing@gmail.com	617.930.5196	An Elected Official	Myself	Support	Yes (0m)	1/26/2021 2:07 PM
Simon, Matt	msimon@mpp.org	603.391.7450	A Lobbyist	Myself	Support	Yes (0m)	1/21/2021 12:12 PM
Bryfonski, John	JBRYFONSKI@BEDFORDNH.ORG	7921330	A Member of the Public	NH ASSOC CHIEFS OF POLICE	Oppose	Yes (0m)	2/1/2021 8:24 AM
Brown, Heather	jiggerpup@gmail.com	603.848.9660	A Member of the Public	Myself	Support	Yes (0m)	1/28/2021 8:46 AM
Powers, Lisa	harwood62@gmail.com	603.315.7966	A Member of the Public	Myself	Support	Yes (0m)	1/28/2021 9:31 AM
Berry, Gail	K1bbuz@hotmail.com	603.320.1041	A Member of the Public	Myself	Support	No	1/28/2021 10:14 AM
Gangi, Carmel	carmelmfogarty65@gmail.com	603.724.9975	A Member of the Public	Myself	Support	No	1/28/2021 10:52 AM
Pinto, Josie	josie@nhyouthmovement.org	413.461.5766	A Lobbyist	New Hampshire Youth Movement	Support	No	1/28/2021 4:22 PM
Backus, Timothy	Timbackus@comcast.net	603.793.3892	A Member of the Public	Myself	Support	No	1/28/2021 6:09 PM
Fordey, Nicole	nikkif610@gmail.com	516.318.2296	A Member of the Public	Myself	Support	No	1/28/2021 8:49 PM
Kapinos, Sara	skapinos95@gmail.com	603.923.3792	A Member of the Public	Myself	Support	No	1/29/2021 3:27 PM
Blake, Judith	Judithblake1@gmail.com	603.937.0143	A Member of the Public	Myself	Support	No	1/29/2021 12:25 PM
Nielson, Steven	snielson222@gmail.com	860.874.6375	A Member of the Public	Myself and my Wife (NH residents)	Support	No	1/29/2021 12:31 PM
Thompson, David	zencustom@comcast.net	603.464.9882	A Member of the Public	Myself	Support	No	1/29/2021 12:37 PM
Pinsonault, Ryan	rypinsonault@gmail.com	603.477.5781	A Member of the Public	Myself	Support	No	1/29/2021 12:39 PM
Burbank, JASON	woodylives@comcast.net	603.657.5546	A Member of the Public	Myself	Support	No	1/29/2021 12:41 PM
Flores, Aline	alinejflores@gmail.com	603.434.7820	A Member of the Public	Myself	Support	No	1/29/2021 12:44 PM
Bernard, Michael	koolcook4u@gmail.com	828.260.9934	A Member of the Public	Myself	Support	No	1/29/2021 12:53 PM
Minkarah, Peter	pminkarah@gmail.com	603.320.9670	A Member of the Public	Myself	Support	No	1/29/2021 1:18 PM

Knakkergaard, Dhane	dhaneknakkergaard@gmail.com	862.266.7982	A Member of the Public	Myself	Support	No	1/29/2021 1:37 PM
Bacon, Paul	pvbacon@gmail.com	603.224.2552	A Member of the Public	Myself	Support	No	1/29/2021 2:43 PM
Becker Sr, Christopher	kc03842@yahoo.com	603.998.4282	A Member of the Public	Myself	Support	No	1/29/2021 2:58 PM
Levesque, Amanda	mandeigh.kanlis@aol.com	603.858.0870	A Member of the Public	Myself	Support	No	1/29/2021 3:03 PM
Levesque, Kyle	mandeigh.kanlis@aol.com	603.858.0870	A Member of the Public	Myself	Support	No	1/29/2021 3:04 PM
Sadowski, Kevin	kjsadowski@comcast.net	603.318.5992	A Member of the Public	Myself	Support	No	1/29/2021 3:20 PM
Hruska, Jeanne	Jeanne@aclu-nh.org	307.272.8727	A Lobbyist	ACLU-NH	Support	No	1/29/2021 4:02 PM
Brown, Tim	tim.brown1013@gmail.com	603.852.6337	A Member of the Public	Myself	Support	No	1/29/2021 4:26 PM
Cota, Cheryl	Cherylcota23@gmail.com	603.393.8509	A Member of the Public	Myself	Support	No	1/29/2021 4:27 PM
Brown, June	alsarmy09@aol.com	603.364.0239	A Member of the Public	Myself	Support	No	1/29/2021 4:29 PM
Moore, Terry	terrymf250@aol.com	603.533.7578	A Member of the Public	Myself	Support	No	1/29/2021 5:22 PM
Stockwell, Daniel	danstockwell.nh@gmail.com	603.563.8499	A Member of the Public	Myself	Support	No	1/29/2021 5:26 PM
Juttner, Tammy	nubuyork@aol.com	603.557.2954	A Member of the Public	Myself	Support	No	1/29/2021 5:28 PM
Colon, Emily	Em.colon@yahoo.com	603.540.1380	A Member of the Public	Myself	Support	No	1/29/2021 7:09 PM
WATTS, CHRISTOPHER	tophergrafixs@gmail.com	603.998.6775	A Member of the Public	Myself	Support	No	1/29/2021 8:31 PM
Vetter, Jason	jason@jasonvetter.com	217.778.9856	A Member of the Public	Myself	Support	No	1/30/2021 7:34 AM
McWilliams, Rebecca	rebecca.mcwilliams@leg.state.nh.us	603.227.6494	An Elected Official	Merrimack 27	Support	No	1/22/2021 3:53 PM
Bisson, Michael	Slash5city@gmail.com	603.728.1475	A Member of the Public	Myself	Support	No	1/30/2021 8:21 AM
Matthews, Drew	drew.r.matthews@gmail.com	612.940.7518	A Member of the Public	Myself	Support	No	1/30/2021 8:28 AM
Parks, Ryan	reparks88@gmail.com	603.707.7372	A Member of the Public	Myself	Support	No	1/30/2021 10:05 AM
King, Seth	elkingrey@dailyanarchist.com	603.837.2527	A Member of the Public	Myself	Support	No	1/30/2021 10:05 AM
Bummolo, Guy	gbummolo@gmail.com	603.219.1410	A Member of the Public	Myself	Support	No	1/30/2021 10:08 AM
Burt, Jeremy	jeremy.burt@gmail.com	603.767.2625	A Member of the Public	Myself	Support	No	1/30/2021 10:10 AM
Squibb, Casey	csquibb@ymail.com	603.454.5329	A Member of the Public	Myself	Support	No	1/30/2021 10:14 AM
Jenkins, Edward	Edward.jenkins90@gmail.com	603.892.9317	A Member of the Public	Myself	Support	No	1/30/2021 10:17 AM
Carignan, Marc	Carignanm12@gmail.com	692.532.4757	A Member of the Public	Myself	Support	No	1/30/2021 10:18 AM
LYONS, SUSAN	popo.lyons@gmail.com	603.219.3679	A Member of the Public	Myself	Support	No	1/30/2021 10:20 AM
Tsakalakos, Spero	speros.tsakalakos@gmail.com	603.557.4098	A Member of the Public	Myself	Support	No	1/30/2021 10:38 AM
Vaillancourt, Peter	pcv69cam@yahoo.com	603.627.6471	A Member of the Public	Myself	Support	No	1/30/2021 10:39 AM
Governo, Jake	childofalma@gmail.com	603.306.7975	A Member of the Public	Myself	Support	No	1/30/2021 10:46 AM
Colby, Robert	upir_rifts@yahoo.com	603.264.0132	A Member of the Public	Myself	Support	No	1/30/2021 11:05 AM
Homer, Brian	bpnahxomep@gmail.com	505.728.2019	A Member of the Public	Myself	Support	No	1/30/2021 12:05 PM
schmeisser, felipe	sethschmeisser@gmail.com	603.937.8199	A Member of the Public	Myself	Support	No	1/30/2021 12:12 PM
Steinbach, Alexandria	Lexysteinbach@gmail.com	603.937.8199	A Member of the Public	Myself	Support	No	1/30/2021 12:14 PM
Wolos, Walter	dabwolos@metrocast.net	603.528.4674	A Member of the Public	Myself	Support	No	1/30/2021 12:15 PM

