

New Hampshire Department of Health and Human Services
Division of Public Health Services
Therapeutic Cannabis Program
2018 Data Report

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Introduction

Pursuant to RSA 126-X:10, the Commissioner of the Department of Health and Human Services shall report annually on the Therapeutic Cannabis Program established under RSA 126-X. The report shall be made to the NH Health and Human Services Oversight Committee established under RSA 126-A:13, the NH Board of Medicine, and the NH Board of Nursing.

The report shall allow for identification of patterns of certification by qualifying patient and designated caregiver, location, age, medical condition, symptom or side effect, and medical provider, and for analysis and research to inform future policy, educational, and clinical decisions.

In 2018 administration of the Therapeutic Cannabis Program was moved to the Division of Public Health Services (DPHS) within the Bureau of Public Health Systems, Policy and Performance.

Therapeutic Cannabis Program Registry Data

The data presented in this section reflects data in the Therapeutic Cannabis Program Registry Database as of June 30, 2018. In order to protect the confidentiality of patients and caregivers, where fewer than five individuals are affected with regard to city or town the number of individuals has not been published.

Alternative Treatment Center (ATC) Annual Report Summary

The data presented in this section reflects ATC data between July 1, 2017 and June 30, 2018.

Qualifying Patient Satisfaction Survey Results

The data presented in this section reflects data gathered from qualifying patients between mid-June and early August 2018.

Alternative Treatment Center Expansion

The reports in this section support the Therapeutic Cannabis Program's patient needs assessment required by NH Senate Bill 388 (Laws of 2018) for the approval of second dispensary locations to be operated by (1) Temescal Wellness, the licensed ATC serving qualifying patients in NH TCP Region 3 (Cheshire and Sullivan counties), and (2) Sanctuary ATC, the licensed ATC serving qualifying patients in NH TCP Region 4 (Carroll, Coos, and Grafton counties). Temescal Wellness currently operates its regional ATC in Lebanon, and Sanctuary ATC currently operates its regional ATC in Plymouth. All results in this analysis are relative to registered TCP patients as of June 30, 2018.

Therapeutic Cannabis Program Web Page: http://www.dhhs.nh.gov/oos/tcp/index.htm

Therapeutic Cannabis Program Registry Data

Qualifying Patients

	# of Patients
Active Qualifying Patients	6480
Minor Patients	13
Patients with a Designated Caregiver	441

Qualifying Patients by Alternative Treatment Center

ATC Name	# of Patients
Prime ATC - Merrimack	2356
Sanctuary ATC - Plymouth	1698
Temescal Wellness - Dover	1537
Temescal Wellness - Lebanon	889
TOTAL	6480

Qualifying Patients by County

County	# of Patients
Belknap	494
Carroll	449
Cheshire	370
Coos	265
Grafton	509

County	# of Patients
Hillsborough	1559
Merrimack	805
Rockingham	1086
Strafford	635
Sullivan	308
TOTAL	6480

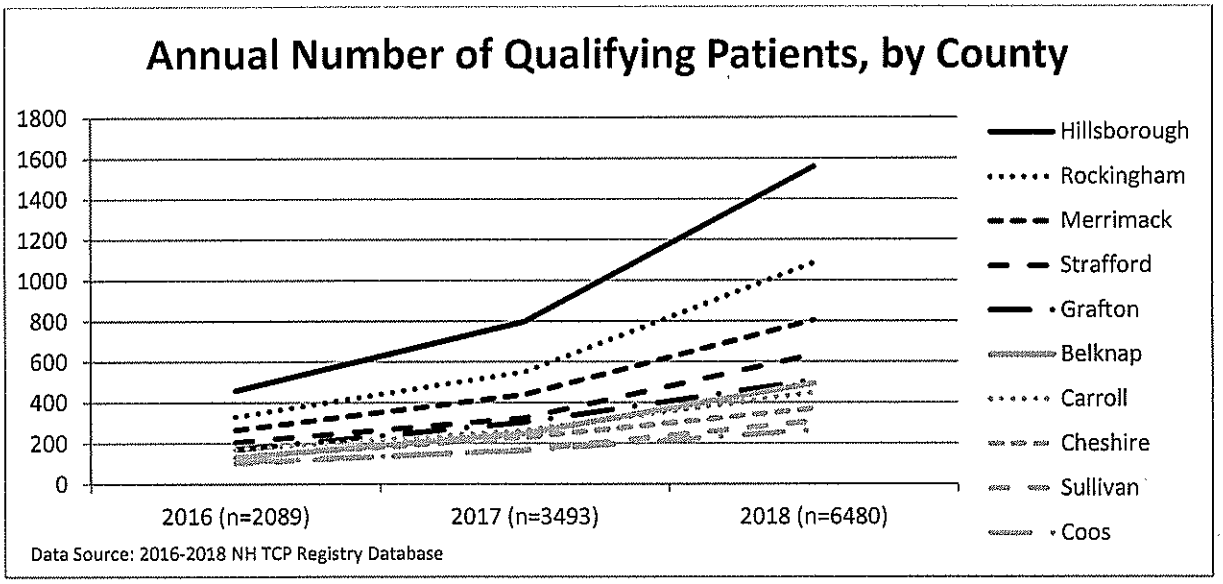


Table 1. Annual number of qualifying patients by county.

Qualifying Patients by City/Town

City/Town	# of Patients
ACWORTH	5
ALBANY	7
ALEXANDRIA	14
ALLENSTOWN	23
ALSTEAD	15
ALTON	42
AMHERST	54
ANDOVER	23
ANTRIM	23
ASHLAND	12
ATKINSON	18
AUBURN	19
BARNSTEAD	18
BARRINGTON	54
BARTLETT	32
BATH	<5
BEDFORD	68
BELMONT	57
BENNINGTON	12
BERLIN	102
BETHLEHEM	13
BOSCAWEN	19
BOW	35
BRADFORD	16
BRENTWOOD	11
BRIDGEWATER	<5
BRISTOL	32
BROOKFIELD	5
BROOKLINE	20
CAMPTON	33
CANAAN	29
CANDIA	29
CANTERBURY	9
CARROLL	<5
CENTER HARBOR	15
CHARLESTOWN	40
CHATHAM	<5
CHESTER	18
CHESTERFIELD	19
CHICHESTER	11
CLAREMONT	83
CLARKSVILLE	<5
COLEBROOK	11
COLUMBIA	<5
CONCORD	215
CONWAY	148
CORNISH	15
CROYDON	5
DALTON	<5
DANBURY	14
DANVILLE	14
DEERFIELD	18
DEERING	5
DERRY	169
DORCHESTER	<5
DOVER	148
DUBLIN	6
DUMMER	5
DUNBARTON	9
DURHAM	22
EAST KINGSTON	7
EATON	6
EFFINGHAM	<5
ENFIELD	42
EPPING	21
EPSOM	19
ERROL	<5
EXETER	55
FARMINGTON	42
FITZWILLIAM	12
FRANCESTOWN	6
FRANCONIA	6
FRANKLIN	79
FREEDOM	15
FREMONT	17
GILFORD	56
GILMANTON	22
GILSUM	<5
GOFFSTOWN	60
GORHAM	18
GOSHEN	<5
GRAFTON	13
GRANTHAM	22
GREENFIELD	8
GREENLAND	7
GREENVILLE	10
GROTON	<5
HALES LOCATION	<5

Patients by City/Town (cont.)

City/Town	# of Patients
HAMPSTEAD	30
HAMPTON	55
HAMPTON FALLS	8
HANCOCK	9
HANOVER	32
HARRISVILLE	8
HAVERHILL	17
HEBRON	6
HENNIKER	24
HILL	9
HILLSBOROUGH	41
HINSDALE	22
HOLDERNESS	11
HOLLIS	32
HOOKSETT	62
HOPKINTON	20
HUDSON	77
JACKSON	9
JAFFREY	25
JEFFERSON	5
KEENE	103
KENSINGTON	5
KINGSTON	28
LACONIA	143
LANCASTER	29
LANDAFF	<5
LANGDON	<5
LEBANON	77
LEE	26
LEMPSTER	12
LINCOLN	11
LISBON	8
LITCHFIELD	30
LITTLETON	21
LONDONDERRY	92
LOUDON	35
LYME	12
LYNDEBOROUGH	6
MADBURY	6
MADISON	18
MANCHESTER	376
MARLBOROUGH	14
MARLOW	9
MASON	8
MEREDITH	62

