

**2023 HOUSE HUMAN SERVICES**

**HB 1202**

# 2023 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1202  
1/18/2023

Relating to regulating edible medical marijuana products, and to definitions relating to medical marijuana products; and to declare an emergency.
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Chairman Weisz called the meeting to order at 9:02 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. Rep. McLeod not present.

### Discussion Topics:

- Limits on consumption
- Risks of consumption
- Methods of consumption
- Effects of marijuana edibles
- Cost of medical cannabis
- Fiscal note

Rep. Vetter introduced HB 1202 speaking in support.

Gal Peterson, Special Practice RN in Holistic and a cannabis nurse educator and consultant from Valley City, ND, supportive testimony (#14133)(#14131) and proposed an amendment (#14132).

Stephanie Ensebretsen, on behalf of the Chiefs of Police Association, spoke in opposition.

Jacob Thomson, Policy Analyst for North Dakota Family Alliance Legislative Action, offered testimony in opposition to bill (#14152).

Jason Wahl, Medical Marijuana Director for the North Dakota Department of Health and Human Services, provided testimony in opposition to HB 1202 (#14008) and proposed an amendment.

Chairman Weisz adjourned the meeting at 9:39 AM.

*Phillip Jacobs, Committee Clerk*

# 2023 HOUSE STANDING COMMITTEE MINUTES

## Human Services Committee Pioneer Room, State Capitol

HB 1202  
1/30/2023

Relating to regulating edible medical marijuana products, and to definitions relating to medical marijuana products; and to declare an emergency.
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Chairman Weisz called the meeting to order at 11:06 AM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich. All present.

### Discussion Topics:

- Committee work
- Proposed amendment
- Flavorless marijuana edibles
- Flavored marijuana edibles appearance
- Child-proof containers
- Medical relief for patients
- Role of federal law
- Impact on nursing facilities

Chairman Weisz called for a discussion on HB 1202.

Vice Chairman Ruby discussed moved amendment 23.0476.02001 to HB 1202.

Vice Chairman Ruby moved to amend HB 1202.

Seconded by Rep. Prichard.

### Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y

Representative Todd Porter	Y
Representative Brandon Prichard	Y
Representative Karen M. Rep. Rohr	Y

Motion carries 14-0-0.

Rep. Dobervich moved to further amend HB 1202 (#14132).

Seconded by Rep. Prichard.

Roll Call Vote:

<b>Representatives</b>	<b>Vote</b>
Representative Robin Weisz	N
Representative Matthew Ruby	Y
Representative Karen A. Anderson	N
Representative Mike Beltz	N
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	N
Representative Kathy Frelich	Y
Representative Dawson Holle	N
Representative Dwight Kiefert	N
Representative Carrie McLeod	N
Representative Todd Porter	N
Representative Brandon Prichard	Y
Representative Karen M. Rohr	Y

Motion fails 6-8-0.

Vice Chairman Ruby moved a do pass as amended on HB 1202.

Seconded by Rep. Anderson.

Roll Call Vote:

<b>Representatives</b>	<b>Vote</b>
Representative Robin Weisz	N
Representative Matthew Ruby	Y
Representative Karen A. Anderson	Y
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	N
Representative Kathy Frelich	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	N
Representative Carrie McLeod	Y

Representative Todd Porter	N
Representative Brandon Prichard	Y
Representative Karen M. Rohr	N

Motion carries 9-5-0.

Carried by Rep. Dobervich.

Chairman Weisz adjourned the meeting at 11:25 AM.

*Phillip Jacobs, Committee Clerk*

OH 1-30-23

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1202

Page 1, line 4, after the semicolon insert "to provide a contingent effective date;"

Page 2, remove lines 1 through 3

Page 2, remove lines 14 through 16

Page 3, line 23, replace "ten" with "five"

Page 10, line 12, remove "department-"

Page 10, line 13, replace "licensed commercial kitchen that is inspected annually by the department" with "manufacturing facility"

Page 10, line 20, after "text" insert "and the symbols required by rules adopted under this chapter"

Page 10, line 24, replace "health council" with "department"

Page 10, after line 26, insert:

**"SECTION 4. CONTINGENT EFFECTIVE DATE.** Section 2 of this Act becomes effective on the date the department of health and human services certifies to the legislative council that all necessary administrative rules to regulate the form, manufacturing, packaging, labeling, and marketing of a cannabinoid edible product are in place."

