2019 HOUSE HUMAN SERVICES COMMITTEE

HB 1272

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB1272
1/14/2019
30725

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Elaine Stromme by Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Relating to medical marijuana.

Minutes: A,B,C,D,E,F,G,H,I,J

Vice Chairman Rohr: Opened hearing on HB1272.

Representative Pam Anderson: (See attachment A)

Representative Schneider: I thought that this committee added a PA to this bill in the previous session?

Representative P. Anderson: That is my recollection too, but when the final bill came out, PA was not added.

Representative Westlind: Does that mean a minor can smoke Marijuana?

Representative P. Anderson: That was not the intention, and I believe under the bill you have to be 19 to smoke anyway.

Representative Westlind: It seems that it does imply that a minor can smoke marijuana?

Representative P. Anderson: I agree with you and if that is the language then I'll see that that is amended out.

Representative Porter: In the expansion of the permissible uses, when we use language such as anxiety disorder, is it your intention for that to be opened? Or are you looking to add something that is diagnosable inside of the medical codes?

Representative P. Anderson: There are certain conditions in which drugs would be prescribed. However, if your primary diagnosis is anxiety, perhaps there are certain situations where your prescription would be to use medical marijuana.

Representative Porter: Are you looking to us to define these terms and put them into the medical coding?

Representative P. Anderson: The interpretation would be that if you have a relationship with your provider, then they can diagnose the medical marijuana as something that could help their condition.

Representative Porter: Inside some of this there are words that are used that are medical diagnosis, and some that aren't. We need to be clear on the terminology we are using. Are you looking at the medical diagnosis criteria, or are you referring to a self-diagnosis more so?

Representative P. Anderson: I am looking for the medical criteria. I will do an amendment so that there isn't smoking.

Representative Porter: Inside of the additions on page 3 and 4, half of them are diagnosable things and half are slang terms. You want to keep it to inside of medicine.

Representative P. Anderson: I will try to find a definition for anxiety.

Vice Chairman Rohr: Of the conditions that you have added, do you have any research or supporting documents?

Representative P. Anderson: No, it is more based off of the constituents.

Representative Westlind: Page 9, line 17-21, would there be reciprocity between states? So that would mean that people from Minnesota can come over to ND and purchase the drug, even though it is illegal for them to possess it in Minnesota?

Representative P. Anderson: My interpretation of reciprocity is whatever the law is in the current state.

Representative Westlind: Their card might not say it on there. But the way that I interpret the bill is that they can come over, buy marijuana, and then be against the law in Minnesota?

Representative P. Anderson: Other states have the reciprocity, and I assume that how reciprocity would work that if you have a license, you can drive in other states, but you have to follow their laws while in that state.

Representative Schneider: I would like to get back to the anxiety disorder in the diagnostic manual, there is an actual medical diagnosis, instead of just a general anxious feeling or diagnosis?

Representative P. Anderson: Yes, I want to make sure that whatever diagnosis we include, it is a medical condition and not just a description word.

Representative Ruby: Does the cards state what they are being treated for, within the reciprocity? If someone from another state came in and had a different diagnosis on their

card that we don't have here in ND, would they still be able to purchase medical marijuana even though we don't have that diagnosis on our list?

Representative P. Anderson: I don't know. What I was thinking is that if someone comes here with a card, and purchase, and then go back to your other state, they have to use it while being here because they cannot travel with it.

(15.07) Steven James Peterson, The Committee for Compassionate Care of ND: (See attachment B, C, D, E)

Representative Porter: The biggest problem that I see with reciprocity is the Minnesota resident who has a whole different set of rules and regulations on what is legal in the state of Minnesota, coming over to ND and doing something that is legal in Minnesota. I don't know how something from our state can leave the borders of our state because it is federally illegal. I think that we set people up for the chance of being criminally convicted because they will think that they have reciprocity in the states on ND and Minnesota, but it is not.

Mr. Peterson: That is a valid concern. I don't see anyway how this language encourages interstate traffic. It would be the responsibility of the patient that anything that is illegal in their state but illegal in another would have to be left in the legal state when they leave.