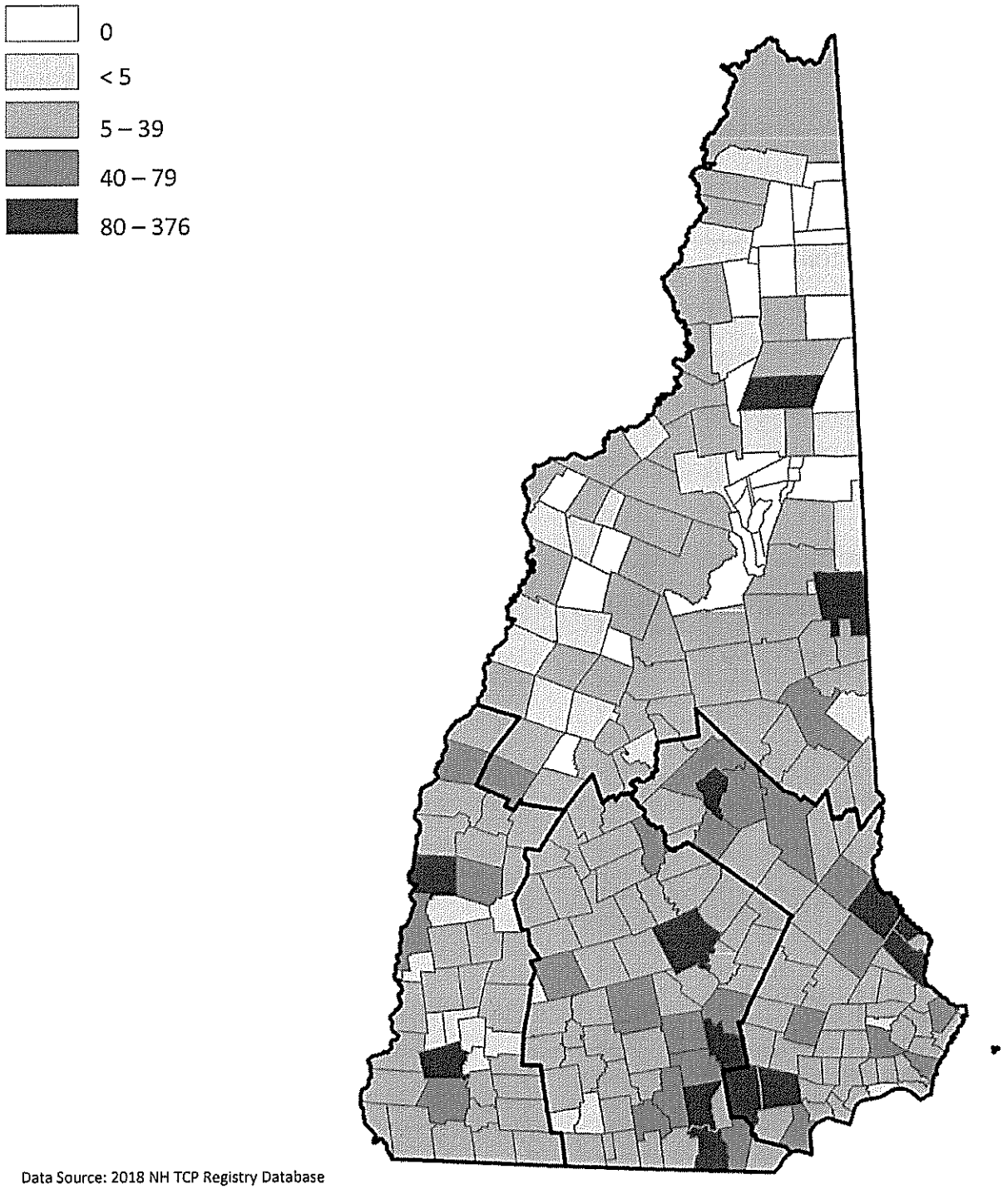
City/Town	# of Patients
MERRIMACK	137
MIDDLETON	10
MILAN	14
MILFORD	74
MILTON	18
MONROE	6
MONT VERNON	10
MOULTONBOROUGH	29
NASHUA	317
NELSON	<5
NEW BOSTON	30
NEW CASTLE	<5
NEW DURHAM	23
NEW HAMPTON	26
NEW IPSWICH	12
NEW LONDON	25
NEWBURY	17
NEWFIELDS	<5
NEWINGTON	5
NEWMARKET	30
NEWPORT	57
NEWTON	13
NORTH HAMPTON	12
NORTHFIELD	31
NORTHUMBERLAND	13
NORTHWOOD	25
NOTTINGHAM	24
ORFORD	<5
OSSIPEE	44
PELHAM	33
PEMBROKE	30
PETERBOROUGH	34
PIERMONT	<5
PITTSBURG	6
PITTSFIELD	27
PLAINFIELD	17
PLAISTOW	20
PLYMOUTH	39
PORTSMOUTH	77
RANDOLPH	<5
RAYMOND	49
RICHMOND	6
RINDGE	13
ROCHESTER	170
ROLLINSFORD	11

Patients by City/Town (cont.)

City/Town	# of Patients
ROXBURY	<5
RUMNEY	18
RYE	14
SALEM	72
SALISBURY	12
SANBORNTON	18
SANDOWN	31
SANDWICH	16
SEABROOK	26
SHARON	<5
SHELBURNE	<5
SOMERSWORTH	82
SOUTH HAMPTON	<5
SPRINGFIELD	7
STARK	<5
STEWARTSTOWN	9
STODDARD	7
STRAFFORD	23
STRATFORD	6
STRATHAM	24
SUGAR HILL	<5
SULLIVAN	<5
SUNAPEE	25
SURRY	<5
SUTTON	8
SWANZEY	41
TAMWORTH	27
TEMPLE	<5
THORNTON	7
TILTON	35
TROY	10
TUFTONBORO	20
UNITY	<5
WAKEFIELD	30
WALPOLE	20
WARNER	15
WARREN	<5
WASHINGTON	11
WATERVILLE VALLEY	7
WEARE	43
WEBSTER	10
WENTWORTH	10
WESTMORELAND	11
WHITEFIELD	23
WILMOT	8
WILTON	17
WINCHESTER	17
WINDHAM	33
WINDSOR	<5
WOLFEBORO	39
WOODSTOCK	6
TOTAL	6480

Registered Qualifying Patients

Number of Patients, by City/Town



Data Source: 2018 NH TCP Registry Database

Qualifying Patients by Age

Age of Patient	# of Patients
6	2
11	1
12	1
13	1
14	1
15	1
16	2
17	4
18	2
19	12
20	7
21	20
22	18
23	27
24	31
25	32
26	34
27	32
28	47
29	44
30	43
31	52
32	70
33	71
34	69
35	58
36	74
37	80
38	81
39	102
40	90
41	96
42	87
43	100
44	85
45	101
46	118
47	143
48	159
49	148
50	127
51	157
52	160
53	164
54	161
55	197
56	207
57	195
58	228
59	213
60	207
61	243
62	203
63	158
64	179
65	172
66	145
67	146
68	128
69	119
70	107
71	99
72	87
73	53
74	64
75	68
76	48
77	39
78	28
79	37
80	30
81	15
82	22
83	28
84	16
85	18
86	9
87	13
88	7
89	8
90	7
91	5
92	4
93	3
94	5
95	2
97	2
100	1
TOTAL	6480

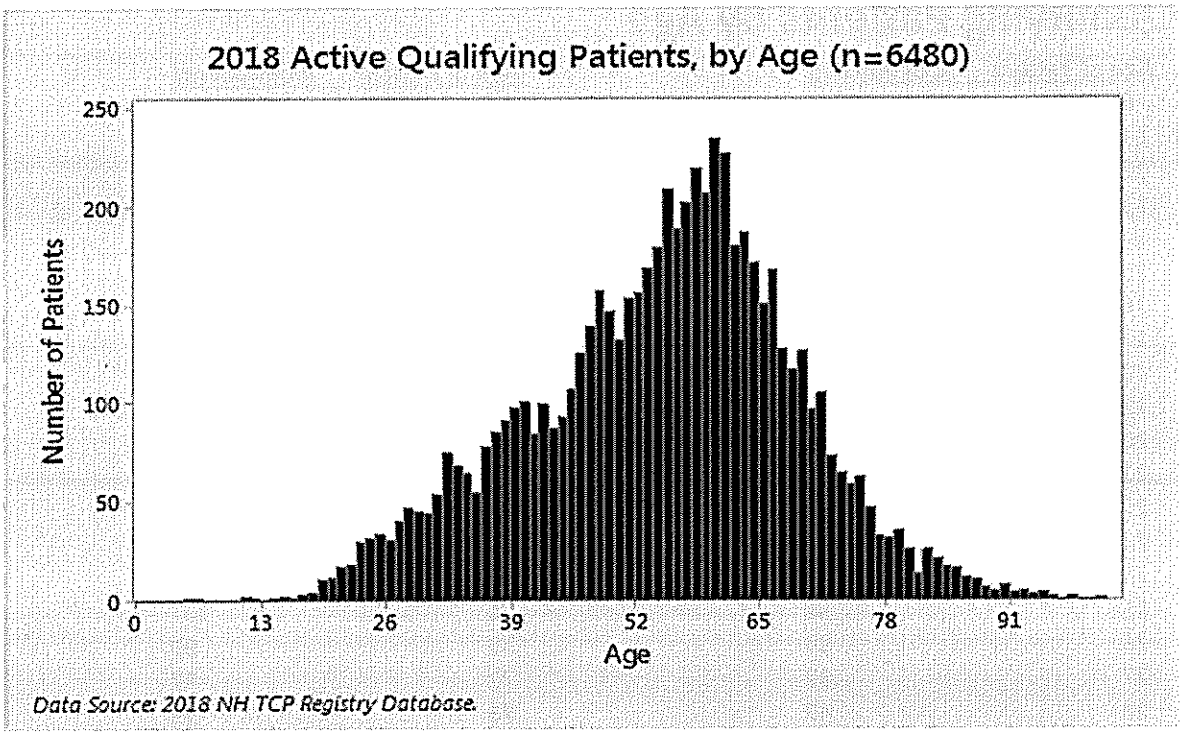


Table 2. Qualifying patients by age.

Designated Caregivers

	# of Caregivers
Active Designated Caregivers	428
Caregivers with 1 Qualifying Patient	416
Caregivers with 2-4 Qualifying Patients	12
Caregivers with 5 or more Qualifying Patients	0

Designated Caregivers by County

County	# of Caregivers
Belknap	27
Carroll	28
Cheshire	28
Coos	11
Grafton	31
Hillsborough	127
Merrimack	62
Rockingham	69
Strafford	36
Sullivan	9
	TOTAL 428

Designated Caregivers by City/Town

City/Town	# of Caregivers
ALBANY	<5
ALLENSTOWN	<5
ALSTEAD	<5
ALTON	<5
AMHERST	5
ANDOVER	<5
ASHLAND	<5
ATKINSON	<5
AUBURN	<5
BARNSTEAD	<5
BARRINGTON	<5
BARTLETT	5
BEDFORD	7
BELMONT	<5
BENNINGTON	<5
BERLIN	<5
BOSCAWEN	<5
BOW	<5
BRADFORD	<5
BRENTWOOD	<5
BRISTOL	<5
BROOKLINE	5
CAMPTON	<5
CANDIA	7
CANTERBURY	<5
CHARLESTOWN	<5
CHESTERFIELD	<5
CHICHESTER	<5
CLAREMONT	<5
CONCORD	15
CONWAY	6
DANBURY	<5
DANVILLE	<5
DEERFIELD	<5
DERRY	6
DOVER	9
DUBLIN	<5
DURHAM	<5
EFFINGHAM	<5
ENFIELD	<5
EPPING	<5
EPSOM	<5
EXETER	<5
FARMINGTON	5
FITZWILLIAM	<5
FRANKLIN	<5
FREEDOM	<5
FREMONT	<5
GILFORD	<5
GILSUM	<5
GOFFSTOWN	7
GORHAM	<5
GRAFTON	<5
GREENFIELD	<5
GREENLAND	<5
HAMPSTEAD	<5
HAMPTON	<5
HANCOCK	<5
HARRISVILLE	<5
HAVERHILL	<5
HEBRON	<5
HILL	<5
HILLSBOROUGH	<5
HINSDALE	<5
HOLDERNESS	<5
HOLLIS	<5
HOOKSETT	<5
HOPKINTON	<5
HUDSON	6
JACKSON	<5
JAFFREY	<5
JEFFERSON	<5
KEENE	6
KINGSTON	<5
LACONIA	12
LANCASTER	<5
LEBANON	5
LEE	<5
LINCOLN	<5
LITCHFIELD	<5
LONDONDERRY	5
LYME	<5
MANCHESTER	34
MARLBOROUGH	<5
MARLOW	<5
MASON	<5
MERRIMACK	9
MILAN	<5
MILFORD	<5
MILTON	<5

Caregivers by City/Town (cont.)

