

2023 SENATE JUDICIARY

SB 2068

2023 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Peace Garden Room, State Capitol

SB 2068
1/4/2023

A bill relating to the maximum concentration or amount of tetrahydrocannabinol permitted in a thirty-day period.
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1:31 PM Chairman Larson opened the hearing.
Senators Larson, Paulson, Sickler, Braunberger, Estenson, Luick and Myrdal are present.

Discussion Topics:

- Medical marijuana
- Possessing medical marijuana

1:32 PM Senator Roers introduced the Bill.

1:35 PM Jason Wahl, Director for ND Medical Marijuana Division, verbally testified neutral on the bill, provided information, and answered questions from the Committee.

1:55 PM Chairman Larson closed the public hearing.

1:58 PM Chairman Larson closed the meeting.

Rick Schuchard, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Peace Garden Room, State Capitol

SB 2068
1/9/2023

A bill relating to the maximum concentration or amount of tetrahydrocannabinol permitted in a thirty-day period.
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2:57 PM Chairman Larson opened the meeting.

Present were Chairman Larson, and Senators Myrdal, Luick, Estenson, Braunberger, Sickler, and Paulson.

Discussion Topics:

- Medical marijuana
- Dosages

2:56 PM Senator Myrdal moves to Do Not Pass. Senator Luick seconds the motion.

3:04 PM Senator Luick moves to amend to 6 thousand milligram dosages. Motion fails for lack of a second.

3:12 PM Roll call vote taken on Senator Myrdal motion to Do Not Pass.

Senators	Vote
Senator Diane Larson	Y
Senator Bob Paulson	Y
Senator Jonathan Sickler	N
Senator Ryan Braunberger	N
Senator Judy Estenson	N
Senator Larry Luick	Y
Senator Janne Myrdal	Y

Motion passes in favor of Do Not Pass. 4-3-0

Senator Luick will carry the bill.

3:12 PM Chairman Larson closed the meeting.

Rick Schuchard, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2068: Judiciary Committee (Sen. Larson, Chairman) recommends **DO NOT PASS** (4 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). SB 2068 was placed on the Eleventh order on the calendar. This bill does not affect workforce development.

2023 HOUSE HUMAN SERVICES

SB 2068

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2068
3/1/2023

Relating to the maximum concentration or amount of tetrahydrocannabinol permitted in a thirty-day period.

Chairman Weisz called the meeting to order at 1:41 PM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, and Gretchen Dobervich present. Reps. Clayton Fegley and Jayme Davis not present.

Discussion Topics:

- Limits in neighboring states
- Possession limits
- Marijuana products

Jason Wahl, North Dakota Medical Marijuana Program, spoke in neutral position to SB 2068.

Sen. Roers introduced SB 2068, speaking in support.

Casey Neumann, CEO of Pure Dakota Health, supportive testimony (#21477).

Additional written testimony:

Gail Pederson, Cannabis Nurse Educator and member of the American Cannabis Nurses Association's Government Policy and Advocacy Committee, supportive testimony (#21475).

Chairman Weisz adjourned the meeting at 1:57 PM

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2068
3/6/2023

Relating to the maximum concentration or amount of tetrahydrocannabinol permitted in a thirty-day period.

Chairman Weisz called the meeting to order at 4:38 PM.

Chairman Robin Weisz, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, and Gretchen Dobervich present. Vice Chairman Matthew Ruby and Rep. Jayme Davis not present.

Discussion Topics:

- Committee work

Chairman Weisz called for a discussion on SB 2068.

Rep. Beltz moved a do pass on SB 2068.

Seconded by Rep. Prichard.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	AB
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	AB
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	N
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	N
Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rohr	N

Motion carries 9-3-2. Carried Rep. Prichard.

Chairman Weisz adjourned the meeting at 4:42 PM.

Phillip Jacobs, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2068, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **DO PASS** (9 YEAS, 3 NAYS, 2 ABSENT AND NOT VOTING).
Engrossed SB 2068 was placed on the Fourteenth order on the calendar.

TESTIMONY

SB 2068

Dear Chairman Weisz and the Human Services committee. Thank you for allowing me to testify today. I am Gail Pederson from District 24 here to speak in support of Engrossed Senate bill 2068, to increase the monthly allotment of concentrates for our medical cannabis patients. I am a Cannabis Nurse Educator and consultant and a member of the American Cannabis Nurses Association's Government Policy and Advocacy Committee. I am also a moderator on a ND Medical Cannabis Social Media site with over 1500 members.