Lynch, Chrisinda	cmmelynch@comcast.net	603.225.5614	A Member of the Public	Myself	Support	No	1/30/2021 12:20 PM
Auger, David	david.auger71@gmail.com	603.631.5982	A Member of the Public	Myself	Support	No	1/30/2021 12:30 PM
Tarver, Jeremy	millingham33@gmail.com	603.903.9069	A Member of the Public	Myself	Support	No	1/30/2021 12:30 PM
Tann, Kim	Bsmama09@hotmail.com	603.723.7643	A Member of the Public	Myself	Support	No	1/30/2021 12:31 PM
Bjork, Arthur	a.bjork@comcast.net	603.893.5926	A Member of the Public	Myself	Support	No	1/30/2021 12:52 PM
Most, Luke	zli41514@gmail.com	603.678.1420	A Member of the Public	Myself	Support	No	1/30/2021 1:00 PM
Cowell, Adam	Adam.cowell@tufts.edu	209.324.7146	A Member of the Public	Myself	Support	No	1/30/2021 1:13 PM
Martin, Peter	Martinidad@gmail.com	603.203.9514	A Member of the Public	Myself	Support	No	1/30/2021 1:19 PM
Haroldsen, Bryan	bharoldsen21@gmail.com	603.339.2130	A Member of the Public	Myself	Support	No	1/30/2021 1:54 PM
Brown, Peter	pcb.135@gmail.com	857.636.0822	A Member of the Public	Myself	Support	No	1/30/2021 2:06 PM
Gould, Rep. Linda	lgouldr@myfairpoint.net	603.472.3877	An Elected Official	Myself	Oppose	No	1/30/2021 3:49 PM
Veilleux, Chris	chriv2010@live.com	603.465.1400	A Member of the Public	Myself	Support	No	1/30/2021 4:24 PM
magoon, geoffrey	gmagoon13@gmail.com	603.573.5288	A Member of the Public	Geoffrey Magoon	Support	No	1/30/2021 5:26 PM
Pierce, Judith	barndoorgap1@gmail.com	603.269.2850	A Member of the Public	Myself	Support	No	1/30/2021 5:27 PM
Mandile, Stephen	sjmandile@gmail.com	508.364.9674	A Member of the Public	Myself	Support	No	1/30/2021 5:39 PM
ewing, meg	argyle012@comcast.net	603.542.4786	A Member of the Public	Myself	Support	No	1/30/2021 6:48 PM
Spencer, Gwen	spencergwen09@gmail.com	931.216.9785	A Member of the Public	Myself	Support	No	1/30/2021 8:42 PM
Presby, Abbott	Apresby1@yahoo.com	603.731.5986	A Member of the Public	Myself	Support	No	1/30/2021 8:43 PM
Royal, Andrew	softestcat@protonmail.com	603.512.4247	A Member of the Public	Myself	Support	No	1/30/2021 9:03 PM
Cunningham, Felisha	cunninghamfelisha@gmail.com	603.851.8141	A Member of the Public	Myself	Oppose	No	1/30/2021 9:08 PM
Batty, Virgo	battvirgo@gmail.com	603.465.1609	A Member of the Public	Myself	Support	No	1/30/2021 9:13 PM
Krueger, Jim	jvhv111@gmail.com	617.970.4929	A Member of the Public	Myself	Support	No	1/30/2021 9:30 PM
Josephson, Helina	helinahappy@gmail.com	603.523.2023	A Member of the Public	Myself	Support	No	1/31/2021 9:45 PM
Feder, Marsha	marshafeder@gmail.com	603.860.8743	A Member of the Public	Myself	Support	No	1/31/2021 10:15 AM
Huse, Chris	christopher.huse@dos.nh.gov	603.234.1563	State Agency Staff	Dept of Safety	Neutral	No	2/1/2021 8:30 AM
Robertson, Linda	Lindamrobertson@aol.com	603.677.6514	A Member of the Public	Myself	Support	No	2/1/2021 8:35 AM
Cannon, Gerri	gerri.cannon@gmail.com	603.841.5410	An Elected Official	Myself	Support	No	2/1/2021 8:48 AM
Wied, Alex	gencourt.nh@centromere.net	603.674.6202	A Member of the Public	Myself	Support	No	2/1/2021 9:11 AM
Roy, Terry	Terry.roy@leg.state.nh.us	978.235.2400	An Elected Official	Myself	Support	No	1/21/2021 8:53 PM
Rathbun, Eric	ericrathbun@gmail.com	860.912.3751	A Member of the Public	Myself	Support	No	1/31/2021 10:20 PM
Williams, Zach	z.williamsnh@gmail.com	571.389.1000	A Member of the Public	Myself	Support	No	2/1/2021 6:23 AM
perry, Sheila	sp0594@yahoo.com	7068741	A Member of the Public	Myself	Support	No	2/1/2021 10:06 AM
Wolf, Carly	carly@norml.org	202.483.5500	A Lobbyist	NORML	Support	No	2/1/2021 10:30 AM
Manzelli, Amy	manzelli@nhlandlaw.com	603.496.9590	A Member of the Public	Myself	Support	No	2/1/2021 10:33 AM
Parente, Michael	cynsguy@gmail.com	603.674.8573	A Member of the Public	Myself	Support	No	2/1/2021 11:05 AM
Parente, Cynthia	Mzprez@aol.com	603.674.8541	A Member of the Public	Myself	Support	No	2/1/2021 11:07 AM
Varden-Straffin, Sheila	sheila.varden@gmail.com	603.822.4758	A Member of the Public	Myself	Support	No	2/1/2021 11:11 AM

2/4/2021

House Remote Testify

Stagnone, Leah	leahstagnone@gmail.com	603.809.2665	A Member of the Public	Myself	Support	No	2/1/2021 11:17 AM
Chiappisi, Phillip	phil872001@gmail.com	603.455.0131	A Member of the Public	Myself	Support	No	2/1/2021 11:18 AM

Testimony

Archived: Wednesday, March 17, 2021 3:37:58 PM
From: [Jae Weisbrot](#)
Sent: Monday, February 1, 2021 10:12:13 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: Written testimony HB350
Importance: Normal

I'm a medical cannabis patient and have been for years in MA before I moved to NH two years ago. Unfortunately I see some parallels between the two states.

Medical cannabis in MA was:

- expensive
- required a yearly fee
- not covered by insurance
- hard to get to when you aren't allowed to consume even small amounts and commute (unlike people on opioids, cough medicine, etc)
- medicine was tested and yet mold and pesticides were found by patients

Currently, the cost is prohibitively expensive, especially for the disabled already on a tight budget. The prices in NH are 50%-90% more expensive than our neighbors in MA and ME. As your resistance to THC builds during normal use you need more, which increases the cost. And when you can't interact with people without some form of medical relief, that means you can't drive yourself to the dispensary. A dispensary that can be more than an hour away. Add taxi money to the cost.

As a medical cannabis cultivator in MA, I was able to bring my costs WAY down. No travel save for the occasional transport of cannabis to be tested for mold/heavy metals. Assuming you know that the strains and even harvest time can affect how cannabis affects people: I could buy the strains that worked for my condition instead of the ever changing menu at most dispensaries. I could harvest them late so they didn't induce anxiety. As well, just growing the plant was a form of therapy in and of itself. And in regards to safety and break ins, there were none for me or anyone I knew despite it being common knowledge in the area that I was growing.