City/Town	# of Caregivers
MONROE	<5
MOULTONBOROUGH	<5
NASHUA	21
NEW DURHAM	<5
NEW HAMPTON	<5
NEW IPSWICH	<5
NEW LONDON	<5
NEWBURY	<5
NEWINGTON	<5
NEWMARKET	<5
NEWPORT	<5
NEWTON	<5
NORTH HAMPTON	<5
NORTHFIELD	<5
NORTHUMBERLAND	<5
NORTHWOOD	<5
NOTTINGHAM	<5
OSSIPEE	<5
PELHAM	<5
PEMBROKE	<5
PETERBOROUGH	5
PITTSBURG	<5
PITTSFIELD	<5
PLYMOUTH	<5
PORTSMOUTH	5
RAYMOND	<5
ROCHESTER	8
RUMNEY	<5
RYE	<5
SALEM	<5
SANBORNTON	<5
SANDOWN	<5
SANDWICH	<5
SANDWICH, MA	<5
SEABROOK	<5
SOMERSWORTH	6
STRAFFORD	<5
SURRY	<5
SUTTON	<5
SWANZEY	<5
TEMPLE	<5
THORNTON	<5
TILTON	<5
TUFTONBORO	<5
WAKEFIELD	<5
WALPOLE	<5
WARNER	<5
WARREN	<5
WASHINGTON	<5
WATERVILLE VALLEY	<5
WEARE	<5
WEBSTER	<5
WHITEFIELD	<5
WILMOT	<5
WILTON	<5
WINCHESTER	<5
WINDHAM	<5
WOLFEBORO	<5
WOODSTOCK	<5
	TOTAL 428

Designated Caregivers by Age

Age of Caregiver	# of Caregivers
23	1
24	1
27	1
28	3
29	1
30	4
31	5
32	1
33	1
34	1
35	7
36	7
37	5
38	2
39	6
40	4
41	2
43	8
44	4
45	3
46	3
47	6
48	10
49	9
50	6
51	15
52	10
53	11
54	12
55	18
56	15
57	13
58	12
59	11
60	16
61	17
62	19
63	14
64	14
65	12
66	12
67	14
68	17
69	10
70	13

Age of Caregiver	# of Caregivers
71	10
72	2
73	4
74	7
75	6
76	2
77	3
78	3
79	3
80	6
81	2
82	1
83	2
91	1
	TOTAL 428

Certifying Medical Providers

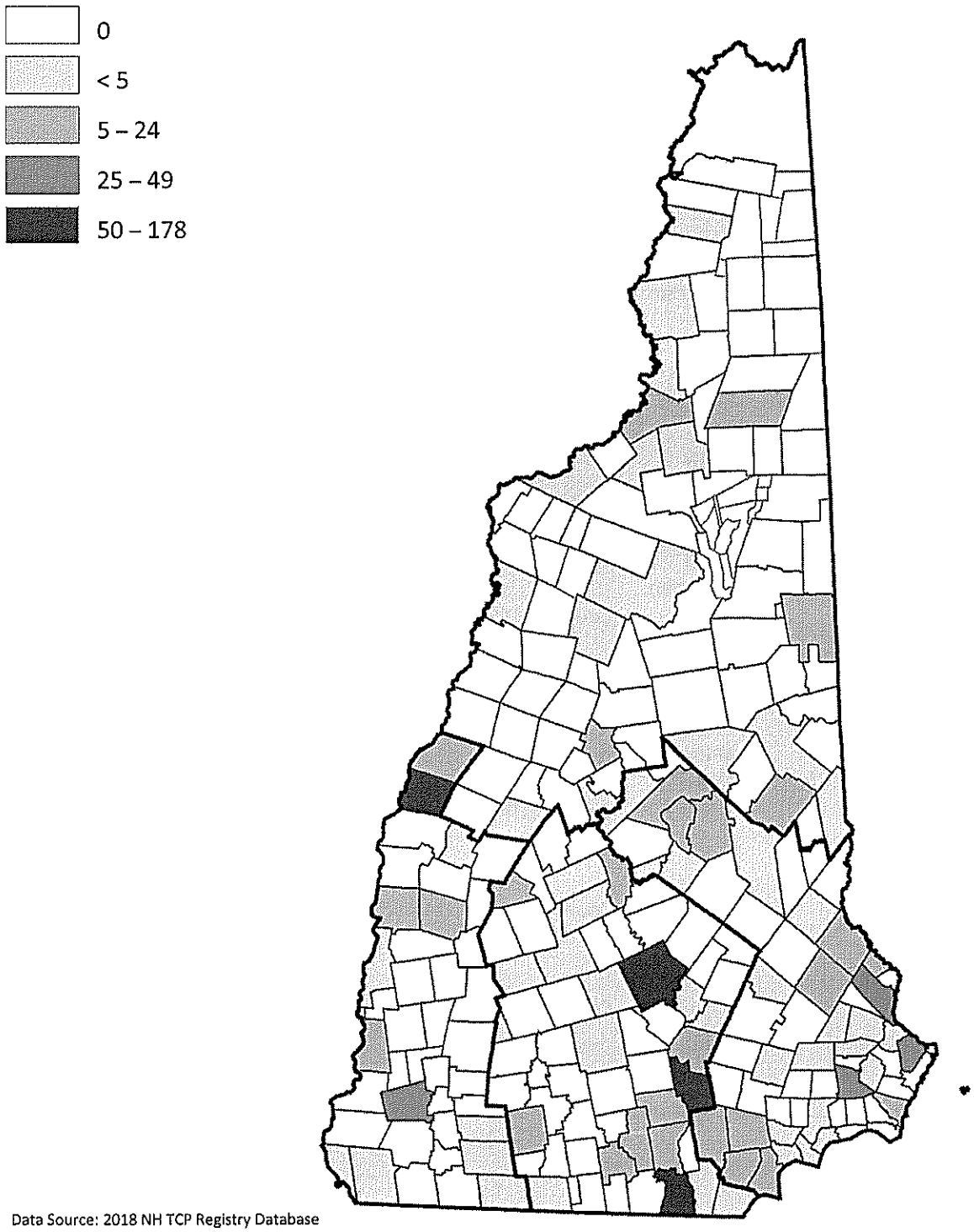
Provider Type	# of Providers	# of Patients
APRN	188	1970
Physician	747	4510
TOTAL	935	6480

Provider Location by New Hampshire County

County	Provider Type		# of Providers
Belknap	APRN		6
	Physician		25
		County TOTAL	31
Carroll	APRN		13
	Physician		17
		County TOTAL	30
Cheshire	APRN		8
	Physician		39
		County TOTAL	47
Coos	APRN		8
	Physician		11
		County TOTAL	19
Grafton	APRN		26
	Physician		132
		County TOTAL	158
Hillsborough	APRN		35
	Physician		163
		County TOTAL	198
Merrimack	APRN		31
	Physician		85
		County TOTAL	116
Rockingham	APRN		24
	Physician		118
		County TOTAL	142
Strafford	APRN		22
	Physician		56
		County TOTAL	78
Sullivan	APRN		5
	Physician		11
		County TOTAL	16
		TOTAL	835

Certifying Medical Providers

Number of Providers, by NH City/Town



Data Source: 2018 NH TCP Registry Database

Out-of-State Providers

State	Provider Type		# of Providers
Mass			
	APRN		3
	Physician		56
		State TOTAL	59
Maine			
	APRN		4
	Physician		13
		State TOTAL	17
Vermont			
	APRN		3
	Physician		21
		State TOTAL	24
		TOTAL	100

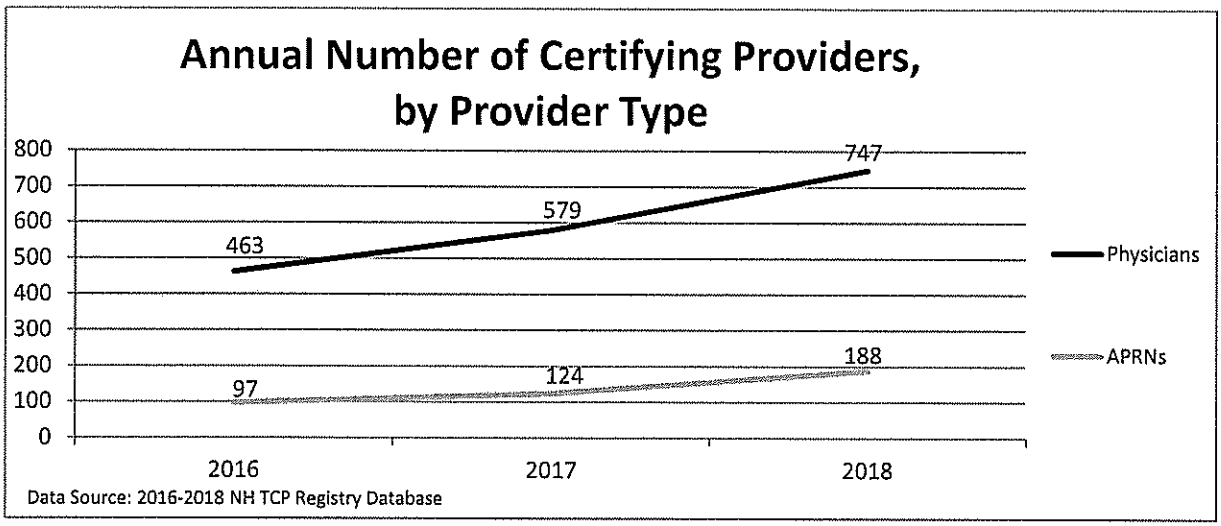


Table 3. Annual number of certifying providers, by provider type (combined in-state and out-of-state).

