

SB 29 - AS INTRODUCED

2021 SESSION

21-0831

08/04

SENATE BILL **29**

AN ACT relative to the health risks associated with dispensing high-concentration marijuana in alternative treatment centers.

SPONSORS: Sen. Giuda, Dist 2; Sen. Carson, Dist 14; Rep. M. Pearson, Rock. 34; Rep. Weyler, Rock. 13

COMMITTEE: Health and Human Services

ANALYSIS

This bill allows a medical provider to request an exemption from the department of health and human services to the limitations on THC content in medical marijuana on behalf of a qualifying patient.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears ~~[in brackets and struckthrough]~~
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty One

AN ACT relative to the health risks associated with dispensing high-concentration marijuana in alternative treatment centers.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Statement of Intent.

2 I. The general court recognizes that the United States Surgeon General has issued a major
3 health advisory on the risks associated with high-potency marijuana on the developing brains of
4 adolescents. The Surgeon General's warning adheres to the generally accepted medical and
5 psychiatric definition of an adolescent as ranging in age from 12 to 25 years old. The advisory reads
6 in part:

7 (a) "I, Surgeon General VADM Jerome Adams, am emphasizing the importance of
8 protecting our nation from the health risks of marijuana use in adolescence and during pregnancy.
9 Recent increases in access to marijuana and in its potency, along with misperceptions of safety of
10 marijuana endanger our most precious resource, our nation's youth."

11 (b) "Marijuana available in dispensaries in some states has average concentrations of
12 THC between 17.7 percent and 23.2 percent. Concentrated products, commonly known as dabs or
13 waxes, are far more widely available to recreational users today and may contain between 23.7
14 percent and 75.9 percent THC."

15 (c) "The risks of physical dependence, addiction, and other negative consequences
16 increase with exposure to high concentrations of THC and the younger the age of initiation. Higher
17 doses of THC are more likely to produce anxiety, agitation, paranoia, and psychosis."

18 (d) "In addition, chronic users of marijuana with a high THC content are at risk for
19 developing a condition known as cannabinoid hyperemesis syndrome (CHS), which is marked by
20 severe cycles of nausea and vomiting."

21 II. The general court further recognizes that pain is the main reason for medicinal
22 marijuana use. The generally accepted medical and psychiatric THC content known to be efficacious
23 in the treatment of neuropathic pain and reduce the risk of dependence is 5 percent to 10 percent.
24 Online sampling of 4 New Hampshire alternative treatment centers found 84 percent of products
25 dispensed contain THC concentrations between 15 percent and 30 percent.

26 2 New Paragraph; Alternative Treatment Center; Exceptions. Amend RSA 126-X:8 by inserting
27 after paragraph XVIII the following new paragraph:

28 XIX.(a) A provider shall not issue written certification for nor an alternative treatment
29 center dispense, deliver, or otherwise transfer to a qualified patient under 21 years of age, marijuana
30 that has a tetrahydrocannabinol (THC) potency, by weight or volume, of greater than 10 percent in

SB 29 - AS INTRODUCED

- Page 2 -

1 the final product. However, a provider may certify such qualified patient for marijuana with any
2 potency of THC, if the qualified patient is diagnosed with a terminal condition and the provider
3 indicates such on the written certification.

4 (b) A provider may request an exception to the THC concentration limits established in
5 this paragraph electronically on a form created by the department of health and human services.
6 Such form shall include, at a minimum:

7 (1) The qualified patient's qualifying medical condition.

8 (2) The dosage and administration route insufficient to provide relief to the qualified
9 patient.

10 (3) A description of how the qualified patient will benefit from high-concentration
11 THC.

12 (4) The minimum daily dose of marijuana that would be sufficient for treatment of
13 the qualified patient's qualifying medical condition.

14 (5) A copy of such records which support the certification of a qualifying medical
15 condition requiring high-concentration THC available to the department, and otherwise provide
16 information to the department upon request about the patient's qualifying medical condition, to
17 ensure compliance with this chapter and rules adopted under it.

18 (c) The department shall approve the request within 14 days after receipt of the
19 complete documentation required by this paragraph. The request shall be deemed approved if the
20 department fails to act within 14 days.

21 3 Effective Date. This act shall take effect 60 days after its passage.