

# Senate Health and Human Services Committee

*Sonja Caldwell 271-2117*

**HB 1231**, permitting qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.

**Hearing Date:** April 18, 2024

**Members of the Committee Present:** Senators Birdsell, Bradley and Prentiss

**Members of the Committee Absent :** Senators Avard and Whitley

**Bill Analysis:** This bill permits qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.

---

**Sponsors:**

Rep. W. Thomas

Rep. Newell

Rep. A. Murray

Rep. M. Perez

Rep. Wheeler

---

**Who supports the bill:** Dr. Jerry Knirk (Therapeutic Cannabis Medical Oversight Board), Rep. Heath Howard, Rep. Erica Layon, Rep. Wendy Thomas, Ted Wright, Paul Twomey, Matt Simon (Granite Leaf Cannabis), Dr. Joe Hannon, Michael Bisson, Hayden Smith, Dan Watkins, Curtis Howland, Janet Lucas, Brian Homer, Martha Jaquith, Carl Manikian, Dorothy Brozek, Ryan Donnelly (Granite State Independent Living), Rachel Valladares, James Riddle, Karen O'Keefe, Timothy Egan (NHCANN)

**Who opposes the bill:** Elizabeth Sargent (NH Assoc. of Chiefs of Police), Laura Condon, Patricia Tsagaris, Daniel Richardson

**Who is neutral on the bill:** No one

**Summary of testimony presented in support:**

**Rep. Thomas**

- Rep. Thomas said this topic has come up before. This bill permits qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.
- One reason we need this bill is cost. Cannabis is not covered by insurance. If you are a patient who uses a lot to control symptoms it can be expensive.
- Rep. Thomas said this is a vulnerable population as many might not be able to hold jobs.
- This bill helps low-income, immobile, or homebound patients who need medicinal cannabis to be able to grow their own medication or get help doing so.
- Dispensary locations can also be a barrier to access. There are only 7 dispensary locations in NH. Not all patients have cars.

- Another reason this bill is needed is strains. Everyone reacts differently to different cannabis strains. The strain that works best for an individual might be discontinued, therefore growing is a good option.
- Rep. Thomas said she has had Long Covid and has had 3 major cancer surgeries and has relied on cannabis to get through.
- The NH therapeutic cannabis program began in 2013. Since it began, we've learned about the program and patients' needs and have modified the program.
- Since 2009, the NH House has supported allowing patients with qualifying conditions to cultivate a limited supply of cannabis. In 2012 and 2019 the Senate agreed but the governor vetoed the legislation.
- This bill has guardrails. Patients are still bound by the guidelines of the program. If the plants are grown outside, they cannot be in view of another private property. There are certain limitations on how much one can grow. It would authorize 3 mature flowering plants, 3 immature non-flowering plants, and 12 seedlings. Additionally, the plants must be kept in a locked, secured location that is reported to the state. Patients would also have access to state labs for testing for contamination like mold.
- This bill does not mean that every patient will start growing plants.
- The bill does not create dealers or suppliers. To be in the program you must sign a contract that stipulates how much cannabis you can have, where you can keep it, and where you can use it.
- This is a medical program for very sick patients.
- Secure home cultivation is not causing problems in other states that have reasonable safeguards. No state has repealed home cultivation.
- Allowing home cultivation provides financial relief. It also helps to displace the illicit market.
- Rep. Thomas provided statistics regarding what surrounding states allow for home cultivation. Connecticut allows up to three mature plants and three immature plants. Maine allows up to six flowering plants, 12 immature plants, and unlimited seedlings. Massachusetts allows up to twelve plants. Rhode Island allows 12 mature plants and 12 immature plants. Vermont allows up to two mature plants and seven immature plants.
- Dispensaries support this bill and are ready to offer educational classes.
- Rep. Thomas said police have some concerns about how they would know whether or not someone is a patient if they see cannabis. The therapeutic cannabis program issues cards, similar to a drivers' license, to patients registered with the program.

#### **Dr. Jerry Knirk**

- Dr. Knirk stated that the Therapeutic Cannabis Medical Oversight Board supports the bill.
- The bill will help with affordability, accessibility, and availability of certain strains.
- The board held a listening session two years ago to obtain feedback from patients about the program. The most common concerns they heard were issues of affordability of products, accessibility of ATCs and availability of specific strains.
- Different cannabis strains have different cannabinoid and terpene profiles. Several patients felt home cultivation would address these problems.
- The bill allows a home cultivator to submit their cannabis to a lab for testing. This will allow them to know the profile and ensure safety.
- The bill also allows ATCs to provide seedlings knowing the cannabinoid profile, which will help someone get the strain they need.

- Seeds for cannabis are federally legal and are available with specific cannabinoid content.
- The bill has robust protections in terms of limitations of number of plants that can be cultivated, the registration of cultivation sites, and they must be enclosed and locked.
- He explained that the house amended the bill to remove language from the original bill that provided for an affirmative defense for patients that had applied for a card but had not yet received it.

### **Michael Bisson**

- Mr. Bisson is concerned with cost. He said that most people who have chronic pain take strong medications, but cannabis is only moderately effective. He said that switching to cannabis means transitioning from strong medication to only a moderate pain killer. Mr. Bisson said if you are in the therapeutic cannabis program, doctors will not also prescribe these strong pain killers; it is either or.
- Mr. Bisson said once the plant is cured it is dissected 7 times before the flower is purchased.
- Mr. Bisson said he cannot juice a raw plant because he doesn't have access to it.
- Dispensaries makes concentrates from working the raw product.
- If he can grow plants at home, he would be able to have all parts of the plant and could make what he needs.
- People on SSI live on under \$1,000 a month and they cannot afford the dispensary.
- Mr. Bisson said he lives on a disability check; however, he still can work, which allows him to continue to own his home and go to the dispensary a little bit. He said he can afford one gram of plant material a day. A joint at the dispensary is about half to ¾ of a gram and cost \$10.
- Mr. Bisson said he came back to NH from California because of the therapeutic cannabis program but found it was unaffordable.
- Mr. Bisson said that one ounce of product is one gram a day. He said that federal patients receive 300 joints a month.
- Mr. Bisson said this bill will benefit folks who are homebound as they will be able to cultivate their own plants and have enough product that they can use.