Physicians by Specialty

Physician Specialty	# of Physicians
Addiction Medicine	1
Anesthesiology	7
Cardiac Electrophysiology	1
Child Neurology	1
Clinical Pathology	1
Emergency Medicine	2
Family Practice/Family Medicine	278
Gastroenterology	19
General Practice	4
General Surgery	3
Geriatric Medicine – FP	1
Gynecological Oncology	3
Gynecology	1
Head & Neck Surgery	1
Hematology	12
Hematology - Oncology	32
Infectious Disease	8
Internal Medicine	167
Maternal & Fetal Medicine	1
Medical Oncology	19
Musculoskeletal Oncology	1
Neurodevelopmental Disabilities – Neurology	4
Neurological Surgery	2
Neurology	48
Neuroradiology	1
Obstetrics & Gynecology	1
Occupational Medicine	1
Ophthalmology	6
Orthopedic Surgery	14
Otolaryngology	1
Pain Management	24
Pain Medicine	2
Palliative Medicine	4
Pediatric Emergency Medicine - PD	1
Pediatric Surgery - Neurological PCC	1
Pediatrics	12
Physical Medicine & Rehabilitation PS	4
Psychiatry	21
Radiation Oncology	4
Rheumatology	20
Sleep Medicine	1
Surgical Critical Care	1
Thoracic Surgery	1
Urology	8
Vascular Medicine	1

Number of Patients per Provider

Patients per Provider	# of Providers
1	330
2	121
3	88
4	59
5	56
6	44
7	41
8	30
9	25
10	14
11	21
12	10
13	13
14	8
15	6
16	4
17	7
18	4
19	1
20	2
21	3
22	4
23	2
24	1
25	4
26	2
28	1
29	1
31	2
32	5
33	1
34	4
36	1
40	1
43	1
45	2
49	1
53	1
58	1
61	1
66	1
67	1
68	1
77	1

Patients per Provider	# of Providers
79	1
86	1
117	1
122	1
126	1
169	1
197	1
511	1

Qualifying Medical Conditions

Qualifying Medical Condition	# of Patients
ACQUIRED IMMUNE DEFICIENCY SYNDROME	23
ALZHEIMER'S DISEASE	16
AMYOTROPHIC LATERAL SCLEROSIS	15
CANCER	738
CHRONIC PANCREATITIS	64
CROHN'S DISEASE	148
EHLERS-DANLOS SYDROME	41
EPILEPSY	159
GLAUCOMA	96
HEPATITIS C	40
LUPUS	65
MODERATE TO SEVERE POST-TRAUMATIC STRESS DISORDER	408
MODERATE TO SEVERE CHRONIC PAIN	1615
MULTIPLE SCLEROSIS	365
MUSCULAR DYSTROPHY	30
ONE OR MORE INJURIES OR CONDITIONS	1018
PARKINSON'S DISEASE	139
POSITIVE STATUS FOR HUMAN IMMUNODEFICIENCY VIRUS	20
SEVERE PAIN THAT HAS NOT RESPONDED TO TREATMENT	727
SPINAL CORD INJURY OR DISEASE	1402
TRAUMATIC BRAIN INJURY	182
ULCERATIVE COLITIS	69

Symptoms/Side Effects

Symptom/Side Effect	# of Patients
AGITATION OF ALZHEIMER'S DISEASE	18
CACHEXIA	235
CHEMOTHERAPY-INDUCED ANOREXIA	251
CONSTANT OR SEVERE NAUSEA	667
ELEVATED INTRAOCULAR PRESSURE	84
MODERATE TO SEVERE VOMITING	174
SEIZURES	205
SEVERE PAIN THAT HAS NOT RESPONDED TO TREATMENT	2148
SEVERE, PERSISTENT MUSCLE SPASMS	1481
WASTING SYNDROME	67

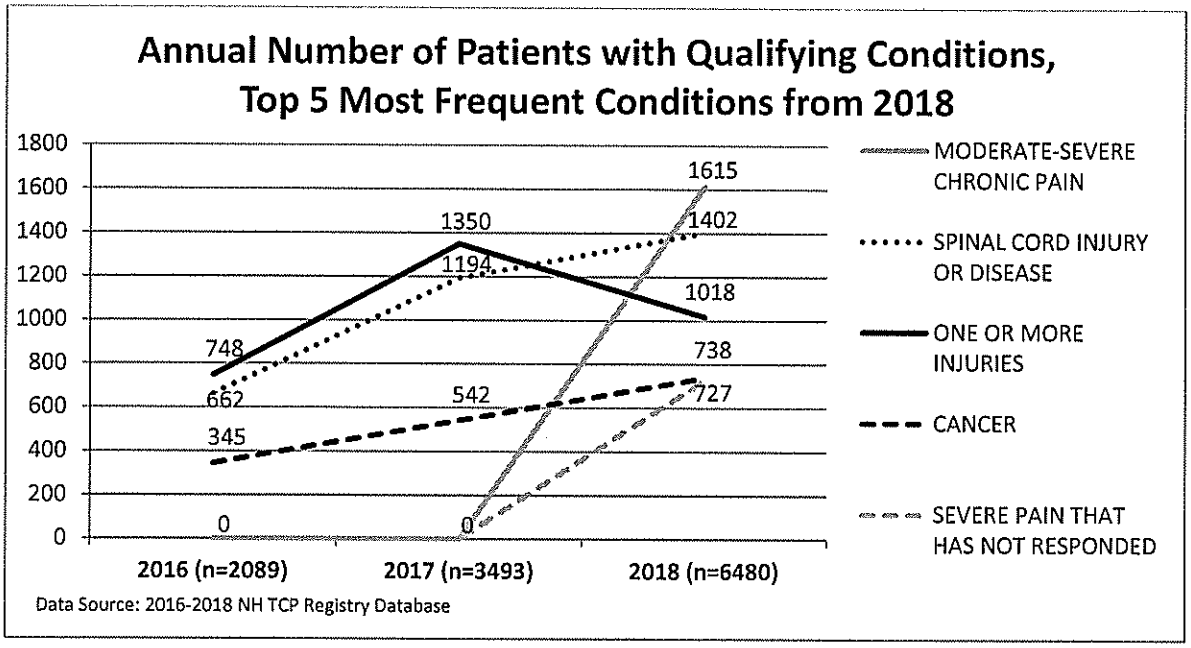


Table 4. Annual number of patients with most frequent qualifying medical conditions in 2018.

Alternative Treatment Center Annual Reports Summary

Qualifying Patients and Designated Caregivers Served

ATC	Patients and Caregivers Served
Prime ATC of New Hampshire	2,319
Sanctuary ATC	1,609
Temescal Wellness – Dover	1,577
Temescal Wellness – Lebanon	897

Strains of Cannabis Dispensed

ATC	Strains of Cannabis Dispensed
Prime	33
Sanctuary	35
Temescal	19

Forms of Prepared Cannabis Dispensed

ATC	Forms of Prepared Cannabis Dispensed
Prime	Cannabis Flower, Capsules, Decarboxylated Syringes, Edibles, Inhalable Concentrates, Lozenges, Pre-roll Joints, Tinctures, Topicals, Transdermal Patches, Vaporizer Cartridges
Sanctuary	Cannabis Flower, Capsules, Concentrate/Waxes, Edibles, Kief, Lozenges, Pre-roll joints, Salves/Oils, Suppositories, Tinctures, Transdermal Patches, Vaporizer Cartridges
Temescal	Bubble Hash, Cannabis Flower, Capsules, Cold Brew Concentrate, Edibles, Pre-rolled Joints, Rosin, Tinctures, Topicals, Transdermal Patches, Vaporizer Cartridges

Effectiveness of Cannabis

ATC	Patients Providing Effectiveness Responses (% of Total Patients)	Effectiveness
Prime	Total Responses = 19,151 Total Products Dispensed = 71,872 % of Total Responses to Products Dispensed = 26.64%	0 = No Response, 52,721 (74.25%) 1 = Minimal Effectiveness, 382 (0.53%) 2 = Somewhat Effective, 327 (0.46%) 3 = Effective, 4,034 (5.68%) 4 = Good Effectiveness, 5,602 (7.89%) 5 = Very Effective, 8,806 (12.4%)
Sanctuary	248 (15%)	Positive: 98% Negative: 1% Mixed/Neutral: 1%
Temescal – Dover	135 (9%)	Positive: 82.22% Negative: 4.44% Mixed/Neutral: 13.33%
Temescal – Lebanon	76 (8%)	Positive: 81.57% Negative: 1.32% Mixed/Neutral: 17.11%

Education Efforts for Qualifying Patients and Designated Caregivers

Education Methods	Education Topics
Prime • Paper Hand-Outs • Patient Consultations (Initial and Ongoing) • Patient Education Handbook • Email Newsletters • Website and Social Media • Product Labeling • Patient Data Tracking • In-Store Education • Independent Support Group Education (outside of Prime ATC) • Support Group Education (inside of Prime ATC) • Third-Party Informational Sessions • New Patient Orientation • Complimentary Wellness Education	Prime • Dosage Instructions • Edible Recipe Instructions (baked goods, capsules, tinctures) • Strains of Cannabis • Routes of Administration (including onset and duration of effects) • Titration Process (finding optimal dosage) • Cannabinoids and Terpenes • Side Effects (and strategies to avoid or minimize adverse side effects) • Potential Drug Interactions • Cannabis Abuse Disorder (dependence) • Child Safety • Avoiding Operating a Vehicle or Heavy Machinery (if impairment occurs) • Alternative Complimentary Therapies

