

Good morning Chairman Weisz and members of the Human Services Committee. My name is Jason Wahl, Director of the Division of Medical Marijuana within the Department of Health. I am here to oppose certain sections and provide information on House Bill 1417 related to proposed changes to language within the Medical Marijuana chapter of state law.

The Committee has already heard testimony to a number of changes included within House Bill 1417. Sections 2, 5, 6, 7, and 8 of this bill are the same or very similar to the changes proposed in House Bill 1283 regarding a bona fide provider-patient relationship and a written certification. We have worked with Representative Kathy Skroch, legislative council, and legal regarding House Bill 1283 and are supportive of the changes with that bill. As a result, we would oppose the changes to the bona fide provider-patient relationship and written certification as House Bill 1417 is currently written.

Section 3 of House Bill 1417 would make changes to the list of debilitating medical conditions. Previously, testimony was heard on House Bill 1272 that contained changes to the list of debilitating medical conditions as well. Only one condition (Ehlers-Danlos syndrome) is included in both bills. 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](http://www.ndhealth.gov/mm)). Neuropathy

related conditions was one of the top ten conditions we identified not being specifically listed in North Dakota law.

House Bill 1417 would make a change in the allowable amount to be purchased and possessed by a qualifying patient with cancer. The purchasing amount in a 30-day period would more than double, going from 2.5 ounces to 6 ounces. Also, the bill would provide for a 2.5 times higher possession limit (going from 3 ounces to 7.5 ounces). In addition, the bill would eliminate the requirement for a health care provider to authorize the use of dried leaves or flowers. This, in turn, would eliminate the requirement for a registry identification card to include whether the qualifying patient is authorized for dried leaves or flowers.

The Department of Health did submit a fiscal note regarding implementation of House Bill 1417. There are three areas of the bill that would require changes to the information technology system. This includes changes to the written certification form, the addition of an enhanced amount of dried leaves or flowers, and the removal of the additional authorization for the use of dried leaves or flowers. The estimated cost to change these items in the system is approximately \$30,000.

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