

LEGISLATIVE COMMITTEE MINUTES

SB29

Bill as Introduced

SB 29 - AS INTRODUCED

2021 SESSION

21-0831
08/04

SENATE BILL **29**

AN ACT relative to the health risks associated with dispensing high-concentration marijuana in alternative treatment centers.

SPONSORS: Sen. Giuda, Dist 2; Sen. Carson, Dist 14; Rep. M. Pearson, Rock. 34; Rep. Weyler, Rock. 13

COMMITTEE: Health and Human Services

ANALYSIS

This bill allows a medical provider to request an exemption from the department of health and human services to the limitations on THC content in medical marijuana on behalf of a qualifying patient.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to the health risks associated with dispensing high-concentration marijuana in alternative treatment centers.

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

1 1 Statement of Intent.

2 I. The general court recognizes that the United States Surgeon General has issued a major
3 health advisory on the risks associated with high-potency marijuana on the developing brains of
4 adolescents. The Surgeon General's warning adheres to the generally accepted medical and
5 psychiatric definition of an adolescent as ranging in age from 12 to 25 years old. The advisory reads
6 in part:

7 (a) "I, Surgeon General VADM Jerome Adams, am emphasizing the importance of
8 protecting our nation from the health risks of marijuana use in adolescence and during pregnancy.
9 Recent increases in access to marijuana and in its potency, along with misperceptions of safety of
10 marijuana endanger our most precious resource, our nation's youth."

11 (b) "Marijuana available in dispensaries in some states has average concentrations of
12 THC between 17.7 percent and 23.2 percent. Concentrated products, commonly known as dabs or
13 waxes, are far more widely available to recreational users today and may contain between 23.7
14 percent and 75.9 percent THC."

15 (c) "The risks of physical dependence, addiction, and other negative consequences
16 increase with exposure to high concentrations of THC and the younger the age of initiation. Higher
17 doses of THC are more likely to produce anxiety, agitation, paranoia, and psychosis."

18 (d) "In addition, chronic users of marijuana with a high THC content are at risk for
19 developing a condition known as cannabinoid hyperemesis syndrome (CHS), which is marked by
20 severe cycles of nausea and vomiting."

21 II. The general court further recognizes that pain is the main reason for medicinal
22 marijuana use. The generally accepted medical and psychiatric THC content known to be efficacious
23 in the treatment of neuropathic pain and reduce the risk of dependence is 5 percent to 10 percent.
24 Online sampling of 4 New Hampshire alternative treatment centers found 84 percent of products
25 dispensed contain THC concentrations between 15 percent and 30 percent.

26 2 New Paragraph; Alternative Treatment Center; Exceptions. Amend RSA 126-X:8 by inserting
27 after paragraph XVIII the following new paragraph:

28 XIX.(a) A provider shall not issue written certification for nor an alternative treatment
29 center dispense, deliver, or otherwise transfer to a qualified patient under 21 years of age, marijuana
30 that has a tetrahydrocannabinol (THC) potency, by weight or volume, of greater than 10 percent in

SB 29 - AS INTRODUCED

- Page 2 -

1 the final product. However, a provider may certify such qualified patient for marijuana with any
2 potency of THC, if the qualified patient is diagnosed with a terminal condition and the provider
3 indicates such on the written certification.

4 (b) A provider may request an exception to the THC concentration limits established in
5 this paragraph electronically on a form created by the department of health and human services.
6 Such form shall include, at a minimum:

7 (1) The qualified patient's qualifying medical condition.

8 (2) The dosage and administration route insufficient to provide relief to the qualified
9 patient.

10 (3) A description of how the qualified patient will benefit from high-concentration
11 THC.

12 (4) The minimum daily dose of marijuana that would be sufficient for treatment of
13 the qualified patient's qualifying medical condition.

14 (5) A copy of such records which support the certification of a qualifying medical
15 condition requiring high-concentration THC available to the department, and otherwise provide
16 information to the department upon request about the patient's qualifying medical condition, to
17 ensure compliance with this chapter and rules adopted under it.

18 (c) The department shall approve the request within 14 days after receipt of the
19 complete documentation required by this paragraph. The request shall be deemed approved if the
20 department fails to act within 14 days.

21 3 Effective Date. This act shall take effect 60 days after its passage.

Committee Minutes

SENATE CALENDAR NOTICE

Health and Human Services

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

Date: January 13, 2021

HEARINGS

	Wednesday	01/20/2021
(Day)	(Date)	
Health and Human Services	REMOTE 000	1:00 p.m.
(Name of Committee)	(Place)	(Time)
1:00 p.m. SB 34-FN	relative to the definition of a controlled drug analog and prohibiting the sale or possession of synthetic urine and urine additives.	
1:15 p.m. SB 45	relative to the controlled drug prescription health and safety program.	
1:30 p.m. SB 29	relative to the health risks associated with dispensing high-concentration marijuana in alternative treatment centers.	

