

Senate Health and Human Services Committee

Sonja Caldwell 271-2117

HB 1278-FN, relative to qualifying medical conditions for purposes of therapeutic cannabis.

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 adds debilitating or terminal medical conditions to the qualifying medical conditions for therapeutic cannabis if a health care provider certifies the potential benefit to the patient. The bill also removes certain limitations on a qualifying visiting patient's access to cannabis.

Sponsors:

Rep. W. Thomas

Rep. Vail

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, Matt Simon (Granite Leaf Cannabis), Dr. Joe Hannon, Hayden Smith, Curtis Howland, Janet Lucas, Brian Homer, Martha Jaquith, Ryan Donnelly (Granite State Independent Living), Rachel Valladares, James Riddle, Karen O'Keefe, Timothy Egan (NHCANN)

Who opposes the bill: Laura Condon, Daniel Richardson

Who is neutral on the bill: No one

Summary of testimony presented in support:

Rep. Wendy Thomas

- Rep. Thomas said the legislature keeps identifying conditions allowed under the NH therapeutic cannabis program and has tackled insomnia, opioid use, and anxiety. New conditions are added as they become known.
- She started in the therapeutic cannabis program 5 years ago due to chronic pain. She was in a car vs. bike accident when she was a child. Since being in the program, she has also used cannabis for insomnia, eating issues, gut issues, PTSD, and anxiety. Some of those conditions are not covered in the program, however, she found relief for all of them from cannabis.
- Many people would like to get into the program to see if cannabis helps them.
- No one uses cannabis to get high in the therapeutic program. If you are getting high on therapeutic cannabis, you are using it wrong.

- The biggest concern people have is whether or not they will qualify for the program if they don't fit the current patient model.
- Rep. Thomas provided examples of cases that would not qualify but should in her opinion: having surgery, having IBS but not Crohn's or ulcerative colitis, long Covid, having a procedure done regularly that causes anxiety, getting older, being sore after workouts, and period cramps.
- This bill would provide two avenues for qualifying for the program. It would allow a physician who is not familiar with program to go through the list identified on the application and check off what they feel the patient would qualify for. It would also allow for a physician who is cannabis literate to refer a patient to the program for any condition they think would fit.
- The recent HHS report on de-scheduling cannabis identifies additional uses for which cannabis has been found helpful such as ALS, Autism, muscle wasting, cancer, chronic pain, Chron's disease, epilepsy or conditions causing seizures, glaucoma, HIV, AIDS, MS, Parkinson's, and several others.
- Rep. Thomas said chronically ill patients are not interested in being zoned out on the couch.
- She questioned why we deny NH patients relief because we haven't put their conditions in law yet.
- The medical oversight board voted 7-1 to support this bill.
- Rep. Thomas said the legislature needs to let physicians treat patients as they see fit.

Sen. Birdsell asked if this bill would get rid of the list.

Rep. Thomas said no. More conditions will not be added to the list, but the list will continue to exist for physicians who are not familiar with the conditions that cannabis can treat. The list will exist to provide guidelines. The other avenue is for physicians who are knowledgeable about cannabis that could refer patients for anything they think is appropriate.

Sen. Birdsell asked about what happens when one has a doctor who isn't familiar with what conditions cannabis can treat.

Rep. Thomas said there is a push to reschedule cannabis to schedule 3.

Rep. Heath Howard

- Rep. Howard is a member of the therapeutic cannabis program. When he first looked into joining, chronic pain patients had to be prescribed other medications before pursuing the program. We have since made changes.
- People may have a condition not on the list designated by the legislature as acceptable for the therapeutic cannabis program. People have to come to the legislature every time they want to make a change. This bill would eliminate that by allowing doctors to decide.
- Rep. Howard believes this is best way forward.

Dr. Jerry Knirk

- Dr. Knirk is the Chair of the Therapeutic Cannabis Medical Oversight Board.
- You cannot prescribe cannabis as it is a schedule 1 drug. You have to be certified. This requires having a qualifying condition and symptom.
- This bill offers an alternative process for certifying by allowing more provider discretion, but it has safeguards. Without strictly following the statutory list, a provider can certify if they think cannabis will be helpful for a person.
- There has been discussion about eliminating the list but the issue with that is that a lot of providers don't have enough knowledge to decide what might work.

- This creates a two-tiered system for certification. Providers with limited knowledge can use the standard approach of consulting the list. The new tier is available for those providers with more knowledge. This is not dissimilar to what providers do for off label drugs.
- Dr. Knirk said that in a way the therapeutic cannabis medical oversight board works like the FDA in terms of reviewing new conditions that could potentially be added to the list.
- He said it is possible that the board might still add conditions. He said there is some question about the board's role going forward if this bill passes. They may still look at conditions and continue to maintain a list.
- On lines 4 and 5 the word "or" is used rather than "and". It is often difficult to clearly link a condition and symptom in someone. Medical prescribing is often driven by symptoms. This will allow symptom driven treatment for the qualifying group. This bill does not change the use of the word "and" in the regular certification process.
- The safeguards include a requirement that one be 21 years of age or older, and limiting provider discretion to certifying debilitating or terminal conditions.

Matt Simon – Granite Leaf Cannabis

- Granite Leaf Cannabis is a nonprofit therapeutic alternative treatment center with dispensaries in Chichester and Merrimack and a production facility in Peterborough. They serve patients certified in the NH therapeutic cannabis program.
- He was involved in passing the therapeutic cannabis bill.
- If a doctor thinks one can benefit from cannabis why would the state stand in the way.
- This is an opportunity to empower medical professionals to use their judgement.

Dr. Joe Hannon

- Dr. Hannon was on the original cannabis study commission in 2018 and is a retired foot and ankle surgeon in long-term recovery from substance use.
- Terminal illnesses, debilitating conditions, and symptoms not currently on the list would be covered by this bill.
- Cannabis is a safer alternative to opioids for someone in recovery.
- He believes doctors will become more education about the therapeutic cannabis program and that eventually the list will become obsolete, but in the meantime, it is important to give patients options for safer alternatives to opioids.
- Cannabis can be lifesaving or life-changing for many people.
- He urged the committee to leave doctors in charge of what might help their patients.