

Bill as  
Introduced

HB 350 - AS INTRODUCED

2021 SESSION

21-0535  
04/05

HOUSE BILL

**350**

AN ACT

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

SPONSORS:

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

COMMITTEE:

Health, Human Services and Elderly Affairs

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ANALYSIS

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

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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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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                    permitting qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 (a) Two ounces of usable cannabis; and

12 (b) Any amount of unusable cannabis.

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

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

21 (b) Any amount of unusable cannabis.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

# Amendments

Sen. Sherman, Dist 24  
March 23, 2021  
2021-0972s  
04/11

Amendment to HB 350

1 Amend the bill by inserting after section 18 the following and renumbering the original section 19 to  
2 read as 20:

3

4 19 New Paragraph; Use of Cannabis for Therapeutic Purposes; Departmental Administration.

5 Amend RSA 126-X:4 by inserting after paragraph VI the following new paragraph:

6 VI-a. The department shall provide each qualifying patient and designated caregiver who  
7 reports a cultivation location in accordance with RSA 126-X:4, I(i) or RSA 126-X:4, II(h) with  
8 information on the potential risks of contamination associated with home cultivated cannabis and  
9 shall recommend that home cultivated cannabis be tested by a laboratory for contaminants.

UNAPPROVED

# Committee Minutes

# SENATE CALENDAR NOTICE

## Health and Human Services

Sen Jeb Bradley, Chair  
Sen James Gray, Vice Chair  
Sen Kevin Avard, Member  
Sen Tom Sherman, Member  
Sen Rebecca Whitley, Member

Date: March 10, 2021

### HEARINGS

Wednesday	03/17/2021	
(Day)	(Date)	
Health and Human Services	REMOTE 000	8:30 a.m.
(Name of Committee)	(Place)	(Time)
8:30 a.m.	<b>EXECUTIVE SESSION ON PENDING LEGISLATION</b>	
9:15 a.m.	<b>HB 240</b>	relative to identification of cannabis strain for therapeutic cannabis.
9:30 a.m.	<b>HB 378</b>	repealing the therapeutic use of cannabis advisory council.
9:45 a.m.	<b>HB 350</b>	permitting qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.

Committee members will receive secure Zoom invitations via email.

Members of the public may attend using the following links:

1. Link to Zoom Webinar: <https://www.zoom.us/j/94985563811>
2. To listen via telephone: Dial (for higher quality, dial a number based on your current location): 1-301-715-8592, or 1-312-626-6799 or 1-929-205-6099, or 1-253-215-8782, or 1-346-248-7799, or 1-669-900-6833
3. Or iPhone one-tap: 13126266799,,94985563811# or 16465588656,,94985563811#
4. Webinar ID: [949 8556 3811](https://www.zoom.us/j/94985563811)
5. To view/listen to this hearing on YouTube, use this link:

<https://www.youtube.com/channel/UCjBZdtrjRnQdmg-2MPMiWrA>

6. To sign in to speak, register your position on a bill and/or submit testimony, use this link:

<http://gencourt.state.nh.us/remotecommittee/senate.aspx>

The following email will be monitored throughout the meeting by someone who can assist with and alert the committee to any technical issues: [remotesenate@leg.state.nh.us](mailto:remotesenate@leg.state.nh.us) or call (603-271-6931).

**EXECUTIVE SESSION MAY FOLLOW**

**Sponsors:**

**HB 240**

Rep. Conley

Rep. Dontonville

**HB 378**

Rep. Acton

**HB 350**

Rep. Acton

Rep. Cushing

Kirsten Koch 271-3266

Jeb Bradley  
Chairman

# Senate Health and Human Services Committee

*Kirsten Koch 271-3266*

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

**Hearing Date:** March 17, 2021

**Time Opened:** 10:06 a.m.

**Time Closed:** 10:58 a.m.

**Members of the Committee Present:** Senators Bradley, Gray, Avard, Sherman and Whitley

**Members of the Committee Absent :** None

**Bill Analysis:** This bill permits qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.

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**Sponsors:**

Rep. Acton

Rep. Cushing

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**Who supports the bill:** There are 175 names signed in support of this bill. If you would like to view the sign in sheet, please contact the Legislative Aide for the Senate Health and Human Services Committee, Kirsten Koch, at [kirsten.koch@leg.state.nh.us](mailto:kirsten.koch@leg.state.nh.us)

**Who opposes the bill:** John Bryfonski, NH Association Chiefs of Police; Charles Reynolds; Sargent Benjamin; Steven Russo.