Representative Porter: I would have a hard time supporting that kind of reciprocity in this bill because it is too confusing. And if that person seriously needs what is available in ND, then maybe they should move here. This creates a gray area, and it is not crystal clear. And right now the language and wording is clear as to what can happen.

Representative Westlind: Pediatric medical marijuana is limited to 6% tetrahydrocannabinol (THC), or the dried leaves or flowers of the plant, again do you want minors to be smoking medical marijuana? And if so, what would the levels of THC be recommended for that?

Mr. Porter: It is not my intention to have minors smoke. However, when the dry leaf product is available to them, they can use it in different ways such as putting it in butter form.

Representative Westlind: Is it in the law that you cannot put the leaves in any edible product?

Mr. Peterson: The proposition would be to be able to allow the patients to do what's best for their children at home.

Representative Westlind: It still states in the bill that minors can smoke. I am against that.

(23.20) Chris Nolden: I am in support of bill 1272. Not necessarily how it is written right now. Page 7, line 9: I'd like to suggest that all patients qualify for the use of all leaves and flowers.

(27.04) Amy Bailey, The Committee for Compassionate Care: When we are speaking on page 6 and 7 and defining usable marijuana, and pediatric marijuana on page 9, one thing is that everywhere else in the bill it is noted that the dried leaves of the genus cannabis for the

adults can be in combustible form, whereas for the pediatric marijuana it cannot. This would eliminate the problem of the minors smoking. For the reciprocity, the problem is that there is a personal responsibility to follow the laws of your own state. It is not up to us to mandate what they can and cannot do.

(29.26) Dustin Payer: (see attachment F- read by Mr. Payer for Kimberly Dominiak)

(32.17) John Bailey, District 29: (See attachment G)

(42.53) Marnie Walth from Sanford Health: I'd like to introduce you to Dr. Chris Meeker.

Dr. Chris Meeker, Chief Medical Officer at Sanford Health in Bismarck, ND: (see attachment H)

(46.22) Jason Wahl, Director of the Division of Medical Marijuana within the Department of Health: (see attachment I)

Representative Schneider: When you did you study; did you take any action about that? Are you going to add turrets and autism?

Mr. Wahl: The recommendation that we received was to take no action at this time in regard to the findings in our study. I believe turrets was identified in 5 states and autism was in 4 other states. They are not specifically in the ND law, but the wording is broad enough that if someone with the diagnosis would be able to apply for the medical marijuana by having their provider check one of the boxes.

Representative Schneider: Even though you are testifying in opposition, I'm not getting the feeling that you are opposed to this bill adding different conditions.

Mr. Wahl: Correct, we are opposed to certain areas of this bill, but are not opposed to adding different medical conditions.

Vice Chairman Rohr: Regarding page 2, you did address PA, what are your thoughts on the natural path?

Mr. Wahl: No position at this time.

Cortney Koebele, Executive Director of the ND Medical Association: (See attachment J)

NO FURTHER TESTIMONY OR QUESTIONS. MEETING CLOSED.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1272
2/7/2019
32331
Recording time (0:00-0:1:45) & (0:3:00-03:11)

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Nicole Klaman

Explanation or reason for introduction of bill/resolution:

Relating to medical marijuana.

Minutes:

Chairman Weisz: Opened the hearing on HB 1272.

Rep. M Ruby: I make a motion for a Do Not Pass on HB 1272.

Rep. Skroch: Seconded.

Chairman Weisz: Any further discussion? Seeing none.

Roll Call Vote: Yes 13 No 0 Absent 1.

Motion carries.

Rep. Schneider: Will carry the bill.

Hearing closed.

Date: 2-7-2019
Roll Call Vote #: 1

2019 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL HB 1272

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☒ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. M. Ruby Seconded By Rep. Skroch

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr – Vice Chairman	X		Mary Schneider	X	
Dick Anderson	X				
Chuck Damschen	X				
Bill Devlin	X				
Clayton Fegley	X				
Dwight Kiefert	A				
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 13 No 0

Absent 1

Floor Assignment Rep. Schneider

If the vote is on an amendment, briefly indicate intent:

Motion carries.

REPORT OF STANDING COMMITTEE

HB 1272: Human Services Committee (Rep. Weisz, Chairman) recommends **DO NOT PASS** (13 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1272 was placed on the Eleventh order on the calendar.

