

Committee Report

CONSENT CALENDAR

March 1, 2021

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Health, Human Services and Elderly
Affairs to which was referred HB 89-FN,**

**AN ACT adding qualifying medical conditions to the
therapeutic use of cannabis law. 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 COMMITTEE

COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 89-FN
Title:	adding qualifying medical conditions to the therapeutic use of cannabis law.
Date:	March 1, 2021
Consent Calendar:	CONSENT
Recommendation:	OUGHT TO PASS WITH AMENDMENT 2021-0437h

STATEMENT OF INTENT

This bill adds moderate to severe insomnia as a qualifying symptom and autism spectrum disorder (ASD) as a stand-alone qualifying condition in the therapeutic cannabis program on recommendation of the Therapeutic Cannabis Medical Oversight Board (TCMOB). The board is composed of the Chief Medical Officer of the Department of Health and Human Services, 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 TCMOB considers each qualifying condition with an exhaustive literature review, a public hearing, personal experience and robust discussions. The original bill adds moderate and severe insomnia to be a qualifying symptom. The TCMOB voted 9-1 to recommend the addition, as there is evidence that therapeutic cannabis can help with insomnia. The amendment adds ASD as a stand-alone qualifying condition on recommendation of the TCMOB with a vote of 9-0. Agitation and other problems in ASD, particularly in adult patients, can be difficult to manage with current pharmacologic options. Anecdotal evidence and emerging literature supports cannabis as a reasonable option for the management of ASD. Given the concerns regarding the deleterious effects of cannabis on the developing brain for patients under age 21, the TCMOB added the requirement of evaluation by a provider of child or adolescent psychiatry, pediatric neurology or developmental pediatrics who confirms that the ASD has not responded to previously prescribed medication or that the other treatment options produced serious side effects and supports certification for the use of therapeutic cannabis.

Vote 20-0.

Rep. Jerry Knirk
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 89-FN, adding qualifying medical conditions to the therapeutic use of cannabis law. **OUGHT TO PASS WITH AMENDMENT.**

Rep. Jerry Knirk for Health, Human Services and Elderly Affairs. This bill adds moderate to severe insomnia as a qualifying symptom and autism spectrum disorder (ASD) as a stand-alone qualifying condition in the therapeutic cannabis program on recommendation of the Therapeutic Cannabis Medical Oversight Board (TCMOB). The board is composed of the Chief Medical Officer of the Department of Health and Human Services, 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 TCMOB considers each qualifying condition with an exhaustive literature review, a public hearing, personal experience and robust discussions. The original bill adds moderate and severe insomnia to be a qualifying symptom. The TCMOB voted 9-1 to recommend the addition, as there is evidence that therapeutic cannabis can help with insomnia. The amendment adds ASD as a stand-alone qualifying condition on recommendation of the TCMOB with a vote of 9-0. Agitation and other problems in ASD, particularly in adult patients, can be difficult to manage with current pharmacologic options. Anecdotal evidence and emerging literature supports cannabis as a reasonable option for the management of ASD. Given the concerns regarding the deleterious effects of cannabis on the developing brain for patients under age 21, the TCMOB added the requirement of evaluation by a provider of child or adolescent psychiatry, pediatric neurology or developmental pediatrics who confirms that the ASD has not responded to previously prescribed medication or that the other treatment options produced serious side effects and supports certification for the use of therapeutic cannabis. **Vote 20-0.**

Original: House Clerk

Cc: Committee Bill File

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # HB 89-FN

BILL TITLE: An Act Adding qualifying medical conditions to the therapeutic use of cannabis law.