**Who is neutral on the bill:** Michael Holt, TCP-DHHS; James Norris, NH State Police

**Summary of Testimony Presented:**

**Representative Dennis Acton, Rockingham 10**

- Rep. Acton introduced the bill.
- Rep. Acton said, this bill permits qualified patients and caregivers to cultivate cannabis.
- Rep. Acton said, there is a long legislative history of cannabis cultivation bills in NH.
- Rep. Acton said, people will be charged with felonies if they are caught growing and selling cannabis on the black market.
- Rep. Acton said, there has been a change in culture and now is the time to bring this bill. The surrounding states have already passed recreational cultivation.
- Rep. Acton said, this bill allows patients and/or caregivers to grow three mature plants, three immature plants, and three seedlings. A caregiver cannot grow plants for more than one patient. Two patients growing together will be limited in the space they can grow.
- Rep. Acton said, the price of cannabis at the ATCs has not come down. Patients cannot afford cannabis, and some may go back to the use of opiates. In the north country, a dispensary can be up two hours away. Bring prices down and allow people to grow cannabis themselves.

## **Michael Holt, Therapeutic Cannabis Program-DHHS**

- Mr. Holt testified as neutral on the bill.
- Mr. Holt said, this bill has a long history. DHHS has been involved in legislation and acknowledges the concerns raised by patients, ATCs, and advocates.
- Mr. Holt said, the price of cannabis has not gone down. There are also issues of accessibility to ATCs. There are five locations in the state for patients to access cannabis. Licensees were authorized to open a second location in their region, but only one ATC actually did. Soon will be seven total access points to get cannabis.
- Mr. Holt said, diversion issues are real, but the bill is tightly controlled with the extra felony provision.
- Mr. Holt said, the key aspects of the bill worked out to allow laboratory for the state to be able to accept cannabis from registered patients and caregiver to test their cannabis for contaminants and potency. You may hear testimony later about an amendment that would increase this aspect of the program and require education on contamination for those cultivating their own cannabis.
- Mr. Holt said, October 1 does not give enough time for DHHS to consider the rules.
- Senator Avard asked, in regards to the ATCs, didn't we just put in a bill to make them for-profit? Wouldn't that help with the price concerns?
  - Mr. Holt said, it may. I am not expert on for-profit structuring. It could potentially reduce prices. It has been vetoed by the Governor once before.

## **Matt Simon, Marijuana Policy Project**

- Mr. Simon testified in support of the bill.
- Mr. Simon said he has been coming to this committee for a decade now with the same ask. Bills like this one passed the House nine times and Senate three times.
- Mr. Simon asked for those who voted for this bill before to vote for it again.
- Mr. Simon said, there is public support and a lack of opposition to the bill.
- Mr. Simon shared an anecdote.
- Mr. Simon said, dispensaries are not reducing their prices.
- Mr. Simon said, other states have already allowed for medical cultivation such as Maine in 1999 and Vermont in 2003.
- Mr. Simon suggested an amendment to require DHHS to inform patients of the risks of contaminants of home grown cannabis.

## **John Bryfonski, Chief of Bedford Police**

- Chief Bryfonski testified in opposition to the bill.
- Chief B. said he wanted to bring into focus the unintended consequences of home cultivation without appropriate regulation could mean for NH. This bill brings no system for regulation home cultivation
- Chief B. said, California, Oregon, Colorado, and Canada have had issues with home cultivation. Canada is struggling to contain home cultivation and it is destroying commercial operations. Police seized 180,000 plants from home cultivation in Ontario, Canada.
- Chief B. said, penalties do not adhere. These penalties will not change the minds of people who are bent on selling and cultivating marijuana on the black market.
- Chief B. said, the chiefs of police sending a warning signal—we need regulatory sanctions.



### **Representative Maria Perez, Hillsborough 23**

- Rep. Perez testified in support of the bill.
- Rep. Perez said, this bill makes it easier for patients that need treatment. Other states already passed this legislation.

### **Representative Renny Cushing, Rockingham 21**

- Rep. Cushing testified in support of the bill.
- Rep. Cushing said, Rep. Action and Mr. Holt have already given a good background in their testimony.
- Rep. Cushing said, this bill is a matter of justice. A felony is disproportionate to fairness. It is vile to allow.

### **Grant Ellis**

- Mr. Ellis testified in support of the bill.
- Mr. Ellis said he is a therapeutic cannabis patient
- Mr. Ellis shared anecdote about being disabled and homebound and not having easy access to dispensaries. He said he spends time with family in MA to use cannabis there.
- Mr. Ellis said he is against the felony provision.

### **Zach Williams**

- Mr. Williams testified in support of the bill.
- Mr. Williams said he is a therapeutic cannabis patient
- Mr. Williams said this bill allows patients and caregivers to take ownership of their medications.
- Mr. Williams said he is currently spending \$720.00 on cannabis a month.
- Mr. Williams said, patients need education on how to grow cannabis at home.

### **Melissa Harvey**

- Ms. Harvey testified in support of the bill.
- Ms. Harvey said she is a therapeutic cannabis patient.
- Ms. Harvey shared an anecdote about her experience using therapeutic cannabis as a chemo patient.
- Ms. Harvey said, NH residents can make wine.
- Mr. Harvey said, NH is an island of prohibition.
- Ms. Harvey said, please respect a person's authority to administer medication themselves.

