

HOUSE BILL NO. 1119

Introduced by

Representatives Westlind, B. Anderson, P. Anderson, Devlin, Dobervich, M. Ruby

1 A BILL for an Act to amend and reenact subsection 8 of section 19-24.1-01, paragraph 1 of
2 subdivision a of subsection 24 of section 19-24.1-01, section 19-24.1-03, subsection 2 of
3 section 19-24.1-04, subsection 1 of section 19-24.1-15, subsection 2 of section 19-24.1-18,
4 subsection 13 of section 19-24.1-32, and section 19-24.1-37 of the North Dakota Century Code,
5 relating to the medical marijuana program; to provide for the destroying or redacting of social
6 security numbers in the department's possession; and to declare an emergency.

7 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

8 **SECTION 1. AMENDMENT.** Subsection 8 of section 19-24.1-01 of the North Dakota
9 Century Code is amended and reenacted as follows:

10 8. "Cannabinoid ~~tincture~~solution" means a solution ~~of alcohol, consisting of a mixture~~
11 created from cannabinoid concentrate, and other ingredients ~~intended for~~
12 consumption.

13 **SECTION 2. AMENDMENT.** Paragraph 1 of subdivision a of subsection 24 of section
14 19-24.1-01 of the North Dakota Century Code is amended and reenacted as follows:

15 (1) Cannabinoid ~~tincture~~solution;

16 **SECTION 3. AMENDMENT.** Section 19-24.1-03 of the North Dakota Century Code is
17 amended and reenacted as follows:

18 **19-24.1-03. Qualifying patients - Registration.**

- 19 1. A qualifying patient is not eligible to purchase, use, or possess usable marijuana under
20 the medical marijuana program unless the qualifying patient has a valid registry
21 identification card.
- 22 2. A qualifying patient application for a registry identification card is complete and eligible
23 for review if an applicant submits to the department:

- 1 a. A nonrefundable annual application fee in the amount of fifty dollars,~~with a~~
2 personal check or cashier's check payable to "North Dakota State Department of
3 Health, Medical Marijuana Program".
- 4 b. An original written certification, which must include:
- 5 (1) The name, address, and telephone number of the practice location of the
6 applicant's health care provider;
- 7 (2) The health care provider's North Dakota license number;
- 8 (3) The health care provider's medical or nursing specialty;
- 9 (4) The applicant's name and date of birth;
- 10 (5) The applicant's debilitating medical condition and the medical justification
11 for the health care provider's certification of the patient's debilitating medical
12 condition;
- 13 (6) Attestation the written certification is made in the course of a bona fide
14 provider-patient relationship and that in the provider's professional opinion
15 the applicant is likely to receive therapeutic or palliative benefit from the
16 medical use of marijuana to treat or alleviate the applicant's debilitating
17 medical condition;
- 18 (7) Whether the health care provider authorizes the patient to use the dried
19 leaves or flowers of the plant of the genus cannabis in a combustible
20 delivery form; and
- 21 (8) The health care provider's signature and the date.
- 22 c. An original qualifying patient application for a registry identification card form
23 established by the department which must include all of the following:
- 24 (1) The applicant's name, address, and date of birth.
- 25 (2) ~~The applicant's social security number.~~
- 26 (3) The name, address, and date of birth of the applicant's proposed
27 designated caregiver, if any.
- 28 (4)(3) A photographic copy of the applicant's North Dakota identification. The
29 North Dakota identification must be available for inspection and verification
30 upon request of the department. If the applicant is a minor, a

1 ~~certificated~~certified copy of a birth record or a photographic copy of the
2 minor's North Dakota identification is required.

3 (5)(4) The applicant's or guardian's signature and the date, or in the case of a
4 minor, the signature of the minor's parent or legal guardian with
5 responsibility for health care decisions and the date.

6 d. A signed consent for release of medical information related to the applicant's
7 debilitating medical condition, on a form provided by the department.

8 e. A recent two-by-two inch [5.08-by-5.08 centimeter] photograph of the applicant.