DATE: 2/23/2021

LOB ROOM: 306-8/Remote

MOTION: (Please check one box)

Adoption of
Amendment # 2021-0437h __

Moved by Rep. Knirk Seconded by Rep. Mac Kay Vote: 20 - 0

MOTION: (Please check one box)

OTP/A

Moved by Rep. Knirk Seconded by Rep. Cannon Vote: 20 - 0

CONSENT CALENDAR: YES NO

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

Respectfully submitted: BAF
Rep. Beth Folsom, Clerk

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 89-FN Motion: OTP AM #: 2021-0437h Exec Session Date: 2/23/21

<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.	3		
Acton, Dennis F.	4		
Gay, Betty I.	5		
Cushman, Leah P.	6		
Folsom, Beth A. Clerk	7		
Kelsey, Niki	8		
King, Bill C.	9		
Kofalt, Jim	10		
Weber, Lucy M.	11		
MacKay, James R.	12		
Snow, Kendall A.	13		
Knirk, Jerry L.	14		
Salloway, Jeffrey C.			1
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 89-FN Motion: OTP AM #: 2021-0437h Exec Session Date: 2/23/21

Merchant, Gary		19		
TOTAL VOTE:		20	0	1

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 89-FN Motion: OTPA AM #: _____ Exec Session Date: 2/23/21

<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.	3		
Acton, Dennis F.	4		
Gay, Betty I.	5		
Cushman, Leah P.	6		
Folsom, Beth A. Clerk	7		
Kelsey, Niki	8		
King, Bill C.	9		
Kofalt, Jim	10		
Weber, Lucy M.	11		
MacKay, James R.	12		
Snow, Kendall A.	13		
Knirk, Jerry L.	14		
Salloway, Jeffrey C.			1
Cannon, Gerri D.	15		
Nutter-Upham, Frances E.	16		
Schapiro, Joe	17		
Woods, Gary L.	18		

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OFFICE OF THE HOUSE CLERK



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2021 SESSION

Health, Human Services and Elderly Affairs

Bill #: HB 89-FN Motion: OTPA AM #: _____ Exec Session Date: 2/23/21

Merchant, Gary		19		
TOTAL VOTE:		20	0	1

Public Hearing

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # HB 89-FN

BILL TITLE:An Act adding qualifying medical conditions to the therapeutic use of cannabis law.

DATE: 2/23/2021

ROOM: 306-8/Remote

Time Public Hearing Called to Order: 9:07 am

Time Adjourned: 9:49 am

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

TESTIMONY

Representative Vail

While treating for severe nausea & vomiting it was seen that cannabis was also having a beneficial effect on insomnia.

Insomnia can cause or exacerbate a number of other health conditions.

Insomnia medications are unilaterally addictive.

Cannabis was also controlling PTSD and the nightmares often associated with insomnia.

Rep Knirk, Therapeutic Cannabis Medical Oversight Board

In review of this issue the TCMOB held public hearings, reviewed literature, and enlisted expert testimony. As a result they recommended this insomnia as a qualifying condition.

Cannabis was found to have fewer effects on sleep architecture than most traditional medications.

To the amendment - regarding Autism as an additional condition, it passed the house last session but along with many other bills died a covid death. TCMOB recommends adding to help ADULTS with behavioral issues due to Autism. Cautions use in children with autism due to the harmful effects on the developing brains.

Heather Stockwell, Self

Husband Autistic, She has insomnia - personal testimony

Dr. David Syrek, Sanctuary ATC Medical Director

Explained the process of how the cannabis plant works scientifically on the human body and why it is effective on sleep and autism.

Cited Several studies

It is unknown if Autism Speaks has made any endorsements of cannabis therapy.

Rene Demaris

Explained the different strains and the affect they have on sleep issues. The importance of finding the right strain and dosage is important.

Robin Abbot - personal testimony

Mother of autistic young adult, 6 ft and 168 pounds, can create challenging moments when having disruptive episodes. Have tried a variety of medications and therapies over the years. The use of cannabis has been life changing for her son and herself. He is a more productive adult able to function better in community.