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://zoom.us/j/99071603325>
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: +13017158592,,99071603325# or +13126266799,,99071603325#
4. Webinar ID: [990 7160 3325](https://zoom.us/j/99071603325)
5. To view/listen to this hearing on YouTube, use this link: <https://www.youtube.com/channel/UCjBZdtriRnQdmg-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 or call (603-271-6931).

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

SB 34-FN

Sen. D'Allesandro

Sen. Rosenwald

Sen. Giuda

Sen. Cavanaugh

SB 45

Sen. Giuda

Sen. Soucy

Sen. Carson

Sen. Prentiss

Rep. M. Pearson
SB 29
Sen. Giuda

Rep. Marsh
Sen. Carson

Rep. Merchant

Rep. M. Pearson

Rep. Weyler

Griffin Roberge 271-3042

Jeb Bradley
Chairman

Senate Health and Human Services Committee
Griffin Roberge 271-3042

SB 29, relative to the health risks associated with dispensing high-concentration marijuana in alternative treatment centers.

Hearing Date: January 20, 2021.

Time Opened: 2:30 p.m.

Time Closed: 3:08 p.m.

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

Members of the Committee Absent: None.

Bill Analysis: This bill allows a medical provider to request an exemption from the department of health and human services to the limitations on THC content in medical marijuana on behalf of a qualifying patient.

Sponsors:

Sen. Giuda

Sen. Carson

Rep. M. Pearson

Rep. Weyler

Who supports the bill: Senator Bob Giuda, NH Senate District 2; Senator Sharon Carson, NH Senate District 14; Kathryn Frey, New Futures; David Strang.

Who opposes the bill: John Light, Manchester, NH; Michael McLaughlin, Capitol Insights Group; David Syrek; Sanctuary Alternative Treatment Center; Matthew Rasmussen.

Who is neutral on the bill: Michael Holt, NH Department of Health and Human Services.

Summary of testimony presented in support:

Senator Bob Giuda

NH Senate District 2

- Senator Giuda has strongly supported the expanded use of medical marijuana when needed for qualifying patients under the NH's Therapeutic Cannabis Program (TCP). Medical marijuana can provide relief to those who suffer medical harm.
- However, the US Surgeon General Jerome Adams noted that increased access of marijuana and its higher tetrahydrocannabinol (THC) potency posed a threat to our nation's youth.
- SB 29 requires that a medical provider shall not issue to a qualifying patient under the age of 21 any written certification for medical marijuana that has a THC potency, by weight or volume, of greater than 10% in the final product. A medical provider may request an exception to the 10% THC limit from the NH Department of Health and Human Services (DHHS) and shall provide reasoning for the need for the exception.
- Senator Giuda believed there were roughly twenty medical marijuana patients in NH who are under the age of 21 and receiving marijuana with a high THC potency. Marijuana products with a high THC potency can negatively impact brain development in those up to the age of 26. NH already restricts those under 21 years of age from purchasing alcohol and cigarettes, but it allows the unfettered, unregulated use of a substance that can harm a young person's health. SB 29 does not preclude the use of medical marijuana for legitimate purposes but provides a level of oversight to protect NH's youth.

- Senator Sherman asked if NH's alternative treatment centers (ATCs) sell medical marijuana with a THC potency in excess of 10%.
 - Senator Giuda said he did not know.
- Senator Sherman said that many changes to the TCP resulted from consultation with the Therapeutic Cannabis Medical Oversight Board (Board). He asked if SB 29 was reviewed by the Board.
 - Senator Giuda said he had not discussed SB 29 with the Board but was willing to do so at their next meeting.
- Senator Bradley asked if there were any other states that have such an exception as outlined in SB 29.
 - Senator Giuda said he believed there were some 13 to 17 states that have limits on THC potency. SB 29 is not meant to deny relief to qualifying patients, but to protect NH's youth who can be negatively harmed by medical marijuana with high THC potencies.

David Strang - provided written testimony

- Expressed concern on page 2, lines 18-20 about the requirement for DHHS to approve an exception to a medical provider within 14 days. SB 29 allows that exception to be automatically approved after 14 days if DHHS fails to respond. This provision is not oversight - all a medical provider needs to do is submit a request for an exception and DHHS approves it. Suggested amending the language to "the department shall rule on the approved request within 14 days..." and amend the last sentence to say, "the request shall be deemed unapproved if the department fails to act within 14 days."
- Suggested that THC concentrations be listed on all marijuana-related products approved for "medicinal" use. Just because THC comes from a plant does not make it safe - other medications such as aspirin and taxol are derived from plants and are poisonous if taken in unregulated, excessive doses.
- Commented on Mr. Holt's concerns about the language on page 2, lines 8-9. Dr. Strang suggested the language was asking a medical provider to provide information on the dosage and administration route of earlier prescriptions that proved to be insufficient in providing relief to a qualifying patient.