### **Lisa Powers**

- Ms. Powers testified in support of the bill.
- Ms. Powers said she agreed with testimony of the supports that have testified before her.
- Ms. Powers said the police concerns should not be the deal breaker on this bill.
- Ms. Powers said she is a registered Hemp grower and RN.

### **Lee Cooper, Sanctuary ATC**

- Ms. Cooper testified in support of the bill.

### **Keenan Blum, CEO Prime ATC**

- Mr. Blum said Prime ATC supports the bill.
- Mr. Blum said, the bill contains significant safeguards.
- Mr. Blum said, Prime ATC has support for an amendment on notifying patients about the risk of contaminants for growing cannabis at home.

### **August Ravvingar**

- Mr. Ravvingar testified in support of the bill.
- Mr. Ravvingar said, having ATCs is a good start but ATCs are often inaccessible, sell at high prices, and provide a lack of variety.
- Mr. Ravvingar said, street prices and dispensary prices do not align. The current system pushes people to purchasing on the street so that they can buy at a cheaper cost.

### **Asma Elhuni, Rights and Democracy**

- Ms. Elhuni said, Rights and Democracy supports the bill.
- Ms. Elhuni said, this is a health care justice issue for people that rely on cannabis.
- Ms. Elhuni said she is surprised the police is opposed to people growing medicine in their back yards.

### **Sian Leininger, Temescal Wellness**

- Ms. Leininger testified in support of the bill.
- Ms. Leininger said, the restrictions and guidelines in this bill are necessary.
- Ms. Leininger said, the Temescal Wellness Keene facility will open in a few weeks.

KNK

Date Hearing Report completed: March 18, 2021

# Speakers

## Senate Remote Testify

### Health and Human Services Committee Testify List for Bill HB350 on 2021-03-

Support: 152    Oppose: 2    Neutral: 1    Total to Testify: 14

<u>Name</u>	<u>Email Address</u>	<u>Phone</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>
Ellis, Grant	Not Given	Not Given	A Member of the Public	Myself	Support	Yes
Williams, Zach	Not Given	Not Given	A Member of the Public	Myself	Support	Yes
Harvey, Melissa	harveyportal@comcast.net	603-475-5095	A Member of the Public	Myself	Support	Yes
Cushing, Renny	Reprennycushing@gmail.com	617.930.5196	An Elected Official	Myself	Support	Yes
Simon, Matt	msimon@mpp.org	603.391.7450	A Lobbyist	Marijuana Policy Project	Support	Yes
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# Testimony

## Kirsten Koch

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**From:** Michele Peters <nevermore0412@yahoo.com>  
**Sent:** Tuesday, March 16, 2021 7:48 PM  
**To:** Kirsten Koch  
**Subject:** Bill HB240 and HB350

Hello,

My name is Michele Peters and I am a qualifying patient for medical cannabis in New Hampshire. I use cannabis for chronic pain and PTSD. Due to anxiety, I need to be careful of what strain of cannabis I consume because some strains, like sativa leaning ones, may trigger a panic attack while indica leaning strains help my pain, anxiety, mood, and quality of life. It is extremely difficult for me to figure out what strains are being offered at Prime ATC because they can only use abbreviations. There is no way for me to find out what strains would be beneficial to me by just looking at their website and I can only find this out by driving 45 minutes to the dispensary, going inside, and talking to one of the knowledgeable people who work there and can direct me to which strain will help me. This is a tedious task for me however, because I can only make the 45 minute trip when I am having a low pain and low anxiety day. When I find a strain that works for me, I then know the abbreviation and can look for it on the online menu but if the strain is no longer available, I am once again left guessing what the abbreviation could stand for and trying to guess what could be helpful. During these trying times with COVID, I am trying to limit my time inside establishments including Prime ATC and do not wish to stand inside talking to an employee for a while trying to figure out what strain they have on hand that could help me- if they have any that day. I have wasted money on strains I guessed would be helpful but turned out to be something different than what my research on my guess told me. Having the dispensary tell me what the complete strain is on their website would be invaluable to me and my health and keep me from feeling worse from cannabis that is supposed to be helping me, all because I don't know what it's actually called.

For the same reasons of travel and guessing strains, being able to have even one plant to grow at home that is the strain I know 100% helps all my ailments, would also be an extremely beneficial bill to be passed for me. I would be able to have access to the strain that helps me the most even when the dispensary is out of it and I would no longer have to guess what I am getting. I wouldn't need to plan my 45 minute drive around pain and anxiety because I would have a supply at home. I would also save money being able to cultivate my own cannabis as buying it from the dispensary regularly is expensive and I am not always able to afford it as I am on a fixed income from Social Security Disability. While medical cannabis is extremely useful and life changing when I am able to consume it, sometimes cost causes me to run out for weeks at a time and live in pain and an anxious state until I am able to obtain more. Being able to cultivate even a single plant at home would help to keep my quality of life more stable since I would have access to cannabis when I need it regardless of money.