Education Methods	Education Topics
Sanctuary • Patient Outreach • Patient Consultations (initial & ongoing) • Patient Handbook • Educational Literature • Email Newsletter • Website and social media • Patient Data Tracking • Product Labeling • Educational group classes for patients	Sanctuary • Strains of cannabis, routes of administration and potential effects, including onset and duration of effects • Cannabinoid and terpenoids • Dosing information for different routes of administration, with focus on optimal therapeutic dose • Cannabis preparation and use of ingestion equipment • Laws and responsible use • Side effects, and strategies to minimize adverse side effects • Cannabis use disorder information on tolerance, dependence, and withdrawal • Substance misuse signs and symptoms • Referral information to substance abuse treatment programs • Organic growing methods and product testing • Child safety tips • Safe transport and storage, with focus on preventing diversion • Program rules and laws • Preparation of cannabis infused products, including cooking classes on how to create edibles and make your own capsules
Temescal • Patient Outreach • Patient Consultations (initial & ongoing) • Patient Educational Handbook • Email Newsletters • Website and Social Media • Patient Data Tracking • Product Labeling • In-Store Hand-outs	Temescal • What are cannabinoids? (Cannabis Science) • Introduction to terpenoids • Cannabis categories and classifications • Delivery methods (onset & duration) • Proper dosing • Vaping vs. smoking • Product descriptions • References for clinical journal articles and pertinent organizations and sources • Patient strain and Product logs • Using cannabis safely • Potential side-effects • Information on addiction • Child safety tips • Preventing youth use • Laws and responsible use/storage • Substance misuse signs and symptoms

ATC Financial Report

ATC	Financial Report
Prime	Sales: $4,231,603 Expenses: $5,090,820 Liabilities: $6,112,500 Monetary Reserves: $21,000
Sanctuary	Total Sales: $2,617,172 Total Expenditures: $2,247,771 Total Liabilities: $2,012,278 Monetary Reserve: $675,026
Temescal	Revenue (Dover): $2,195,454 Revenue (Lebanon): $1,444,134 Expenditures: $885,658 Total Liabilities: $5,610,670 Reserve: $505,799

Patient Affordability Program

ATC	Affordability Program Elements	Patients Enrolled (% of Total Patients)	Total Discount
Prime	Financial Hardship (including SSI, SSDI, Medicaid, and Low Income), Veterans, and Seniors (65+) All affordability programs are eligible for 10% discount on 2.5 ounces of cannabis or cannabis infused products (CIP) per month; and 10% discount on all other accessories and products	322 (14%) (all categories)	$139,304 (minimum)
Sanctuary	SSI/SSDI: 35% discount on up to ¼ ounce of cannabis or CIP every 10 days. Medicaid: 30% discount on up to ¼ ounce of cannabis or CIP every 10 days. Low Income: 10%–20% discount on up to ¼ ounce of cannabis or CIP every 10 days, depending on income. Veteran: 10% discount on total purchase.	933 (57%) (all categories)	$347,282
Temescal – Dover	SSI/SSDI, Medicaid, Low Income: 15% discount all purchases of cannabis or accessories. Veteran: 22% discount all purchases of cannabis or accessories. These discounts can be used every visit, every day for qualifying patients.	SSI/SSDI: 675 (46%) Medicaid: 61 (4%) Low Income: 1 (.06%) Veterans: 135 (9%)	$183,875
Temescal – Lebanon	Same as above.	SSI/SSDI: 392 (43%) Medicaid: 47 (5%) Low Income: 0 (0%) Veterans: 75 (8%)	$111,306

Reportable Incidents

ATC	Number of Reportable Incidents (Location)
Prime	0
Sanctuary	0
Temescal	1 (Dover Dispensary)

Product Recalls and Cannabis Batches Destroyed

ATC	Product Recalls	Cannabis Batches Destroyed
Prime	0	0
Sanctuary	0	0
Temescal	0	0

Complaints Received

ATC	Number of Complaints	Nature of Complaint
Prime	0	N/A
Sanctuary	0	N/A
Temescal	n/a	• Complaints persist regarding the reported difficulty and redundancy of the yearly renewal process for a Therapeutic Cannabis registry card, especially from those with chronic conditions or terminal illnesses. • Patients continually ask why they cannot visit more than one ATC at one time. • Pricing has been a common complaint since opening. Patients look at other legal markets and wonder why NH is so expensive.

ATC Recommendations for Program Improvement

ATC	Recommendations for Program Improvement
Prime	• Enable ATCs to advertise its services to the public through traditional means of advertising • Continue to expand the list of qualifying conditions and symptoms • Create public awareness campaigns for the program sponsored by the Division of Public Health Services • Limit the number of labels needing to be affixed to each product to one label per bag of products being dispensed
Sanctuary	• Implementation of new systematic process for faster patient application processing • Adding a virtual gateway system for patients and medical providers to help streamline the process of registering • Change the 2 oz per 10 day limit for patients that need higher doses • Eliminate the non-profit requirement, which significantly constrains ATCs' cash flow, programmatic reinvestment, and overall financial management.

Temescal	• Streamline the patient application process, eliminating the all-paper process and requirement that applicants submit a photo on a CDROM. • Allow patients who live beyond a certain distance or travel time to obtain more than two ounces in a ten-day period. • Eliminate the non-profit requirement, which significantly constrains ATCs' cash flow, programmatic reinvestment and overall financial management. The non-profit requirement prevents businesses from exchanging equity for investment as a for-profit entity is allowed to do. Instead, we are limited to taking loans, which creates debt service, akin to a home mortgage. The loan is repaid each month, at a set amount, regardless of economic conditions. Whereas in the case of a for-profit business, equity is granted for a specific dollar investment and monthly loan payments do not exist, which is why equity is considered "patient". The current structure limits the ATC's ability to make timely investments in the business (e.g., equipment, technology, people and patient discounts). If ATCs were not constrained by these "non-profit shackles", Temescal Wellness would have been able to have an even more robust product offering for patients, deeper patient discounts, lower prices and a larger employee base to accelerate product innovation. We believe that modifying this structure will allow more patients to be served and benefit from the use of therapeutic cannabis.

Qualifying Patient Satisfaction Survey Results

1. Which ATC facility are you registered with?

	Responses	Participation Rate
Prime ATC - Merrimack	361	15.5%
Sanctuary ATC - Plymouth	155	9.65%
Temescal Wellness – Dover	135	8.5%
Temescal Wellness – Lebanon	76	8.5%
Total	727	11.3%

2. How would you rate the process of registering for the Therapeutic Cannabis Program with DHHS?

1 (Very Easy)	2	3	4	5 (Very Difficult)
201 (27.65%)	179 (24.62%)	217 (29.85%)	95 (13.07%)	35 (4.81%)

3. How would you rate the convenience of the ATC's days and hours of operation?

1 (Very Convenient)	2	3	4	5 (Very Inconvenient)
329 (45.25%)	231 (31.77%)	128 (17.61%)	28 (3.85%)	11 (1.51%)

4. How would you rate the current selection of the therapeutic cannabis products available?

1 (Sufficient)	2	3	4	5 (Not Sufficient)
356 (48.97%)	168 (23.11%)	136 (18.71%)	43 (5.91%)	24 (3.30%)

5. How would you rate the customer service of the ATC overall?

1 (Excellent)	2	3	4	5 (Very Poor)
664 (91.33%)	43 (5.91%)	13 (1.79%)	5 (0.69%)	2 (0.28%)

6. How would you rate the quality of guidance provided by the ATC? (e.g., recommending dosage, routes of administration, strain, etc.)

1 (Very Helpful)	2	3	4	5 (Not Very Helpful)
569 (78.27%)	107 (14.72%)	35 (4.81%)	10 (1.38%)	6 (0.83%)

7. How knowledgeable is the staff at the ATC?

1 (Very Knowledgeable)	2	3	4	5 (Not Knowledgeable)
598 (82.26%)	91 (12.52%)	28 (3.85%)	8 (1.10%)	2 (0.28%)

8. Has your wellness and quality of life improved since becoming a patient of the ATC?

1 (Very Much)	2	3	4	5 (Not At All)
440 (60.52%)	173 (23.80%)	90 (12.38%)	13 (1.79%)	11 (1.51%)

9. Have you been able to reduce the amount of prescription medication you take since becoming a patient of the ATC?*

Yes, all prescriptions	Yes, most prescriptions	Yes, some prescriptions	No prescriptions
115 (16.04%)	196 (27.34%)	295 (41.14%)	111 (15.48%)

*717 respondents; 11.2% participation rate

10. How would you rate the ATC overall?

1 (Excellent)	2	3	4	5 (Not Good)
514 (70.70%)	160 (22.01%)	42 (5.78%)	6 (0.83%)	5 (0.69%)

11. Would you recommend the Therapeutic Cannabis Program to others?

1 (Yes)	2 (No)
713 (98.07%)	14 (1.93%)

12. In what areas would you like to see improvement with the Therapeutic Cannabis Program?

Area of Improvement	Patients Commenting on Area of Improvement
Cost of product	613 (86.95%)
Hours of operation	140 (19.86%)
Strain availability	202 (28.65%)
Product availability	224 (31.77%)
Program registration process	167 (23.69%)
Dispensary locations	311 (44.11%)
Qualifying medical conditions	149 (21.13%)
Public education	225 (31.91%)
Dispensary staff knowledge	36 (5.11%)
Other issues	57 (8.09%)

Addendum

Alternative Treatment Center Expansion Reports

(SB 388, Laws of 2018)

Region 3 – Sullivan and Cheshire Counties

Region 4 – Carroll, Coos, and Grafton Counties

NH Department of Health and Human Services
Division of Public Health Services – Therapeutic Cannabis Program
Region 3 ATC Expansion – Dispensary Location Analysis

Introduction

This analysis supports the Therapeutic Cannabis Program's (TCP) patient needs assessment required by NH Senate Bill 388 (Laws of 2018) for the approval of a second dispensary location to be operated by Temescal Wellness, the licensed alternative treatment center (ATC) serving qualifying patients in NH TCP Region 3. Temescal operates its regional ATC in Lebanon, NH in Grafton County. All results in this analysis are relative to TCP patients as of June 30, 2018.