Kate Frey - provided written testimony

Vice President of Advocacy, New Futures

- New Futures is supportive of SB 29's concept but believed the Board should review SB 29. New Futures worked with former Senator Martha Fuller Clark on SB 477 (2018) to establish the Board. The Board, made up of medical professionals, has helped contribute to the oversight of the TCP and provided scientific and medical evidence for TCP policy changes.
- The THC concentration in cannabis products has grown over the years. ATCs sell these high THC concentration products. High concentration THC can impact a young person's brain development.
- Shared Mr. Holt's concern that SB 29 is requiring medical providers to be, in a way, prescribing cannabis to patients. That was never the intention of the TCP. Under the TCP, medical providers are meant to certify that a patient had a qualifying condition and could access cannabis for medical reasons.
- In referencing Mr. Holt's testimony that SB 29 would only pertain to roughly 63 qualifying patients, Ms. Frey noted it may be helpful for DHHS or the ATCs to provide information on what type of cannabis products are being used by this population.

Summary of testimony presented in opposition:

Dr. David Syrek

Medical Director, Sanctuary ATC

- When the TCP was created, the intent was never to restrict cannabis access to those patients who needed it. SB 29 makes it difficult for those under the age of 21 to access medicine that they may really need to relieve their medical symptoms. SB 29 would negatively impact those patients under the age of 21 who have non-terminal conditions and need high concentration THC. High concentration THC can help patients who may have Crohn's Disease, Tourette's Syndrome, and severe seizure disorders.
- Only 0.60% of the qualifying patients that Sanctuary ATC serves are under the age of 21. Of those patients, many do not use THC, but cannabidiol (CBD) or tetrahydrocannabinolic acid (THCA), which is non-psychoactive. While SB 29 may not apply to them, these patients are often accompanied by informed parents. Some patients under the age of 21 who use high concentration THC products can have parents who cook with THC as it saves them money.
- Echoed the concerns raised by Mr. Holt.

John Light - provided written testimony

Manchester, NH

- SB 29 has a generally paternalistic nature: some people who consume cannabis may experience some negative side effects. But this is true of practically all substances, even water, which all humans need to survive. Individuals should not require permission from the State to consume excessive amounts of THC. SB 29 only considers THC potency, not the potency in combination with the specific dose and method of ingestion.
- SB 29 imposes an arbitrary age limit for consuming excessive amounts of THC: SB 29's Statement of Intent refers to the US Surgeon General's warning that there is risk to the brains of adolescents ranging from age 12 to 25 years old. However, SB 29 imposes a limit of 10% THC concentration on those younger than 21 years of age. There is no stated rationale for the 21-year-old age limit when the Surgeon General's warns about a health risk up until age 25. Adults 18 years of age and older should be free to consume substances as they and their medical providers see fit, without the need for an exception from the government.

Neutral Information Presented:

Michael Holt

Program Administrator, NH Therapeutic Cannabis Program, NH Department of Health and Human Services (DHHS)

- The Board meets monthly, with its next meeting on February 3, 2021. The Board has not reviewed SB 29. He recommended the Board could discuss SB 29 and review the bill's clinical aspects. One of the Board's main functions is to review legislative proposals and provide feedback on them. Mr. Holt welcomed the opportunity to bring SB 29 to the Board for their review.
 - Senator Bradley said the Committee would like to hear the Board's opinion on SB 29 when the Board meets on February 3.
- Mr. Holt noted some concerns with SB 29:
 - SB 29 is unclear as to whether there are one or two processes to request an exception to the THC limit. On page 2, lines 1-3, medical providers are allowed to certify a qualified patient for marijuana with any THC potency if the qualified patient is diagnosed with a terminal condition and the provider indicates such on the written certification. However, page 2, lines 4 to 17 require medical providers to request an exception to the 10% THC limit for qualifying patients with non-terminal conditions. The proposed administrative process under SB 29 will be burdensome, and potentially prohibitive, to medical providers.
 - SB 29 requires medical providers to have a prescription level knowledge of cannabis products and cannabis therapy, as well as documentation of that knowledge. A hallmark of the TCP is that cannabis is not a prescription. Medical providers certify a patient's condition - they do not prescribe cannabis. Requiring medical providers to establish, in writing, potency, dosage, routes of administration, and anticipated benefits, is tantamount to a medical prescription. This represents a fundamental change to how TCP operates. There is insufficient knowledge amongst the medical provider community on cannabis science to meet the medical documentation requirements and having providers essentially prescribe a federally illegal Schedule I drug.
 - SB 29 requires medical documentation and records sent to DHHS. DHHS does not have clinical staff employed by or available to the TCP to clinically evaluate medical records to approve or deny exception requests to the 10% THC limit. There is a process currently established in the TCP's administrative rules for medical providers to relay dispensing instructions to ATCs regarding potency, dosage, routes of administration, and other instructions. Administrative rules require ATCs to comply with such instructions if they receive those instructions for a particular patient. ATCs are prohibited from dispensing high potency cannabis products for a specific patient if the certifying medical provider told the ATC to do so. DHHS inspects these ATCs for compliance during their annual inspections.
 - NH's TCP uses the terms "cannabis" and "qualifying patient" throughout state statute and administrative rule, but SB 29 uses the term "marijuana" and "qualified patient."
 - On page 2, lines 4-5, DHHS is required to create an electronic exception form that medical providers must use to request an exception. Building an electronic submission capacity will have a fiscal impact on DHHS that has not been identified, but SB 29 does not have a fiscal note. Moving this process to a paper format would remove this concern.
 - On page 2, lines 8-9, the language is unclear if a medical provider is required to provide both an insufficient and sufficient dosage and administration route to provide relief to a qualified patient.