I ask you to please pass these bills to help me and countless others, have easier access to the life enhancing medicinal cannabis strains that we know work for us once we know their names, and to help us achieve relief from the medical problems we have through more affordable access by growing our own cannabis at home.

Thank you,  
Michele Peters



Testimony

Senate Health and Human Services Committee

HB 350 - Permitting qualifying patients and designated caregivers to cultivate  
cannabis for therapeutic use

March 17, 2021

Dear Chairman Bradley and Members of the Committee:

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

THE GRANITE STATE CHIEFS OF POLICE ARE OPPOSED TO THIS BILL TO ALLOW HOME CULTIVATION OF CANNABIS FOR THERAPEUTIC PURPOSES AND USE.

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

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

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

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

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

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

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

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

THERE ARE ABSOLUTELY NO PROVISIONS IN THIS BILL TO ENSURE THE REQUIREMENTS FOR THE NUMBER AND AMOUNT OF CANNABIS GROWN AND PRODUCED IS MAINTAINED.

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

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

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

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

WE HAVE TO CONSIDER THE UNINTENDED CONSEQUENCES OF THIS PROPOSED LEGISLATION.

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

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

WHAT ABOUT PETS? AS CRAZY AS IT MAY SOUND, VETERINARIANS ROUTINELY TREAT PETS THAT EAT  
CANNABIS.

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

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

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

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

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

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

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

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

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

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

**HOW WILL HOME CULTIVATION IMPROVE HIGHWAY SAFETY?**

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

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

**MEDICAL CANNABIS IS WIDELY AVAILABLE IN NH RIGHT NOW.**

**WE URGE YOU TO CONSIDER THE UNINTENDED CONSEQUENCES OF THIS BILL THAT WILL UNLEASH HOME CULTIVATION THAT WILL BE EXPLOITED BY DRUG TRAFFICKING ORGANIZATIONS AND PERSONS SEEKING TO MAKE A PROFIT AT THE EXPENSE OF THE HEALTH OF EVERY PERSON IN THE GRANITE STATE.**

**THIS HAS BEEN THE RULE IN OTHER STATES AND THERE IS NO REASON TO BELIEVE IT WON'T HAPPEN HERE.**



**Working to Reform Marijuana Laws**

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I wish to thank members of the Senate Health and Human Services Committee for holding a hearing on this important matter and for considering my testimony.

My name is Carly Wolf, State Policies Manager with The National Organization for the Reform of Marijuana Laws (NORML) – a Washington, DC based advocacy organization that opines in favor of evidence-based marijuana policy reforms.

I am providing testimony in favor of the advancement of House Bill 350, which provides registered medical cannabis patients the legal option to cultivate limited quantities of cannabis for therapeutic use in the privacy of their home.

Many patients prefer specific strains of the cannabis plant. Permitting patients the option to produce these specific strains at home assures that they will have an uninterrupted and cost-effective supply of medical cannabis that is best suited to their own medical needs. It would also prevent those who do not live within a reasonable distance of a retail outlet, or those who may not be able to afford medical cannabis available at retail outlets, from purchasing from the illicit market.

Patients are legally permitted to cultivate personal use quantities of medical cannabis in about half of the jurisdictions that regulate its use and distribution. In many instances, these rules have now been in place for two decades or more. In almost all cases, these provisions have led to few incidences of abuse or diversion.

For these reasons, I urge members of the Committee to support HB 350, the right of adults to cultivate cannabis for therapeutic use.

**Contact:**

Carly Wolf  
NORML State Policies Manager  
202-483-5500 ext. 207  
[carly@norml.org](mailto:carly@norml.org)



## Kirsten Koch

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**From:** Leah Stagnone <leahstagnone@gmail.com>  
**Sent:** Monday, April 19, 2021 10:29 AM  
**To:** Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Kirsten Koch  
**Subject:** Please support HB 350!

Dear members of the Senate Health and Human Services Committee,

I am writing to you today in strong support of HB 350, relative to permitting qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.

I am a therapeutic cannabis patient in New Hampshire, and have found cannabis to be extremely helpful for managing my chronic pain. I live with a genetic connective tissue disorder called Ehlers-Danlos syndrome, as well as peripheral nerve damage and other conditions that cause me daily pain. I cannot overstate how much it has improved my quality of life to finally have an option that gives me significant relief without side effects.

Unfortunately, therapeutic cannabis is expensive. I am 25 years old, have many other medical expenses, and can only work part-time because of my health. It is difficult to afford the amount of product that I need each month, and I would welcome the opportunity to grow some of my own medicine at home. I currently live with my conservative parents who were initially skeptical of cannabis use, but are now fully on board after witnessing how much it has helped me.