2019 TESTIMONY

HB 1272

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A

Testimony on HB 1272 House Human Services Committee

Representative Pamela Anderson, District 41

Monday, January 14, 2019

Good Morning. I know this committee will hear testimony on various medical marijuana bills and from my experience on the committee, you all will be able to sort them out.

This bill does the following:

1. Adds physician assistants and naturopaths as health care providers. We included advance practice registered nurses in the original bill. In most of code physician assistants are included under the definition of health care providers. My primary health care provider is a PA as are many others. North Dakota does have an Association of Naturopathic Doctors and they are defined under section 43-58-01.
2. Adds the following six medical conditions: anorexia nervosa, bulimia nervosa, anxiety disorder, Tourette syndrome, autism and Ehlers-Danlos syndrome. Ehlers-Danlos syndrome is a group of inherited disorders that affect your connective tissues-primarily your skin, joints and blood vessel walls.
3. Removes the directive that a health care provider may authorize the use of dried leaves or flowers of the plant of the cannabis in a combustible delivery form to treat or alleviate the patient's debilitation medical condition. The health care provider can say that medical cannabis may be helpful in treating a patient's medical condition and the patient working with the compassionate care facility can determine which form of cannabis is appropriate.
4. Adds reciprocity. Cards issued under the laws of another state has the same force and effect as cards issued in this state.

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North Dakota House Human Services Committee

January 14th 2019

Chairman Weisz and members of the Committee, my name is Steven James Peterson of The Committee for Compassionate Care of North Dakota.

The Committee for Compassionate Care is a patient advocacy group seeking to enable fair and reasonable access to medical marijuana in the state of North Dakota.

I am in support of House Bill 1272

1. However page 5 line 29 is problematic because of the 6% limit is too low
2. Minus that issue the rest of the bill is acceptable at this time

I am available for any questions about this bill.

Steven James Peterson

701-936-4362 Steven@ravenrisingllc.com

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C

To Whom It May Concern; 1/10/2019

In 1970 my Mom was diagnosed with Retinitis Pigmentosa (RP) which causes blindness. In 1976 She was told by her Doctor She would be blind in 6 years. I was 12 at the time and thought about what that meant. She would Never see me graduate High School. She would Never see me graduate Collage. She would Never see me get married. She would Never see her Grandchildren. She would Never drive again. She would Never read another book. The list of Nevers was endless.

The research began to find a cure for her. We did not find a cure but found a handful of studies that showed positive results treating RP with cannabis. By this time I was a little older and knew her light was dimming. We found a clean safe source for cannabis and treatment began. Her disease slowed. In fact it slowed so much She Did see me graduate High School and Collage. She Did see me get married, and She Did see her Beautiful Grandchildren, all 6 of them. She travelled to Europe a few times. Went back to College and earned 2 degrees. She learned to read and right Braille. She taught pottery for 4 years at Braille Institute. She was the Treasure for 2 years and President 1 year of the Local Chapter National Federation for the Blind. She traveled to Washington DC and Lobbied for accessibility for visually impaired.

Unfortunately I lost my incredible Mom a few years ago. She passed away with an extra 42 years of vision. She effected big change in the lives of many with low vision or no vision, teaching, serving her community, and lobbying.

Best of all She was able to see her Children and Grandchildren grow-up and become the people she always dreamed they would be.

CANNABIS MADE ALL THIS POSSIBLE.

Thank You for your consideration,

Leslie Hulbert, Carrington N.D. District 29

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D

Representatives and Senators,

I am a disabled veteran that served in 7.5 years Active duty in the Navy, and I wouldn't change a thing. During my service I deployed three times on-board the USS Iwo Jima, at an intelligence agency, and in Afghanistan. My service has left me disabled, I have suffered from chronic pain in my back and knees, PTSD, and other conditions. I have tried numerous pharmaceuticals including Benzodiazepines, S. S. R. I.s, Opiates, sleeping drugs, and other pharmaceuticals all prescribed to me by the VA or when I was on active duty. Some of the pharmaceuticals I was prescribed have dangerous side effects, from psychotic episodes to literally suicidal thoughts or suicide. After my service while living in Colorado I discovered, with the help of a few great people, the great benefits to medical cannabis. While in Colorado, I was able to stop taking the dangerous drugs the VA was prescribing with the help of cannabis and deal with my issues rather than just burying them under pills.