Respectfully submitted,

Rep. Beth Folsom, Clerk

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill HB89 on 2021-02-23

Support: 34 Oppose: 0 Neutral: 1 Total to Testify: 4

<u>Name</u>	<u>City, State</u> <u>Email Address</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Signed Up</u>
Knirk, Jerry	Freedom, NH jknirk@roadrunner.com	An Elected Official	Therapeutic Cannabis Medical Oversight Board	Support	Yes (3m)	2/21/2021 6:19 PM
Stockwell, Heather	DUBLIN, NH heather@radnh.org	A Lobbyist	Rights & Democracy NH	Support	Yes (3m)	2/22/2021 6:11 PM
Vail, Suzanne	Nashua, NH Suzanne.vail@leg.state.nh.us	An Elected Official	Hillsborough County 30	Support	Yes (3m)	2/22/2021 6:12 PM
Syrek, David	Candia, NH dsyrek@evicore.com	A Member of the Public	Myself	Support	Yes (2m)	2/23/2021 5:55 AM
Meuse, David	Portsmouth, NH David.Meuse@leg.state.nh.us	An Elected Official	Rockingham 29	Support	No	2/23/2021 7:05 AM
mclaughlin, michael	Concord, NH capitolinsightsgroup@gmail.com	A Lobbyist	Sanctuary ATC	Support	No	2/23/2021 7:40 AM
Groetzinger, Tonda	Farmington, NH groetzinger6@aol.com	A Member of the Public	Myself	Support	No	2/23/2021 8:45 AM
Blum, Keenan	Merrimack, NH keenan@primeatc.com	A Member of the Public	Prime ATC	Support	No	2/23/2021 9:34 AM
Rosenberger, Teresa	Concord, NH trosenberger@bernsteinshur.com	A Lobbyist	Temescal Wellness	Support	No	2/23/2021 9:49 AM
Aronson, Laura	MANCHESTER, NH laura@mlans.net	A Member of the Public	Myself	Support	No	2/22/2021 8:52 PM
Pinto, Josie	Dover, NH Josie@nhyouthmovement.org	A Lobbyist	New Hampshire Youth Movement	Support	No	2/23/2021 7:34 AM
Fordey, Nicole	Litchfield, NH nikkif610@gmail.com	A Member of the Public	Myself	Support	No	2/19/2021 12:47 PM
Bates, David	Warner, NH dbates3@yahoo.com	A Member of the Public	Myself	Support	No	2/21/2021 10:31 AM

Clark, Lynn	Contoocook, NH rubylynn862@gmail.com	A Member of the Public	Myself	Support	No	2/21/2021 2:07 PM
Johnson, Sara	Warner, NH nhchicagocubfan@gmail.com	A Member of the Public	Myself	Support	No	2/21/2021 4:10 PM
DeMark, Richard	Meredith, NH demarknh114@gmail.com	A Member of the Public	Myself	Support	No	2/21/2021 2:42 PM
Fenner-Lukaitis, Elizabeth	Warner, NH glukaitis@mcttelecom.com	A Member of the Public	Myself	Support	No	2/21/2021 7:09 PM
Howland, Curt	Manchester, NH howland@priss.com	A Member of the Public	Myself	Support	No	2/21/2021 7:46 PM
Laflamme, Larry	Berlin, NH Larry.laflamme@leg.state.nh.us	An Elected Official	Myself	Support	No	2/21/2021 8:56 PM
Wells, Ken	Andover, NH kenwells3@gmail.com	A Member of the Public	Myself	Support	No	2/21/2021 10:19 PM
Wells, Lee	Andover, NH leewells.locustfarm@gmail.com	A Member of the Public	Myself	Support	No	2/21/2021 10:24 PM
Larson, Ruth	Alton, NH ruthlarson@msn.com	A Member of the Public	Myself	Support	No	2/21/2021 10:27 PM
Gericke, Carla	Manchester, NH carlagericke@gmail.com	A Member of the Public	Myself	Support	No	2/22/2021 8:14 AM
McKevitt, Susan	Bradford, NH mcwil@tds.net	A Member of the Public	Myself	Support	No	2/22/2021 9:03 AM
Cook, Richard	Warner, NH r_cook@mcttelecom.com	A Member of the Public	Myself	Support	No	2/22/2021 9:25 AM
Courser, Rebecca	Warner, NH rcourser@hotmail.com	A Member of the Public	Myself	Support	No	2/22/2021 9:42 AM
O'Neil, Jennifer	Hampton, NH jenaoneil@icloud.com	A Member of the Public	Myself	Support	No	2/22/2021 11:30 AM
LITTLEFIELD, SHANNON	HAMPTON, NH shshshannon@hotmail.com	A Member of the Public	Myself	Support	No	2/22/2021 12:20 PM
Shaw, Autumn	Bow, NH autumncshaw@gmail.com	A Member of the Public	Myself	Support	No	2/22/2021 12:26 PM
Drehobl, Heidi	Milton, NH hedum@msn.com	A Member of the Public	Myself	Support	No	2/22/2021 12:31 PM
Stockwell, Daniel	Dublin, NH danstockwell.nh@gmail.com	A Member of the Public	Myself	Support	No	2/22/2021 12:51 PM