My last commentary is about numbers. I've been doing this for some time and if the numbers are going to move at all, they should be up.

- seedlings: I've had a twelve pack of seeds yield 10 males and two dead. Twelve is not enough.
- immature plants: Three is does not take into account that you normally can't tell the sex of a plant until it goes into flower. If they are male (not a small chance) you just skipped an entire cycle of growing medicine and will likely run out.
- immature plants: This is not enough to have "mother" plants. These are plants you do not flower, but take cuttings from so you can have almost the exact same plant every time you grow. This is essential to consistent medicine.
- mature plants: Due to there being a large variety of reasons for a crop to fail, especially for new home growers, it would be beneficial to be able to have enough medicine to last one or two cycles. Six plants worked fine in MA and I think it would be fine here.

Thank you for your time,
Jason Weisbrot

Medical Cannabis Patient
Manchester, NH

Archived: Wednesday, March 17, 2021 3:37:59 PM

From: [Rebecca McWilliams](#)

Sent: Wednesday, January 27, 2021 12:25:39 PM

To: ~House Health Human Services and Elderly Affairs

Subject: Rep McWilliams Letter in support of HB350 Cannabis Cultivation for Therapeutic Use

Importance: Normal

Honorable Colleagues,

I am writing in support of HB350 on behalf of my family, my constituents, and voters across the state who deserve the dignity and cost savings of cultivating their own medicine at home.

During the Covid19 pandemic, the need for easily accessible, cost effective medicine to treat NH citizens suffering from a myriad of conditions has significantly increased. People are less likely to leave their homes, dealing with job loss, stress, depression, struggling to decide which bills to pay, and trying to survive.

My husband is a prostate cancer survivor and a NH Therapeutic Cannabis patient. He lost his 40 hour per week job at the beginning of the pandemic and has not been able to secure new employment. My family has witnessed firsthand the depression and frustration that his job loss has caused during the ongoing Covid19 roller coaster. This past year has been incredibly difficult for him to ration his medicine and maintain functional mental health on a day-to-day basis as both our family finances and small farm business unraveled. The stress has been debilitating. We are experiencing an unprecedented mental health crisis, and at the same time the very people who need help are afraid to leave their homes. My family's story is not unique. This is happening to families across the state, many in even worse home life situations. We, as legislators, have the ability to help.

Due to Covid19, the need for this legislation has significantly increased between then and now. Allowing everyone to grow cannabis means be one less household expense that our colleagues and neighbors are struggling to juggle. Make no mistake, my husband is alive today because of his medication.

I respectfully request that you pass this bill out of committee to provide the option for individuals who need to grow cannabis for their own use to save money, stay home safely, and grow their own medicine.

I'm glad to answer questions via email.

~Rebecca

Rebecca J. McWilliams, Esq., RA
State Representative, Merrimack 27
Science, Technology & Energy Committee

Archived: Wednesday, March 17, 2021 3:37:57 PM
From: [Kate Steinberg](#)
Sent: Monday, February 1, 2021 7:04:13 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Re: HB350 Testimonial
Importance: Normal

To whom it may concern,

I wanted to thank you for providing time for the local residents being impacted by this bill to speak on why they were for or against HB350. I also wanted to take a moment to offer my assistance should it ever be of use. I have spent five years working in the cannabis industry, focused primarily on cannabis education and corporate social responsibility. I have provided cannabis education to dozens of senior centers, support groups, and government officials during my time with one of the largest cannabis companies and have familiarity with the programs in New Jersey, Massachusetts, New Jersey, and New Hampshire. While I fully support the passing of this bill, I understand that knowledge is power - and if I can use my prior experience and knowledge to assist for educational purposes, I would be more than happy to do so!

Thank you for your time,

Kate Steinberg
Kate.steinberg@gmail.com
856-577-9495

On Mon, Feb 1, 2021 at 12:36 PM Kate Steinberg <kate.steinberg@gmail.com> wrote:

My name is Kate Steinberg and I am a resident of Ashland, in Grafton County. I am here today asking for your consideration in supporting HB350, allowing qualifying medical cannabis patients and their caregivers to cultivate cannabis.

As an employee of 5 years at a medical cannabis company, I have seen and heard both sides to this argument – but I am here today to speak on behalf of the patients; the very reason the state of New Hampshire passed the bill allowing medical cannabis patients access to *this* alternative treatment option, so I ask that, even for a moment, you look at this bill and consider the impact it would have for the thousands of patients in this state. **With that said, I would like to note that these thoughts are solely mine, and do not necessarily represent the thoughts of the company I work for.**

I was diagnosed with depression and generalized anxiety disorder at the age of 14 and severe thoracic problems at the age of 20. I had tried various pharmaceuticals with minimal success and maximum side effects until I discovered my home state had a medical cannabis program. Within one year of becoming a medical cannabis patient, not only did I start my dream job in the cannabis industry, but I also discontinued all use of pharmaceuticals, lost over 40 pounds, and felt more “myself” than I’d felt since I was first diagnosed.

There are two reasons I would like to ask for your consideration in supporting this bill: lack of access to a medical cannabis facility, and the proven benefits of horticultural therapy. There are only 5 dispensaries in this state, which means patients in Pittsburg must drive up to two and a half hours to reach their nearest dispensary. That is a 5 hour round trip, and to a patient with debilitating back pain or severe anxiety, this can be an immense barrier to access. To the patient with young children and a full time job, finding the time to make that five hour drive can become a barrier. To the patient who has only found success with a handful of strains due to cannabinoid and terpenoid content, none of which are available at their nearest dispensary, this can be an immense barrier.

To those of you who may not be aware, there is a practice called “horticultural therapy”, which is a form of therapy utilizing gardening: growing vegetables, fruits, flowers, and other plants for therapeutic purposes. Studies have shown horticultural therapy to improve quality of life for patients with

dementia, PTSD, anxiety, cancer, and even for sexual assault survivors. Horticultural therapy has been shown to help improve memory, cognition, task initiation, coordination, balance, strength, and endurance. Imagine the benefits for the patients in New Hampshire, should you pass this bill and allow the option for home cultivation!

While patients living hours from their nearest dispensary could utilize home cultivation as their primary source of medicine, those living nearby a dispensary would be able to grow therapeutically, whilst still supporting their local alternative treatment center.

Thank you for your time. Please consider me a resource should you have any questions that I can be of assistance with.

Archived: Wednesday, March 17, 2021 3:37:58 PM
From: LISA POWERS
Sent: Monday, February 1, 2021 12:07:09 PM
To: ~House Health Human Services and Elderly Affairs
Subject: HB 350, a clinical perspective
Importance: Normal

Hello,

My name is Lisa Powers RN MSN. I live in Manchester NH and I fully support legal medical cannabis growing in the privacy of one's home or land in this Live Free or Die state I call home.

I am a cannabis nurse educator, supporter, and guide to many who use medical cannabis as a treatment option.

I fully support home grow as this allows medical cannabis patients to treat their clinical conditions appropriately and making it affordable.

If you want to view a menu in NH and related costs, simply use google. Here is a small example of costs at one of the NH dispensaries:

Flower \$20 (1G), \$55 (1/8 OZ), \$100 (¼ OZ), \$190 (½ OZ), \$360 (OZ)
--

Patients can use an OZ in a month easily for some medical conditions. Many need double to triple that.

The many clinical successes I have personally witness still astound me today. One patient recently reduced prescribed opiates by 75% and reduce other medications as well since she no longer suffered from the side effects of higher doses of opiates. She can not do this using the dispensaries in NH as she is on a fixed income due to her disabilities like a lot of patients in our state.