Cannabis allowed me to have healthy emotion again, move on, and love rather than live in a shell. With the help of cannabis since my service, I have earned a Mechanical Engineering degree, started a wonderful career, learned a lot about myself, and fell in love with a beautiful woman. All of this would not be possible without medical cannabis.

As a Veteran who receives care at the VA and chairs ND Veterans for safe access to cannabis, our providers (the VA) are not supposed to speak to Veterans about possible uses of medical cannabis. We have to many Veterans that this safe alternative can provide, much needed relief. We ask for a safe alternative to prescriptions. Many of us got involved in Measure 3 because it would get us access to quality safe medicine quickly.

We need your help! I am asking for expanding medical access and making it easier to get the medicine that will greatly help a lot of us. For full benefit we need access to safe, clean, and specific strains of cannabis, with a THC to CBD ratio and specific Terpenes; the knowledge is there now. We are asking for safe and cost-effective access to this medicine. We ask for the ability to grow for ourselves or to have a caregiver professionally and charitably grow for us (not a dispensary). We also ask to eliminate the requirement of a pattern of care (the VA doctors are not allowed to even discuss cannabis). If the legislature can expand access and have it be cost effective, I know it will help a lot of vets.

Sincerely,

Christopher Howell
US Navy 2005-2013
OEF 2011—2012
ND Vets For safe access- Chair
chowell1985.ch@gmail.com
Fargo,ND

HB1272
1/14/2019
E

Gmail

Committee for Compassionate Care <comm4care@gmail.com>

revised testimony

1 message

Sara Holzer <sholz7113@gmail.com> 13 January 2019 at 12:05
To: "comm4care@gmail.com" <comm4care@gmail.com>

I am writing this to ask you to please support ND House Bills 1283 and 1272 in the hopes that Medical Marijuana becomes easier to access for qualifying patients. I have fibromyalgia, one of the many conditions that medical cannabis is approved for. Fibromyalgia is a constant battle. Not only am I dealing with debilitating pain and digestive issues but am now battling side effects from the seven prescription drugs that I am taking on a daily basis.

I am a single mother with two boys and I am so desperate to get my life back, my boys want their mother back. When fibromyalgia set in and took a hold of me I stopped living and feel like I am just existing. I think that anyone living with a chronic illness and chronic pain can relate to this. It is so sad that the medications that are supposed to help you feel better come with such harsh side effects. I am now suffering severe depression, anxiety, hair loss, sleeplessness, and stomach issues that have caused me to lose over 30 pounds.

I wake up in the morning so nauseous that I can barely eat and each day I pray that the pain isn't so great that I can push through. I wear a Quell pain device on my leg and sleep with an Oska pulsed electromagnetic device to try and numb my back, neck, shoulder and hip pain. On top of the seven daily prescriptions I take I also attend Physical therapy, go to the chiropractor, and have weekly ozone treatments with my Doctor to try and heal my body. I have also had five rounds of steroid injections. So far nothing has been able to touch my pain.

Medical Cannabis could be my saving grace. It could help with not only my pain, anxiety, and stomach problems but could help me sleep again without waking up multiple times at night in agony. This medicine could give me my life back and could provide so much relief for not only myself but all of the North Dakotans who need it. I have exhausted all other options and this is my last chance.

The problem I am now having is getting my Doctors to sign off on a referral even though they do think that I would benefit from this medication. The State of ND has made it nearly impossible for me to have access to this medicine because Doctors are afraid of the repercussions. I am asking you to please support these bills and all the medical marijuana bills on the table so that people like myself have an easier time to get a certification and can have a better quality of life.

Thank you,

Sara Holzer
4505 Glenwood Dr
Bismarck, ND 58504
sholz7113@gmail.com
406-451-1531

Sent from Mail for Windows 10

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Attention Legislators,

I feel there should be a lot more illnesses on the list. It should include any illness a doctor thinks a patient would benefit from since it has little to side effects and NO chance of overdose. If you are serious about impacting the opioid crisis medical cannabis should be considered for any condition in which pain control is needed, among other benefits such as relaxing body and mind. Even relief from withdrawal symptoms from drug like meth and heroin. There should be a way to add illnesses and conditions without going through legislature every time. It should be up to the doctor and patient what treatment plan is best for them. I also think edibles should be allowed. Not all patients will be able to smoke it or might not want to. Again, that should left up to patient and doctor.