Page 10, line 27, replace "This" with "Sections 1 and 3 of this"

Page 10, line 27, replace "is" with "are"

Renumber accordingly

**REPORT OF STANDING COMMITTEE**

**HB 1202: Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (9 YEAS, 5 NAYS, 0 ABSENT AND NOT VOTING). HB 1202 was placed on the Sixth order on the calendar.

Page 1, line 4, after the semicolon insert "to provide a contingent effective date;"

Page 2, remove lines 1 through 3

Page 2, remove lines 14 through 16

Page 3, line 23, replace "ten" with "five"

Page 10, line 12, remove "department-"

Page 10, line 13, replace "licensed commercial kitchen that is inspected annually by the department" with "manufacturing facility"

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Page 10, line 27, replace "is" with "are"

Re-number accordingly

**TESTIMONY**

**HB 1202**



Good morning Chairman Weisz and members of the House Human Services Committee. My name is Jason Wahl, Medical Marijuana Director, within the Department of Health and Human Services (Department). I am here to provide information regarding House Bill 1202. The Department has identified several areas to address in the bill. Due to these areas, the 10 milligram per serving language, and the emergency clause, the Department is opposed to the bill. The Department did submit a fiscal note and has proposed amendments to the bill.

House Bill 1202 proposes adding a cannabinoid edible product to the list of eligible products registered qualifying patients may purchase. The addition of a cannabinoid edible product is a policy making decision. If passed, the Department would implement the introduction of a new product with the health and safety of individuals as the primary focus. The Department would attempt to reduce risks associated with the new product.

The bill identifies a maximum of 10 milligrams of THC per serving in the edible product. The Department identifies this maximum amount could be reduced. When reviewing information provided by the marijuana industry nationwide, materials reflect first time users should start at a 2.5 milligram amount. In addition, the National Institute on Drug Abuse (NIDA), along with the National Cancer Institute; the National Heart, Lung, and Blood Institute; and the National Institute of Mental Health, published a notice in May 2021 directing researchers to measure and report findings from clinical research using a standard unit of 5 milligrams of THC. Having a maximum of 5 milligrams of THC per serving is a more cautious approach to implementation. With the possibility of unfortunate incidents of accidental ingestion by children, a lower amount of THC in an edible product should be considered.

The Department opposes the emergency clause included in the bill without a modification. If passed and signed by the Governor, the provisions of the bill

would be immediately effective. Prior to administrative rules being established that the bill requires, manufacturing facilities would be allowed to send an edible product to a dispensary. While the bill states a manufacturing facility is to receive approval from the Department prior to manufacturing an edible product, the Department would have little, to no, basis to deny manufacturing prior to rules being established. This could create potential problems and increase risks of litigation. For example, the administrative rules may establish something different than what is already on the market such as an ingredient, requiring a certain symbol on each edible, or certain packaging. The Department would be in a position of playing catch up and trying to make changes to an edible product already 'approved' and on the market. The Department would ask the committee to consider adding language that no sales of an edible product are allowed until administrative rules are effective and require the Department to have rules adopted no later than October 1, 2023.

On Page 2 of the bill, lines 1 through 3 and lines 14 through 16 add language for a maximum possession limit of 500 milligrams. Since this language appears to be related to specifically to total weight with no information regarding THC, this language requires modification to the amount or should be eliminated. First, the 500 milligram amount is so low that making an edible product would be nearly impossible to manufacture. Second, possession limit language is proposed on Page 2 lines 22 through 26 which includes a THC amount. As each container would include information on amounts of THC per serving, determining whether an individual is complying with the possession amount would only require counting the number of edible products.

The Department is submitting for the committee's consideration, the following three amendments:

1. On Page 10, lines 12 and 13, the Department proposes removing the requirement of manufacturing edible products in a Department-licensed commercial kitchen and add language to make it clear a manufacturing facility is the only location the products can be made. The cannabinoid edible product is a specific item established in the medical marijuana laws. It is not considered a food item and thus, would not be included under the Food and Lodging unit of the Department. Rules would be

established for manufacturing a cannabinoid edible product and these rules would include any proper sanitation requirements of the manufacturing facilities.

2. On Page 10, line 20, the Department proposes adding language to allow for the symbols required by administrative rule be placed on the label. The symbols include the universal THC symbol and, if applicable, a pediatric symbol.
3. On Page 10, line 24, the Department proposes removing Health Council and replacing the council with 'department.' The Health Council no longer has authority related to adoption of administrative rules.