Hayden, Sam	Hopkinton, NH hayden.sam@gmail.com	A Member of the Public	Myself	Support	No	2/22/2021 2:32 PM
Frey, Gina	Amherst, NH ginagfrey@gmail.com	A Member of the Public	Myself	Support	No	2/22/2021 3:13 PM
Frey, Kevin	Amherst, NH kevfrey@gmail.com	A Member of the Public	Myself	Support	No	2/22/2021 3:21 PM
Holt, Michael	Concord, NH michael.holt@dhhs.nh.gov	State Agency Staff	DHHS/TCP	Neutral	No	2/22/2021 3:54 PM

Testimony

February 23, 2021

Representative Vail
Representative Chase
Representative Laflamme
Representative Abramson
Members of the

Dear Representatives,

I am here in favor of the qualification of therapeutic cannabis for adults with autism.

Thank you for giving me the opportunity to share the following information and hearing me today. My name is Robin Abbott and I have lived in New Hampshire for more thirty years the past 25 of which I have served in numerous non-profit executive roles and on Boards throughout the state. One thing I do know about New Hampshire is the care our communities and elected officials have for our citizens and especially those most vulnerable.

Today, I am not here for any specific organization or effort. I am here for my family and the thousands of families like mine in NH who are challenged with having a child with a significant disability and I would like to ask you for your help. My son Jonathan is 29 and has autism. He is on low end of the spectrum which means he has more challenges such as being non-verbal and prone to outbursts and what we call meltdowns.

I have had ribs broken, fingers sprained, black eyes among other injuries all due to a meltdown that is often a symptom of this neurological disability. The worst part of all was having Jonathan cry and try to wipe my injuries because he knew he hurt me but couldn't help himself. His anxiety, lack of self-control and inability to communicate left him in a state that was often unmanageable and explosive. That was until we recently discovered the use of therapeutic cannabis.

For many years, we have had enormous challenges with appropriate prescriptions and finding dosage balances as Jonathan aged and changed his behaviors. In the past five years alone, we've been on approximately 20 different medications, some causing seizures, some requiring testing his kidneys every six months for renal failure, and some of the most addictive prescriptions and opiates that in time, build up resistance of effectiveness.

A friend recommended to me to look into therapeutic cannabis. Her adult son with autism was prone to seizures and in the short time since she introduced this protocol – he had not had one seizure. It's been five years now since his last seizure as opposed to 2-3 per day. *I have a written statement available for you from her in support of this amended bill as well.

I ask for your help and support in voting to allow autism to be considered as a use for therapeutic cannabis. This population is extremely unlikely to abuse this as it is overseen by caregivers and parents like me and it is only fair that if a physician wants to provide this option to a family like mine, they should not have to jump through hoops or search for other diagnoses to approve it. It should be at least a consideration in care.

Families struggle enough caring for a child or family member with a disability particularly one that has such a breadth of challenges, behaviors and often aggressions. As you know, there are truly few tangible benefits that we give our families faced with these challenges; we have waitlists, lack residential options, we can't even find enough direct support caregivers. If there is something we can do to help a family especially where it doesn't cost the state anything, then it should be offered as an option.

And let me add, this opportunity **will** affect the fiscal health of the state...for the better. Since our inclusion of this therapeutic aid, I have not had to see a behaviorist in the past year (paid for by the state), I have not had to create emergency behavior plan because of a change in caregivers (paid for by the state), and I have not had to call my son's psychiatrist asking for increased medications because Jonathan has a change in his routine (also paid for by the state.)