Thanks,
Kimberly Dominiak

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RIP Darla

Ehlers
Danlos
Angel

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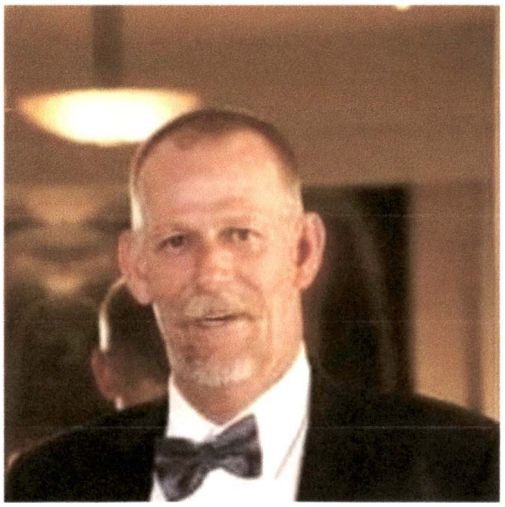
G

Jerrold V. Schalesky | 1963 - 2017 | Obituary



Jerrold V. Schalesky

November 30, 1963 - July 17, 2017

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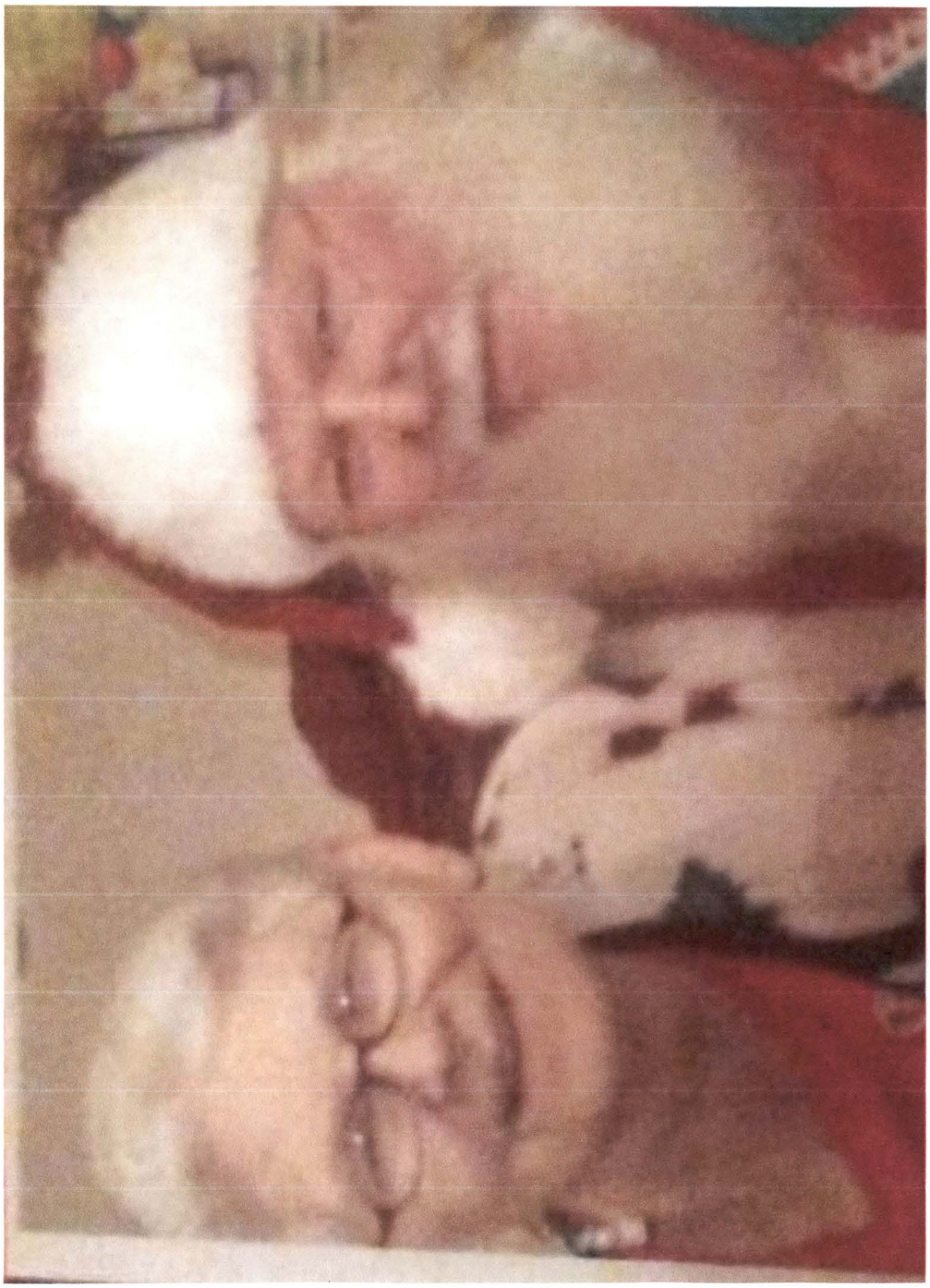