HB 350 would make safe, effective natural pain relief more accessible for Granite Staters like me. I ask you to please vote in support of this bill.

Thank you for your consideration.

Sincerely,  
Leah Stagnone

11 Country Lane  
Litchfield, NH 03052  
603-809-2665

—  
*Leah Stagnone*  
*Pronouns: she/her/hers*  
603-809-2665

**Kirsten Koch**

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**From:** Figure Outer <figureouter@msn.com>  
**Sent:** Friday, March 12, 2021 2:35 PM  
**To:** Kirsten Koch  
**Subject:** HB 350

Members, Senate Health and Human Services Committee:

As a seventeenth generation New Hampshire native, I have seen and enjoyed many means of home-brewed spirits the likes of cider, beers and wines – all perfectly legal within reasonable bounds. I view home cultivation of medical cannabis in a similar light – within reasonable bounds.

Through no fault of my own I struggle daily with post childhood traumatic stress disorder. By the use of medical cannabis and the support of an understanding family, I am today a contributing community member. The wisdom of criminalizing the home cultivation of medical cannabis escapes me: through seventeen generations and to this day my family has cultivated fruits on our own land to produce spirits for our own civil use, how is that far different from cultivating cannabis for similar purposes?

I urge your support. Thank you for your time taken in consideration of my thoughts.

Respectfully,

Mark Lucy  
Madison, NH



## Testimony in Support of HB 350

Submitted by Matt Simon, Marijuana Policy Project

To the Senate Committee on Health and Human Services

March 17, 2021

Dear Chairman Bradley and Members of the Senate Health and Human Services Committee:

On behalf of the many New Hampshire patients who are already benefitting from the use of cannabis as an alternative to opioids and other potentially dangerous pharmaceuticals, and on behalf of the many more who could benefit if cannabis was more accessible and affordable, I would strongly encourage you to support passage of HB 350.

For more than a dozen years, I have been working with New Hampshire patients and assisting them in advocating for their right to grow their own cannabis. In that time, the House has passed nine bills that would have legalized home cultivation for qualifying patients and caregivers, and the Senate has passed three home cultivation bills. For one reason or another, each bill has fallen short of becoming law. Please see attached for a detailed one-page legislative history of home cultivation legislation in New Hampshire.

This bill, HB 350, passed the House Committee on Health, Human Services, and Elderly Affairs in an overwhelming 20-1 vote, and it passed the House in a voice vote as part of the consent calendar. This reflects the overwhelming public support for HB 350 as well as the near-total lack of opposition to this modest, compassionate reform.

Patients feel strongly about this issue for several reasons. Therapeutic cannabis is not covered by health insurance, and many patients have difficulty affording a steady supply from the ATCs. Some patients find a strain that works for them but report that it is not available, or at least not consistently available, at ATCs. Other patients live a long distance from the nearest ATC and have difficulty finding a reliable caregiver who is willing to assist them.

Quite a few patients have left New Hampshire because of these frustrations. For example, former Rep. Ted Wright was one of the leading advocates for therapeutic cannabis in New Hampshire and cosponsored the 2013 bill that created the program. In 2019, he and his wife Cindy, who has stage 4 breast cancer, finally decided to move to Maine so he would be free to cultivate cannabis for her without risking arrest and prosecution.<sup>1</sup>

While home cultivation of cannabis remains a felony for patients in the “Live Free or Die” state, all neighboring jurisdictions have legalized home cultivation for qualifying patients and caregivers and also for all adults 21 and older. Unlike the laws in neighboring jurisdictions, HB

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<sup>1</sup> <https://insidesources.com/taking-care-of-your-own-medical-needs-shouldnt-be-a-crime/>



350 would only allow home cultivation for registered patients and caregivers, and they would be required to report their cultivation location to D.H.H.S.

I am pleased that two of New Hampshire's three alternative treatment centers (ATC's) have publicly indicated their support for HB 350. One of these, Prime ATC, has suggested an amendment requiring that D.H.H.S. inform patients about the potential risks of contamination associated with home grown cannabis and recommending lab testing for home grown cannabis. I believe this amendment is reasonable, so I took the liberty of drafting some language and running it by Michael Holt at D.H.H.S. Prime ATC indicated that the following language is agreeable, and Mr. Holt indicated that it is acceptable to D.H.H.S. (which takes a neutral position on the bill).

Here is the suggested amendment language:

Amend RSA 126-X:4, VI by inserting the following new subparagraph:

VI-a. The department shall provide each qualifying patient and designated caregiver who reports a cultivation location in accordance with RSA 126-X:4, I(i) or RSA 126-X:4, II(h) with information on the potential risks of contamination associated with home cultivated cannabis and shall recommend that home cultivated cannabis be tested by a laboratory for contaminants.

I hope you will all agree to support this amendment, and I hope you will support passage of HB 350. Patients have been waiting for far too long.

