Committee Report

REGULAR CALENDAR

March 15, 2021

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on Health, Human

Services and Elderly Affairs to which was referred HB

605-FN,

AN ACT relative to the therapeutic cannabis program.

Having considered the same, report the same with the

following amendment, and the recommendation that

the bill OUGHT TO PASS WITH AMENDMENT.

Rep. Jerry Knirk

FOR THE MAJORITY OF THE COMMITTEE

Original: House Clerk

MAJORITY COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 605-FN
Title:	relative to the therapeutic cannabis program.
Date:	March 15, 2021
Consent Calendar:	REGULAR
Recommendation:	OUGHT TO PASS WITH AMENDMENT 2021-0646h

STATEMENT OF INTENT

This bill has two parts. The first part adds opioid use disorder (OUD) as a standalone, qualifying condition for the use of therapeutic cannabis with very restrictive guard rails set by the Therapeutic Cannabis Medical Oversight Board (TCMOB). TCMOB is composed of the Chief Medical Officer of the Department to Health and Human Services (DHHS), a qualifying patient representative, a clinical representative from an alternative treatment center (ATC), and ten medical providers from various fields, charged with the task of advising the therapeutic cannabis program on medical issues, including qualifying conditions. The use of therapeutic cannabis in OUD is complicated. CBD has been shown to help with symptoms of craving and withdrawal, but THC stimulates reward centers so it can exacerbate OUD. TCMOB does not support the use of therapeutic cannabis for OUD except when used as part of a specialist-guided treatment program for OUD. By a 9-0 vote, TCMOB approved certification of a patient for the use of therapeutic cannabis only when certified by a board-certified addiction medicine or addiction psychiatry provider, who is actively treating the patient for OUD, to treat associated symptoms of craving and withdrawal. The second part of the bill allows patients visiting New Hampshire, who have qualified for the use of therapeutic cannabis in their home state or Canada (which has a nationwide therapeutic cannabis program), to purchase therapeutic cannabis at New Hampshire ATCs. There are many qualified patients from other states or Canada who stay in New Hampshire for extended times vacationing, at a second home or as students. It is illegal to bring cannabis across state or international borders. This bill will allow visiting qualifying patients to purchase therapeutic cannabis at a New Hampshire ATC. The therapeutic cannabis program will develop rules for the ATCs to assist them in verifying a visiting qualifying patient's registry identification card or its equivalent.

Vote 14-6.

Rep. Jerry Knirk FOR THE MAJORITY

Original: House Clerk

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 605-FN, relative to the therapeutic cannabis program. MAJORITY: OUGHT TO PASS WITH AMENDMENT. MINORITY: OUGHT TO PASS WITH AMENDMENT.

Rep. Jerry Knirk for the Majority of Health, Human Services and Elderly Affairs. This bill has two parts. The first part adds opioid use disorder (OUD) as a standalone, qualifying condition for the use of therapeutic cannabis with very restrictive guard rails set by the Therapeutic Cannabis Medical Oversight Board (TCMOB). TCMOB is composed of the Chief Medical Officer of the Department to Health and Human Services (DHHS), a qualifying patient representative, a clinical representative from an alternative treatment center (ATC), and ten medical providers from various fields, charged with the task of advising the therapeutic cannabis program on medical issues, including qualifying conditions. The use of therapeutic cannabis in OUD is complicated. CBD has been shown to help with symptoms of craving and withdrawal, but THC stimulates reward centers so it can exacerbate OUD. TCMOB does not support the use of therapeutic cannabis for OUD except when used as part of a specialist-guided treatment program for OUD. By a 9-0 vote, TCMOB approved certification of a patient for the use of therapeutic cannabis only when certified by a boardcertified addiction medicine or addiction psychiatry provider, who is actively treating the patient for OUD, to treat associated symptoms of craving and withdrawal. The second part of the bill allows patients visiting New Hampshire, who have qualified for the use of therapeutic cannabis in their home state or Canada (which has a nationwide therapeutic cannabis program), to purchase therapeutic cannabis at New Hampshire ATCs. There are many qualified patients from other states or Canada who stay in New Hampshire for extended times vacationing, at a second home or as students. It is illegal to bring cannabis across state or international borders. This bill will allow visiting qualifying patients to purchase therapeutic cannabis at a New Hampshire ATC. The therapeutic cannabis program will develop rules for the ATCs to assist them in verifying a visiting qualifying patient's registry identification card or its equivalent. Vote 14-6.

Original: House Clerk

REGULAR CALENDAR

March 15, 2021

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Minority of the Committee on Health, Human

Services and Elderly Affairs to which was referred HB

605-FN,

AN ACT relative to the therapeutic cannabis program.

Having considered the same, and being unable to agree

with the Majority, report with the following

amendment, and the recommendation that the bill

OUGHT TO PASS WITH AMENDMENT.

Rep. William Marsh

FOR THE MINORITY OF THE COMMITTEE

Original: House Clerk

MINORITY COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 605-FN
Title:	relative to the therapeutic cannabis program.
Date:	March 15, 2021
Consent Calendar:	REGULAR
Recommendation:	OUGHT TO PASS WITH AMENDMENT 2021-0645h

STATEMENT OF INTENT

The minority agrees with the majority on all issues except whether we should allow therapeutic cannabis for opioid use disorder. The minority believes the medical literature does not support the use of cannabis for this indication and may in fact make opioid use disorder worse. The minority therefore believes the bill Ought to Pass with a different amendment which does not include opioid use disorder.

Rep. William Marsh FOR THE MINORITY

Original: House Clerk

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 605-FN, relative to the therapeutic cannabis program. OUGHT TO PASS WITH AMENDMENT.

Rep. William Marsh for the **Minority** of Health, Human Services and Elderly Affairs. The minority agrees with the majority on all issues except whether we should allow therapeutic cannabis for opioid use disorder. The minority believes the medical literature does not support the use of cannabis for this indication and may in fact make opioid use disorder worse. The minority therefore believes the bill Ought to Pass with a different amendment which does not include opioid use disorder.

Original: House Clerk

Amendment to HB 605-FN

Amend the bill by replacing all after the enacting clause with the following:

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- 3 1 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, I to read as 4 follows:
- I. "Alternative treatment center" means a not-for-profit entity registered under RSA 126-X:7 that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, sells, supplies, and dispenses cannabis, and related supplies and educational materials, to qualifying patients [and], designated caregivers, other alternative treatment centers, and visiting qualifying patients.
 - 2 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XIII(b) to read as follows:
 - (b) Cultivation or purchase by a visiting qualifying patient from a qualifying patient or designated caregiver; or
 - 3 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XVI to read as follows:
 - XVI. "Visiting qualifying patient" means a [patient with a qualifying medical condition who is not a resident of New Hampshire or who has been a resident of New Hampshire for fewer than 30 days and is not eligible to purchase therapeutic cannabis in New Hampshire or receive cannabis from a qualifying New Hampshire patient] person who is not a resident of New Hampshire, or who has been a resident of New Hampshire for fewer than 90 days, who has been issued a valid registry identification card, or its equivalent, under the laws of another state, district, territory, commonwealth, or insular possession of the United States, or under the laws of Canada, that allows, in the jurisdiction of issuance, that person to possess cannabis for therapeutic purposes.
 - 4 Use of Cannabis for Therapeutic Purposes; Therapeutic Use of Cannabis Protections. Amend RSA 126-X:2, V to read as follows:
 - V. A valid registry identification card, or its equivalent, that is issued under the laws of another state, district, territory, commonwealth, or insular possession of the United States, or under the laws of Canada that allows, in the jurisdiction of issuance, a visiting qualifying patient to possess cannabis for therapeutic purposes, shall have the same force and effect and be subject to the same restrictions as a valid registry identification card issued by the department in this state, provided that[:
 - (a) The visiting qualifying patient shall also produce a statement from his or her