Current State

Region 3 is comprised of two western New Hampshire counties (Sullivan and Cheshire), and the towns of Hanover and Lebanon in Grafton County; the region is more rural than NH as a whole. There are 781 registered qualifying patients residing in 53 municipalities in this region. There are 627 patients in Region 3 (80% of the regional TCP population) who have designated Temescal Wellness–Lebanon as their ATC for dispensing therapeutic cannabis.

Based on the Department's analysis, 198 (32%) Temescal patients from Region 3 (n=627) experience a *travel burden*:

- 188 (30%) patients experience a *significant travel burden*, defined as *both* more than 50 miles in travel distance *and* more than 1 hour in travel time *each way* to Lebanon; and
- 10 (2%) patients experience a *limited travel burden*, defined as *either* more than 50 miles in travel distance *or* more than 1 hour in travel time *each way* to Lebanon.

SB 388 authorizes the Department to allow a second dispensary location (satellite dispensary) to be established in Region 3. DHHS has determined that the travel burden on patients has created a need for an additional location for the dispensing of therapeutic cannabis to patients in the region.

Analysis

To assess whether a satellite dispensary would relieve travel burden for qualifying patients, DHHS analyzed geographic access to potential satellite dispensaries in four communities in Region 3 (Keene, Jaffrey, Charlestown, and Claremont). Other factors impacting access also exist, including provider certification and out-of-pocket expenses, but these are not assessed here. Results were determined by finding the drive time and distance from each patient's town to Lebanon, and then to the proposed satellite location (using town centers rather than individual addresses), and then estimating changes in patient travel burden with the addition of a satellite dispensary.

Results

Table 1 estimates the relative effectiveness of each satellite location on relieving patient travel burden.

Satellite Location	Patients not experiencing a travel burden	Patients *still experiencing* a significant travel burden	Patients *still experiencing* a limited travel burden
Keene	100% (627)	0% (0)	0% (0)
Jaffrey	100% (627)	0% (0)	0% (0)
Charlestown	99.5% (624)	0% (0)	0.5% (3)
Claremont	88% (552)	3% (18)	9% (57)

Table 1: Impact estimates of satellite locations on the travel burden for Temescal patients from Region 3 (n=627).

Results (continued)

- Keene and Jaffrey have the greatest potential to relieve the travel burden of TCP patients living in Region 3.
- The **Keene location has the potential to deliver the greatest total savings to patients living in Region 3,** by reducing the time travelled (Figure 1) and miles driven (Figure 2) to access their designated ATC.
    - Additional savings are gained by Region 3 patients in southern Cheshire County who currently utilize the ATC in Region 2, located in Merrimack, but who would likely switch to Keene to reduce their travel burden.
- If the analysis removes the assumption that patients will switch from Merrimack, both the **Keene and Jaffrey locations offer the potential to completely eliminate the travel burden for Region 3 Temescal patients** (time travelled and miles driven) (Figure 3).

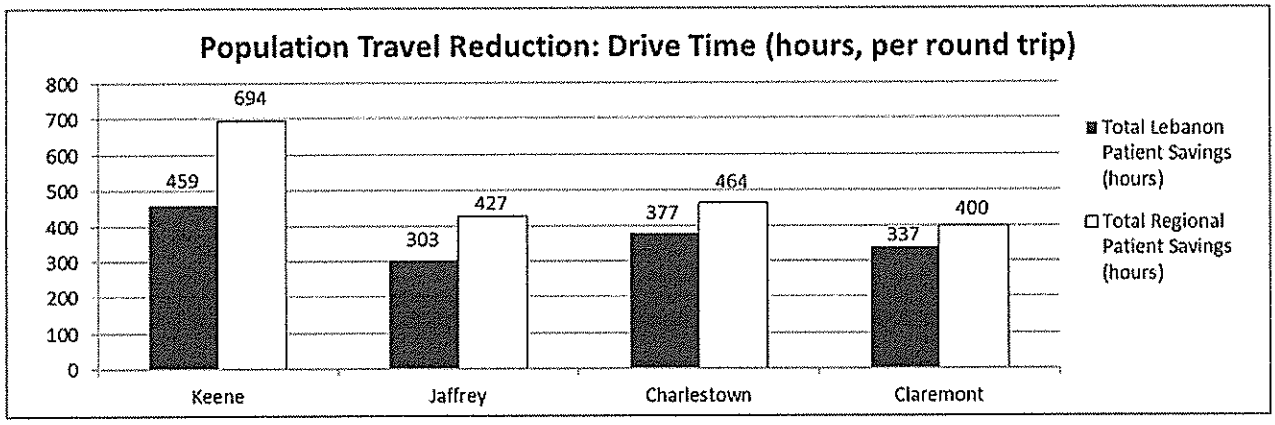


Figure 1: Reductions in per-trip patient drive time associated with each satellite location. Grey bar shows savings for Region 3 patients registered with Temescal. White bar shows savings for all Region 3 patients registered with Temescal-Lebanon or with other ATCs outside Region 3.

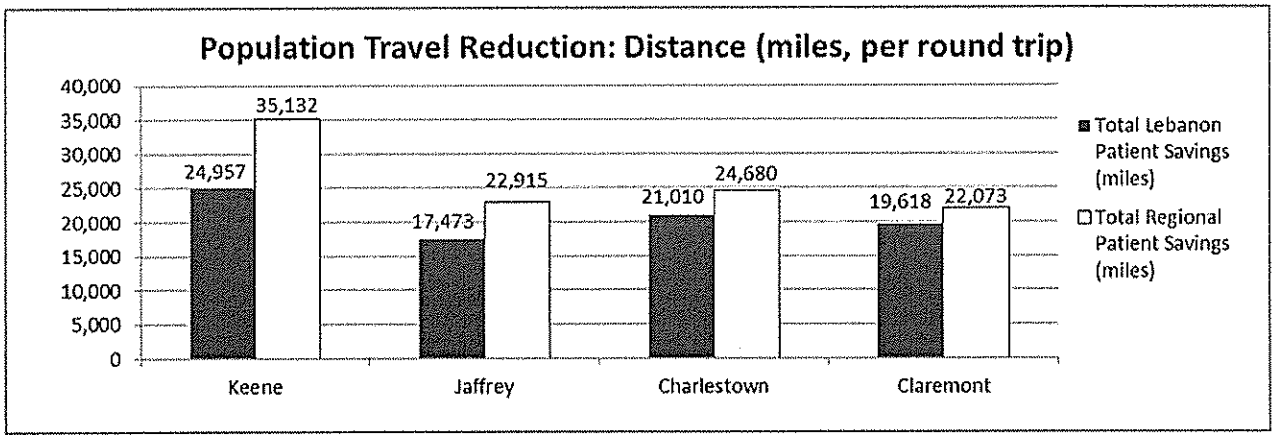


Figure 2: Reductions in per-trip patient miles driven associated with each satellite location. Grey bar shows savings for Region 3 patients registered with Temescal. White bar shows savings for all Region 3 patients registered with Temescal-Lebanon or with other ATCs outside Region 3.

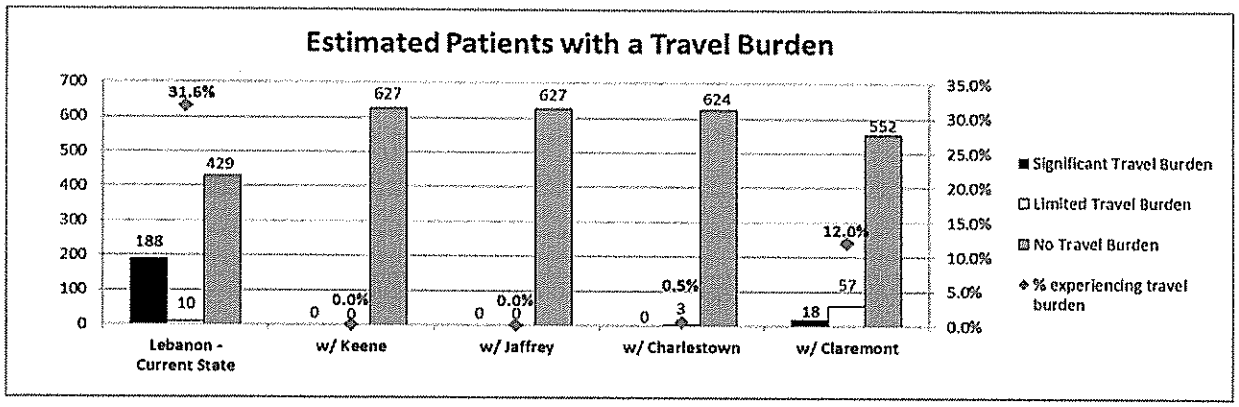


Figure 3: Region 3 Temescal patients experiencing a travel burden to Lebanon, and changes realized with the addition of the satellite location.

This analysis also used geographic data to estimate the **current travel burden** in hours and distance travelled *per round trip* by the Region 3 Temescal patient population, and compared it to the **future state travel burden** associated with the addition of each of the satellite locations (Figures 4 and 5). **Keene results in the fewest hours and miles driven** by the Region 3 patient population currently utilizing Temescal-Lebanon.

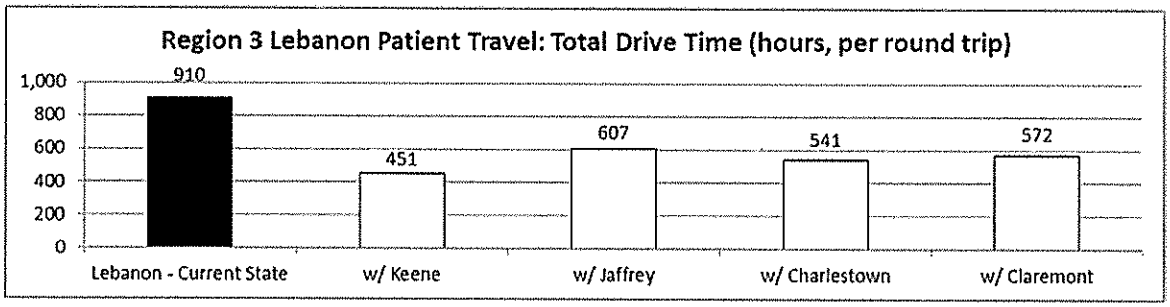


Figure 4: Future state patient hours spent driving per round trip; with each satellite location relative to Lebanon.