Sincerely,



Matt Simon  
Senior Legislative Analyst  
Marijuana Policy Project  
[msimon@mpp.org](mailto:msimon@mpp.org)  
603-391-7450

## **Home Cultivation of Therapeutic Cannabis — Legislative History**

Since 2009, the N.H. House has passed nine bills allowing patients with qualifying medical conditions and their caregivers to cultivate a limited supply of cannabis. The Senate passed home cultivation bills in 2012, 2019, and 2020. Here is a legislative history of medical cannabis home cultivation bills:

**2009** — HB 648 passed the House HHSEA committee 13-7, passed the House 234-138, and passed the Senate 14-10. After then-Governor Lynch threatened to veto the bill if it included home cultivation, a committee of conference rewrote the bill to remove home cultivation and instead allow dispensaries. Lynch vetoed the bill anyway. The override vote fell two votes short of two-thirds in the Senate, 14-10.

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

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

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

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

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

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

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

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

**2021** — HB 350 passed the House HHSEA Committee 20-1 and passed the House as part of the consent calendar in a voice vote.

# [INSIDESOURCES]<sup>™</sup>



[IS] OPINIONS

Politics

[\(https://insidesources.com/category/politics/\)](https://insidesources.com/category/politics/)

## **Taking Care of Your Own Medical Needs Shouldn't Be a Crime**

Posted to Politics (<https://insidesources.com/category/politics/>).

September 16, 2019 by Donald "Ted" Wright

[\(https://insidesources.com/author/donaldtedwright/\)](https://insidesources.com/author/donaldtedwright/)

If a person you love is struggling with a serious medical condition and it becomes clear that modern medicine does not have all the answers, you

might find that you will do anything you can — even break the law if necessary — to alleviate that person's suffering. I am very familiar with this subject because my wife, Cindy, was diagnosed with stage 4 breast cancer twenty-five years ago, and our lives certainly haven't been the same since. The prognosis was very bleak, but we were lucky to be selected for a clinical trial that showed promise. Unfortunately, the treatments made Cindy very nauseous and robbed her of her ability to eat.

At the time, therapeutic cannabis was not yet legal in New Hampshire, but a nurse suggested that we try to find some anyway. If Cindy couldn't maintain a healthy weight, she wouldn't have been able to continue the treatments. So we broke the law and found some cannabis, and I am pleased to report that it worked wonders.

It was this experience that led me to become an advocate for therapeutic cannabis in New Hampshire. In 2012, a bill passed our House and Senate that would have allowed qualified patients — and caregivers like me — to grow limited amounts of cannabis. Sadly, the bill was vetoed by then-Gov. John Lynch and there was not enough support to override the veto.

Later that year, I decided to run for the House and was elected in November along with a new governor, Maggie Hassan, who had promised to support medical cannabis. As a freshman representative in 2013, I was honored to serve as a cosponsor of HB 573, which passed the House in an overwhelming 286-64 vote and proceeded to the Senate with strong momentum.

A few weeks after the bill passed the House, I was joined by several other patients and advocates for a meeting in the governor's office. One after another, we thanked the governor for her support and explained to her that the home cultivation piece of HB 573 was especially important to those of us who couldn't afford to wait for dispensaries to get up and running. We also expressed our fear that cannabis from dispensaries would not be affordable.

Gov. Hassan appeared to listen, but she later informed senators that she would veto the bill if the home cultivation provision remained. And even though the Senate had voted to allow home cultivation in the previous year, her veto threat proved to be insurmountable. The Senate had little choice but to amend HB 573 into a very restrictive bill that would maintain felony penalties against home cannabis cultivation.

More than two years later, patients were still waiting for legal protections. In late 2015, a terminally ill cancer patient sued the state and forced it to issue the first ID card, but the delays didn't stop there — a legislative performance audit recently found that the program has been failing to issue ID cards in a timely fashion, as required by law, since its inception.

After the dispensaries finally opened, Cindy and I were dismayed to find that the costs were nearly double what we could find on the street. At \$425 per ounce, maintaining a consistent supply would be like adding the equivalent of a new car payment to our budget.

I tried sponsoring legislation that would add home cultivation to the law, and the House voted overwhelmingly in favor of these bills in 2014 and 2016, but they were killed by the Senate. Sadly, although we love New Hampshire, this summer we moved to Maine in order to drastically reduce our monthly expenses.

Ironically, we had no choice but to leave the “Live Free or Die” state in order to take care of our own medical needs without fear of arrest and prosecution. And we aren’t the only ones who have felt compelled to do so — far from it. My former colleagues in the legislature will have another opportunity to do the right thing for patients when they vote on HB 364, a bipartisan bill that would allow limited home cultivation. Gov. Sununu vetoed the bill in July, and the House is scheduled to vote on the veto override on Wednesday, September 18.