**Sen. Prentiss** asked what he meant by "juice."

**Mr. Bisson** said he was referring to getting the juice out of the plant with a juicer. Raw plant is different than a cured plant. There is a higher level of benefit from a live plant. It means being able to use every bit of the product including stems and roots. Instead of being stuck with a joint to smoke, he could make juice, butter to cook with, or his own gummies. Mr. Bisson said Granite Leaf used to take the floor samples and repackage them to sell at a lower price to people of limited income, however they no longer do so.

### **Ted Wright**

- Mr. Wright is a former state representative.
- Mr. Wright explained what he and his wife have been through to illustrate why this is an important bill.
- His wife is a cancer patient who received a terminal diagnosis in 1994.
- In 2010 she got into a clinical trial that changed everything. After six months in the clinical trial, cancer was no longer detectable on her scans. The problem was that the treatment gave her chemotherapy-induced anorexia.

- After she had lost 32 pounds, they had to stop giving her the drug. A nurse suggested she try cannabis to be able to eat. She tried cannabis and within an hour was able to eat, and in three months she put all of the weight back on and stayed in the clinical trial for five years until it was approved by the FDA.
- She was on the drug for 11 years and though she has been off for 3 years, she continues to have issues with eating.
- The cost is an issue for them. Mr. Wright said that \$350-400 a month is the equivalent of a car payment.
- They were faced with moving. They realized it would save them a considerable amount of money if they moved to Maine.
- Mr. Wright said that in Maine he can grow 6 plants a year for each of them, which is enough for his wife for the whole year. They know which strain she needs and use the same strain every year.
- Mr. Wright said he knows what goes into the plant. They start them in the bathtub and then move them out back. They have to keep it out of sight, and it has to be locked.
- The cost of the therapeutic cannabis program in NH is what drove them out of the state. With the cost of her treatments at \$32,000 every 3 weeks, he could not afford the therapeutic cannabis.

#### **Dr. Joe Hannon**

- Dr. Hannon said this bill will allow patients to grow their own medications to save money.
- People can spend hundreds or thousands of dollars a year on medical costs.
- Dr. Hannon said this also could save the state money. He said it has been shown that states with robust medical cannabis programs have saved money on Medicaid costs.
- Cannabis cannot replace every medicine but for some it can.
- Dr. Hannon said NH allows home brew of 200 gallons of beer or wine a year for two adults per household. He said there is no oversight. He is asking the committee to do the same for something that has medical benefit.
- Many studies show gardening has a therapeutic effect for those with depression or anxiety. He said there is more than one reason to do this; it is not just about the money.

#### **Paul Twomey**

- Mr. Twomey was House legal counsel in 2013 when the first medical marijuana bill passed, however, he said he wasn't involved in that.
- He has seen lives ruined by the needless criminalization of cannabis.
- He was a member of the cannabis study commission in 2017 or 2018. It was his job to read all scientific and medical literature.
- Mr. Twomey said he is a medical cannabis patient. He has sleep apnea and cannabis lessens the number of incidents he has in a night. He also has arthritis. He said that when he started taking cannabis for his sleep apnea he couldn't open or close the fingers on his hand. He didn't use cannabis for arthritis but after a few months he realized he could use his hand.
- Mr. Twomey said he had no access to medical care growing up. He said there are a lot of people like that, and they cannot afford the prices that ATCs have to charge.
- He said he takes the lowest amount of cannabis possible as he has no interest in being high. He said there isn't a big market for that, so the cost is expensive.
- Many people have no access to be able to afford it.

- When he buys a small bottle, he is surprised by how expensive it is. He only takes one drop a night.
- This bill would give people the ability to access medicine so they can live without pain or be able to eat.

**Matt Simon – Granite Leaf Cannabis**

- Mr. Simon said Granite Leaf Cannabis strongly supports this bill. They are a nonprofit dedicated to serving patients.
- Patients are not well served by felony penalties for home cultivation.
- Their cultivation staff would love to teach classes if this becomes legal. They would like to provide seedlings.
- Regarding costs, they have worked hard to become more efficient. They have lowered prices. They have automated processes.
- In the first year, they only served few thousand patients. They now serve about 15,000 patients, which made it possible for them to do a better job.
- They recently reduced flower prices for the second time. Their most premium ounce of flower is now under \$300.
- They have reduced prices across every product category, but the prices are still cost prohibitive for some patients.
- Mr. Simon provided a handout with the history of home grow legislation in NH.

**Sen. Bradley** said Mr. Simon just made the point that as the number of patients expanded, Granite Leaf Cannabis had greater scales of economy. Sen. Bradley asked if the prior bill that would open up the prescribing passed and potentially doubled the 15,000 patients they currently serve, if prices would continue to come down.

**Mr. Simon** said yes, that would enable them to further reduce prices.

**Sen. Bradley** said if the price stays in this range he would consider legalizing home grow, but if the prices are going to come down, he would consider the problems home grow can cause like the black market.

**Mr. Simon** said there is still a robust illicit market for cannabis and allowing someone to grow few plants would not add to that.

**Dr. Knirk** said he did not think HB1278 would cause a big expansion of therapeutic cannabis patients as the majority of providers do not have a solid enough feel of the program to be able to start referring patients.