

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.

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 for two reasons. The first reason being 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.

The second reason pertains to the adverse effects of smoking to one's **lungs and cardiovascular system** especially when initiated in adolescence or young adulthood. The National Institute of Health in a longitudinal study (2013) showed the incidence of lung cancer almost doubled when children and adolescents were introduced to combustible marijuana to children over the course of their lifetime. We would be happy to follow up with the committee to provide you with the noted research that addresses this area of concern.

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.