As for Jonathan, he has not had one outburst since we began this protocol. His aides tell me his demeanor and change is unlike anything they've ever experienced. *I have also included testimony from one of his day program aides. He is happy, less anxious and quite honestly, comfortable in his own skin. I see the future being very bright for him and so much joy for those of us around him.

I ask for your support of HB89 and to add the qualification of therapeutic cannabis for adults on the autism spectrum and I ask for your vote to approve this option for families like mine. I am happy to answer any question you may have now or in the future.

Thank you for your time.

Respectfully,

Robin Abbott
3 Hutchinson Road
Merrimack, NH
603-440-8548

To whom it may concern,

Ben is our 37 year old son. He is on the autism spectrum, has Tourette Syndrome, OCD, ADHD, sensory issues, seizures, a generalized anxiety disorder and significant behavioral challenges. Before Ben was accepted into the Therapeutic Cannabis program, his seizures intensified to the point he was having them almost daily which resulted in many hospital visits and several stays in the seizure clinic both in Lebanon and Boston. This continued for 3 years.

In 2016 Ben was approved to the cannabis program, which we started shortly after the dispensary in Merrimack opened. I am happy to report, that finally with the help of cannabis, along with seizure medications, Ben has been seizure free for over 3 years!

Helping to control seizures wasn't the only benefit we noticed since starting the Cannabis. The most difficult part of all these diagnosis for us as parents, his two sisters, his caregivers and especially for Ben himself; has been the challenging behaviors.

Living with frequent meltdowns and aggressive behaviors, which is all too common for those on the autism spectrum, is both traumatic and frightening. This is true not only for the parent trying desperately to help the one they love, but also for those who are in daily contact with them. As parents, none of us expected to be part of the autism world and many struggle with accepting the news. It is a journey of constantly trying to learn and understand autism. Most of us start out not knowing anything of this world, but in order to survive it and do the best by our children, we must learn all that we can. It is a very complex and misunderstood disorder which makes the learning confusing and frustrating at the very least.

If you throw into the mix, difficult behaviors, the parent finds himself or herself exhausted, discouraged and full of questions we cannot answer.

How do we protect others around them? How do we protect them from hurting themselves? During a meltdown in public, how do we respond to those whose stares and condemning comments make us want to burst into tears?

Then there is the great remorse that follows a meltdown. Our son, after an aggressive outburst is full of great shame and sorrow and will frequently declare "I need help, I don't want to treat anyone like this. I need help, I need to know what I can do to stop." Thus begins the plea for help over and over again. As a parent, it breaks our hearts!

You see, Ben, aside from difficulty managing his behavior, is a friendly, very funny, social and engaging young man. But during behavioral difficulties this is easily missed.

Ben is very sensitive to medication and it has always been very difficult and painfully time consuming to find the correct drug and dosage he can tolerate. Over the years there has easily been over 50 different medications we have tried. How very disappointing each trial has been. This however, has not been the case with cannabis. He has been able to take it and tolerate it without adverse side effects.

Shortly after starting cannabis he would often report “I feel happy”. Or “I feel calm.” We noticed some of the aggressive behaviors were much improved. He was more agreeable and cooperative. Melt downs have been less frequent and intense. He is much more able to “pull it together.” This is good news! With the help of the staff at the dispensary, we have found the correct type and dosage that has been both beneficial and one he can tolerate.

Many are concerned that the effects of cannabis will cause those who take it to be in a constant state of being high. I can assure you this has never been the case with Ben. He could not tolerate anything that made him feel, as he says, “weird or strange.”

What it HAS done is cause him to be calm without sedating, happy without the high and able to tolerate the world around him without losing the endearing part of his personality we so love to see!

s

Have all his challenging behaviors disappeared? No. But we can tell you it has made life better for him and those around him. Both at home and in his daily routine, Ben and those with him are safer and happier.

THIS is what every parent deeply desires for their child, it is no different for those who lives in the world of autism...to be safe and happy.