Amendment to HB 605-FN - Page 2 -

1	provider stating that the visiting qualifying patient has a qualifying medical condition as defined in
2	RSA 126-X:1; and
3	(b)] a visiting qualifying patient shall not cultivate [or purchase] cannabis in New
4	Hampshire or obtain or purchase cannabis from [alternative treatment centers or from] a
5	[qualifying] New Hampshire qualifying patient or designated caregiver.
6	5 New Paragraph; Use of Cannabis for Therapeutic Purposes; Departmental Rules. Amend RSA
7	126-X:6 by inserting after paragraph V the following new paragraph:
8	VI. The department shall adopt rules, pursuant to RSA 541-A, regarding an alternative
9	treatment center's verification of a visiting qualifying patient's registry identification card, or its
10	equivalent.
11	6 Effective Date. This act shall take effect 60 days after its passage.

Amendment to HB 605-FN - Page 3 -

2021-0645h

AMENDED ANALYSIS

This bill:

- I. Amends the definitions of "alternative treatment center" and "therapeutic use" and "visiting qualifying patient" in the therapeutic cannabis statute.
- II. Permits out-of-state residents qualified in other jurisdictions to purchase therapeutic cannabis at New Hampshire therapeutic dispensaries.
- III. Requires the department of health and human services to adopt rules regarding an alternative treatment center's verification of a visiting qualifying patient's identification.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS EXECUTIVE SESSION on Bill # HB 605-FN

BILL TITLE:	TLE: An Act relative to the therapeutic cannabis program.					
DATE:	March 8, 2021					
LOB ROOM:	306-8/Remote					
MOTION: (Ple	ase check one bo	x)				
☐ Adoption of A	Amendment# 202	21-0646h				
Moved by Rep. K	nirk	Seconded by Rep. Weber	Vote: 14-6			
MOTION:						
<u>X</u> OTPA						
Moved by Rep. K	nirk	Seconded by Rep. Weber	Vote: 17-3			
	CONSENT	T CALENDAR:YES X	NO			
Minority Repor	rt?XYes _	No If yes, author, Rep: Marsh	n Motion <u>ITL</u>			
F	Respectfully submi	BAF				
		Rep. Beth Fold	som, Clerk			



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

2021 SESSION

Bill #: HB605-FN	Motion:	AM #:	2021-0646h	Exec Session Date:	March 8, 2021

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



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

2021 SESSION

Bill #: HB605-FN Motion:	AM #:	2021-064	Exec Ses	sion Date:	March	8, 2021
Merchant, Gary			14			
TOTAL VOTE:		_	14	6	_	1



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

2021 SESSION

3ill #:	HB605-FN	Motion:	OTPA	AM #:	Exec Session Date:	March 8, 2021
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<u>Members</u>	YEAS	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman		3	
Marsh, William M. Vice Chairman		1	
McMahon, Charles E.	1		
Nelson, Bill G.		2	
Acton, Dennis F.	2		
Gay, Betty I.	3		
Cushman, Leah P.	4		
Folsom, Beth A. Clerk	5		
Alexander, Joe			Absent
King, Bill C.	6		
Kofalt, Jim	7		
Weber, Lucy M.	8		
MacKay, James R.	9		
Snow, Kendall A.	10		
Knirk, Jerry L.	11		
Salloway, Jeffrey C.	12		
Cannon, Gerri D.	13		
Nutter-Upham, Frances E.	14		
Schapiro, Joe	15		
Woods, Gary L.	16		



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

2021 SESSION

Bill #: HB605-FN Motion: OTPA	AM #:	Exec Sess	ion Date: Marc	h 8, 2021
Merchant, Gary		17		
TOTAL VOTE:		17	3	1

Amendment to HB 605-FN

Amend the bill by replacing all after the enacting clause with the following:

- 1 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, I to read as follows:
 - I. "Alternative treatment center" means a not-for-profit entity registered under RSA 126-X:7 that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, sells, supplies, and dispenses cannabis, and related supplies and educational materials, to qualifying patients [and], designated caregivers, other alternative treatment centers, and visiting qualifying patients.
 - 2 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XIII(b) to read as follows:
 - (b) Cultivation or purchase by a visiting qualifying patient from a qualifying patient or designated caregiver; or
 - 3 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XVI to read as follows:
 - XVI. "Visiting qualifying patient" means a [patient with a qualifying medical condition who is not a resident of New Hampshire or who has been a resident of New Hampshire for fewer than 30 days and is not eligible to purchase therapeutic cannabis in New Hampshire or receive cannabis from a qualifying New Hampshire patient] person who is not a resident of New Hampshire, or who has been a resident of New Hampshire for fewer than 90 days, who has been issued a valid registry identification card, or its equivalent, under the laws of another state, district, territory, commonwealth, or insular possession of the United States, or under the laws of Canada, that allows, in the jurisdiction of issuance, that person to possess cannabis for therapeutic purposes.
 - 4 Use of Cannabis for Therapeutic Purposes; Therapeutic Use of Cannabis Protections. Amend RSA 126-X:2, V to read as follows:
 - V. A valid registry identification card, or its equivalent, that is issued under the laws of another state, district, territory, commonwealth, or insular possession of the United States, or under the laws of Canada that allows, in the jurisdiction of issuance, a visiting qualifying patient to possess cannabis for therapeutic purposes, shall have the same force and effect and be subject to the same restrictions as a valid registry identification card issued by the department in this state, provided that[:
 - (a) The visiting qualifying patient shall also produce a statement from his or her

Amendment to HB 605-FN - Page 2 -

1	provider stating that the visiting qualifying patient has a qualifying medical condition as defined in
2	RSA 126-X:1; and
3	(b)] a visiting qualifying patient shall not cultivate [or purchase] cannabis in New
4	Hampshire or obtain or purchase cannabis from [alternative treatment centers or from] a
5	[qualifying] New Hampshire qualifying patient or designated caregiver.
6	5 New Paragraph; Use of Cannabis for Therapeutic Purposes; Departmental Rules. Amend RSA
7	126-X:6 by inserting after paragraph V the following new paragraph:
8	VI. The department shall adopt rules, pursuant to RSA 541-A, regarding an alternative
9	treatment center's verification of a visiting qualifying patient's registry identification card, or its
10	equivalent.
11	6 Effective Date. This act shall take effect 60 days after its passage.