- On page 2, lines 18-20, DHHS is required to approve an exception request in 14 days. Current state statute gives DHHS 15 days to approve or deny an application. This time frame should be consistent.
- SB 29 states that 84% of cannabis products dispensed by NH's ATCs contain THC concentrations between 15-30%. SB 29 establishes a 10% THC potency limit. SB 29 could impact more than 84% of NH's ATC product line. To meet the needs of qualifying patients, ATCs will have to create drastically different products lines. It is unknown if ATCs would have the financial resources to make such an adjustment, or if there is available product capacity. SB 29 could freeze cannabis availability for those under the age of 21. Those in that age group could be compelled to purchase cannabis products through illicit means or through other unregulated state markets like in Maine.
- Based on the TCP's recent annual report, there are 10,688 registered qualifying patients in NH. There are ten minors (aged 1-17) and 53 adolescents (ages 18-21) as registered qualifying patients under the TCP. Therefore, SB 29 would impact 63 qualifying patients.

GJR

Date Hearing Report completed: January 20, 2021.

Speakers

Name	Title	Representing	Position	Testifying
Strang David	State Agency Staff	Myself	Support	Yes
Holt Michael	State Agency Staff	DHHS	Neutral	Yes
Light John	A Member of the Public	Myself	Oppose	Yes
Giuda Bob	An Elected Official	NH Senate District 2	Support	Yes
Syrek David	A Member of the Public	Myself	Oppose	Yes
Frey Kathryn	A Lobbyist	Myself	Support	Yes
Carson Sharon	An Elected Official	Myself	Support	No
mclaughlin michael	A Lobbyist	Sanctuary Alternative Treatment Center	Oppose	No
Rasmussen Matthew	A Member of the Public	Myself	Oppose	No

Testimony

Good afternoon Senators. I was instructed to sign in as State Agency Staff, as I am the Chair of the Advisory Council for NH's PDMP and have been for the last 7 years, but I want to be clear that I am not speaking on behalf of that entity as this bill has not been reviewed by the Advisory Council. But, as the PDMP was formulated to address the opioid crisis in NH and drug abuse in general, and as marijuana is an abused substance, I was asked by Sen. Giuda to speak on behalf of this bill.

I am in favor of this legislation with the following caveats. It is clear that the main purpose of this bill is to allow the use of high concentration THC products with some oversight by DHHS. At the very bottom of the last page, item (c), states "the Department ***shall*** approve (not may, but ***shall***) approve the request within 14 days after receipt of the complete documentation required.." It then states that the request shall be deemed ***approved*** if DHHS fails to act on the request. That's not oversight, that's a rubber stamp. All one would need to do is file some paperwork with DHHS and the use is automatically approved. DHHS wouldn't have to do anything and given that government often takes the path of least resistance, they likely wouldn't, they would simply collect the required paperwork. I would suggest that you amend this language to read "The department shall ***rule*** on the approved request within 14 days..." and also amend the last sentence to "The request shall be deemed ***UN***-approved if the department fails to act within 14 days." Make DHHS do their job and actually provide oversight to the use of high concentration products, which by virtue of their name, would have higher potential for adverse effects and abuse.

Finally, I would urge this committee to look into the requirement that THC concentrations be listed on all marijuana-related products approved for "medicinal" use. There is a fallacious belief that simply because THC comes from a plant, that it is "natural" and therefore healthy. Let me remind you that the chemotherapy agent Taxol comes from the yew plant, aspirin comes from the bark of the willow tree and the cardiac medication digitalis comes from the foxglove plant. All of these agents are poisonous if taken in unregulated, excessive doses. If I instructed a patient with heart disease to chew a few leaves from a foxglove plant, I could be an accessory to their death. Please keep that in mind, when you consider any marijuana legislation and consider requiring concentrations be listed on all THC-containing products.

Respectfully submitted,
David E. Strang, MD
Emergency Physician
Member, NH Medical Society
Chairman, NH PDMP Advisory Council

Griffin Roberge

From: Capitol Insights Group <capitolinsightsgroup@gmail.com>
Sent: Wednesday, January 20, 2021 10:32 AM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Griffin Roberge
Attachments: cannabis (1).pdf

Dear Mr. Chair and members of the Committee:

I'm writing on behalf of Sanctuary Alternative Treatment Center in opposition to Senate Bill 29. Senate Bill 29, if enacted, will put the judgment of the legislature between a patient and his/her caregiver. Each patient is different in how they react to medicine. Decisions regarding a patient's dosage and use of any medicine is a matter that must remain between the patient and the caregiver.