The fiscal note submitted for this bill identifies an increase in expenditures of approximately \$178,000 for the 2023-2025 biennium. The Department anticipates an additional full-time equivalent (FTE) position being necessary for implementing the provisions of the bill. The fiscal note includes costs for salary and benefits as well as related operating costs anticipated with the position.

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

# NORTH DAKOTA

## 2020-21 Improvements and Recommendations

2021 was a year of growth for North Dakota's patient registry as the population more than doubled over the number cited in our last report. Despite the growth, patients in North Dakota complained that a shortage of doctors willing to recommend cannabis has made access to the program difficult. The first of two pieces of legislation on medical cannabis that went into effect in 2021 may help the problem. HB 1213 which made some language changes to some statutory definitions, most notably making it easier to establish a "bona fide" relationship to receive a recommendation for medical cannabis from a medical provider. The bill also made a modification to the application fees for cannabis businesses by replacing a set fee with "fee not to exceed". This is a move that could signal the state is willing to license more cannabis businesses which ASA would highly recommend; eight retailers is simply not adequate for a state the size of North Dakota and as the program continues to grow, it is likely to become an issue.

HB 1359 was the second piece of North Dakota legislation to go into effect in 2021. It made some minor rule changes for caregivers; raising the cap on the number of patients each caregiver may serve, as well as eliminating the application fee, and in some cases the background check. The bill also included a provision to expand the membership of the Medical Marijuana Advisory Board to include physicians and patients, though these new positions have yet to be filled.

In 2022, ASA recommends that lawmakers in South Dakota prioritize improving access to cannabis - a category where the state only scored 10% of available points. The state can do this by passing a law that would recognize out of state patient registrations, allow home cultivation for patients and caregivers, and give licensed retailers the option to offer delivery and curbside pickup.



BASE CATEGORIES POINTS:	258
PENALTIES:	-17
POINT TOTAL:	241/700
SCORE PERCENTAGE:	34.43%

<b>6,895</b> Registered Patient Population	<b>.9%</b> of Total Population Represented by Patients	<b>8</b> Retail Locations Currently in Operation	<b>861:1</b> Patients : Retail Locations
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ISSUE	POINTS	ISSUE	POINTS
<b>PATIENT RIGHTS AND CIVIL PROTECTIONS</b>	<b>40/100</b>	<b>PROGRAM FUNCTIONALITY</b>	<b>60/100</b>
Arrest Protection.....	25/25	Legal Protections Within Reasonable Time Frame.....	14/20
Affirmative Defense.....	10/20	Reasonable Possession Limits.....	10/10
Parental Rights Protections.....	0/20	Reasonable Purchase Limits.....	7/10
Employment Protections.....	0/20	Telemedicine for Physician Certification.....	0/15
DUI Protections.....	0/10	Patient and Physician Representation in Program Decision Making.....	10/20
Explicit Privacy Standards.....	5/5	Reasonable Caregiver Standards.....	5/5
		- Background Checks.....	2/2
<b>ACCESS TO MEDICINE</b>	<b>10/100</b>	- Number of Caregivers.....	3/3
Authorizes Retail Access.....	10/10	Reasonable Physician Standards.....	5/5
Alternative Accessibility Methods.....	0/20	Access to Administration Methods.....	9/10
- Authorizes Delivery.....	0/10	- Allows Dried Flower.....	5/5
- Authorizes Curbside Pickup.....	0/10	- Allows Edibles, Concentrates, and Other Forms.....	4/5
Personal Cultivation.....	0/15	Provides Access to Minors on School Grounds.....	0/5
Collective Gardening.....	0/5		
Sufficient Number of Licensed Retailers.....	0/30	<b>NEW! HEALTH AND SOCIAL EQUITY</b>	<b>37/100</b>
Reciprocity.....	0/20	State Program Protections.....	25/25
		Housing Protections.....	0/25
<b>NEW! AFFORDABILITY</b>	<b>43/100</b>	Access for Minors.....	7/10
Sales Tax Break for Patients and Caregivers.....	20/20	Access in Underserved Areas.....	0/10
Covered by State Insurance or Health Aid.....	0/20	List of Qualifying Conditions is Exhaustive or All Inclusive.....	5/10
Reasonable Registration Fees.....	18/20	Allows Patients to Medicate Where They Choose.....	0/10
Financial Hardship Waivers or Discounts.....	0/20	Organ Transplants.....	0/5
Donation Program.....	0/10	Ownership or Employment Restrictions.....	0/5
Allows Multi-year Registrations.....	5/10		