It’s not possible to turn back the clock and help the patients who suffered needlessly during the early years of this inadequate program, but passing HB 364 into law would certainly help patients who are struggling in the here and now. As a former legislator who has spoken to countless patients who could benefit from HB 364, I sincerely hope that this will be the year the legislature finally lives up to its motto on this important issue.



**CLICK TO LISTEN**

<https://www.buzzsprout.com/1427362>



About the Author

**Donald "Ted" Wright**

<https://insidesources.com/author/donaldtedwright/>

—Donald “Ted” Wright served in the N.H. House as a Republican representing Carroll County District 8 from 2012-2016

More from Inside Sources

## Kirsten Koch

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**From:** Michael Bisson <slash5city@gmail.com>  
**Sent:** Tuesday, March 16, 2021 8:46 PM  
**To:** Kirsten Koch  
**Subject:** HB 350

I am in support of HB350.

As a disabled person living on a fixed income I can only express dismay at the pricing and availability of the medicine I need. \$2500 to \$3000 for the bare minimum annually is way way more than someone living on SSI@aprox \$800~SSD \$1200 a month could ever afford on a regular basis.

Having an option to use cannabis is great. Forcing people to only pay overinflated black market prices is a slap in the face to all the poor people who are surviving on below poverty income levels.

My hope is this committee and indeed the whole Senate can find it in their heart to help us poor folk who are living with a disabling condition and in a state of always behind in the bills and broke.

Most recently my dispensary had only 1 choice of dried flowers. 1 choice !

I need a regular supply of my chosen medicine, or this isn't gonna work and I will be forced back onto the addictive toxic pain pills.

So if I could do that, if I could be the one growing the medicine I need, then maybe I could finally have some control over costs and availability.

This bill is well written, we've been here before. This is the time. Pass the bill.

Thank you.

Michael A. Bisson.

50 oak street

Franklin, 03235

603-728-1475

## **Kirsten Koch**

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**From:** Rachel Edelson <redelson@hotmail.com>  
**Sent:** Tuesday, March 16, 2021 8:44 PM  
**To:** Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Kirsten Koch  
**Subject:** Vote Ought to Pass on HB350

Dear Members of the Health and Human Services Committee,

I am writing to urge you to vote ought to pass for HB350.

NH enacted medical cannabis in 2013. And yet, for many people medical cannabis is not an option because of cost. It can be hundreds of dollars a month to access medical cannabis.

HB350 would enable Granite Staters to safely and legally grow their own cannabis plants. Home grow has been discussed, debated, and analyzed for years. The safety measures have been carefully scrutinized and enhanced over the years.

This bill does not open the door to people running a cannabis business out of their home. The bill very explicitly limits the number of plants that someone can grow and who can use the crops from those plants.

Since 2013, we have expanded the diagnoses that can medical cannabis can help treat. And yet, changing the law in this regard does nothing if cannabis is financially out of reach for patients. NH is overdue to enable patients to grow their own cannabis, within the careful confines laid out in HB350.

Sincerely,  
Rachel Edelson  
Nashua NH 03062



MEMO TO: Senate Health and Human Services Committee

DATE: March 17, 2021

CONTACT: [sian@temescalwellness.com](mailto:sian@temescalwellness.com)

Testimony in Support of HB 350:

Sian Leininger, Director of Retail, On Behalf of Temescal Wellness Alternative Treatment Center

Good morning Chairman and members of the Committee. My name is Sian Leininger, I am the Director of Retail for Temescal Wellness of NH, which operates two of the four Alternative Treatment Center licenses in NH, with a therapeutic cannabis production facility in Manchester, and dispensaries in Dover, Lebanon, and a soon to be satellite location in Keene.

We are in support of HB 350 because of its potential to help NH patients. Temescal Wellness has always focused our operations and efforts around patient wellness and safe access. We believe that allowing patients and caregivers the right to grow their own therapeutic cannabis at home is fundamental to our mission of expanding access. If this bill were to pass, we would continue to be a resource for our patients for education, guidance, patient care, high quality cannabis and cannabis products, and support, whether they choose to grow at home or not.

This matter is not about money or recovering investments, but about providing the best care possible for our patients, present and future. Our cultivation team at Temescal Wellness has always found the cannabis growing process to be therapeutic and we believe that patients should be given the opportunity to experience this part of the process for themselves. We urge NH to pass HB 350, and we will look forward to the day we can support patients growing therapeutic cannabis at home.

## Kirsten Koch

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**From:** Zach Williams <z.williamsnh@gmail.com>  
**Sent:** Tuesday, March 23, 2021 11:39 AM  
**To:** Kirsten Koch  
**Subject:** RE: HB350 Written Testimony

Hi Kirsten,

Thank you for the response. If it's not too late I would like to add the following testimony.