In the [2019 Data Report](#) issued by the [New Hampshire Department of Health and Human Services](#) of the 8302 qualifying patients only 60 were below the age of 21 (0.007%). By contrast qualifying patients between the age of 40 and 70 years of age number 5958 (72%) including veterans suffering from post traumatic stress syndrome. (I have attached an article that illustrates veteran's concerns when Florida sought to enact THC limits) To the best of my knowledge, there have been no incidents in New Hampshire where qualifying patients suffered the consequences enumerated in the bills "Statement of Intent". Please vote Senate Bill 29 "Inexpedient to Legislate".

--
Michael McLaughlin, Esq.
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BLOGGYTOWN

Florida veterans are fighting a proposed THC limit on medical marijuana

Posted By Dara Kam, News Service of Florida on Wed, Feb 26, 2020 at 3:21 am



Photo via News Service of Florida

Veterans are pushing back against a proposal backed by House leaders that would limit the amount of THC in medical marijuana, an effort they say is not based on science and could be harmful to veterans with post-traumatic stress disorder.

House Speaker José Oliva has called the proposed 10 percent cap on THC, the euphoria-inducing component in cannabis, a priority, but Senate leaders have remained skeptical about the need for such a limit.

Fishing Is Good For Wellbeing And Relationships

Smokable cannabis now being sold by the state's medical marijuana treatment centers has potency of as high as 30 percent.

Sen. Jeff Brandes, a St. Petersburg Republican who served in Iraq and who has long been an advocate of medical marijuana, warned Tuesday that capping THC levels would make life worse for many veterans already struggling to cope.

"Limiting THC would reduce the amount of medical effectiveness of cannabis and would cause many veterans to rely on unsafe, untested options, including moving to the illicit market to manage their needs," Brandes told reporters at a news conference in the Capitol.

Veterans, especially those with post-traumatic stress disorder, or PTSD, have had "amazing results" substituting cannabis for addictive opiates, according to Kirk O'Connell, a Tampa physician who is a member of the Veterans Cannabis Project and who joined Brandes and others at the news conference.

A constitutional amendment, approved by more than 71 percent of Florida voters in 2016, legalized medical marijuana as a treatment for a broad swath of conditions, including PTSD.

"Limiting THC would reduce the amount of medical effectiveness of cannabis and would cause many veterans to rely on unsafe, untested options."

[tweet this](#)

According to a draft report submitted to the state Board of Medicine in September, PTSD accounted for roughly 26 percent of medical marijuana patient certifications last year. Chronic non-malignant pain was the No. 1 qualifying condition, accounting for nearly 34 percent of diagnoses in the draft report. Certifications for "medical conditions of the same kind or class" were tied with PTSD.

Cannabis is an especially beneficial treatment for veterans with PTSD, who are at high risk of suicide, O'Connell said.

House leaders have viewed medical marijuana skeptically since lawmakers first authorized low-THC cannabis for a small number of patients in 2014 and have grudgingly gone along with the voter-approved legalization of full-strength cannabis.

But House Health & Human Services Chairman Ray Rodrigues, who has shepherded the chamber's marijuana proposals for years, and other House leaders have relied on research they say supports the need to limit cannabis potency.

Rodrigues, R-Estero, last year pushed a measure that would have capped THC in smokable marijuana at 10 percent, pointing to research that includes a controversial study published in the medical journal *The Lancet* that linked smoking of high-THC marijuana — 10 percent or higher — with psychosis.

Oliva, R-Miami Lakes, this month reiterated support for a cap.

"I think it's important that we pass it. We're seeing different strains. Now in Europe, there are strains that are 100 times stronger," Oliva said. "And we're starting to learn that this has some schizophrenia-type results, and especially in young developing brains. And so it is, in fact, a priority for us."

Medical marijuana industry experts maintain such research was flawed, a critique echoed Tuesday by O'Connell.

"None of my patients that have used strains of flower (cannabis) with THC percentages above 10 have had any notable adverse reactions, only benefit," he said.

"We are allowing bureaucratic and political decision-making to get between the doctor and patient relationship, which makes absolutely no sense."

tweet this

With less than three weeks left in the legislative session that ends March 13, the House and Senate have not introduced or considered a THC, tetrahydrocannabinol, cap. But it is not unusual for high-priority issues to become part of the horse-trading between House and Senate leaders in the waning days — or hours — of the session.

When asked about caps Tuesday afternoon, Rodrigues said the House and Senate are "still in negotiations" on the issue.

But Brandes said the Senate should "hold the line."

"Anyone who's spent any time in the military knows what that means," he said.

Henry Cobbs, a 78-year-old Sandestin resident, said he has been using low-THC cannabis to treat prostate cancer since 2016. He believes the cannabis

protocol has kept his cancer in remission.