ISSUE	POINTS
<b>CONSUMER PROTECTION AND PRODUCT SAFETY</b>	<b>68/200</b>
<b>Cultivation Operations</b>	<b>17/50</b>
Quality Management Systems.....	0/10
Staff Training.....	0/10
Standard Operating Procedures.....	5/8
- Facility and Equipment Sanitation.....	0/1
- Workplace Safety.....	1/1
- Storage.....	1/1
- Batch and Lot Tracking.....	1/1
- Security.....	1/1
- Waste Disposal.....	0/1
- Water Management.....	0/1
- Records Management.....	1/1
Pesticide Usage Limitations.....	2/2
Environmental Impact Regulations.....	0/2
Required Testing.....	6/8
- Cannabinoids.....	1/1
- Terpenes.....	0/1
- Microbials.....	1/1
- Aflatoxins.....	1/1
- Pesticides.....	1/1
- Heavy Metals.....	1/1
- Foreign Matter.....	0/1
- Moisture Content.....	1/1
Packaging and Labeling.....	1/3
- Cannabinoids.....	1/1
- Terpenes.....	0/1
- Pesticides.....	0/1
Complaints, Adverse Event Reporting and Recall Protocol.....	3/7
<b>Manufacturing Operations</b>	<b>28/50</b>
Quality Management Systems.....	10/10
Staff Training.....	0/10
Standard Operating Procedures.....	6/7
- Facility and Equipment Sanitation.....	1/1
- Workplace Safety.....	1/1
- Storage.....	1/1
- Batch and Lot Tracking.....	1/1
- Security.....	1/1
- Waste Disposal.....	0/1
- Records Management.....	1/1
Environmental Impact Regulations.....	0/3
Required Testing.....	7/10
- Cannabinoids.....	1/1
- Terpenes.....	0/1
- Microbials.....	1/1
- Aflatoxins.....	1/1
- Pesticides.....	1/1
- Heavy Metals.....	1/1
- Residual Solvents.....	1/1
- Homogeneity.....	1/1
- Foreign Matter.....	0/1
- Water Activity.....	0/1
Packaging and Product Labeling.....	2/5
- Cannabinoids.....	1/1
- Terpenes.....	0/1
- Ingredients.....	1/1
- Allergens.....	0/1
- Nutritional Content.....	0/1
Complaints, Adverse Event Reporting and Recall Protocol.....	3/5
<b>Dispensary Operations</b>	<b>18/50</b>
Staff Training.....	0/20
Standard Operating Procedures.....	6/7
- Facility Sanitation.....	0/1
- Workplace Safety.....	1/1
- Storage.....	1/1
- Batch and Lot Tracking.....	1/1
- Security.....	1/1
- Waste Disposal.....	1/1
- Records Management.....	1/1
Product Testing.....	5/10
- Product Meets Requirements Before Sale.....	5/5
- COA Disclosure.....	0/5
Complaints, Adverse Event Reporting and Recall Protocol.....	7/13

ISSUE	POINTS
<b>Laboratory Operations</b>	<b>5/50</b>
Independent or Third-Party.....	0/5
Laboratory Sampling.....	5/5
Method Validation.....	0/4
Quality Management Systems.....	0/5
Staff Training.....	0/20
Standard Operating Procedures.....	0/7
- Facility and Equipment Sanitation.....	0/1
- Equipment and Instrument Calibration.....	0/1
- Workplace Safety.....	0/1
- Sample Tracking.....	0/1
- Security.....	0/1
- Waste Disposal.....	0/1
- Records Management.....	0/1
Result Reporting.....	0/4
<b>NEW! SCORE PENALTIES</b>	<b>17/100</b>
Gives Regulatory Preference to Adult Use.....	0/20
Classifies Cannabis as a Medicine of Last Resort.....	0/15
Administrative or Supply Problems.....	0/15
Requires Vertical Integration.....	0/10
Creates New Criminal Penalties for Patients.....	10/10
Limits Patients to a Single Retailer.....	0/10
No System for Adding Qualifying Conditions.....	0/10
Imposes Bans or Limits on THC.....	2/5
Imposes Bans or Limits on CBD.....	0/5

**Patient Feedback**  
Patients surveyed in North Dakota noticed no change or felt cannabis access has become more limited thanks to unreasonable costs and not enough doctors making recommendations.

**Background**  
For background information regarding this state, please visit [www.safeaccessnow.org/states](http://www.safeaccessnow.org/states) and click on the state.