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My personal story.

qualifying conditions I have & or more that can be certified.

I have had 2 surgeries on my back half of my back ~~is~~ has rods. screws, bracket spacers, where discs once were and vertabrae that are fused together this process will continue until it reaches the base of my skull. Chronic Severe Pain...

In the last year I spent 5 months with my left foot in a cast from a break in my metatarsal. NOV 2 2018 I fractured my pelvis, Jan 7th 2019 MRI on left hip Jan 11th 2019 diagnosis a little bursitis and degeneration in the hip appt to "see" where we go from there. Chronic Severe Pain

I have vision loss in both eyes the right one 95% the left one 23% ischemic optic Neuropathy Medical cannabis could possibly help return some of my vision

I have Osteo and RA ~~and~~ have tried all the traditional treatments it continues to progress unchecked slowly destroying joints bones and vital organs traditional "Pharmaceutical" treatment has not put it into remission but has managed more harm with side effects.

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G

I could continue and fill pages for you to read over but I feel your time is valuable and there is much work to be done.

I don't know if I will ever get to try Medical Cannabis to see if it could help. 2 reasons

1) My primary care from Northland Clinic is not allowed and my specialists are located in Rochester Mn Mayo Clinic. (Im waiting for a new Kanecay as Im writing this

2) I am highly allergic to many things, medications and must carry Epi pens x 2 with me at all times

Enclosed you will find documented diagnosis I have and a ref of research I have found for each

Respectfully
Kimberly Dworshak
701-340-6503

Shelly Bartow NP Northand Clinic
Matthew J Koster MD Internist, Rheumatologists
Mayo Clinic Rochester Minnesota

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*Osteoarthritis and *Rheumatoid Arthritis

* www.ncbi.nim.nih.gov

Scientific evidence which supports the analgesic potential of cannabinoids to treat OA pain manifests as a combo of inflammatory, nociceptive and neuropathic pain each requiring a specific analgesics.

*Cochranelibrary.com,

Neuromodulators for pain management in RA. pain management is high priority dispite deficiencies in research data. Neuromodulators have gained widespread clinical acceptance as adjuvants.

* *Spinal Stenosis *degenerative disc disease

* www.ncbi.nih.gov/pmc/articles 21 articles

effect of Medical Cannabis therapy. Chronic low back pain Sciadica, disc herniation or Spinal Stenosis

* International Journal of Anesthesiology & pain Medicine Corresponding Author

* DR Dror Robinson

* Head ORthopedic Research Dept

Tel - 972-3-9372233

Fax - 972-3-9372501

Bursitis Joint with RA, Scientific Studies Listed HB1272 1/14/2019 G

* www. Fundacion-Canna-es Ile Ailments

* Ischemic Optic Neuropathy

* www.marijuanadoctors.com

articles on research being conducted with positive results,

* Fracture Healing (Bone density loss osteopenia)

* www.Labroots.com/trending/cannabis sciences cannabidiol enhances fracture healing