Cobbs said he was forced out of his job as dean of the U.S. Air Force Special Operations School at Hurlburt Field after he was overheard telling a colleague about the benefits of using cannabis to treat cancer.

"We are allowing bureaucratic and political decision-making to get between the doctor and patient relationship, which makes absolutely no sense," Cobbs, who served for 22 years before retiring and going to work at the Air Force base, said at the news conference.

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Tags: Medical marijuana, Florida law, veterans, PTSD, medicine, Image

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TRENDING

Disney may be ready to admit they screwed up their Star Wars land, but only because 'The Mandalorian' is making them do it

Florida Man Dave Bautista offers \$20,000 reward for 'MAGATS' who defaced Homosassa manatee

Griffin Roberge

From: Deb Naro <dnaro@cadyinc.org>
Sent: Wednesday, January 20, 2021 1:41 PM
To: Griffin Roberge; Shannon Girard; Deborah Chroniak; Jessica Bourque; Tricia Melillo
Subject: RE: Testimony on SB29 / 1:30 pm hearing

Hi Griffin—

So sorry— I forgot to attach my testimony—please see below. I'm in a meeting right now and unfortunately cannot testify—hence sending in written testimony.

Thanks so much,

Deb

January 20, 2021

Re: Testimony in Support of SB29

Dear Senator Sherman,

I am writing to ask that you support SB29: An Act relative to the health risks associated with dispensing high-concentration marijuana in Alternative Treatment Centers. SB29 has a scheduled hearing today at 1:30 pm before your committee.

I am the executive director of a Substance Misuse Prevention Non-Profit located in central New Hampshire. Our region has seen a surge in youth use of marijuana (YRBS, 2019). Marijuana continues to pose significant risk for our youth and families. Marijuana THC potency has tripled in the past 20 years sending more youth to treatment than any other drug.

Last year U.S. Surgeon General Jerome Adams issued a major health advisory on the risks associated with high-potency marijuana on the developing brains of adolescents. Marijuana available in NH dispensaries has average concentrations of THC between 17.7 percent and 23.2 percent. The risks of addiction and other negative consequences increases with exposure to high concentrations of THC and the younger the age of initiation, the higher the risk. Studies show that high doses of TCH are more likely to produce anxiety, agitation, paranoia, and psychosis.

A sampling of 4 NH ATC's found 84% of products dispensed contain THC concentrations between 15 percent and 30 percent which is well beyond the recommended 5-10% guidelines.

NH is experiencing an ongoing mental health, substance misuse, and addiction crisis that has taken a significant toll on NH's children and families. These crises are disrupting children's stability and upending their lives; however, resources are limited for preventative and treatment systems to support vulnerable children.

Access to high potency marijuana through drug diversion remains a significant risk factor for our children and youth. By supporting SB29 you will be respecting science-based evidence and protecting NH's children from associated harms while ensuring qualified patients of ATC's access the therapeutic benefits of cannabis.

Thank you for your consideration.

Sincerely,

Deb Naro

Debra A. Naro, M.Ed.
Executive Director
CADY, Inc.
Communities for Alcohol- and Drug-free Youth
Central NH Public Health Network Substance Misuse Prevention Provider
Substance Use Disorders Continuum of Care Facilitator
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(f) 603-536-9799

www.cadyinc.org

The Prevention Accelerator Media Campaign
"Partnership for a Drug-Free 2015 NH Non-Profit Champion of the Year"
"New Futures Youth-In-Action Award-2015"
"NH Prevention Provider of the Year-2014"
A Federal Drug-Free Community Coalition Graduate

"We cannot think our way into a new way of acting. We must act our way into a new way of thinking."

From: Deb Naro

Sent: Wednesday, January 20, 2021 12:25 PM

To: Griffin.Roberge@leg.state.nh.us; shannon.girard@leg.state.nh.us; deborah.chroniak@leg.state.nh.us; jessica.bourque@leg.state.nh.us; tricia.melillo@leg.state.nh.us

Subject: Testimony on SB29 / 1:30 pm hearing

Importance: High

Dear Griffin, Shannon, Deborah, Jessica and Tricia,

I have submitted testimony to your respective Senator on behalf of SB29 with the hearing scheduled for 1:30 pm today; however, I'm uncertain if it will be reviewed prior to today's hearing.

May I ask you to please share my testimony with your respective Senator at today's hearing at 1:30 pm?

Many thanks for your assistance.

Sincerely,

Deb Naro

Debra A. Naro, M.Ed.
Executive Director

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Communities for Alcohol- and Drug-free Youth
Central NH Public Health Network Substance Misuse Prevention Provider
Substance Use Disorders Continuum of Care Facilitator
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The Prevention Accelerator Media Campaign
"Partnership for a Drug-Free 2015 NH Non-Profit Champion of the Year"
"New Futures Youth-In-Action Award-2015"
"NH Prevention Provider of the Year-2014"
A Federal Drug-Free Community Coalition Graduate

"We cannot think our way into a new way of acting. We must act our way into a new way of thinking."