2021-0645h

AMENDED ANALYSIS

This bill:

- I. Amends the definitions of "alternative treatment center" and "therapeutic use" and "visiting qualifying patient" in the therapeutic cannabis statute.
- II. Permits out-of-state residents qualified in other jurisdictions to purchase therapeutic cannabis at New Hampshire therapeutic dispensaries.
- III. Requires the department of health and human services to adopt rules regarding an alternative treatment center's verification of a visiting qualifying patient's identification.

Hearing Minutes

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill HB605 on 2021-02-23

Support: 19 Oppose: 0 Neutral: 1 Total to Testify: 4

<u>Name</u>	City, State Email Address	<u>Title</u>	Representing	Position	<u>Testifying</u>	Signed Up
Knirk, Jerry	Freedom, NH jknirk@roadrunner.com	An Elected Official	Therapeutic Cannabis Medical Oversight Board	Support	Yes (5m)	2/21/2021 6:23 PM
Holt, Michael	Concord, NH michael.holt@dhhs.nh.gov	State Agency Staff	DHHS/TCP	Neutral	Yes (3m)	2/22/2021 4:06 PM
mclaughlin, michael	Bedford, NH capitolinsightsgroup@gmail.com	A Lobbyist	Sanctuary Alternative Treatment Center	Support	Yes (3m)	2/23/2021 7:48 AM
Syrek, David	Candia, NH dsyrek@evicore.com	A Member of the Public	Myself	Support	Yes (2m)	2/23/2021 5:59 AM
alpert, arnie	Canterbury, NH aalpertnh@gmail.com	A Member of the Public	Myself	Support	No	2/23/2021 8:35 AM
Cushing, Renny	Hampton, NH reprennycushing@gmail.com	An Elected Official	Myself	Support	No	2/23/2021 9:26 AM
Rosenberger, Teresa	Concord, NH trosenberger@bernsteinshur.com	A Lobbyist	Temescal Wellness	Support	No	2/23/2021 11:04 AM
Aronson, Laura	MANCHESTER, NH laura@mlans.net	A Member of the Public	Myself	Support	No	2/22/2021 8:57 PM
Fordey, Nicole	Litchfield, NH nikkif610@gmail.com	A Member of the Public	Myself	Support	No	2/19/2021 12:48 PM
DeMark, Richard	Meredith, NH demarknh114@gmail.com	A Member of the Public	Myself	Support	No	2/21/2021 2:43 PM
Howland, Curt	Manchester, NH howland@priss.com	A Member of the Public	Myself	Support	No	2/21/2021 7:50 PM
Chase, Wendy	Rollinsford, NH wendy.chase@leg.state.nh.us	An Elected Official	Myself	Support	No	2/21/2021 8:21 PM
Larson, Ruth	Alton, NH ruthlarson@msn.com	A Member of the Public	Myself	Support	No	2/21/2021 10:30 PM

Zaenglein, Barbara	Amherst, NH bzaenglein@gmail.com	A Member of the Public	Myself	Support	No	2/22/2021 7:45 AM
Zaenglein, Eric	Amherst, NH henley11@comcast.net	A Member of the Public	Myself	Support	No	2/22/2021 7:46 AM
Hruska, Jeanne	Concord, NH Jeanne@aclu-nh.org	A Lobbyist	ACLU-NH	Support	No	2/22/2021 10:21 AM
Hayden, Sam	Hopkinton, NH hayden.sam@gmail.com	A Member of the Public	Myself	Support	No	2/22/2021 2:37 PM
Frey, Gina	Amherst, NH ginagfrey@gmail.com	A Member of the Public	Myself	Support	No	2/22/2021 3:14 PM
Frey, Kevin	Amherst, NH kevfrey@gmail.com	A Member of the Public	Myself	Support	No	2/22/2021 3:22 PM
Groetzinger, Tonda	Farmington, NH groetzinger6@aol.com	A Member of the Public	Myself	Support	No	2/23/2021 8:50 AM

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill# HB605-FN

BILL TITLE:An Act relative to the therapeutic cannabis program.

2/23/2021

ROOM: 306-8/Remote Time Public Hearing Called to Order: 1:20 pm

Time Adjourned: 2:05 pm

<u>Committee Members</u>: Reps. M. Pearson, Marsh, Folsom, McMahon, Nelson, Acton, Gay, Cushman, Kelsey, B. King, Kofalt, Weber, MacKay, Snow, Knirk, Salloway, Cannon, Nutter-Upham, Schapiro, Woods and Merchant

TESTIMONY

Representative Conley

DATE:

• Introduced the bill in general and suggested that Rep. Cushing could better explain the purpose of this omnibus bill.

Representative Cushing

- Original author of the bill
- This bill contains several pieces of legislation that were passed in the house and this is an omnibus bill to incorporate them but died a covid death.
- Recognizes that since this bill was filed, other bills have covered several piece of this bill.
- Is open to an amendment to remove those sections which have already been covered in other pieces of legislation.

Representative Knirk

- As Chair of TCB
- Speaking primarily to the Opiod Use Disorder
- Cannabis helps with the chronic or acute pain that opiods are commonly used for.
- Cannabis is not necessarily the best treatment for OUD as it can lead to its own addiction.
- CBD can help with the early withdrawal symptoms but not long term refer to written testimony.
- Large portions of the bill can be amended out.
- The remaining parts are divergent and may be better handled individually.
- Are the qualifications for OUD too specific, too many, or onerous? Not overly burdensome.
- Clinical considerations are understanding.
- How well can procedures be handled, are they too much of a burden.

Michael Holt DHHS

- OUD guardrails the dept. realizes that it will take a little extra work by not overly burdensome.
- Certification should be extended to 3 years.
- Not taking a position on Opiod qualification.
- Out of state, it is a reciprocity issue. It will also clarify issue for law enforcement. It will prevent
 federal penalties for out of state patients crossing state lines with cannabis.
- If Federal gov't legalized or reclassifies cannabis to a different schedule would then have an affect on
 these laws but at this point it is all speculative as to what the feds are going to do in this
 administration.

Michael McLaughlin, ATC

• Support changes

Dr. David Syrek

• Support changes

Respectfully submitted,

Rep. Beth Folsom, Clerk

Testimony

HB 605 testimony Feb 23, 2021 Rep Jerry Knirk, Chair Therapeutic Cannabis Medical Oversight Board

The Therapeutic Cannabis Medical Oversight Board (TCMOB) is composed of the Chief Medical Officer of DHHS, a qualifying patient representative, a clinical representative from an ATC and ten medical providers from various fields, charged with the task of advising the therapeutic cannabis program on medical issues, including qualifying conditions. I will confine my testimony to the portions of the bill which fall under the purview of the Therapeutic Cannabis Medical Oversight Board (TCMOB).

OPIOID USE DISORDER

HB 605, page 1, lines 22-28 adds opioid use disorder as a qualifying condition. This language stems from the 2019 retained bill HB 366 which sought to add Opioid Use Disorder (OUD) as a qualifying condition. TCMOB considered this condition in detail with preliminary discussion, a public hearing, and robust discussion in a couple meetings to eventually reach a potential recommendation. The question of using therapeutic cannabis in OUD is complicated.

First it is important to understand that cannabis does have benefit in treating chronic pain, either replacing an opioid or decreasing the required dose of opioid for the patient to have sufficient relief. This fact by itself does not prove that cannabis can successfully treat OUD. OUD is different than chronic pain as it is an addiction with craving and life disruption.