The cost of cannabis at the NH dispensaries is out of reach for many. Especially some with specific cannabis needs for various medical conditions. Also, the way cannabis is grown and stored can vary with the effects on each patient.

There are flavonoids, terpenes, and cannabinoids like: THC, CBG, CBD, THCV and many more components of this wonderful herbal plant that only a home grower can customize for their own medical needs and responses within their bodies.

The dispensaries do have several strains to select from but they are never fresh which means that a lot of the medical components have evaporated out. This also happens when kept in the dispensary containers that allow the terpenes to evaporate out and the cannabis plant material to start degrading into a different effect for the patient. This is well known in the medical cannabis community.

Most importantly, fresh plant material, which is NOT Psychoactive is one of the best forms of treatment for many. If a patient could have access to fresh growing plant material and simply consume small amounts daily, the effects are proven.

Please, do not take it seriously when the Chief of Police try to sway you to vote NO due to what they predict will happen if medical patients are allowed to grow a few plants. First, they WILL NOT sell their own customized medicine. They need it!

Furthermore, medical cannabis patients should use the black market less once they grow their own medicine. Why do patients utilize the black market? COSTS!!

Patients deserve to have the medicine that works for them. You do not have the right to prevent optimum medical treatment and improved quality of life for these patients, or do you?

Take that responsibility to heart and please vote yes for medical home grow. Give the gift of relief and improved quality of life for these individuals. It is humane and ethical.

Thank you,

Lisa Powers RN MSN, Cannabis Nurse Educator and Consultant

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Archived: Wednesday, March 17, 2021 3:37:58 PM
From: [Marc Carignan](#)
Sent: Saturday, January 30, 2021 10:26:10 AM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB 350
Importance: Normal

Good Morning,

My name is Marc Carignan and I am writing to ask for your support on this bill. Therapeutic cannabis has saved my life and opened new doors for me. I have come off ninety percent of the opioids I was taking and am alert enough to enjoy life again however, the dispensaries cost for cannabis is just too much the average person can not afford enough cannabis for it to be effective leaving many of us without and struggling with our health. Allowing NH residents whom are in possession of a qualifying cannabis card grow small amounts of cannabis for personal use will change many of our lives in such a positive way. Please consider voting for a home grow bill and support our local residents in need of the healing properties of cannabis.

Warm regards,
Marc Carignan

Sent from my iPhone

NH ASSOCIATION OF CHIEFS OF POLICE
TESTIMONY IN **OPPOSITION** TO
HB 350-PERMITTING QUALIFYING PATIENTS AND DESIGNATED CAREGIVERS TO CULTIVATE CANNABIS
FOR THERAPEUTIC USE.

FEBRUARY 1, 2021

MEMBERS OF THE COMMITTEE:

I AM JOHN BRYFONSKI, THE CHIEF OF POLICE IN BEDFORD, AND I SERVE AS THE CHAIRPERSON FOR THE CHIEFS DRUG COMMITTEE.

THE NH ASSOCIATION OF CHIEFS OF POLICE STAND IN **OPPOSITION** TO THE PROPOSAL TO ALLOW HOME CULTIVATION OF CANNABIS FOR THERAPEUTIC PURPOSES AND USE.

CANNABIS IS WIDELY AVAILABLE TO QUALIFYING PATIENTS THROUGH A REGULATED THERAPEUTIC CANNABIS PROGRAM UNDER THE SUPERVISION OF A MEDICAL PRACTITIONER.

THIS BILL REMOVES ANY AND ALL LEGITIMACY TO THE NOTION OF THERAPEUTIC CANNABIS BY REMOVING THE NECESSARY REGULATION AND CONTROLS OVER THE DISTRIBUTION OF CANNABIS FOR MEDICAL PURPOSES.

THERE ARE AMPLE STUDIES THAT PROVIDE SCIENTIFIC PROOF THAT HIGH POTENCY CANNABIS LEADS TO A HOST OF MEDICAL AND BEHAVIORAL PROBLEMS.

IF THIS BILL IS PASSED THERE IS NO REGULATION OF THE QUALITY AND POTENCY OF CANNABIS USED FOR MEDICAL PURPOSES.

NO MEDICINE IN ANY DEVELOPED COUNTRY USED BY MEDICAL PRACTITIONERS IS 'HOME GROWN' AND DISPENSED AS "MEDICINE" WITHOUT ANY DEGREE OF REGULATION TO ENSURE ITS QUALITY, EFFECTIVENESS AND MOST OF ALL SAFETY.

THIS BILL SHOULD BE RE-LABELLED AS "THE PRECURSOR TO COMMERCIALIZATION OF CANNABIS" BECAUSE THAT IS WHAT IT IS.

PROPONENTS OF COMMERCIALIZATION OF CANNABIS ARE EXPLOITING THE NOTION THAT HOME-GROWN CANNABIS CAN BE CONTROLLED AND REGULATED TO PAVE THE WAY FOR COMMERCIALIZATION.

IF HOME GROWN CANNABIS IS APPROVED THERE WILL BE ABSOLUTELY NO EFFECTIVE MEANS FOR THE STATE OR YOUR LOCAL COMMUNITIES TO CONTROL HOME-GROWN CANNABIS.

THERE ARE ABSOLUTELY NO PROVISIONS IN THIS BILL TO ENSURE THE REQUIREMENTS FOR THE NUMBER AND AMOUNT OF CANNABIS GROWN AND PRODUCED IS MAINTAINED-NONE-NO CONTROLS WHATSOEVER.

LAW ENFORCEMENT AND ANY OTHER REGULATORY AGENCY IS POWERLESS TO CONDUCT PERIODIC REGULATORY INSPECTIONS TO ENSURE COMPLIANCE.

COMMERCIAL OPERATORS WILL SURELY EXPLOIT THIS AS THEY HAVE EFFECTIVELY DONE ELSEWHERE WHERE COMMERCIALIZATION OF CANNABIS HAS BEEN APPROVED.

ASK YOURSELVES IF YOU WANT TO LIVE NEXT TO COMMERCIAL CANNABIS CULTIVATION HOUSE?

LET'S GET BACK TO REALITY—THERE ARE NO LEGAL MEANS FOR LAW ENFORCEMENT OR ANY CANNABIS REGULATORY AGENCY TO INSPECT AND CONFIRM A RESIDENCE IS GROWING ONLY 5 OR SIX PLANTS AS OPPOSED TO 500 OR 600. THERE ARE COUNTLESS CASES WHERE INDOOR COMMERCIAL CANNABIS CULTIVATION OCCURRED IN SOME CASES FOR YEARS BEFORE DISCOVERY.

WHERE WILL THE 500 OR 600 EXTRA POUNDS OF HOME-GROWN HARVESTED CANNABIS END UP?

HOME CULTIVATION WILL BE EXPLOITED AND DIVERTED FOR CRIMINAL USE FURTHER UNDERMINING AN ALREADY FRAGILE THERAPEUTIC CANNABIS PROGRAM IN NH; THIS WILL DESTROY THE PROGRAM COMPLETELY LEAVING NO REGULATION.

WHAT ABOUT THE CHILDREN AND TEENS LIVING IN THESE HOUSES WHERE CULTIVATION OCCURS? HOW ARE WE TO PROTECT THEM FROM EXPOSURE TO TOXIC CANNABIS?

WHAT ABOUT PETS? AS CRAZY AS IT MAY SOUND, VETERINARIANS ROUTINELY TREAT PETS THAT EAT CANNABIS. WHAT DO YOU THINK WILL HAPPEN WHEN ITS GROWN AT HOME AND LAYING AROUND?

CHILDREN WILL SUFFER, TEENS WILL SUFFER, ADULTS WILL SUFFER AND EVEN OUR PETS WILL SUFFER IF THIS BILL IS APPROVED.

