

Senate Health and Human Services Committee

Kyle Baker 271-2609

SB 144-FN, relative to qualifying medical conditions for the therapeutic use of cannabis.

Hearing Date: February 2, 2017

Time Opened: 9:45 a.m.

Time Closed: 10:00a.m.

Members of the Committee Present: Senators Bradley, Avard, Gray, Fuller Clark and Hennessey

Members of the Committee Absent : None

Bill Analysis: This bill clarifies the definition of "qualifying medical condition" to include certain conditions which trigger certain medical symptoms. This bill also deletes the requirement that a medical provider document how the injury affects activities of daily living.

Sponsors:

Sen. Reagan

Sen. Avard

Sen. Bradley

Sen. Feltes

Sen. Fuller Clark

Sen. Giuda

Sen. Gray

Sen. Hennessey

Sen. Innis

Sen. Lasky

Sen. Watters

Sen. Woodburn

Rep. J. MacKay

Rep. McGuire

Rep. M. Moffett

Who supports the bill: Senator Bob Giuda, SD# 2; Senator Jeff Woodburn SD# 1; Senator Kevin Avard, SD# 12; Senator Bette Lasky, SD# 13; Senator Martha Fuller Clark, SD# 21; Rep. Joe Hannon; Matt Simon; Marajuanna Policy Project

Who opposes the bill: Valerie Acres, NH Medical Society; Jim Monahan, New Futures

Who is neutral on the bill: Michael Holt, DHHS

Summary of testimony presented in support:

Senator Reagan – Senate District 17

- This bill adds “one or more conditions that have resulted in one or more qualifying symptoms” to the list of qualifying medical condition for the therapeutic cannabis program.
- This bill helps with people who have one or more qualifying symptoms get

access to the cannabis program.

- The Federal government restricts funding for research on cannabis in the United States so the only studies we have to look at studies from outside the country.

Sen. Fuller Clark – Have you made a request to our federal delegation to remove the restriction on the research of cannabis in the United States?

Sen. Reagan – Yes

Sen. Bradley – You have four bills on this topic, do they all hold together?

Sen. Reagan – Yes

Sen. Bradley – When these bills all get to the floor I would suggest that you ask this question so there is clear legislative intent on the record.

Joe Hannon MD – Former State Representative

- Retired physician who has helped treat a lot of people with chronic pain.
- Chronic nerve pain is a condition that many suffer with and currently one of the only options for relief is opioids.
- There is no other condition where we tell doctors that they can only use it for certain conditions and not others.

Summary of testimony presented in opposition:

Valerie Acres – NH Medical Society

- Opposed
- The Medical society would like to leave the current law in place and let science catch up.
- The society would like to keep the two step process where there must be a condition and a system.
- This bill would remove the first step, removing the medical condition qualification of “Conditions causing one or more qualifying symptoms”.
- Would be happy to provide answers to any questions in the futures.

Jim Monahan – New Futures

- Opposed
- We believe that matters like this should first come before the cannabis advisory committee.
- We would urge the legislature to work with the advisory council to make it work more efficiently to best address this problem.

Neutral Information Presented:

Michael Holt – Administrative Rule Director DHHS

- DHHS is neutral on this bill.
- This bill increases provider discretion in the treatment of their patients.
- The concept of cannabis being primarily palliative would be supported by making the qualifying symptoms more important.
- There is not a clear definition on condition but it is limited by the number of qualifying symptoms. Only conditions that cause the qualifying symptoms
- Increase in work but not cost due to the cannabis program being self-funded.

Sen. Avard – So this would give providers more options to treat their patients

Holt – Yes

Sen. Bradley – Is the \$50 license fee enough to cover the cost?

Holt – The license fee for card holders is a portion of the funding received. The other and much larger source of funding is the licensing fees paid by the Alternative treatment Centers. The program is required to be self-funded with a zero balance so with the increase in fees from new card holders, we would reduce the fees collected from the treatment centers.

Sen. Bradley – Normally for license fees there is a 125% of cost cap and the excess goes into the general fund. Why do we do it differently for this program?

Holt – The system was set up to have no cost to the state and therefore no cost to the tax payers. The increase in funds from new license fees would reduce the fees paid by the alternative treatment centers. This is the only program the state has like this.

Future Action: Pending

KRB

Date Hearing Report completed: February 6, 2017