Cannabis has multiple bioactive cannabinoids and terpenes which have different physiologic effects. THC, the psychoactive component which causes euphoria stimulates the reward system, therefore it has addictive properties and may be counterproductive in treating OUD. CBD may be helpful in reducing anxiety and craving in early abstinence from opioids so may have a role in treating OUD by reducing the risk of relapse.

In 2019, TCMOB worked hard to develop compromise language to allow OUD as a qualifying condition with strict parameters that it should be certified only by a clinician waivered to provide medication assisted treatment for OUD or by a certified addiction medicine or addiction psychiatry physician and to be used to treat cravings or withdrawal. The certifying provider can require that the ATC provide CBD-dominant therapeutic cannabis. Ultimately TCMOB voted to not approve OUD as a qualifying condition though the decision was split with the board vote to approve the compromise language failing 4-6.

In spite of the recommendation not to add OUD as a qualifying condition, HHSEA voted to approve OUD as a stand-alone condition with the restrictions placed by TCMOB. HB 366 passed the House but died on the table in the Senate due to COVID.

TCMOB did not formally re-vote on the recommendation but did recommend further clarification of the language by further restricting the certifying prover to be the wavered

physician providing MAT *for that individual patient*. The language in HB 605 should be amended to read as follows:

- 4 New Subparagraph; Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, IX(b) by inserting after subparagraph (3) the following new subparagraph:
- (4) Opioid use disorder, with the following restrictions:
- (A) When certified only by a Drug Addiction Treatment Act (DATA 2000) waivered clinician providing medication assisted treatment for opioid use disorder *for the individual patient* or a certified addiction medicine or addiction psychiatry physician; and
- (B) With associated symptoms of cravings and/or withdrawal.

INSOMNIA

HB 605 contains language to add moderate to severe insomnia to the list of qualifying symptoms. Last year the TCMOB devoted a great deal of time to considering the condition of insomnia as part of an evaluation of HB 461 which died a COVID death.

The process of evaluating this condition included a public hearing, review of the literature regarding therapeutic cannabis use and insomnia and a thorough discussion. TCMOB was very diligent utilizing their personal experience, exhaustive literature reviews, and testimonials from patients to make their recommendation.

For those new to the therapeutic cannabis program, qualifying conditions are in RSA 126-X and are the conditions for which a patient may be qualified to be certified to use therapeutic cannabis in New Hampshire. The qualifying conditions include three standalone conditions or the combination of a qualifying diagnosis with an associated qualifying symptom.

TCMOB voted 9-1 to recommend the addition of moderate to severe insomnia as a qualifying symptom.

The majority of the studies suggests that the use of THC and THC derivatives, alone or in combination with CBD, may improve self-reported sleep quality, decrease sleep disturbances, and decrease sleep onset latency. Studies are limited in reaching any conclusions, but overall point to more beneficial effects than deleterious.

Many available pharmacological treatments for insomnia and primary sleep disorders are limited by side effects, and in some cases addiction liability. The benefits of some prescription sleep medications are noted to be minimal such as only falling asleep six minutes faster on average and only adding at a total of 16 minutes total sleep time on average. These minimal improvements often come with increased risks of next-day drowsiness, confusion, increased traffic accidents, hallucinations or sleep paralysis.

Cannabinoids have also been associated with adverse events such as dizziness, cognitive impairment, increased risk of motor vehicle accidents, psychosis, dependence, depression, and anxiety so should also be used with caution.

Some medications currently used to treat insomnia can affect sleep architecture, but one study suggested that cannabinoid preparations (or dosing) may have fewer effects of sleep architecture than traditional medications. The particular preparation and dosing of cannabinoids may be an important factor and more research is needed.

Improving sleep habits and behavioral therapy should still be the first line treatments but TCMOB feels that therapeutic cannabis is a reasonable alternative when those do not suffice.

PREGNANCY AND CANNABIS USE

The part of the bill regarding education of patients regarding the use of cannabis in pregnancy has already been addressed by HB 163 in an even more robust manner to also include education regarding cannabis use in adolescents.

AUTISM SPECTRUM DISORDER

TCMOB recommends the addition of an amendment to HB 605 to consider adding Autism Spectrum Disorder (ASD) as a stand-alone condition. This is a result of work TCMOB did last year evaluating SB700 which aimed to add ASD as a qualifying condition but died a COVID death. We were surprised when Senator Reagan did not file it again and the board agreed that it would be reasonable to offer an amendment to HB 605, with the agreement of the sponsor, to add ASD as a stand-alone condition. TCMOB voted 9-0 to add ASD as a stand-alone qualifying condition.

The process of evaluating this condition included a public hearing, review of the literature regarding therapeutic cannabis use and autism and a thorough discussion. There are studies underway looking at the use of therapeutic cannabis in autism spectrum disorder but strong evidence is lacking. Testimony at the hearing and written testimony provided compelling anecdotal evidence of the usefulness in treating agitation seen in individuals with ASD and the desperation of parents and caregivers with such behavior, but also identified a patient whose experience with cannabis was negative with a poor outcome. Particular concerns are present regarding the deleterious effects of cannabis on the developing brain which makes the use of therapeutic cannabis in young patients concerning.

Given these concerns, the TCMOB recommends the addition of autism spectrum disorder as a stand-alone condition for those 21 and over without restriction and for those under age 21 with very specific safeguards for that population. We voted to add the requirement of evaluation by a provider of child or adolescent psychiatry or pediatric neurology who confirms that the ASD has not responded to previously prescribe medication or that the other treatment options produced serious side effects and supports certification for the use of therapeutic cannabis.

As the Therapeutic Cannabis Medical Oversight Board chair and the Board's appointed legislative liaison, and with the concurrence of DHHS staff, I suggest the language for the amendment to HB 605 as below. The proposed amendment differs from the Board's motion for recommendation in one substantive area: that is, the amendment includes the inclusion of a Developmental Pediatrician as a provider specialist who can provide the required consultation for those patients under 21. That was added to improve provider access given the paucity of the other two types of providers. Note that the numbers will need to be different if the section on OUD remains in the bill.

- 2 New Subparagraphs; Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, IX(b) by inserting after subparagraph (3) the following new subparagraphs:
- (4) Autism spectrum disorder in adults 21 years of age or older.
- (5) Autism spectrum disorder in people under 21 years of age with the requirement of a consultation with a certified provider of child and/or adolescent psychiatry, developmental pediatrics, or pediatric neurology, who confirms that the autism spectrum disorder has not responded to previously prescribed medication or for which other treatment options produced serious side effects and who supports certification for the use of therapeutic cannabis.

Archived: Wednesday, March 17, 2021 1:35:57 PM

From: Capitol Insights Group

Sent: Tuesday, March 2, 2021 12:24:06 PM

To: ~House Health Human Services and Elderly Affairs

Subject: House Bill 605 **Importance:** Normal

Dear Committee Members:

I'm writing on behalf of <u>Sanctuary Alternative Treatment Center</u> in support of keeping the provisions relating to out-of-state residents qualified in other jurisdictions to purchase therapeutic cannabis in New Hampshire dispensaries. This will be helpful to patients, law enforcement as well as to the dispensaries. The committee voted in favor of this last session via HB1150. Thank you for your consideration.