9 f. Any other information or material required by rule adopted under this chapter.

10 3. If the applicant is unable to submit the required application information due to age or
11 medical condition, the individual responsible for making medical decisions for the
12 applicant may submit the application on behalf of the applicant. The individual
13 responsible for making medical decisions:

14 a. Must be identified on the qualifying patient application for a registry identification
15 card; and

16 b. Shall provide a ~~copy of the individual's North Dakota~~photographic copy of the
17 individual's department-approved identification. The ~~North Dakota~~ identification
18 must be available for inspection and verification upon the request of the
19 department.

20 4. If the applicant is a minor, the department may waive the application or renewal fee if:

21 a. The parent or legal guardian of the applicant is the applicant's registered
22 designated caregiver; and

23 b. The applicant resides with the applicant's registered designated caregiver.

24 **SECTION 4. AMENDMENT.** Subsection 2 of section 19-24.1-04 of the North Dakota
25 Century Code is amended and reenacted as follows:

26 2. A designated caregiver application is complete and eligible for review if an applicant
27 submits to the department all of the following:

28 a. A nonrefundable annual application fee in the amount of fifty dollars, ~~with a~~
29 ~~personal check or cashier's check made payable to "North Dakota State~~
30 ~~Department of Health, Medical Marijuana Program".~~

- 1 b. An original designated caregiver application for a registry identification card form
2 established by the department which must include all of the following:
- 3 (1) ~~A certified copy of a birth record verifying the applicant is at least twenty-one-~~
4 ~~years of age.~~
- 5 (2) A photographic copy of the applicant's North Dakota identification. The
6 North Dakota identification must be available for inspection and verification
7 upon request of the department.
- 8 (3)(2) The name, address, telephone number, and date of birth of the qualifying
9 patient.
- 10 (4) ~~The name, address, and telephone number for the qualifying patient's-~~
11 ~~health care provider.~~
- 12 (5)(3) The name, address, and telephone number of the applicant.
- 13 (6) ~~The applicant's social security number.~~
- 14 (7)(4) The applicant's signature and the date.
- 15 c. An original designated caregiver authorization form established by the
16 department which must be executed by a registered qualifying patient providing
17 the designated caregiver applicant with the responsibility of managing the
18 well-being of the registered qualifying patient with respect to the registered
19 qualifying patient's medical use of marijuana. The form must include:
- 20 (1) The name and date of birth of the designated caregiver applicant; and
21 (2) The registered qualifying patient's signature and the date.
- 22 d. A recent two-by-two inch [5.08-by-5.08 centimeter] photograph of the applicant.
- 23 e. Any other information or material required by the department by rule.

24 **SECTION 5. AMENDMENT.** Subsection 1 of section 19-24.1-15 of the North Dakota
25 Century Code is amended and reenacted as follows:

- 26 1. Upon receipt of notification by the department a compassion center application is
27 eligible for registration, the applicant shall submit all of the following additional items to
28 the department to qualify for registration:
- 29 a. A certification fee, made payable to the "North Dakota State Department of
30 Health, Medical Marijuana Program", in the amount of ninety thousand dollars for
31 a dispensary and one hundred ten thousand dollars for a manufacturing facility.

- 1 b. A financial assurance or security bond to ensure the protection of the public
2 health and safety and the environment in the event of abandonment, default, or
3 other inability or unwillingness to meet the requirements of this chapter.
- 4 c. ~~The legal name, articles of incorporation or articles of organization, and bylaws or~~
5 ~~operating agreement, of the proposed compassion center applicant.~~
- 6 d. The physical address of the proposed compassion center; confirmation the
7 information in the application regarding the physical location of the proposed
8 compassion center has not changed, and if the information has changed the
9 department shall determine whether the new information meets the requirements
10 of this chapter; and a current certificate of occupancy, or equivalent document, to
11 demonstrate compliance with the provisions of state and local fire code for the
12 physical address of the proposed compassion center. It is not necessary for an
13 applicant to resubmit any information provided in the initial application unless
14 there has been a change in that information.
- 15 e.d. An update to previously submitted information, including information about
16 compassion center agents and compliance with section 19-24.1-18.