THERAPEUTIC CANNABIS IS WIDELY AVAILABLE IN NH TO THOSE WITH QUALIFYING CONDITIONS, UNDER THE SUPERVISION OF A DOCTOR-PATIENT RELATIONSHIP. **WE HAVE COMPASSIONATE CARE HERE IN NH.**

THE GRANITE STATE HAS ALREADY DECRIMINALIZED PERSONAL USE AMOUNTS MARIJUANA TO AVOID STIGMATIZING THOSE IN POSSESSION OF USER AMOUNTS WITH A CRIMINAL RECORD WHILE AT THE SAME TIME SENDING A MESSAGE TO DISCOURAGE USE OF A PROVEN HARMFUL AND ADDICTIVE SUBSTANCE. **NO ONE IN NH GOES TO JAIL FOR PERSONAL USE QUANTITIES OF CANNABIS.**

HOME CULTIVATION WILL INEVITABLY LEAD TO COMMERCIALIZATION OF CANNABIS WHICH HAS PROVEN TO INCREASE ACCESS AND USE.

WHAT WILL THE EFFECT OF HOME CULTIVATION OF CANNABIS BE ON PREGNANT WOMEN WHERE STUDIES SHOW NEONATAL EXPOSURE RESULTS IN MEDICAL AND BEHAVIORAL DISORDERS IN CHILDREN? HOW WILL HOME GROW HELP THIS PROBLEM? IT WON'T. IT WILL MAKE IT WORSE, MUCH WORSE.

THIS BILL TAKES THE BRAKES OFF CANNABIS AND UNLEASHES COMMERCIALIZATION WITH NO BOUNDARIES, CONTROLS OR MECHANISMS UNDER THE THIN VENEER OF COMPASSIONATE CARE AND MEDICINE.

COLORADO REPORTS **CANNABIS IS THE MOST PREVALENT DRUG FOUND IN COMPLETED TEEN SUICIDES** AT 19.1% WHERE ALCOHOL WAS FOUND AT 12.9%.

HOME CULTIVATION OF CANNABIS WILL SURELY AFFECT THE RATES OF COMPLETED TEEN AND PROBABLY ADULT SUICIDES IN NH IF THIS BILL IS APPROVED.

HOW WILL HOME CULTIVATION HELP REDUCE THE NUMBER OF CHRONICALLY ADDICTED CANNABIS USERS IN NH?

HOW WILL HOME CULTIVATION HELP IMPROVE THE HEALTH OF NH'S WORKFORCE?

HOW WILL HOME CULTIVATION IMPROVE HIGHWAY SAFETY?

HOW WILL HOME CULTIVATION IMPROVE THE HEALTH OF NH CHILDREN, TEENS AND PREGNANT WOMEN?

REMEMBER: NO ONE IN NH GOES TO JAIL FOR CANNABIS.

MEDICAL CANNABIS IS WIDELY AVAILABLE IN NH RIGHT NOW.

DO NOT BE FOOLED BY THE NOTION OF COMPASSIONATE CARE THAT PROVIDES A PRODUCT FOR MEDICINAL PURPOSES WITH NO REGULATORY CONTROLS.

My name is Alicia Rainville and I'm a certified home herbalist from Manchester NH. I am in support of House Bill 350, which would allow medical patients to grow their own plant medicine. Attached with my written testimony is data from studies which portray average plant yield. I've also included citations from reputable sources.

In reading this report you will find that indoor growers report an average of 1 to 3 ounces of flower per plant. In states like Maine and Massachusetts, it is very common for medical patients to grow inside and extract their flowers for oil (called FECO) which is then ingested as medication. This is done because not all patients want to smoke their medicine, and in lots of cases the patient is not able to smoke or has been instructed by a doctor not to.

Recently I completed a study program in medical cannabis with the New England Grass Roots Institute. They were founded in 2012 in Brookline Massachusetts. The director of the institute is the Medical Cannabis Cultivation Expert Witness for the Commonwealth of Massachusetts court system. He stated that it takes 2 ounces of flower per week to make oil for a cancer patient.

At this time New Hampshire dispensaries are charging \$350-360 an ounce. **That would be \$700+ dollars a week for a patient to make their own oil here in New Hampshire.**

In regards to outdoor growing, there are very few published studies regarding this. However according to experienced medical cannabis caregivers and growers in our bordering states, it will be a significantly higher yield. Very experienced growers have achieved up to 1 pound per plant. However, it is important to remember that an outdoor grower is limited to one cycle due to the short New England growing season. Therefore the entire crop must sustain the patient's medical supply for the year. Hypothetically if the patient were to grow 6 pounds of cannabis in a season, that would only be 48 weeks of cannabis oil for a patient.

Please consider that getting significant yields for both indoor or outdoor methods require a fair amount of effort and time. Doing both would be quite costly and it is not feasible for most people.

This house bill as it is structured would allow for medical patients to grow their own medicine without creating an excess.

Thank you to those who have supported this bill and who recognize the value of a medical cannabis cultivation program here in New Hampshire. I kindly ask for further and continued support of House Bill 350.

February 1, 2021

Researched and submitted by Alicia Rainville of Manchester NH

Plant Yield Data

According to an expert witness and study released by the National Institute on Health, most indoor growers average between 1 to 3 ounces of THC flower per plant, with conditions varying based on experience, soil quality and light source¹. It takes 2 ounces of THC flower per week from a mature plant to extract enough medicinal oil for a cancer patient .²

To explain, in states like Maine and Massachusetts it is very common for medical patients to grow and extract the mature flowers for oil (such as Full Extract Cannabis Oil, also known as FECO) which is then ingested as medication. FECO can easily and safely be made at home with basic kitchen supplies and full grain 151 proof alcohol. Cannabis oil such as FECO is used because 1) not all patients want to smoke cannabis, 2) some are instructed by their doctor not to smoke, or 3) patient is physically unable able to smoke. At current dispensary prices a week's supply of cannabis flower to be made into oil would cost the patient \$700-720 a week, as one ounce of cannabis is \$350-360.

A more detailed version of the following chart is published on the National Institute of Health's U.S. National Library of Medicine website (chart goes to second page). See also footnote one. It is a study into the effects of light source on various cannabis strain yields. Note the maximum amount produced among all light sources was 61.96 grams, or 2.186 ounces.

A comparison of cannabis yield data compiled from published reports

Light source	Strain	Dried floral yield in grams
HPS (600 W)	Big Bud	9.91
	NLX	11.63
	Super Skunk	18.58

¹ US National Library of Medicine. "An Update on Plant Photobiology and Implications for Cannabis Production." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6455078/>. Accessed January 20, 2020.

² Mike Fitzgerald, Medical Cannabis Cultivation Expert Witness for the Massachusetts court system. January 16, 2020.

	White Widow	8.91
HPS (600 W)	Big Bud	48.14
	Skunk #1	52.11
	Silver Haze #9	61.96
	X	45.78
Fluorescent light	OG Kush Grizzly	41.6
HPS		26.2
RB LED	G-170	23.1
RGB LED		22.8

In 2016 a similar review was conducted by the Cannabis Business Times regarding yield per square foot and light wattage. It was done with commercial growers who are seeking to maximize yield. The findings reported maximum yield per square foot (which on average is 1.4 plants) at 50 g or 1.76 ounces.³

In regards to outdoor growing, there are not a lot of reputable studies regarding this. In speaking to and working with experienced medical cannabis caregivers and growers from Maine and Massachusetts, growing outside will provide a significantly higher yield. Very experienced growers have achieved up to 1 pound per plant. However, it is important to note the outdoor grower is limited due to the short New England growing season. Therefore the entire crop from one season must sustain the patient's medical supply for the year. Hypothetically if the patient were to grow 6 pounds of cannabis flower, that would yield 48 weeks of cannabis oil medicine.