--

Michael McLaughlin, Esq. Capitol Insights Group 16 Low Avenue Concord, New Hampshire 03301 (603) 226-9600 Archived: Wednesday, March 17, 2021 1:35:57 PM

From: Jerry Knirk

Sent: Sunday, February 21, 2021 6:10:07 PM

To: ~House Health Human Services and Elderly Affairs

Subject: Testimony HB 89, 599, 605

Importance: Normal

Attachments:

HB 89 testimony.pdf 1B 599 testimony.pdf 1B 605 TESTIMONY.pdf 1NAL REPORT TO

HHSEA, OCT 12, 2019.pdf

Committee members,

As the chair of the Therapeutic Cannabis Medical Oversight Board, I will be testifying on HB 89, HB 599, and HB 605.

My testimony for each bill is attached below, along with a suggested amendment for HB 89.

For those who really want to go into the weeds (I could not resist that) I have attached a report to HHSEA from TCMOB regarding adding as qualifying conditions opioid use disorder and insomnia.

Jerry Knirk

Archived: Wednesday, March 17, 2021 1:35:57 PM

From: Jerry Knirk

Sent: Sunday, February 21, 2021 6:28:19 PM

To: ~House Health Human Services and Elderly Affairs

Subject: testimony HB 89,599,605

Importance: Normal

Attachments:

HB 89 testimony.pdf 1B 599 testimony.pdf 1B 605 TESTIMONY.pdf 1NAL REPORT TO

HHSEA, OCT 12, 2019.pdf

Committee members,

I AM SENDING THIS AGAIN AS FOR SOME REASON THERE WAS A LARGE SPACE BETWEEN THE BODY OF THE MESSAGE AND THE ATTACHMENTS. NOW YOU SHOULD BE ABLE TO SEE THEM MORE EASILY

As the chair of the Therapeutic Cannabis Medical Oversight Board, I will be testifying on HB 89, HB 599, and HB 605.

My testimony for each bill is attached below, along with a suggested amendment for HB 89.

For those who really want to go into the weeds (I could not resist that) I have attached a report to HHSEA from TCMOB regarding adding as qualifying conditions opioid use disorder and insomnia.

Jerry Knirk

Bill as Introduced

HB 605-FN - AS INTRODUCED

2021 SESSION

21-0014 04/06

HOUSE BILL 605-FN

AN ACT relative to the therapeutic cannabis program.

SPONSORS: Rep. Conley, Straf. 13; Rep. Chase, Straf. 18; Rep. Acton, Rock. 10; Rep. Moran,

Hills. 34; Rep. McWilliams, Merr. 27; Rep. Cushing, Rock. 21

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill:

- I. Establishes protections for authorized employees of the department of health and human services when possessing or transporting cannabis or cannabis-infused products pursuant to statute.
- II. Makes various changes to the law regarding the use of cannabis for therapeutic purposes, including clarifying the information required on the registry identification cards.
- III. Adds opioid use disorder to the qualifying medical conditions under the use of cannabis for therapeutic purposes law.
- IV. Adds moderate to severe insomnia to the definition of "qualifying medical condition" for the purposes of the use of cannabis for therapeutic purposes law.
- V. Permits out-of-state residents qualified in other jurisdictions to purchase therapeutic cannabis at New Hampshire therapeutic dispensaries.
 - VI. Repeals the therapeutic cannabis advisory council.
- VII. Requires alternative treatment centers to prepare information regarding the risk of cannabis use during pregnancy and requires the commissioner of the department of health and human services to prepare a brochure relative to the risk of cannabis use during pregnancy and while breastfeeding.

Explanation: Matter added to current law appears in **bold italics**.

Matter removed from current law appears [in brackets and struckthrough.]

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 relative to the therapeutic cannabis program.

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

- 1 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, I to read as 1 2 follows: 3 I. "Alternative treatment center" means a not-for-profit entity registered under RSA 126-X:7 4 that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, sells, supplies, 5 and dispenses cannabis, and related supplies and educational materials, to qualifying patients [and], 6 designated caregivers, other alternative treatment centers, and visiting qualifying patients. 7 2 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, VII(b) to read as 8 follows: 9 (b) For a visiting qualifying patient, "provider" means an individual licensed to prescribe 10 drugs to humans in the state of the patient's residence and who possesses an active registration from 11 the United States Drug Enforcement Administration to prescribe controlled substances. Such 12 visiting patient shall not be eligible to purchase or transfer cannabis from an eligible New 13 Hampshire patient]. 14 3 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, IX(a)(2) to read as follows: 15 16 (2) A severely debilitating or terminal medical condition or its treatment that has 17 produced at least one of the following: elevated intraocular pressure, cachexia, chemotherapy-18 induced anorexia, wasting syndrome, agitation of Alzheimer's disease, severe pain that has not 19 responded to previously prescribed medication or surgical measures or for which other treatment 20 options produced serious side effects, constant or severe nausea, moderate to severe vomiting, 21 seizures, [er] severe, persistent muscle spasms, or moderate to severe insomnia; or 22 4 New Subparagraph; Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-23 X:1, IX(b) by inserting after subparagraph (3) the following new subparagraph: 24 (4) Opioid use disorder, with the following restrictions: (A) When certified only by a Drug Addiction Treatment Act (DATA 2000) 25 26
 - waivered clinician providing medication assisted treatment for opioid use disorder or a certified addiction medicine or addiction psychiatry physician; and
 - (B) With associated symptoms of cravings and/or withdrawal.
- 29 5 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XI to read as 30 follows:

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HB 605-FN - AS INTRODUCED - Page 2 -

XI. "Registry identification card" means a document indicating the date issued, effective date, and expiration date by the department pursuant to RSA 126-X:4 that identifies an individual as a qualifying patient or a designated caregiver.

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- 6 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XIII(b) to read as follows:
- 6 (b) Cultivation or purchase by a visiting qualifying patient from a qualifying patient or designated caregiver; or
 - 7 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XVI to read as follows:
 - XVI. "Visiting qualifying patient" means a [patient with a qualifying medical condition who is not a resident of New Hampshire or who has been a resident of New Hampshire for fewer than 30 days and is not eligible to purchase therapeutic cannabis in New Hampshire or receive cannabis from a qualifying New Hampshire patient] person who is not a resident of New Hampshire, or who has been a resident of New Hampshire for fewer than 90 days, who has been issued a valid registry identification card, or its equivalent, under the laws of another state, district, territory, commonwealth, or insular possession of the United States, or under the laws of another country, that allows, in the jurisdiction of issuance, that person to possess cannabis for therapeutic purposes.
- 19 8 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XVII to read as 20 follows:
 - XVII. "Written certification" means documentation of a qualifying medical condition by a provider pursuant to rules adopted by the department pursuant to RSA 541-A for the purpose of issuing registry identification cards, after having completed a full assessment of the patient's medical history and current medical condition made in the course of a provider-patient relationship. [The date of issuance and the patient's qualifying medical condition, symptoms or side effects, the certifying provider's name, medical specialty, and signature shall be specified on the written certification.
 - 9 Use of Cannabis for Therapeutic Purposes; Therapeutic Use of Cannabis Protections. Amend RSA 126-X:2, V to read as follows:
 - V. A valid registry identification card, or its equivalent, that is issued under the laws of another state, district, territory, commonwealth, or insular possession of the United States, or under the laws of another country that allows, in the jurisdiction of issuance, a visiting qualifying patient to possess cannabis for therapeutic purposes, shall have the same force and effect and be subject to the same restrictions as a valid registry identification card issued by the department in this state, provided that [:
 - (a) The visiting qualifying patient shall also produce a statement from his or her provider stating that the visiting qualifying patient has a qualifying medical condition as defined in