* www.biotrack.com/CBD-and-bone-fracture

Start

Darla Allen (Cousin) Dec 2016 Ehlers Danlos Cancer *
Jerrold Schalesky July 2017 Cancer (cousin) *
Yvonne Whorley (Schalesky) (Mom) Sept 2017 parkinsons *
Wesley Schalesky Dec 2018 (Uncle) heart never fully recovered from Auto accident 2011

4 family members last who voted for Measure 5

SANFORD HEALTH

HB1272
1/14/2019
H

House Human Services Committee
Rep. Robin Weisz, Chair
January 14, 2019
HB1272—Medical Marijuana

Chairman Weisz and members of the House Human Services Committee, my name is Chris Meeker, M.D. I am a board-certified emergency medicine physician and chief medical officer at Sanford Health in Bismarck. I appreciate this opportunity share comments on HB1272 in regards to North Dakota's medical marijuana program.

First, please allow me to share Sanford Health's medical marijuana policy: "Sanford Health does not endorse or oppose the use of medical marijuana. The decision is up to each Sanford doctor and what they feel is medically best for their patients. We base our discussions on medical research to ensure the best treatment for our patients."

That said, we offer two changes to HB1272 for your consideration.

We ask that you not allow the addition of naturopaths in the law's definition of "health care provider" (page 4, line 26). North Dakota's medical marijuana law requires a "bona fide provider-patient relationship" in which the patient is under the health care provider's continued care for the debilitating medical condition that qualifies the patient for the medical use of marijuana. Naturopaths are not trained nor qualified to medically care for any of the 12 medical conditions outlined in this law. Naturopathic theory and practice are not based upon the body of basic knowledge related to health, disease and health care that has been accepted widely by the scientific community. Moreover, the scope and quality of naturopathic education do not prepare the practitioner to properly and accurately diagnose illness nor provide appropriate treatment.

Secondly, we ask that you consider removing the following section from the certification form healthcare providers are asked to complete: " ... in the health care provider's professional opinion the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's the patient has a debilitating medical condition (page 7, lines 7-9)."

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The U.S. Drug Enforcement Administration (DEA) lists marijuana and its cannabinoids as Schedule I controlled substances, meaning they cannot legally be prescribed, possessed, or sold under federal law; and whole or crude marijuana is not approved by the U.S. Food and Drug Administration (FDA) for any medical use. These federal restrictions understandably hinder a health care provider's willingness to endorse marijuana's effectiveness.

Thank you for your time and consideration. I am happy to answer any questions.

Chris Meeker, M.D.
Chief Medical Officer
Sanford Health Bismarck
701-323-2601
Chris.Meeker@Sanfordhealth.org

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House Bill 1272
Human Services Committee
January 14, 2019

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I

Good morning Chairman Weisz and members of the Human Services Committee. My name is Jason Wahl, the Director of the Division of Medical Marijuana within the Department of Health. Also with me is Dr. Darleen Bartz who serves as the medical advisor to the Medical Marijuana Program. We are here to provide information related to House Bill 1272 and identify concerns the Department has with certain proposed changes to language within the Medical Marijuana chapter of state law.

In review of the proposed changes to North Dakota Century Code Chapter 19-24.1 ("Medical Marijuana"), I categorize the changes into the following five areas:

1. Adding to the list of debilitating medical conditions. The bill would add six conditions to the list of debilitating medical conditions. Chapter 171 of the 2017 Session Laws required the Department of Health to conduct a study relating to debilitating medical conditions (results of the review are included in the Medical Marijuana Program Annual Report, Fiscal Year 2018 available for viewing at www.ndhealth.gov/mm). Two (autism and Tourette's syndrome) of the six conditions in the bill to be added were in the list of top 10 conditions not specifically listed in North Dakota law. At the time of the review, there were five states who included Tourette's syndrome and four states included autism in their list of qualifying conditions.

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2. Adding physician assistants and naturopaths to the definition of health care providers. The Department of Health supports adding physician assistants as they have been granted prescriptive practice authority similar to that of physicians and advanced practice registered nurses.

   If physician assistants were included to be eligible to complete a written certification form, we would also verify their status with their appropriate licensing board. This is similar to what we currently do for physicians and advanced practice registered nurses completing a written certification form.