³ Cannabis Business Times. "Managing Yield." <https://www.cannabisbusinesstimes.com/article/measuring-yield/>. Accessed January 18, 2020.

Home Cultivation of Therapeutic Cannabis — Legislative History

Since 2009, the New Hampshire House has consistently supported bills allowing patients with qualifying medical conditions and their caregivers to cultivate their own limited supply of cannabis. Here is a brief legislative history of medical cannabis home cultivation bills:

2009 — HB 648 passed the House HHSEA committee 13-7, passed the House 234-138, and passed the Senate 14-10. When then-Governor Lynch threatened to veto the bill if it included home cultivation, a committee of conference rewrote the bill to remove home cultivation and instead allow state-regulated dispensaries. Governor Lynch vetoed the bill anyway. In October, the House voted 240-115 to override the veto, but the override vote fell short of two-thirds in the Senate, 14-10.

2012 — SB 409, which would have allowed up to four mature plants and 12 seedlings for each qualifying patient, passed the Senate in a 13-11 vote and was then approved by the House HHSEA Committee in a 13-4 vote. It passed the House 228-91 but was vetoed by Governor Lynch and the override vote fell short in the Senate, 13-10.

2013 — HB 573 passed the HHSEA Committee in a 14-1 vote and passed the House 286-64. While the bill was being considered by the Senate, then-Governor Hassan indicated that she would veto the bill unless the home cultivation provision and other provisions were removed. The Senate acquiesced and the amended bill passed into law, creating New Hampshire's limited Therapeutic Use of Cannabis Program.

2014 — HB 1622 was approved in a 13-3 vote by the HHSEA Committee. It passed the House 227-73. The Senate referred the bill to interim study.

2016 — HB 593 was found "inexpedient to legislative" in a 9-8 vote by the HHSEA Committee. However, the House overturned the recommendation 148-188 and then voted to pass the bill in a 208-132 vote. The Senate referred the bill to interim study.

2017 — HB 472 was found "inexpedient to legislate" in a 14-7 vote by the HHSEA Committee. The House overturned the committee 213-118 and passed bill in a voice vote. The Senate referred the bill to interim study.

2018 — HB 1476 was recommended "ought to pass" in a 13-8 vote by the HHSEA Committee. The House passed the bill in a voice vote. The Senate referred the bill to interim study.

2019 — HB 364 passed the House HHSEA Committee 17-4 and passed the House in a voice vote. The Senate passed it 14-10. Gov. Sununu vetoed the bill. The House voted 259-120 to override the veto. The Senate voted 13-11 in favor of overriding the veto, falling short of the required two-thirds majority.

2020 — SB 420 passed the Senate in a voice vote. It died on the table in the House after the legislative session was cut short by COVID-19.

Archived: Wednesday, March 17, 2021 3:37:57 PM
From: [Kate Steinberg](#)
Sent: Monday, February 1, 2021 12:36:25 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: HB350 Testimonial
Importance: Normal

My name is Kate Steinberg and I am a resident of Ashland, in Grafton County. I am here today asking for your consideration in supporting HB350, allowing qualifying medical cannabis patients and their caregivers to cultivate cannabis.

As an employee of 5 years at a medical cannabis company, I have seen and heard both sides to this argument – but I am here today to speak on behalf of the patients; the very reason the state of New Hampshire passed the bill allowing medical cannabis patients access to *this* alternative treatment option, so I ask that, even for a moment, you look at this bill and consider the impact it would have for the thousands of patients in this state. **With that said, I would like to note that these thoughts are solely mine, and do not necessarily represent the thoughts of the company I work for.**

I was diagnosed with depression and generalized anxiety disorder at the age of 14 and severe thoracic problems at the age of 20. I had tried various pharmaceuticals with minimal success and maximum side effects until I discovered my home state had a medical cannabis program. Within one year of becoming a medical cannabis patient, not only did I start my dream job in the cannabis industry, but I also discontinued all use of pharmaceuticals, lost over 40 pounds, and felt more “myself” than I’d felt since I was first diagnosed.

There are two reasons I would like to ask for your consideration in supporting this bill: lack of access to a medical cannabis facility, and the proven benefits of horticultural therapy. There are only 5 dispensaries in this state, which means patients in Pittsburg must drive up to two and a half hours to reach their nearest dispensary. That is a 5 hour round trip, and to a patient with debilitating back pain or severe anxiety, this can be an immense barrier to access. To the patient with young children and a full time job, finding the time to make that five hour drive can become a barrier. To the patient who has only found success with a handful of strains due to cannabinoid and terpenoid content, none of which are available at their nearest dispensary, this can be an immense barrier.

To those of you who may not be aware, there is a practice called “horticultural therapy”, which is a form of therapy utilizing gardening: growing vegetables, fruits, flowers, and other plants for therapeutic purposes. Studies have shown horticultural therapy to improve quality of life for patients with dementia, PTSD, anxiety, cancer, and even for sexual assault survivors. Horticultural therapy has been shown to help improve memory, cognition, task initiation, coordination, balance, strength, and endurance. Imagine the benefits for the patients in New Hampshire, should you pass this bill and allow the option for home cultivation!

While patients living hours from their nearest dispensary could utilize home cultivation as their primary source of medicine, those living nearby a dispensary would be able to grow therapeutically, whilst still supporting their local alternative treatment center.

Thank you for your time. Please consider me a resource should you have any questions that I can be of assistance with.

Archived: Wednesday, March 17, 2021 3:37:57 PM
From: Josie (NH Youth Movement)
Sent: Monday, February 1, 2021 3:38:22 PM
To: ~House Health Human Services and Elderly Affairs
Subject: In support of HB 350
Importance: Normal

In support of legalizing home grow for medical patients

A statement by Josie Pinto, Lobbyist with New Hampshire Youth Movement in support of House Bill 350

Good afternoon all -

My name is Josie Pinto, I'm here as a lobbyist for New Hampshire Youth Movement, and I am in full support of HB 350.

Last week, the criminal justice committee voted to retain 2 bills that would have expanded cannabis use in our state, allowing the voices of out-of-state people to outweigh the massive support from people within New Hampshire.

With 963 people signing in to support HB 237 and 1,109 signing in to support HB 629 - I want to URGE this committee to listen to the clear opinion of the people in our state and vote to pass HB 350. Right now, this bill is our last chance to do anything that would meaningfully make a difference in the lives of medical cannabis users.

Being a medical cannabis patient is incredibly expensive - not to mention that most cannabis patients are also paying for a whole other set of other medications that they need. We already have some of the highest national costs for healthcare. If we knew it was safe and easy to make these other medications from herbs that grow naturally - would we stop people from doing that? Millions of people use natural herbs to treat conditions every day. This is the case with cannabis - it is a medicinal plant that used to grow naturally before we made it illegal. In the live free or die state - let's allow patients to make the decision themselves and allow this bill to pass today.

Thanks,

--

Josie Pinto (she/her/hers)
Political Director
New Hampshire Youth Movement

Bill as
Introduced

HB 350 - AS INTRODUCED

2021 SESSION

21-0535

04/05

HOUSE BILL **350**

AN ACT permitting qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.

SPONSORS: Rep. Acton, Rock. 10; Rep. Cushing, Rock. 21

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill permits qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.

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 Twenty One

AN ACT permitting qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.