If Ben hadn't had seizures, we would never have known this to be possible. Seizures qualified him for the Therapeutic Cannabis Program. His autism did not.

We strongly encourage you to add Autism Spectrum Disorder to the list of qualifying medical conditions for the Therapeutic Cannabis Program. Speaking from our personal experience, it has been the biggest game changer for Ben and our entire family!

Sincerely,
Dr. Richard and Kathleen Kaas

January, 22, 2020

To Whom it May Concern,

I have worked with Jonathan 1:1 at his day program for the past two years. Jonathan has a history of significant behavioral challenges due to autism which cause him extreme stress, and sometimes result in violent outbursts. Jonathan's mood can be severely negatively impacted by any change in routine whatsoever, whether that means a delay due to road construction, or someone occupying his preferred bathroom stall. A change in his routine can cause Jonathan days or even weeks of perseveration and anxiety.

Since he began using medical cannabis, I have noticed remarkable changes in Jonathan's behavior. He responds to changes in routine with significantly less anxiety and his baseline mood throughout the day is notably more calm and relaxed. With the help of his team, Jonathan was even able to smoothly transition to a new residence and provider with zero behavioral outbursts. I have even noticed Jonathan self-soothing by using breathing techniques since beginning using cannabis. What once would have been a meltdown due to an activity being cancelled is now a simple redirection to the next task.

Being able to observe the improvements in Jonathan's behavior has been an incredible learning experience. Without cannabis, I do not believe Jonathan would have been able to transition to a new provider, especially with the great success that he has had. Overall, I have witnessed a significant positive change in Jonathan's behavior and mental health that would not have been possible without the use of medical cannabis.

Sincerely,
Molly Cynewski
Direct Support Professional

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.

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 stand-alone 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.

I have also prepared an amendment 2021-0437h to HB 89 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 89, 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 offer amendment 2021-0437h to HB 89. 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.

Rep. Knirk, Carr. 3
Rep. Vail, Hills. 30
February 18, 2021
2021-0437h
11/10

Amendment to HB 89-FN

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

Rep Suzanne Vail

Testimony for presentation of HB 89-FN

February 23, 2021

I am here before you to ask you to support HB 89, an act that adds moderate to severe insomnia to the qualifying conditions for the State of New Hampshire's Therapeutic Cannabis Program. This bill was filed last year, and moderate to severe insomnia was approved by the Medical Oversight Board as a qualifying condition for applying to the program. That bill never made it to the Senate, due to the state of emergency.

NH's system to provide cannabis for medical use was signed into law in 2013. The intent of the Therapeutic Cannabis Program is to help people with chronic, terminal and debilitating illnesses. This system of alternative care is one of the strictest programs in the nation, with its enclosed self-funded and self-sourcing Alternative Treatment Centers also called ATCs. This enclosed model provides safety, consistency and product integrity.

This program has successfully allowed thousands of NH residents to gain control of their symptoms of chronic and terminal illnesses. As a result of treatment for the severe symptoms that bring one into the program, TCP patients consistently report they experience improvement in sleep, which in turn, allows homeostasis in the body. Our bodies have receptors for the elements of cannabis, and there is a vast endocannabinoid system that is responsible for regulating bodily systems.

Moderate to severe Insomnia is related to mental illness, anxiety, agitation, depressed mood, and increased prevalence of nightmares. It causes moderate to severe physical stress on every system in the body, exacerbating chronic illnesses, such as Crohn's disease as an example.. The prevalence of insomnia is widespread, occurring in 10-30% of the population, according to the National Institute of Health. I believe that right now we can assume there are more cases of moderate to severe insomnia than ever, due to the stress of the pandemic, the state of emergency, and the profound effect of massive loss of life, loss of income and increased uncertainty about what is ahead.

Insomnia is very difficult to treat medicinally due to the manners in which pharmaceutical compounds impact the rest of the body. Sleep medicine can be habit forming and cause side effects, such as tolerance, and excessive dryness caused by over the counter sleep aids. Prescription sleep aids can cause tolerance, addiction, sleep walking, sleep driving and sleep eating. Patients are cautioned or directed to not drive the next day following use of certain medications. Older compounds are almost unilaterally habit forming, addictive, and lose their effect.