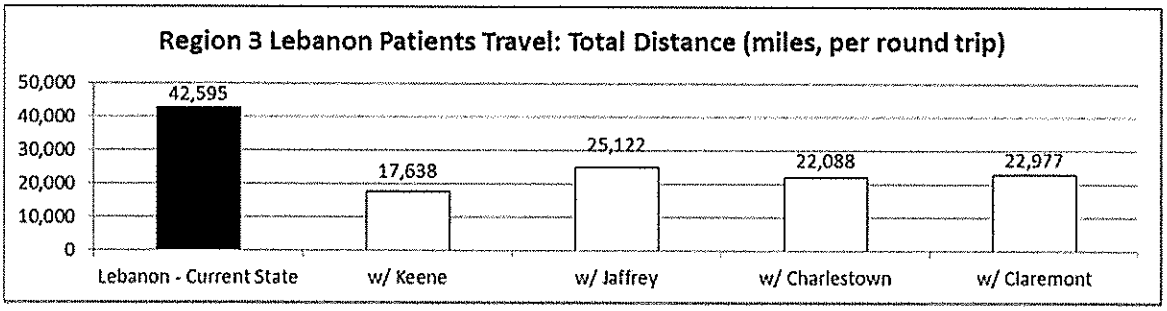


Figure 5: Future state patient miles driven per round trip; with each satellite location relative to Lebanon.

Additional Considerations

Locating a satellite dispensary in Cheshire County will potentially cause up to 141 patients who reside in Region 3, but who currently utilize the ATC in Region 2, to switch to a Keene or Jaffery location because of the reduction in travel burden. Additionally, because of Keene and Jaffrey's proximity to several towns in western Hillsborough County, this could result in an additional 100 or more patients from Region 2 designating the Cheshire Region 3 ATC for dispensing therapeutic cannabis. Combined, DHHS estimates that 250 patients could switch out of Region 2; and potentially even more could switch if the satellite dispensary were to be located in Jaffrey.

Additionally, among patients who responded to program satisfaction surveys, nearly 38% indicated that Increased Dispensary Locations was an area where they wanted to see improvement; it was second only to Cost of Product as an area for improvement, and unlike most other response options, this has been increasing since 2016.

NH Department of Health and Human Services
Division of Public Health Services – Therapeutic Cannabis Program
Region 4 ATC Expansion – Dispensary Location Analysis

Introduction

This analysis supports the Therapeutic Cannabis Program's (TCP) patient needs assessment required by NH Senate Bill 388 (Laws of 2018) for the approval of a second dispensary location to be operated by Sanctuary ATC, the licensed alternative treatment center (ATC) serving qualifying patients in NH TCP Region 4. Sanctuary operates its regional ATC in Plymouth, NH in Grafton County. All results in this analysis are relative to TCP patients as of June 30, 2018.

Current State

Region 4 is comprised of the three northern New Hampshire counties (Carroll, Coos, and Grafton counties) and is more rural than NH as a whole. There are 1,122 registered qualifying patients residing in 100 municipalities in this region. There are 773 patients in Region 4 (69% of the regional TCP population) who have designated Sanctuary ATC as their ATC for dispensing therapeutic cannabis.

Based on the Department's analysis, 373 (48%) Sanctuary patients from Region 4 (n=773) experience a *travel burden*:

- 287 (37%) patients experience a *significant travel burden*, defined as *both* more than 50 miles in travel distance *and* more than 1 hour in travel time *each way* to Plymouth; and
- 86 (11%) patients experience a *limited travel burden*, defined as *either* more than 50 miles in travel distance *or* more than 1 hour in travel time *each way* to Plymouth.

SB 388 authorizes the Department to allow a second dispensary location (satellite dispensary) to be established in Region 4. DHHS has determined that the travel burden on patients has created a need for an additional location for the dispensing of therapeutic cannabis to patients in the region

Analysis

To assess whether a satellite dispensary would relieve travel burden for qualifying patients, DHHS analyzed geographic access to potential satellite dispensaries in four communities in Region 4 (Berlin, North Conway, Littleton, and Colebrook). Other factors impacting access also exist, including provider certification and out-of-pocket expenses, but these are not assessed here. Results were determined by finding the drive time and distance from each patient's town to Plymouth, and then to the proposed satellite location (using town centers rather than individual addresses), and then estimating changes in patient travel burden with the addition of a satellite dispensary.

Results

Table 1 estimates the relative effectiveness of each satellite location on relieving patient travel burden.

Satellite Location	**Patients not experiencing a travel burden**	**Patients *still experiencing* a significant travel burden**	**Patients *still experiencing* a limited travel burden**
Berlin	85% (658)	4% (32)	11% (83)
North Conway	84% (648)	11% (85)	5% (40)
Littleton	78% (602)	5% (39)	17% (132)
Colebrook	65% (501)	24% (184)	11% (88)

Table 1: Impact estimates of satellite locations on the travel burden for Sanctuary patients from Region 4 (n=773).

Results (continued)

- Berlin and North Conway have the greatest potential to relieve the travel burden of TCP patients living in Region 4.
- The **North Conway location has the potential to deliver the greatest total savings to patients living in Region 4,** by reducing the time travelled (Figure 1) and miles driven (Figure 2) to access their designated ATC.
    - Additional savings are gained by Region 4 patients in Carroll County who currently utilize the ATC in Region 1, located in Dover, but who would likely switch to North Conway to reduce their travel burden.
    - There are Region 4 patients in Grafton and Coos counties who currently utilize the ATC in Region 3, located in Lebanon, who would also likely switch to a new location in Littleton, Berlin, or Colebrook; but there are fewer patients in this area, and they contribute less toward the potential total savings.
- If the analysis removes the assumption that patients will switch from Dover and Lebanon, **the Berlin location offers Region 4 Sanctuary patients the greatest reduction in significant travel burden** (time travelled and miles driven), and the greatest overall reduction in travel burden (Figure 3).

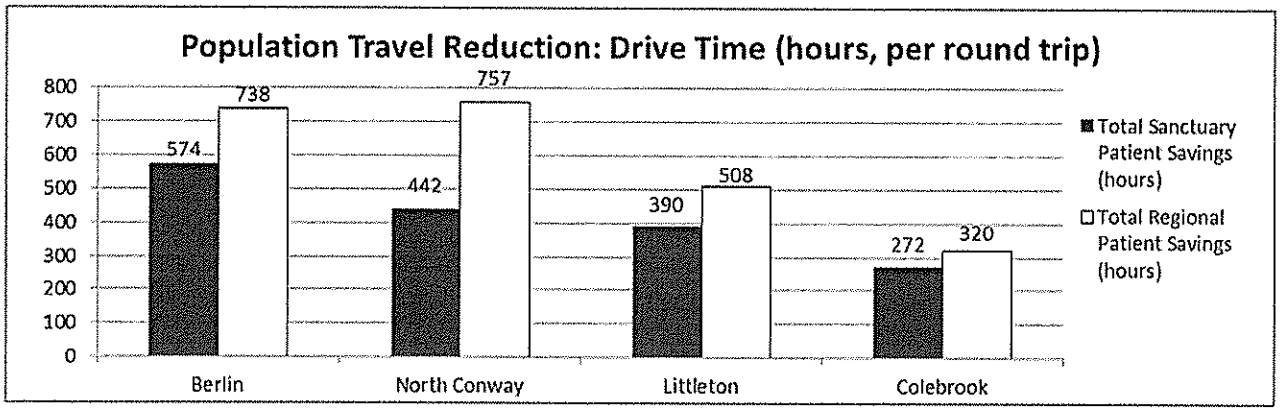


Figure 1: Reductions in per-trip patient drive time associated with each satellite location. Grey bar shows savings for Region 4 patients registered with Sanctuary. White bar shows savings for all Region 4 patients registered with Sanctuary or with other ATCs outside Region 4.

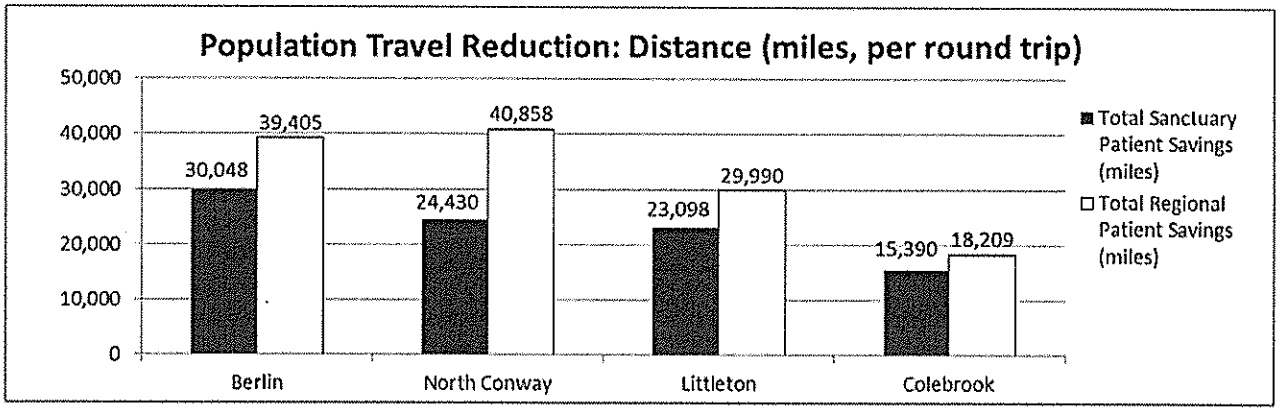


Figure 2: Reductions in per-trip patient miles driven associated with each satellite location. Grey bar shows savings for Region 4 patients registered with Sanctuary. White bar shows savings for all Region 4 patients registered with Sanctuary or with other ATCs outside Region 4.