I support HB350 as it will allow patients to do the following three things

- It will allow registered patients and caregivers the ability to take control of their or their patients medication.
- Patients currently rely on their treatment center to provide a menu option to treat their qualifying condition. HB while they're limited to what they offer patients.
- Treatment centers will not go anywhere, HB350 will simply allow me to take control of my qualifying condition rather than relying solely on my treatment center.
- My allotment is \$720 which equals out to \$8,640/yr. Combine that number with patient and application fees we are almost at \$10,000. HB350 will grant me some financial freedom as my medication is not covered by insurance.
- 3/3 treatment centers have publicly supported HB350 stating they would assist patients with cultivating their cannabis medicine.
- Passing this bill is a clear indication NH sides with patients.

Best,  
Zach

On Mar 17, 2021, 12:57 PM -0400, Kirsten Koch <kirsten.koch@leg.state.nh.us>, wrote:

Hello Zach,

You certainly can still provide written testimony on HB 350. Although the hearing is over, the committee members have not yet voted on the bill, and therefore they can still consider your written testimony.

You are welcome to send your written testimony to me and I will share it with the committee members.

Best,



**Kirsten Koch**

NH Senate Legislative Aide

Health and Human Services Committee

Transportation Committee

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**From:** Zach Williams <z.williamsnh@gmail.com>

**Sent:** Wednesday, March 17, 2021 12:53 PM

**To:** Kirsten Koch <kirsten.koch@leg.state.nh.us>

**Subject:** HB350 Written Testimony

Hi Kristen,

I was curious if I could provide written testimony still on HB350?

Best,

Zach

# Voting Sheets

# Senate Health and Human Services Committee

## EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # HB 350

Hearing Date: 3/17/21

Executive Session Date: 5/5/21

Motion: Amendment 0972s OTP Vote: 5-0

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: OTPA Vote: 3-2

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: Re-refer to Committee Vote: 3-2

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Motion: \_\_\_\_\_ Vote: \_\_\_\_\_

Committee Member	Present	Made by	Second	Yes	No
Sen. Bradley, Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gray, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Avard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Sherman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reported out by: Sen. Gray

Notes: \_\_\_\_\_

# Committee Report

STATE OF NEW HAMPSHIRE  
SENATE  
REPORT OF THE COMMITTEE

Wednesday, May 5, 2021

THE COMMITTEE ON Health and Human Services

to which was referred **HB 350**

AN ACT

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

Having considered the same, the committee recommends that the Bill

**BE RE-REFERRED TO COMMITTEE**

BY A VOTE OF: 3-2

Senator James Gray  
For the Committee

Kirsten Koch 271-3266

**HEALTH AND HUMAN SERVICES**

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

Re-refer to Committee, Vote 3-2.

Senator James Gray for the committee.

Docket of hb350		
01/09/2021	H	Introduced (in recess of) 01/06/2021 and referred to Health, Human Services and Elderly Affairs HJ 2 P. 44
01/20/2021	H	Public Hearing: 02/01/2021 03:00 pm Members of the public may attend using the following link: To join the webinar: <a href="https://www.zoom.us/j/96551569054">https://www.zoom.us/j/96551569054</a> / Executive session on pending legislation may be held throughout the day (time permitting) from the time the committee is initially convened.
02/10/2021	H	Committee Report: Ought to Pass (Vote 20-1; CC) HC 12 P. 8
02/24/2021	H	Ought to Pass: MA VV 02/24/2021 HJ 3 P. 11
03/04/2021	S	Introduced 03/04/2021 and Referred to Health and Human Services; SJ 7
03/10/2021	S	Remote Hearing: 03/17/2021, 09:45 am; Links to join the hearing can be found in the Senate Calendar; SC 15
05/05/2021	S	Committee Report: Rereferred to Committee, 05/13/2021; SC 23
05/13/2021	S	Sen. Gray Moved Laid on Table, RC 15Y-9N, MA; 05/13/2021; SJ 15
05/13/2021	S	Pending Motion Rerefer to Committee; 05/13/2021; SJ 15

# Other Referrals



**Senate Inventory Checklist for Archives**

Bill Number: HB 350

Senate Committee: HHS

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

Final docket found on Bill Status

**Bill Hearing Documents: {Legislative Aides}**

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

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

Hearing Report

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

**Committee Action Documents: {Legislative Aides}**

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

- amendment # \_\_\_\_\_  - amendment # 2021-0972s Sherman

- amendment # \_\_\_\_\_  - amendment # \_\_\_\_\_

Executive Session Sheet

Committee Report

**Floor Action Documents: {Clerk's Office}**

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

- amendment # \_\_\_\_\_  - amendment # \_\_\_\_\_

- amendment # \_\_\_\_\_  - amendment # \_\_\_\_\_

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

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

Enrolled Bill Amendment(s)

Governor's Veto Message

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

as amended by the senate  as amended by the house

final version

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

Kirsten Koch

8/12/21

Committee Aide

Date

Senate Clerk's Office AK