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

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

3 IV. "Cultivation location" means a locked and enclosed site, ***under the control of the***
4 ***qualifying patient or designated caregiver, or*** under the control of an alternative treatment
5 center where cannabis is cultivated, secured with one or more locks or other security devices in
6 accordance with the provisions of this chapter. ***A cultivation location under the control of a***
7 ***qualifying patient or designated caregiver shall be at that person's residence.***

8 2 Use of Therapeutic Cannabis; Definitions. Amend RSA 126-X:1, VI to read as follows:

9 VI. "Designated caregiver" means an individual who:

10 (a) Is at least 21 years of age;

11 (b)(1) Has agreed to assist with one or more (not to exceed 5) qualifying ~~[patient's]~~
12 ***patients in the*** therapeutic use of cannabis, except if the qualifying patient and designated
13 caregiver each live greater than 50 miles from the nearest alternative treatment center, ~~[in which~~
14 ~~ease]~~ the designated caregiver may assist with the therapeutic use of cannabis for up to 9 qualifying
15 patients; ***or***

16 ***(2) Has agreed to cultivate cannabis for therapeutic use pursuant to this***
17 ***chapter for no more than one qualifying patient;***

18 (c) Has never been convicted of a felony or any felony drug-related offense; and

19 (d) Possesses a valid registry identification card issued pursuant to RSA 126-X:4.

20 3 New Paragraphs; Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1
21 by inserting after paragraph VI-a the following new paragraphs:

22 VI-b. "Immature cannabis plant" means a cannabis plant that has not flowered and which
23 does not have buds that may be observed by visual examination and which is at least 6 inches tall.

24 VI-c. "Mature cannabis plant" means a female cannabis plant that has flowered and that
25 has buds that may be observed by visual examination.

26 4 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XII to read as
27 follows:

28 XII. "Seedling" means a cannabis plant that ~~[has no flowers and is less than 12 inches in~~
29 ~~height and less than 12 inches in diameter]~~ ***is less than 6 inches tall.***

30 5 Use of Therapeutic Cannabis; Definitions. Amend RSA 126-X:1, XIII(c) to read as follows:

1 (c) Cultivation by a designated caregiver or qualifying patient, ***except as provided***
2 ***under RSA 126-X:2, II-a or II-b.***

3 6 Use of Therapeutic Cannabis Purposes; Protections. Amend RSA 126-X:2, I-III to read as
4 follows:

5 I. A qualifying patient shall not be subject to arrest by state or local law enforcement,
6 prosecution or penalty under state or municipal law, or denied any right or privilege for the
7 therapeutic use of cannabis in accordance with this chapter, if the qualifying patient possesses an
8 amount of cannabis that does not exceed the following, ***if the qualifying patient is not at the***
9 ***cultivation location he or she reported to the department, or transporting cannabis as***
10 ***allowed under paragraph II-a:***

11 (a) Two ounces of usable cannabis; and

12 (b) Any amount of unusable cannabis.

13 II. A designated caregiver shall not be subject to arrest by state or local law enforcement,
14 prosecution or penalty under state or municipal law, or denied any right or privilege for the
15 therapeutic use of cannabis in accordance with this chapter on behalf of a qualifying patient if the
16 designated caregiver possesses an amount of cannabis that does not exceed the following, ***if the***
17 ***designated caregiver is not at the cultivation location he or she reported to the department,***
18 ***or transporting cannabis as allowed under paragraph II-b:***

19 (a) Two ounces of usable cannabis, or the total amount allowable for the number of
20 qualifying patients for which he or she is a designated caregiver; and

21 (b) Any amount of unusable cannabis.

22 ***II-a. Except as provided in RSA 126-X:3, VII(b), a qualifying patient shall not be***
23 ***subject to arrest by state or local law enforcement, prosecution or penalty under state or***
24 ***municipal law, or be denied any right or privilege for the therapeutic use of cannabis in***
25 ***accordance with this chapter, if the qualifying patient possesses or cultivates an amount of***
26 ***cannabis that does not exceed the following:***

27 (a) ***If the qualifying patient does not have a designated caregiver who is***
28 ***authorized to cultivate cannabis for him or her, for the possession or cultivation, or both,***
29 ***of cannabis that occurs at the cultivation location under the control of the patient reported***
30 ***to the department, or while transporting cannabis and cannabis plants and seedlings to a***
31 ***new cultivation location that has been reported to the department within the prior 21 days:***

32 (1) ***Eight ounces of usable cannabis;***

33 (2) ***Any amount of unusable cannabis; and***

34 (3) ***Three mature cannabis plants, 3 immature cannabis plants and 12***
35 ***seedlings, where the plants are not subject to public view, including view from another***
36 ***private property, without the use of optical aids, with a total canopy of no more than 50***
37 ***square feet.***

1 **(b) If more than one qualifying patient, designated caregiver, or both, share a**
2 **cultivation location, the total canopy of all cannabis plants shall not exceed 100 square**
3 **feet.**

4 **II-b. Except as provided in RSA 126-X:3, VII(b), a designated caregiver shall not be**
5 **subject to arrest by state or local law enforcement, prosecution or penalty under state or**
6 **municipal law, or denied any right or privilege for the therapeutic use of cannabis in**
7 **accordance with this chapter on behalf of a qualifying patient, an amount of cannabis**
8 **that does not exceed the following:**

9 **(a) If, at the cultivation location under control of the caregiver and that has**
10 **been reported to the department, or while transporting cannabis and cannabis plants and**
11 **seedlings to a new cultivation location that has been reported to the department within the**
12 **prior 21 days:**

13 **(1) Eight ounces of usable cannabis;**

14 **(2) Any amount of unusable cannabis; and**

15 **(3) Three mature cannabis plants, 3 immature cannabis plants and 12**
16 **seedlings, where the plants are not subject to public view, including to view from another**
17 **private property, without the use of optical aids, with a total canopy of no more than 50**
18 **square feet.**

19 **(b) If more than one qualifying patient, designated caregiver, or both, share a**
20 **cultivation location, the total canopy of all cannabis plants shall not exceed 100 square**
21 **feet.**

22 **III. A designated caregiver may receive compensation for costs, not to exceed \$500 per**
23 **calendar year, not including labor, associated with assisting a qualifying patient who has**
24 **designated the *registered* designated caregiver to assist him or her with the therapeutic use of**
25 **cannabis. Such compensation shall not constitute the sale of ~~controlled substances~~ a controlled**
26 **drug pursuant to RSA 318-B.**

27 7 Use of Therapeutic Cannabis; Protections. Amend RSA 126-X:2, XV to read as follows:

28 XV. A laboratory, **and the employees thereof**, which conducts testing of cannabis ~~[required~~
29 ~~under rules for]~~ **delivered to it by** alternative treatment centers, ~~[adopted under this chapter, and~~
30 ~~the employees thereof]~~ **qualifying patients, or designated caregivers**, shall not be subject to
31 arrest by state or local law enforcement, prosecution or penalty under state or municipal law, or
32 search, for acting pursuant to this chapter and department rules to possess cannabis on the premises
33 of the laboratory for the purposes of testing, and, in the case of a laboratory employee, denied any
34 right or privilege for working for such a laboratory.

35 8 Use of Therapeutic Cannabis; Prohibitions and Limits. Amend RSA 126-X:3, I to read as
36 follows:

1 I. A qualifying patient may use *and a qualifying patient or designated caregiver may*
 2 *cultivate* cannabis on privately-owned real property only with written permission of the property
 3 owner or, in the case of leased property, with the permission of the tenant in possession of the
 4 property, except that a tenant shall not allow a qualifying patient to smoke cannabis on rented
 5 property if smoking on the property violates the lease or the lessor's rental policies that apply to all
 6 tenants at the property. *A tenant or guest of a tenant shall not cultivate cannabis on rented*
 7 *property if the lessor has prohibited therapeutic cannabis cultivation.* However, a tenant
 8 may permit a qualifying patient to use cannabis on leased property by ingestion or inhalation
 9 through vaporization even if smoking is prohibited by the lease or rental policies. For purposes of
 10 this chapter, vaporization shall mean the inhalation of cannabis without the combustion of the
 11 cannabis.