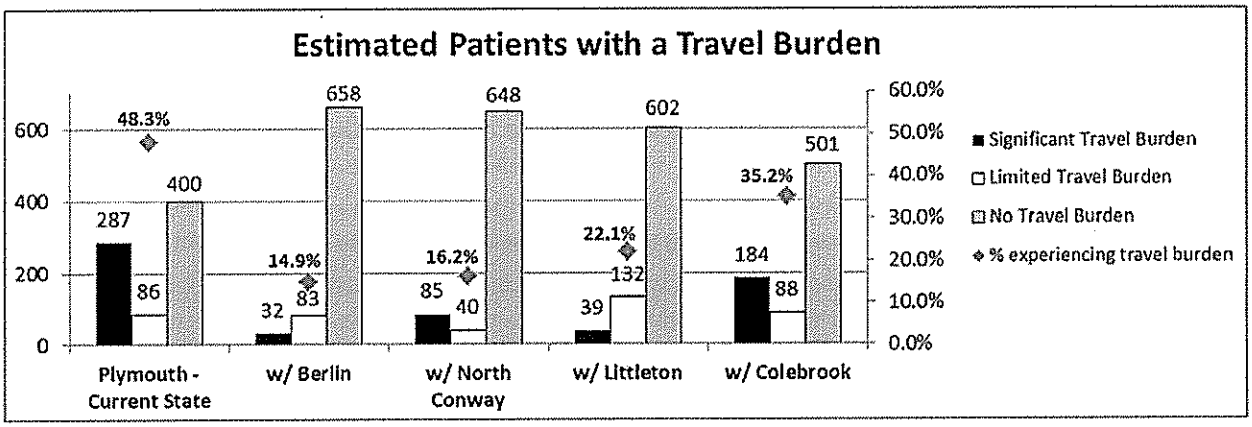


Figure 3: Region 4 Sanctuary patients experiencing a travel burden to Plymouth, and changes realized with the addition of the satellite location.

This analysis also used geospatial data to estimate the **current travel burden** in hours and distance travelled *per round trip* by the Region 4 Sanctuary patient population, and compared it to the **future state travel burden** associated with each of the satellite locations (Figures 4 and 5). **Berlin results in the fewest hours and miles driven** by the Region 4 patient population currently utilizing Sanctuary Plymouth.

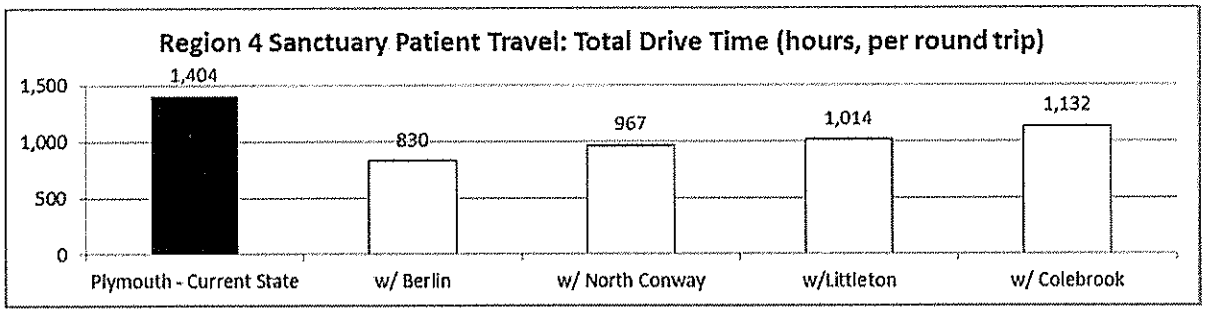


Figure 4: Future state patient hours spent driving per round trip; each satellite location relative to Plymouth.

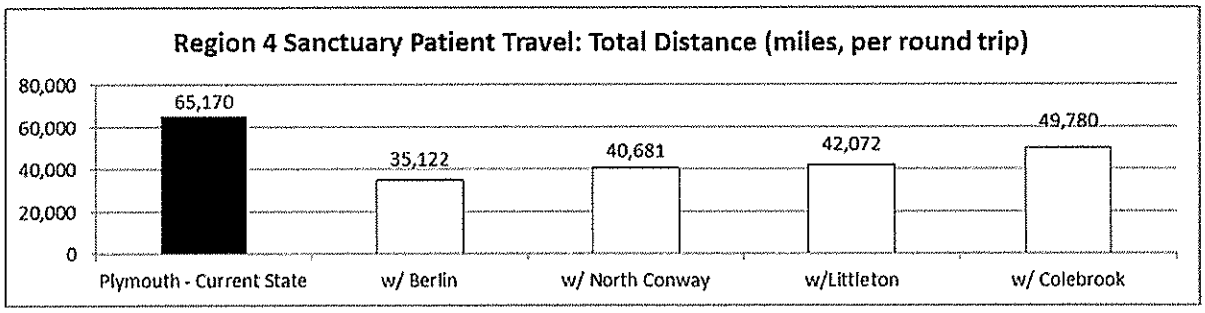


Figure 5: Future state patient miles driven per round trip; each satellite location relative to Plymouth.

Additional Considerations

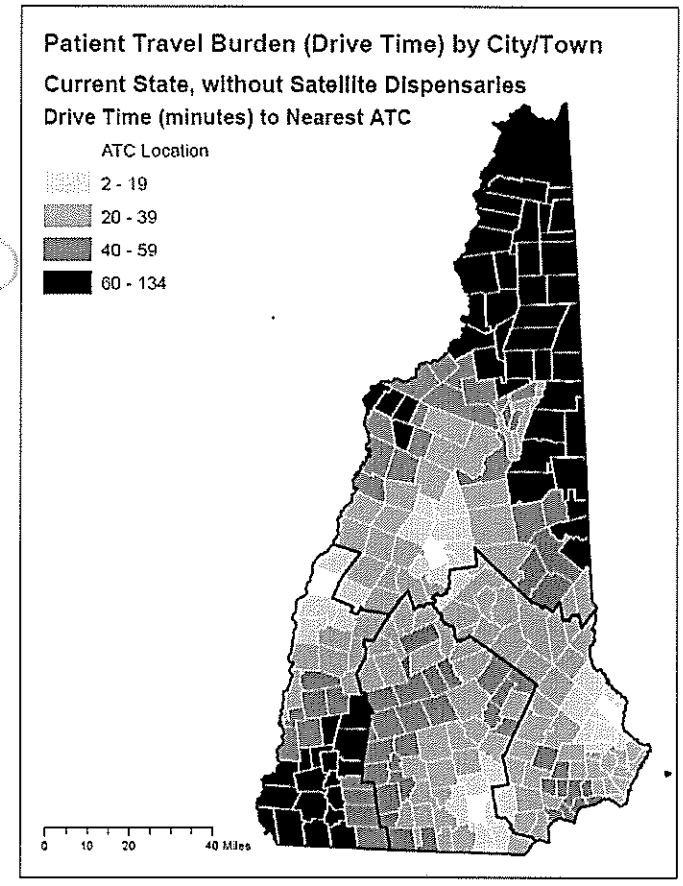
All satellite location options considered in this analysis offer significant improvement for Region 4 patients in relieving travel burden. None of the locations, however, completely relieves the travel burden for all patients in the region (see Table 1). This suggests that a total of 2 viable dispensary locations in Region 4 may not be sufficient to effectively meet the needs of the regional qualifying patient population. When this analysis is replicated for other TCP regions, there is 100% relief of the travel burden with the addition of a single satellite location.

Additionally, among patients who responded to program satisfaction surveys, nearly 38% indicated that Increased Dispensary Locations was an area where they wanted to see improvement; it was second only to Cost of Product as an area for improvement, and unlike most other response options, this has been increasing since 2016.

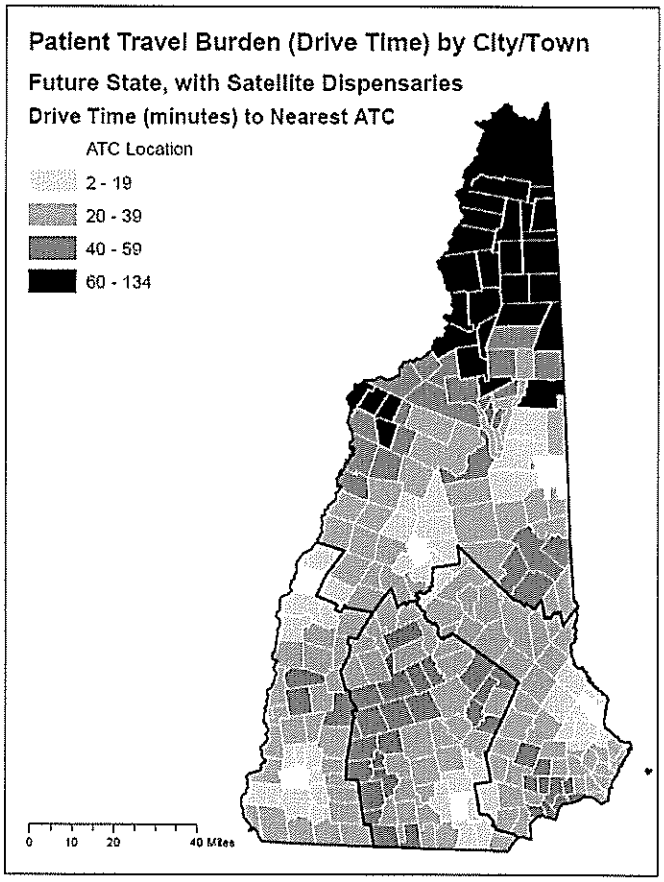
ATC Expansion
Current State vs. Future State Comparison

A satellite dispensary located in the towns of Keene (Region 3) and North Conway (Region 4) will potentially result in the following improvements for patient access to an alternative treatment center for dispensing of therapeutic cannabis:

- Travel burden (as defined in the reports above) is completely eliminated in Region 3.
- Travel burden (as defined in the reports above) is significantly relieved, but not eliminated, in Region 4.
- Drive time reduction, per round trip, for Region 3 Temescal patients is 459 hours, and for Region 4 Sanctuary patients is 437 hours, with a combined reduction of 896 hours in both regions.
- Mileage reduction, per round trip, for Region 3 Temescal patients is 17,473 miles, and for Region 4 Sanctuary patients is 24,489 miles, with a combined reduction of 41,962 miles in both regions.



Map 1: Current-state drive time from town/city to nearest dispensary (without satellite dispensaries). Black indicates travel burden.



Map 2: Future-state drive time from town/city to nearest dispensary (with satellite dispensaries in Keene and North Conway). Black indicates travel burden.