This is a bill brought to you by the Medical Marijuana advisory board. Their knowledge and foresight for this need should be respected. The 6 Mg THC limit brought up in the bill is really too little. As Mr Wahl brings up, we are on the low side for limits. The way that a state measures its allotments vary greatly. An example of such limits- the child concentrate dose in Colorado was reduced to 8gms A DAY during their last legislative session. They saw an influx of the first cannabis refugees for parents and their children with seizures. In Montana's medical program before their adult use legalization, a patient had the ability to buy 28gms of flower a day or the equivalent weight in concentrate which would be 28gms a day, and we are giving our patients 6 grams a month?

There are well respected cancer and pain protocols with doses up to a gram of concentrate a day. There ARE dosing guidelines. There are specialists in cannabis therapeutics. There are many barriers for patients who wish to use cannabis. As Senator Estensen, a nurse, pointed out speaking for the measure in committee and the floor, many pain protocols are variable. Amount and dosing per day is variable for many people. Cannabis protocols are no different.

Some patients can get by with microdosing. Others cannot. An example-a patient who is very sensitive uses only 6 drops of tincture. She doesn't like the effects if she goes any higher, even 2 drops! Another friend and I am aware of many, routinely uses their allotment before the month is out. This is a disservice for our patients.

Few people can afford our concentrate products in the amount requested, as we have the most expensive in the country and in my comparisons of legal states we have some of the lowest quality. While I keep hearing in comments and testimony that there are concerns with cannabis dependence and misuse and that the product will be diverted, some facts must be brought up.

-Cannabis use disorder is only about 9% for those who use it medicinally. It may be more with adult use, but you know what else is about that level of dependence? Coffee! Opioid dependence is up to 19% of people who take it. The side effects are awful and the withdrawal is dangerous. To reduce the increasing need for cannabis, a simple reset by not using for 48 hours reduces the effective dose. This allows your endocannabinoid system to be more responsive. No danger of serious withdrawal, mostly just some irritability, insomnia and loss of appetite.

Studies are showing many people can decrease opioid use and improve their quality of life. cannabis can increased feelings of the "savoring of life" for up to 64% of respondents in many studies.

Our limits for concentrates are too low to be effective for our patients. I ask that you please vote affirmatively for Engrossed SB 2068. Thank you. I stand for questions.

Gail Pederson, SPRN, HN-BC
bewellhealingarts@gmail.com
701 490-2132

March 1, 2023

RE: Testimony in support of Senate Bill 2068

Chairman Weisz & members of the committee.

My name is Casey Neumann and I am the CEO of Pure Dakota Health.

North Dakota's current concentrate allotment is by far the most conservative in the United States. South Dakota's medical marijuana program allows each patient to purchase 3 ounces of marijuana or its equivalent every 14 days. In this situation a patient would be allowed to purchase 3 ounces of flower as well as $28.35 \times 3 \times .15 = 12,757$ milligrams every 28 days. Minnesota's concentrate limit is controlled by in-house pharmacists and appears to be variable. Montana has a daily purchase limit of up to 8,000 milligrams of concentrates. The North Dakota allotment allows for the purchase of up to 4,000 mg of concentrates every 30 days; whereas, the Flower allotment allows 70.87 g of flower material. In order to provide some additional insight into what these numbers mean, I would like to draw a relatively easy comparison by calculating a rough estimate of the total THC (active constituent the allotment system is based upon) each allotment can provide.

The extract system is designed to allow patients to purchase 4000mg of THC, with purchases deducting the "exact" amount of decarboxylated THC (described using quantitative analysis and a mathematical formula that approximates decarboxylation or conversion losses). All in all, patients are able to purchase as many products as possible while remaining under 4000mg of combined Total THC within a 30-day period, which typically equates to roughly 4.5 to 5 distillate cartridges per month (typically last between 3-6 days each?). Comparatively, the Flower allotment allows for the purchasing of 70.87 grams of flower material which assuming an average of 15% Total THC flower material (I would guess a little below the actual average), this means we have 70,870mg of material weight * .15(average Tot. THC) resulting in over 10,630 milligrams of consumable Tetrahydrocannabinol. Furthermore, this basic understanding forgoes the intricacies of the allotment system's scheduling component which further complicates the consumption of extracts by patients due to purchasing being based on the potencies of standard sized products. Extract products have the ability to offer patients a much purer product whether they are in search of inhalation through vaporization or oral ingestion. I do believe that the current concentrate allotment is the largest issue facing the North Dakota Medical program,

Please make a difference today by voting to pass Senate Bill 2068.