12 9 New Subparagraph; Use of Therapeutic Cannabis; Registry Identification Cards. Amend RSA
 13 126-X:4, I by inserting after subparagraph (h) the following new subparagraph:

14 (i) The qualifying patient's cultivation location, if any.

15 10 New Subparagraph; Use of Therapeutic Cannabis; Registry Identification Cards. Amend
 16 RSA 126-X:4, II by inserting after subparagraph (g) the following new subparagraph:

17 (h) The designated caregiver's cultivation location, where he or she may cultivate
 18 cannabis on behalf of a single qualifying patient who has not reported a cultivation location.

19 11 Use of Therapeutic Cannabis; Registry Identification Cards. Amend RSA 126-X:4, IX(a) to
 20 read as follows:

21 (a) A qualifying patient shall notify the department before changing his or her
 22 designated caregiver, *cultivation location*, or alternative treatment center. *A designated*
 23 *caregiver shall notify the department before changing his or her cultivation location.*

24 12 Use of Therapeutic Cannabis; Registry Identification Cards. Amend RSA 126-X:4, XI(a)
 25 through XI(b)(1)-(3) to read as follows:

26 XI.(a) The department shall create and maintain a confidential registry of each individual
 27 who has applied for and received a registry identification card as a qualifying patient or a designated
 28 caregiver in accordance with the provisions of this chapter. Each entry in the registry shall contain
 29 the qualifying patient's or designated caregiver's name, mailing address, date of birth, date of
 30 registry identification card issuance, date of registry identification card expiration, random 10-digit
 31 identification number, *cultivation location, if any*, and registry identification number of the
 32 qualifying patient's designated alternative treatment center, if any. The confidential registry and
 33 the information contained in it shall be exempt from disclosure under RSA 91-A.

34 (b)(1) Except as specifically provided in this chapter, no person shall have access to any
 35 information about qualifying patients or designated caregivers in the department's confidential
 36 registry, or any information otherwise maintained by the department about providers and
 37 alternative treatment centers, except for authorized employees of the department in the course of

1 their official duties and local and state law enforcement personnel who have detained or arrested an
2 individual who claims to be engaged in the therapeutic use of cannabis.

3 (2) If a local or state law enforcement officer submits a sworn affidavit to the
4 department affirming that he or she has probable cause to believe cannabis is possessed **or**
5 **cultivated** at a specific address, an authorized employee for the department may disclose whether
6 the location is associated with a qualifying patient, designated caregiver, or cultivation location [~~of~~
7 ~~an alternative treatment center~~].

8 (3) If a local or state law enforcement officer submits a sworn affidavit to the
9 department affirming that he or she has probable cause to believe a specific individual possesses **or**
10 **cultivates** cannabis, an authorized employee for the department may disclose whether the person is
11 a qualifying patient or a designated caregiver, provided that the law enforcement officer provides the
12 person's name and address or name and date of birth.

13 13 New Paragraph; Use of Therapeutic Cannabis; Registry Identification Cards. Amend RSA
14 126-X:4 by inserting after paragraph XII the following new paragraph:

15 XIII.(a) No later than October 1, 2021, the department shall allow existing and new
16 qualifying patients and designated caregivers to designate a cultivation location provided that:

17 (1) A qualifying patient may only designate a cultivation location if he or she does
18 not have a designated caregiver who will cultivate for him or her.

19 (2) A designated caregiver may only cultivate for a single qualifying patient, and
20 may only cultivate for a patient who does not have a cultivation location.

21 (b) No individual shall designate a cultivation location if such individual's permission to
22 cultivate has been revoked.

23 14 Use of Therapeutic Cannabis; Affirmative Defense. Amend RSA 126-X:5, I to read as follows:

24 I. It shall be an affirmative defense for any person charged with manufacturing, possessing,
25 having under his or her control, selling, purchasing, prescribing, administering, transporting,
26 **cultivating**, or possessing with intent to sell, dispense, or compound cannabis, cannabis analog, or
27 any preparation containing cannabis, if:

28 (a) The actor is a qualifying patient who has been issued a valid registry identification
29 card, was in possession of **or was cultivating** cannabis in a quantity and location permitted
30 pursuant to this chapter, and was engaged in the therapeutic use of cannabis;

31 (b) The actor is a designated caregiver who has been issued a valid registry
32 identification card, was in possession of **or was cultivating** cannabis in a quantity and location
33 permitted pursuant to this chapter, and was engaged in the therapeutic use of cannabis on behalf of
34 a qualifying patient; [~~or~~]

35 (c) The actor is an employee of a laboratory conducting testing required for alternative
36 treatment centers pursuant to rules adopted under this chapter[~~;~~] **or that tests cannabis provided**
37 **to it by qualifying patients, and designated caregivers; or**

1 (d) *The actor is a person with a qualifying medical condition who does not*
2 *possess a registry identification card and, prior to the arrest, the actor submitted to the*
3 *department a completed application to become a qualifying patient, including a written*
4 *certification, but the actor had not yet received a registry identification card from the*
5 *department; provided that:*

6 (1) *The actor does not possess more than the amount of cannabis permitted*
7 *under RSA 126-X:2, I, if the cannabis is not on the actor's property; or*

8 (2) *If the cannabis is on the actor's property, the actor does not possess more*
9 *than the amount of cannabis permitted under RSA 126-X:2, II-a, which shall be in a locked*
10 *and enclosed location on the actor's property.*

11 15 New Subparagraph; Use of Therapeutic Cannabis; Alternative Treatment Centers. Amend
12 RSA 126-X:8, XIII by inserting after subparagraph (c) the following new subparagraph:

13 (d) A qualifying patient or designated caregiver shall not obtain from an alternative
14 treatment center more than 12 seedlings during a 3-month period.

15 16 Use of Cannabis for Therapeutic Purposes; Prohibitions and Limits. Amend RSA 126-X:3,
16 VII to read as follows:

17 VII.(a) The department may revoke the registry identification card of a qualifying patient or
18 designated caregiver for violation of rules adopted by the department or for a violation of any other
19 provision of this chapter, and the qualifying patient or designated caregiver shall be subject to any
20 other penalties established in law for the violation.

21 (b) *The department may revoke a qualifying patient's or designated caregiver's*
22 *permission to cultivate cannabis for a violation of the rules adopted by the department or*
23 *for a violation of any provision of this chapter.*

24 17 Use of Cannabis for Therapeutic Purposes; Alternative Treatment Centers. Amend RSA 126-
25 X:8, XV(a) to read as follows:

26 XV.(a)(1) An alternative treatment center shall not possess or cultivate cannabis in excess
27 of the following quantities:

28 ~~[(1)]~~ (A) Eighty *mature* cannabis plants, *160 immature cannabis plants*, ~~[160~~
29 ~~seedlings]~~, and 80 ounces of usable cannabis, or 6 ounces of usable cannabis per qualifying patient;
30 and

31 ~~[(2)]~~ (B) Three mature cannabis plants, *12 immature cannabis plants*, ~~[12~~
32 ~~seedlings]~~, and 6 ounces for each qualifying patient who has designated the alternative treatment
33 center to provide him or her with cannabis for therapeutic use.

34 (2) *An alternative treatment center shall not be limited in the number of*
35 *seedlings it can possess or cultivate.*

36 18 Use of Cannabis for Therapeutic Purposes; Departmental Rules. Amend RSA 126-X:6,
37 III(a)(15) to read as follows:

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1 (15) Procedures for determining and enforcing the daily maximum amount of
2 therapeutic cannabis which an alternative treatment center may cultivate or possess pursuant to
3 RSA 126-X:8, XV(a)(1).

4 19 Effective Date. This act shall take effect July 1, 2021.