Cannabis comes in forms that have no lingering sedative effects. When CBD is isolated from THC, there is no psychoactive component in the product. There are many choices for consuming the product at the ATCs and the many combinations of compounds to explore getting better sleep. A patient of the TCP can find the best product by working with the dispensary staff to find what works best for them.

Those who consider nightmares to be an essential part of their problem have been able to find appropriate dosages of THC, which also combats additional symptoms of PTSD. Those who can fall asleep earlier, stay asleep longer and decrease in waking up early, achieve a better quality of life.

In summary, in New Hampshire we have a closed system to offer alternative treatment, where all cannabis products are controlled, tested, measured, dosed and packed into tamper-proof containers. These compounds are available in many forms, in order to address the individual's experience of symptoms that lead to chronic illnesses and lead to loss of quality of life.

This level of purity and integrity cannot be found when people feel forced to treat symptoms with products of unknown origin, yet bear the label of a known component, CBD. This risk is taken routinely by New Hampshire people, because they want to sleep. Treating moderate to severe insomnia before it brings about lifelong illness is key here.

Thank you for listening to my comments in support of the bill.

I want to point out there is a fiscal note included with the bill that shows an indeterminable increase in revenue, due to increase in applications to the TCP.

Suzanne Vail

NH State Representative

Nashua Ward 3

Hillsborough County District 30

603-234-0704

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](#) [HB 599 testimony.pdf](#) [HB 605 TESTIMONY.pdf](#) [FINAL 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](#) [HB 599 testimony.pdf](#) [HB 605 TESTIMONY.pdf](#) [FINAL 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 89-FN - AS INTRODUCED

2021 SESSION

21-0084

11/04

HOUSE BILL **89-FN**

AN ACT adding qualifying medical conditions to the therapeutic use of cannabis law.

SPONSORS: Rep. Vail, Hills. 30; Rep. Chase, Straf. 18; Rep. Laflamme, Coos 3; Rep. Abramson, Rock. 37

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill adds moderate to severe insomnia to the definition of "qualifying medical condition" for the purposes of the use of cannabis for therapeutic purposes law.

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

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT adding qualifying medical conditions to the therapeutic use of cannabis law.

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

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

3 (2) A severely debilitating or terminal medical condition or its treatment that has
4 produced at least one of the following: elevated intraocular pressure, cachexia, chemotherapy-
5 induced anorexia, wasting syndrome, agitation of Alzheimer's disease, severe pain that has not
6 responded to previously prescribed medication or surgical measures or for which other treatment
7 options produced serious side effects, constant or severe nausea, moderate to severe vomiting,
8 seizures, ~~or~~ severe, persistent muscle spasms, **or moderate to severe insomnia**; or

9 2 Effective Date. This act shall take effect 30 days after its passage.

**HB 89-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT adding qualifying medical conditions to the therapeutic use of cannabis law.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2021	FY 2022	FY 2023	FY 2024
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Expenditures	\$0	\$0	\$0	\$0
Funding Source:	<input type="checkbox"/> General <input type="checkbox"/> Education <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Other - Registry Identification Card and Certificate Fund			

METHODOLOGY:

This bill adds moderate to severe insomnia to the definition of "qualifying medical condition" for the purposes of the use of cannabis for therapeutic purposes law. The Department of Health and Human Services indicates addition of this qualifying medical condition would result in more patients eligible for the Therapeutic Cannabis Program. To the extent additional patients apply to the program, there would be an increase in application fee revenue received by the Department. Under the statutorily mandated self-funding structure of the Therapeutic Cannabis Program in RSA 126-X and the fee structure established in administrative rule, this may result in lower annual registration fees for the Alternative Treatment Centers. There would be an increase in the number of applications processed by the Department, however it is not expected that the increase would necessitate additional staff.

It is assumed this bill will be effective July 1, 2021.

AGENCIES CONTACTED:

Department of Health and Human Services