Griffin Roberge

From: John Light <decriminalizenh@sent.com>
Sent: Wednesday, January 20, 2021 8:49 PM
To: Griffin Roberge
Subject: Written comments on SB29 and SB34

Hello;

I attended the remote Health and Human Services Committee hearing today for SB29 and SB34. In case it is helpful for the committee to have a written copy of my comments I have included them below.

Best regards,

John Light

SB29: relative to the health risks associated with dispensing high-concentration marijuana in alternative treatment centers

I am here to oppose SB29 for two reasons:

The first reason that I oppose the bill is the generally paternalistic nature of the bill. It is true that some people who consume cannabis may experience some negative side effects. But this is true of practically all substances, even water, which all humans need to survive. Yes – it is possible to drink too much water and become seriously ill. The condition is called water toxemia. And yet we do not require permission from the state to drink excessive amounts of water. Why then should we require permission from the state to consume allegedly excessive amounts of THC?

In any case, increased concentration of THC doesn't necessarily equate to increased danger to the user. The same way you might drink a full bottle of beer but only a shot of gin, a medical cannabis user might smoke a full joint worth of low THC cannabis but only a small vaporizer dose of higher concentrate cannabis. The relevant information is not the potency alone but the potency in combination with the specific dose and method of ingestion, which this bill does not explicitly take into consideration.

The second reason that I oppose the bill is the seemingly arbitrary age limit imposed for consuming allegedly excessive amounts of THC. Although the Statement of Intent points to the Surgeon General's warning that there is risk to the brains of adolescents ranging from age 12 to 25 years old, the bill puts the age limit for requiring a permission slip to consume allegedly excessive THC amounts at 21 years of age. Are the brains of 21 to 25 year olds not as important as those below 21 years old? What is the rationale for the 21 year old age limit, when the Surgeon General's warning cited in this bill states there is risk up until the age of 25?

In any case, adults 18 and older should be free to consume substances with allegedly excessive amounts of THC as they and their healthcare providers see fit, without the need for an exception from the government.

For these reasons, I ask that you reject this bill in its entirety.

SB34: relative to the definition of a controlled drug analog and prohibiting the sale or possession of synthetic urine and urine additives

I am here to oppose SB34 for three reasons:

The first reason I oppose this bill is based on the separation of concerns principle. This bill intends to achieve two quite different and unrelated goals at the same time, first to redefine a controlled drug analog and amend sections of the law related to drug analogs and second to ban synthetic urine and urine additives.

Legislators and the public are therefore forced into the uncomfortable position of accepting either both or neither of these items, even though they may support one but oppose the other.

I recommend splitting these concerns into two separate bills so that the merit of each of these legislative goals can be considered and voted on separately.

The second reason I oppose this bill is for the paternalistic government control the bill places upon New Hampshire residents and entrepreneurs by banning the manufacture, possession, sale of physically harmless substances, namely synthetic urine.

I sympathize with what I assume is the motivation for this ban, which is to prevent people from using such synthetic urine products to defraud either the state or employers. However in these instances it is already possible to deter such fraud by imposing penalties for the fraud itself. For example, the state can impose a penalty on probation and parole offenders who use synthetic urine or additives to fraudulently pass a drug test. Employers can similarly impose penalties on employees who use synthetic urines or additives to do the same. The problem is not the substance (which may have non-fraudulent uses, for example pranks or theatrics) but the fraudulent use. And as I have noted, such fraudulent use can already be dealt with using policies set by the state and employers in the agreements that they have with any counterparties whom they wish to deter from fraudulently using such substances.

The third reason I oppose the bill is that the long history of drug prohibition has shown that prohibition does not work. Criminalization has not slowed or stopped drug abuse, and in fact by virtually any measure drug abuse and the black market for drugs has only gotten worse since the prohibition of drugs became widespread policy in the Unites States in the 20th century. We should be repealing these ineffective laws, not doubling down on them by making them more stringent.

For these reasons, I ask that you reject this bill in its entirety.

Kirsten Koch

From: Jerry Knirk
Sent: Monday, March 15, 2021 7:03 PM
To: Jeb Bradley; James Gray; Tom Sherman; Becky Whitley; Kevin Avard; Kirsten Koch
Cc: Holt, Michael
Subject: SB29--TCMOB report

Representative Jerry Knirk here.

I am the chair of the Therapeutic Cannabis Medical Oversight Board. I am submitting to you a report of our consideration of SB29 on which we voted unanimously to recommend ITL. The report is pasted below for you to understand our reasoning.

Jerry Knirk

SB29—Report of the Therapeutic Cannabis Medical Oversight Board
Jerry Knirk, chair TCMOB March 15, 2021

The Therapeutic Cannabis Medical Oversight Board (TCMOB) has reached a decision on SB29. We met with Sen Guida on Feb 3 and then some members of TCMOB did further research. At our meeting on March 3 we considered it again and unanimously voted that it should be ITL.