HB 605-FN - AS INTRODUCED - Page 3 -

1 RSA 126-X:1; and

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- 2 (b) a visiting qualifying patient shall not cultivate or purchase cannabis in New 3 Hampshire or obtain cannabis from [alternative treatment centers or from] a qualifying New 4 Hampshire patient or designated caregiver.
- 5 10 New Paragraph; Use of Cannabis for Therapeutic Purposes; Protections. Amend RSA 126-6 X:2 by inserting after paragraph XVI the following new paragraph:
 - XVII. Authorized employees of the department shall not be subject to arrest by state or local law enforcement, prosecution, or penalty under state or municipal law, or search, when possessing, transporting, delivering, or transferring cannabis or cannabis infused products for the purposes of regulatory oversight related to this chapter.
- 11 Use of Cannabis for Therapeutic Purposes; Prohibitions and Limitations on the Therapeutic 12 Use of Cannabis. Amend RSA 126-X:3, VIII to read as follows:
 - VIII. A facility caregiver shall treat cannabis in a manner similar to [medications] other narcotics with respect to its storage, security, and administration when assisting qualifying patients with the therapeutic use of cannabis.
 - 12 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, I(a) and (b) to read as follows:
 - (a) Written certification [as defined in RSA 126-X:1] which includes the date of issuance, the patient's qualifying medical condition, symptoms, or side effects, and the certifying provider's name, medical specialty, and signature. If a written certification has been previously issued for fewer than 3 years, a provider may extend the written certification, provided that the written certification shall not exceed 3 years.
 - (b) An application or a renewal application accompanied by the application or renewal fee. A renewal application and fee shall not be required if the applicant receives an extension to the written certification previously issued for fewer than 3 years.
- 13 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-X:4, I(e) and the introductory paragraph of RSA 126-X:4, I(f) to read as follows:
 - (e) Name[, address, and telephone number] of the applicant's provider.
 - (f) Name[, address,] and date of birth of the applicant's designated caregiver, if any. A qualifying patient shall have only one designated caregiver, except as follows:
- 31 14 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-32 X:4, II(d) to read as follows:
- 33 (d) Name, residential and mailing address, and date of birth of each qualifying patient
 34 for whom the applicant will act as designated caregiver, except that if the qualifying patient is
 35 homeless, no residential address is required. [An applicant shall not act as a designated caregiver
 36 for more than 5 qualifying patients.]

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15 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend the introductory paragraph and RSA 126-X:4, IV and RSA 126-X:4, IV(a)-(b) to read as follows:

- IV. The department shall create and issue a registry identification card to a person applying as a qualifying patient or designated caregiver within 5 days of approving an application or renewal. Each registry identification card shall expire one year after the [date of issuance] effective date of the card, unless the provider states in the written certification that the certification should expire at an earlier [specified] or later effective date, not to exceed 3 years, then the registry identification card shall expire on that date. Registry identification cards shall contain all of the following:
- 10 (a) Name, mailing address, and date of birth of the qualifying patient or designated 11 caregiver.
- 12 (b) The date of issuance, *effective date*, and expiration date of the registry 13 identification card.
- 14 16 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-15 X:4, XI(a) to read as follows:
 - XI.(a) The department shall create and maintain a confidential registry of each individual who has applied for and received a registry identification card as a qualifying patient or a designated caregiver in accordance with the provisions of this chapter. Each entry in the registry shall contain the qualifying patient's or designated caregiver's name, mailing address, date of birth, date of registry identification card issuance, *effective date of registry identification card*, date of registry identification card expiration, random 10-digit identification number, and registry identification number of the qualifying patient's designated alternative treatment center, if any. The confidential registry and the information contained in it shall be exempt from disclosure under RSA 91-A.
- 25 17 Use of Cannabis for Therapeutic Purposes; Registry Identification Cards. Amend RSA 126-26 X:4, XI(b)(5) to read as follows:
 - (5) Counsel for the department may notify law enforcement officials about falsified or fraudulent information submitted to the department where counsel has [made a legal determination that there is probable cause] reason to believe the information is false or falsified.
 - 18 Use of Cannabis for Therapeutic Purposes; Departmental Rules. Amend RSA 126-X:6, I(b) to read as follows:
 - (b) The form and content of providers' written certifications, including the administrative process for tracking extensions pursuant to RSA 126-X:4, I.
 - 19 Use of Cannabis for Therapeutic Purposes; Therapeutic Cannabis Medical Oversight Board. Amend RSA 126-X:12, VI to read as follows:
- VI. On or before January 1 of each year, the board shall make a report to the president of the senate, the speaker of the house of representatives, the oversight committee on health and

HB 605-FN - AS INTRODUCED - Page 5 -

- 1 human services established under RSA 126-A:13, the board of medicine, and the board of nursing[, 2 and the therapeutic use of cannabis advisory council established in RSA 126-X:9].
- 3 20 Statement of Intent. The general court recognizes that the United States Surgeon General and the Centers for Disease Control and Prevention have concerns that perinatal exposure to 4 5 cannabis increases the incidence of low birth weight infants and of subsequent learning disabilities.
- 6 Therefore the general court hereby addresses these concerns in sections 21-22 of this act.
- 7 21 New Subparagraphs; Use of Cannabis for Therapeutic Purposes; Alternative Treatment 8 Centers; Requirements. Amend RSA 126-X:8, XVI(c) by inserting after subparagraph (6) the 9 following new subparagraphs:
 - Information about the risks of cannabis use during pregnancy and while breastfeeding, including the risk of low birth weight and developmental issues. Such information shall include the posting of a warning poster regarding the risks of cannabis use during pregnancy and while breastfeeding in a conspicuous location at the alternative treatment center's dispensary location.
- (8) Information regarding safe storage and disposal of cannabis and paraphernalia to prevent accidental poisonings, including the contact information for the Northern New England 16 Poison Control Center.
 - 22 New Paragraph; Use of Cannabis for Therapeutic Purposes; Duties. Amend RSA 132:2 by inserting after paragraph XI the following new paragraph:
 - XII. Prepare, in conjunction with the bureau of alcohol and drug services and the division of public health services, a brochure and a poster which provides information relative to the risks of cannabis use during pregnancy and while breastfeeding and which shall be posted and available to the public in all alternative treatment centers pursuant to RSA 126-X:8.
 - 23 Repeal. The following are repealed:

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- I. RSA 126-X:4, II(e), relative to street address of the alternative treatment center.
- II. RSA 126-X:4, IX(e), relative to failure of a qualifying patient or designated caregiver for providing changes to name, address or designated caregiver.
 - III. RSA 126-X:6, I(e), relative to departmental rules regarding certain fines.
 - IV. RSA 126-X:9, relative to the rapeutic cannabis advisory council.
- 24 Use of Therapeutic Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, IV to read as follows:
 - IV. "Cultivation location" means a locked and enclosed site, under the control of the qualifying patient or designated caregiver, or under the control of an alternative treatment center where cannabis is cultivated, secured with one or more locks or other security devices in accordance with the provisions of this chapter. A cultivation location under the control of a qualifying patient or designated caregiver shall be at that person's residence.
- 25 Use of Therapeutic Cannabis; Definitions. Amend RSA 126-X:1, VI to read as follows:

HB 605-FN - AS INTRODUCED - Page 6 -

1	VI. "Designated caregiver" means an individual who:
2	(a) Is at least 21 years of age;
3	(b)(1) Has agreed to assist [with] one or more (not to exceed 5) qualifying [patient's]
4	patients in the therapeutic use of cannabis, except if the qualifying patient and designated
5	caregiver each live greater than 50 miles from the nearest alternative treatment center, in which
6	case the designated caregiver may assist with the therapeutic use of cannabis for up to 9 qualifying
7	patients; or
8	(2) Has agreed to cultivate cannabis for therapeutic use pursuant to this
9	chapter for no more than one qualifying patient;
10	(c) Has never been convicted of a felony or any felony drug-related offense; and
11	(d) Possesses a valid registry identification card issued pursuant to RSA 126-X:4.
12	26 New Paragraphs; Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-
13	X:1 by inserting after paragraph VI-a the following new paragraphs:
14	VI-b. "Immature cannabis plant" means a cannabis plant that has not flowered and which
15	does not have buds that may be observed by visual examination and which is at least 6 inches tall.
16	VI-c. "Mature cannabis plant" means a female cannabis plant that has flowered and that
17	has buds that may be observed by visual examination.
18	27 Use of Cannabis for Therapeutic Purposes; Definitions. Amend RSA 126-X:1, XII to read as
19	follows:
20	XII. "Seedling" means a cannabis plant that [has no flowers and is less than 12 inches in
21	height and less than 12 inches in diameter] is less than 6 inches tall.
22	28 Use of Therapeutic Cannabis; Definitions. Amend RSA 126-X:1, XIII(c) to read as follows:
23	(c) Cultivation by a designated caregiver or qualifying patient, except as provided
24	under RSA 126-X:2, II-a or II-b.
25	29 Use of Therapeutic Cannabis Purposes; Protections. Amend RSA 126-X:2, I-III to read as
26	follows:
27	I. A qualifying patient shall not be subject to arrest by state or local law enforcement,
28	prosecution or penalty under state or municipal law, or denied any right or privilege for the
29	therapeutic use of cannabis in accordance with this chapter, if the qualifying patient possesses an
30	amount of cannabis that does not exceed the following:
31	(a) Two ounces of usable cannabis; and
32	(b) Any amount of unusable cannabis.
33	II. A designated caregiver shall not be subject to arrest by state or local law enforcement,
34	prosecution or penalty under state or municipal law, or denied any right or privilege for the
35	therapeutic use of cannabis in accordance with this chapter on behalf of a qualifying patient if the
36	designated caregiver possesses an amount of cannabis that does not exceed the following:

HB 605-FN - AS INTRODUCED - Page 7 -

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- Page 7 -(a) Two ounces of usable cannabis, or the total amount allowable for the number of qualifying patients for which he or she is a designated caregiver; and (b) Any amount of unusable cannabis. II-a. A qualifying patient shall not be subject to arrest by state or local law enforcement, prosecution or penalty under state or municipal law, or be denied any right or privilege for the therapeutic use of cannabis in accordance with this chapter, if the qualifying patient possesses or cultivates an amount of cannabis that does not exceed the following: (a) If the qualifying patient does not have a designated caregiver who is authorized to cultivate cannabis for him or her, for the possession or cultivation, or both, of cannabis that occurs at the cultivation location under the control of the patient reported to the department, or while transporting cannabis and cannabis plants and seedlings to a new cultivation location that has been reported to the department within the prior 21 days: (1) Eight ounces of usable cannabis; (2) Any amount of unusable cannabis; and (3) Three mature cannabis plants, 3 immature cannabis plants and 12 seedlings, where the plants are not subject to public view, including view from another private property, without the use of optical aids, with a total canopy of no more than 50 square feet. (b) If more than one qualifying patient, designated caregiver, or both, share a cultivation location, the total canopy of all cannabis plants shall not exceed 100 square feet. II-b. A designated caregiver shall not be subject to arrest by state or local law enforcement, prosecution or penalty under state or municipal law, or denied any right or privilege for the therapeutic use of cannabis in accordance with this chapter on behalf of a qualifying patient, an amount of cannabis that does not exceed the following: (a) If, at the cultivation location under control of the caregiver and that has been reported to the department, or while transporting cannabis and cannabis plants and seedlings to a new cultivation location that has been reported to the department within the prior 21 days: (1) Eight ounces of usable cannabis; (2) Any amount of unusable cannabis; and (3) Three mature cannabis plants, 3 immature cannabis plants and 12
- (3) Three mature cannabis plants, 3 immature cannabis plants and 12 seedlings, where the plants are not subject to public view, including to view from another private property, without the use of optical aids, with a total canopy of no more than 50 square feet.

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

- III. A designated caregiver may receive compensation for costs, not to exceed \$500 per calendar year, not including labor, associated with assisting a qualifying patient who has designated the registered designated caregiver to assist him or her with the therapeutic use of cannabis. Such compensation shall not constitute the sale of [controlled substances] a controlled drug pursuant to RSA 318-B.
 - 30 Use of Therapeutic Cannabis; Protections. Amend RSA 126-X:2, XV to read as follows:
- XV. A laboratory, and the employees thereof, which conducts testing of cannabis [required under rules for] delivered to it by alternative treatment centers, [adopted under this chapter, and the employees thereof] qualifying patients, or designated caregivers, shall not be subject to arrest by state or local law enforcement, prosecution or penalty under state or municipal law, or search, for acting pursuant to this chapter and department rules to possess cannabis on the premises of the laboratory for the purposes of testing, and, in the case of a laboratory employee, denied any right or privilege for working for such a laboratory.
- 31 Use of Therapeutic Cannabis; Prohibitions and Limits. Amend RSA 126-X:3, I to read as follows:
- I. A qualifying patient may use and a qualifying patient or designated caregiver may cultivate cannabis on privately-owned real property only with written permission of the property owner or, in the case of leased property, with the permission of the tenant in possession of the property, except that a tenant shall not allow a qualifying patient to smoke cannabis on rented property if smoking on the property violates the lease or the lessor's rental policies that apply to all tenants at the property. A tenant or guest of a tenant shall not cultivate cannabis on rented property if the lessor has prohibited therapeutic cannabis cultivation. However, a tenant may permit a qualifying patient to use cannabis on leased property by ingestion or inhalation through vaporization even if smoking is prohibited by the lease or rental policies. For purposes of this chapter, vaporization shall mean the inhalation of cannabis without the combustion of the cannabis.
- 32 New Subparagraph; Use of Therapeutic Cannabis; Registry Identification Cards. Amend RSA 126-X:4, I by inserting after subparagraph (h) the following new subparagraph:
 - (i) The qualifying patient's cultivation location, if any.
- 33 New Subparagraph; Use of Therapeutic Cannabis; Registry Identification Cards. Amend 34 RSA 126-X:4, II by inserting after subparagraph (g) the following new subparagraph:
 - (h) The designated caregiver's cultivation location, where he or she may cultivate cannabis on behalf of a single qualifying patient who has not reported a cultivation location.