3. Adding dried leaves or flowers to the definition of pediatric medical marijuana. The Department opposes this change to state law. Providing access to dried leaves or flowers for individuals under the age of 19 presents serious concerns related to the ***brain development*** of the minor patients. Research has supported this position. State law currently limits the amount of THC (tetrahydrocannabinol) in products to 6 percent. THC is the cannabinoid in marijuana that provides the euphoria, or a high. Allowing dried leaves and flowers to minors would significantly increase the THC percentage. Rather than a product with 6 percent THC or less, this change could provide access to dried leaves or flowers with THC percentages in excess of 20 percent.

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4. Removing the additional authorization for dried leaves or flowers. Currently, a health care provider must provide authorization for a qualifying patient to have access to dried leaves or flowers. This authorization is a part of the written certification form.

5. Adding a requirement to allow a registry identification card issued in another state to have the same force and effect as a registry identification card issued by the Department. This proposed change would allow an individual from one of the other 32 states with medical marijuana programs to enter a registered dispensary in North Dakota and make purchases. The Department opposes this change to state law for the following reasons:
    - The criterion (e.g., medical conditions and provider recommendations) that qualify an individual for a medical marijuana program in another state may not be consistent with the medical conditions and designation criteria that qualify a patient in North Dakota.
    - The Department would have no assurance the card from another state was active and dispensaries would not be trained to identify or recognize all registry cards from other states (forged or falsified cards). Every time a qualifying patient enters a dispensary, a dispensary representative is required to verify the status of the card before allowing the individual into the restricted access area to make a purchase. This is accomplished using the Department's

information management system. This system is exclusive to North Dakota and maintains no information on other states' program.

- The proposed change could allow individuals from other states to obtain certain forms of marijuana their state specifically precludes them from obtaining under their medical marijuana program. For example, the state of Minnesota does not authorize dried leaves or flowers under their medical marijuana program. The proposed change in this bill would allow a Minnesota patient to buy dried leaves or flowers even though the state of Minnesota has not authorized the individual to do so in their state. Also, since our state would not have information regarding previously purchased amounts, this change could allow individuals from another state to consistently purchase in excess of allowable amounts set by their state.

This concludes my testimony. I am happy to answer any questions you may have.

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J

NDMA
Est.1887 NORTH DAKOTA MEDICAL ASSOCIATION

House Human Services Committee
HB 1119
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HB 1283
January 14, 2019

Good morning Chairman Weisz and Committee Members. I am Courtney Koebele and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA is supportive of the changes contained HB 1119. In 2017, it was understood that the process may need some tweaking and the law may have to be changed down the line while the program is being implemented. The changes proposed seem to be beneficial to the success of the program.

Regarding HB 1283, NDMA is supportive of removing the certification language on page 2, line 5, that "in the health care provider's professional opinion the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's condition." We believe this may allow more providers to feel comfortable recommending medical marijuana.

We have concerns about removing sections b, c, d, and e on page 1 lines 15-23. At this point we don't know if this is a barrier, and there are good public health reasons to keep them in the law.

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The North Dakota Medical Association opposes including naturopaths as providers in HB 1272. This expands the scope of naturopaths, which we have opposed during the last two sessions. Our concerns focus on patient safety and quality medical care.

When professions seek to practice outside of their training, and thus endanger the safety of North Dakota patients, NDMA will object. Naturopaths do not receive the training to adequately diagnose many of the conditions in ND medical marijuana law. NDMA has further concerns that the board regulating them in North Dakota does not have the expertise in those areas to properly regulate and discipline.

NDMA does support including Physician Assistants as providers who may certify. Physician assistants (PAs) undergo rigorous medical training and must graduate from an accredited PA program in order to take the national certifying exam to be licensed. Like physicians and nurse practitioners, PAs must complete extensive continuing medical education throughout their careers.

PAs are licensed healthcare providers that practice medicine to include the diagnosis and treatment of medical conditions, ordering of diagnostic studies, and have prescriptive privileges for medications. Physician assistants also are primary care providers like physicians and advanced practice registered nurses. Adding this type of primary care provider to the list of providers would increase access for those patients.

Thank you for your time today. I would be happy to answer any questions you may have.