We agree with Sen Guida's concerns regarding the risks of high concentration THC products in young people but this bill is not workable for the patients, the providers, or the TC program.

The science regarding the maximum "safe dose" is informed by limited science and is derived from recreational use which may not be strictly applicable to therapeutic use in which cannabis is used under supervision. The usual dosing regimen in therapeutic cannabis is to start low and slowly increase the dose till the desired therapeutic effect is obtained with minimal side effects of euphoria. The therapeutic cannabis dosing regimen goal is the opposite of the recreational use goal.

Some patients obtain economic benefit using the higher concentration product as they are able to use and purchase a smaller amount of the product more cheaply. This may limit the inhalation of products of combustion if the product is smoked.

Passage of SB29 will decrease the product variety offered by the ATCs, particularly products with differing THC:CBD ratios.

SB29 pushes the providers to be essentially prescribing a dose (which we have avoided since the provider can not "prescribe", just certify the condition.) This may drive some providers from certifying patients, leading to non-ATC sources for their cannabis.

SB29 sets a higher bar for "prior authorization" of a more concentrated dosing form of cannabis than we have to follow for pharmaceuticals. For example, 80 mg oxycontin tabs are more risky for addiction than 10 mg oxycontin tabs but we do not force the provider to do a prior authorization for writing 80mg tabs rather than 10mg tabs.

SB29 would add an administrative burden for the department for dealing with what is currently only 63 patients under age 21 (out of 10,000 total patients).

HB 163, passed out of House HHSEA, addresses the concern of cannabis use in people under age 25 with a requirement of documentation of counseling regarding cannabis use in those under age 25 at the time of certification and/or recertification. TCMOB will be helping develop the language for this, including specific mention of the risks to the developing brain of the use of high concentration THC in adolescents. DHHS will establish rules for the documentation, perhaps using a checkbox.

In essence, HB163 is adequate to address this problem and the goals of SB29 will be incorporated in the rule-making process for HB163. SB 29 will add unnecessary burdens.

Voting Sheets

Senate Health and Human Services Committee
EXECUTIVE SESSION RECORD
2021-2022 Session

Bill # SB 29

Hearing Date: 1/20/21

Executive Session Date: 3/24/21

Motion: ITL Vote: 5-0

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Whitley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Motion: Consent Calendar Vote: 5-0

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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>

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. Whitley

Notes: _____

Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE
FOR THE CONSENT CALENDAR

Thursday, March 25, 2021

THE COMMITTEE ON Health and Human Services

to which was referred **SB 29**

AN ACT

relative to the health risks associated with
dispensing high-concentration marijuana in
alternative treatment centers.

Having considered the same, the committee recommends that the Bill

IS INEXPEDIENT TO LEGISLATE

BY A VOTE OF: 5-0

Senator Rebecca Whitley
For the Committee

This bill allows a medical provider to request an exemption from the department of health and human services to the limitations on THC content in medical marijuana on behalf of a qualifying patient. The Therapeutic Cannabis Medical Oversight Board unanimously recommended that SB 29 is inexpedient to legislate. This bill pushes providers toward prescribing dosage rather than certifying their patients' conditions for therapeutic cannabis use ultimately setting an undesirably high bar for prior authorization from providers. This bill would also decrease product variety at ATCs and consequently create a new financial hardship on some patients. This bill would add unnecessary burdens to patients, ATCs, the department and the Therapeutic Cannabis program.

Kirsten Koch 271-3266

FOR THE CONSENT CALENDAR

HEALTH AND HUMAN SERVICES

SB 29, relative to the health risks associated with dispensing high-concentration marijuana in alternative treatment centers.

Inexpedient to Legislate, Vote 5-0.

Senator Rebecca Whitley for the committee.

This bill allows a medical provider to request an exemption from the department of health and human services to the limitations on THC content in medical marijuana on behalf of a qualifying patient. The Therapeutic Cannabis Medical Oversight Board unanimously recommended that SB 29 is inexpedient to legislate. This bill pushes providers toward prescribing dosage rather than certifying their patients' conditions for therapeutic cannabis use ultimately setting an undesirably high bar for prior authorization from providers. This bill would also decrease product variety at ATCs and consequently create a new financial hardship on some patients. This bill would add unnecessary burdens to patients, ATCs, the department and the Therapeutic Cannabis program.

Docket of sb29		
01/12/2021	S	Introduced 01/06/2021 and Referred to Health and Human Services; SJ 3
01/14/2021	S	Remote Hearing: 01/20/2021, 01:30 pm; Links to join the hearing can be found in the Senate Calendar; SC 7
03/25/2021	S	Committee Report: Inexpedient to Legislate; Vote 5-0; CC; 04/01/2021; SC 17
04/01/2021	S	Inexpedient to Legislate, RC 23Y-1N, MA === BILL KILLED ===; 04/01/2021; SJ 10

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: SB 29

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 none

Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted): none

- 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
Committee Aide

7/26/21
Date

Senate Clerk's Office AK