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

- (a) A qualifying patient shall notify the department before changing his or her designated caregiver, cultivation location, or alternative treatment center. A designated caregiver shall notify the department before changing his or her cultivation location.
- 35 Use of Therapeutic Cannabis; Registry Identification Cards. Amend RSA 126-X:4, XI(a) through XI(b)(1)-(3) to read as follows:
- XI.(a) The department shall create and maintain a confidential registry of each individual who has applied for and received a registry identification card as a qualifying patient or a designated caregiver in accordance with the provisions of this chapter. Each entry in the registry shall contain the qualifying patient's or designated caregiver's name, mailing address, date of birth, date of registry identification card issuance, date of registry identification card expiration, random 10-digit identification number, *cultivation location*, *if any*, and registry identification number of the qualifying patient's designated alternative treatment center, if any. The confidential registry and the information contained in it shall be exempt from disclosure under RSA 91-A.
- (b)(1) Except as specifically provided in this chapter, no person shall have access to any information about qualifying patients or designated caregivers in the department's confidential registry, or any information otherwise maintained by the department about providers and alternative treatment centers, except for authorized employees of the department in the course of their official duties and local and state law enforcement personnel who have detained or arrested an individual who claims to be engaged in the therapeutic use of cannabis.
- (2) If a local or state law enforcement officer submits a sworn affidavit to the department affirming that he or she has probable cause to believe cannabis is possessed *or cultivated* at a specific address, an authorized employee for the department may disclose whether the location is associated with a qualifying patient, designated caregiver, or cultivation location [of an alternative treatment center].
- (3) If a local or state law enforcement officer submits a sworn affidavit to the department affirming that he or she has probable cause to believe a specific individual possesses *or cultivates* cannabis, an authorized employee for the department may disclose whether the person is a qualifying patient or a designated caregiver, provided that the law enforcement officer provides the person's name and address or name and date of birth.
- 36 New Paragraph; Use of Therapeutic Cannabis; Registry Identification Cards. Amend RSA 126-X:4 by inserting after paragraph XII the following new paragraph:
- XIII.(a) No later than October 1, 2020, the department shall allow existing and new qualifying patients and designated caregivers to designate a cultivation location provided that:
- (1) A qualifying patient may only designate a cultivation location if he or she does not have a designated caregiver who will cultivate for him or her.

HB 605-FN - AS INTRODUCED - Page 10 -

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

- (b) No individual shall designate a cultivation location if such individual's permission to cultivate has been revoked.
 - 37 Use of Therapeutic Cannabis; Affirmative Defense. Amend RSA 126-X:5, I to read as follows:
- I. It shall be an affirmative defense for any person charged with manufacturing, possessing, having under his or her control, selling, purchasing, prescribing, administering, transporting, *cultivating*, or possessing with intent to sell, dispense, or compound cannabis, cannabis analog, or any preparation containing cannabis, if:
- (a) The actor is a qualifying patient who has been issued a valid registry identification card, was in possession of *or was cultivating* cannabis in a quantity and location permitted pursuant to this chapter, and was engaged in the therapeutic use of cannabis;
- (b) The actor is a designated caregiver who has been issued a valid registry identification card, was in possession of *or was cultivating* cannabis in a quantity and location permitted pursuant to this chapter, and was engaged in the therapeutic use of cannabis on behalf of a qualifying patient; [ex]
- (c) The actor is an employee of a laboratory conducting testing required for alternative treatment centers pursuant to rules adopted under this chapter[-] or that tests cannabis provided to it by qualifying patients, and designated caregivers; or
- (d) The actor is a person with a qualifying medical condition who does not possess a registry identification card and, prior to the arrest, the actor submitted to the department a completed application to become a qualifying patient, including a written certification, but the actor had not yet received a registry identification card from the department; provided that:
- (1) The actor does not possess more than the amount of cannabis permitted under RSA 126-X:2, I, if the cannabis is not on the actor's property; or
- (2) If the cannabis is on the actor's property, the actor does not possess more than the amount of cannabis permitted under RSA 126-X:2, II-a, which shall be in a locked and enclosed location on the actor's property.
- 38 New Subparagraph; Use of Therapeutic Cannabis; Alternative Treatment Centers. Amend RSA 126-X:8, XIII by inserting after subparagraph (c) the following new subparagraph:
- (d) A qualifying patent or designated caregiver shall not obtain from an alternative treatment center more than 12 seedlings during a 3-month period.
- 39 Use of Cannabis for Therapeutic Purposes; Prohibitions and Limits. Amend RSA 126-X:3, VII to read as follows:
 - VII.(a) The department may revoke the registry identification card of a qualifying patient or designated caregiver for violation of rules adopted by the department or for a violation of any other

HB 605-FN - AS INTRODUCED - Page 11 -

1	provision of this chapter, and the qualifying patient or designated caregiver shall be subject to any
2	other penalties established in law for the violation.
3	(b) The department may revoke a qualifying patient's or designated caregiver's
4	permission to cultivate cannabis for a violation of the rules adopted by the department or
5	for a violation of any provision of this chapter.
6	40 Use of Cannabis for Therapeutic Purposes; Alternative Treatment Centers. Amend RSA 126-
7	X:8, XV(a) to read as follows:
8	XV.(a)(1) An alternative treatment center shall not possess or cultivate cannabis in excess
9	of the following quantities:
10	[(1)] (A) Eighty mature cannabis plants, 160 immature cannabis plants, [160
11	seedlings], and 80 ounces of usable cannabis, or 6 ounces of usable cannabis per qualifying patient;
12	and
13	[(2)] (B) Three mature cannabis plants, 12 immature cannabis plants, [12]
14	seedlings], and 6 ounces for each qualifying patient who has designated the alternative treatment
15	center to provide him or her with cannabis for therapeutic use.
16	(2) An alternative treatment center shall not be limited in the number of
17	seedlings it can possess or cultivate.
18	41 Use of Cannabis for Therapeutic Purposes; Departmental Rules. Amend RSA 126-X:6,
19	III(a)(15) to read as follows:
20	(15) Procedures for determining and enforcing the daily maximum amount of
21	therapeutic cannabis which an alternative treatment center may cultivate or possess pursuant to
22	RSA 126-X:8, XV(a)(1).
23	42 Effective Date. This act shall take effect 60 days after its passage.

HB 605-FN- FISCAL NOTE AS INTRODUCED

AN ACT relative to the therapeutic cannabis program.

FISCAL IMPACT:

The Office of Legislative Budget Assistant is unable to complete a fiscal note for this bill, as introduced, as it is awaiting information from the Department of Health and Human Services. When completed, the fiscal note will be forwarded to the House Clerk's Office.

AGENCIES CONTACTED:

Department of Health and Human Services