17 **SECTION 6. AMENDMENT.** Subsection 2 of section 19-24.1-18 of the North Dakota
18 Century Code is amended and reenacted as follows:

- 19 2. To qualify to be issued a registry identification card, each compassion center agent
20 must be at least twenty-one years of age and shall submit all of the following registry
21 identification card application material to the department:
- 22 a. A photographic copy of the agent's department-approved identification. The agent
23 shall make the identification available for inspection and verification by the
24 department.
- 25 b. A recent two-by-two inch [5.08-by-5.08 centimeter] photograph of the agent.
- 26 c. A written and signed statement from an officer or executive staff member of the
27 compassion center stating the applicant is associated with the compassion center
28 and the capacity of the association.
- 29 d. The name, address, and telephone number of the agent.
- 30 e. ~~The agent's social security number.~~

- 1 f. The name, address, and telephone number of the compassion center with which
- 2 the agent is associated.
- 3 g.f. The agent's signature and the date.
- 4 h.g. A nonrefundable application or renewal fee in the amount of two hundred dollars,
- 5 in the form of a check made out to "North Dakota State Department of Health,
- 6 Medical Marijuana Program".

7 **SECTION 7. AMENDMENT.** Subsection 13 of section 19-24.1-32 of the North Dakota
8 Century Code is amended and reenacted as follows:

- 9 13. A person in possession of marijuana, usable marijuana, or medical marijuana waste in
- 10 the course of performing laboratory tests as provided under this chapter and rules
- 11 adopted under this chapter may not be subject to arrest or prosecution for that
- 12 possession or testing.

13 **SECTION 8. AMENDMENT.** Section 19-24.1-37 of the North Dakota Century Code is
14 amended and reenacted as follows:

15 **19-24.1-37. Confidentiality.**

- 16 1. ~~Data~~Information~~Except as provided under subsection 2, information kept or~~
- 17 maintained by the department is confidential, including information in a registration
- 18 application or renewal and supporting ~~data~~information submitted by a qualifying
- 19 patient, designated caregiver, compassion center, proposed compassion center, or
- 20 compassion center agent, including ~~data~~information on designated caregivers and
- 21 health care providers, ~~is confidential~~.
- 22 2. ~~Data~~Information kept or maintained by the department may be disclosed as necessary
- 23 for:
 - 24 a. The verification of registration certificates and registry identification cards under
 - 25 this chapter;
 - 26 b. Submission of the annual report required by this chapter;
 - 27 c. Submission to the North Dakota prescription drug monitoring program;
 - 28 d. Notification of state or local law enforcement of apparent criminal violation of this
 - 29 chapter;

- 1 e. Notification of state and local law enforcement about falsified or fraudulent
- 2 information submitted for purposes of obtaining or renewing a registry
- 3 identification card; or
- 4 f. Notification of the North Dakota board of medicine or North Dakota board of
- 5 nursing if there is a reason to believe a health care provider provided a written
- 6 certification and the department has reason to believe the health care provider
- 7 otherwise violated this chapter.
- 8 3. Upon a cardholder's written request, the department may confirm the cardholder's
- 9 status as a registered qualifying patient or a registered designated caregiver to a third
- 10 party, such as a landlord, school, medical professional, or court.
- 11 4. DataInformation submitted to a local government to demonstrate compliance with any
- 12 security requirements required by local zoning ordinances or regulations is
- 13 confidential.

14 **SECTION 9. SOCIAL SECURITY NUMBERS.** For any social security numbers obtained by
15 the State Department of Health as part of an application under chapter 19-24.1, the department
16 shall destroy the documents containing social security numbers or redact the social security
17 numbers from the documents.

18 **SECTION 10. EMERGENCY.** This Act is declared to be an emergency measure.