**Recommendations for Policy Makers and Regulators**  
To aid government agencies in establishing sound rulemaking policies, ASA created the Patient Focused Certification (PFC) program. PFC is a third party certification program for the cannabis industry and the nation's only certification program for the AHPA and AHP standards as well as the only ISO 17065 accredited certifying body for cannabis and hemp compliance.

PFC utilizes the American Herbal Products Association (AHPA) recommendations for botanical products, good agricultural (collection) practices (GAP), good manufacturing practices (GMP), and good laboratory practices (GLP) to thoroughly evaluate a business for compliance. PFC is available to companies cultivating, manufacturing, or distributing cannabis and hemp products, as well as to laboratories providing cannabis analytic services. PFC also offers a dual ISO 17025/PFC accreditation through an agreement with A2LA to help labs streamline their accreditation process.

I would like to introduce an amendment to 19-24.1-35. Facility restrictions and policies. I feel these are necessary for patient protections. As we look towards federal legislation and descheduling, these changes would allow an easy transition when cannabis becomes legal.

19-24.1-35. Facility restrictions and policies.

1. A basic care facility, nursing facility, assisted living facility, adult day care facilities, disabled services or adult foster care home licensed in the state may adopt reasonable restrictions policies on the medical use of marijuana by residents or individuals receiving in patient services, including:

- a. The facility ~~will not~~ may store or maintain the registered qualifying patient's supply of usable marijuana as per the facility's policy. (ie. Hebrew Homes policy)
- b. The facility, caregivers, or hospice agencies serving the facility's residents are not responsible for providing the usable marijuana for registered qualifying patients. ~~or assisting with the medical use of marijuana.~~ A staff person may assist with the medical use of marijuana as a registered caregiver according to state law and per the facility's policies.
- c. Usable marijuana can be consumed by a method other than vaporizing or combustion.
- d. Consumption of usable marijuana is limited to a place specified by state law and the facility's policies.

2. A facility listed in subsection 1 may not unreasonably limit a registered qualifying patient's medical use of marijuana as authorized under this chapter unless failing to do so would cause the facility to lose a monetary or licensing-related benefit under federal law or regulations.

Gail Pederson, SPRN, HN-BC  
District 24  
Be Well Healing Arts, pllc  
Valley City, ND  
[bewellhealingarts@gmail.com](mailto:bewellhealingarts@gmail.com)  
701-490-2132

Thank you Madam Chair and Human services committee for allowing my testimony.

I am testifying in support of HB 1202. A food grade edible product was part of Measure 5 when North Dakotans overwhelmingly voted in medical cannabis. It is time to return it to our medical cannabis bill.

I am Gail Pederson, Special Practice RN in Holistic nursing and a cannabis nurse educator and consultant from District 24, Valley City. I am on the American Cannabis Nurses Associations Government policy and Advocacy committee. While we are mostly looking at national policy, state legislation is important too. We hope our policy and positions made a difference with the president's recent call for review of drug scheduling and research. We are recommending decriminalizing and descheduling of cannabis based on current research. Our goal is research, education, patient protections, product safety and quality.

I apologize for not making my interest known to the sponsors and I thank them for their inclusion of a food grade edible to change our law. While my advocacy for our medical program runs strong, my heart does not and I am currently waiting for implantation of a biventricular pacemaker and defibrillator. I was not able to muster up the energy until last night to decide to respond. I still need to speak out!

One of the big questions I hear from providers who are hesitant to certify patients is about dosage. While there is no set dosage for relief of symptoms a person is using cannabis for, it is nice to be aware of the dose that works for you.

I want to point out some shortfalls for establishing a dose of cannabis in our program. Most pharmaceuticals come in a milligram unit, ie, Tylenol 500 mgs per tablet. We currently have edible products in tinctures and concentrates with no equivalent to this. These product are hard to take for some people because of the taste, which is another reason for a food grade product. These both have a dosage recommendations on their packaging but do not have an indication what the mg dose is. The tinctures have the amount of THC per 30ML bottle. It does give a recommended dose in drops. A patient does not know how many drops per milliliter is in the bottles, so even as a nurse I am hard pressed to figure out what "dose" I am taking. Our concentrates? They are in a one ML syringe. "An amount the size of a "grain of rice" is recommended. Again. How many milligrams is that? The addition of a food grade edible product allows the patient to know what they are ingesting. While we are hearing of the increase of ingestion of "gummies" by children, the responsible patient- just as with any other medication will keep them out of reach of those who should not have them.

Unfortunately, this food grade edible candy will be too expensive for many patients to afford. North Dakota has the most expensive medical cannabis products in the country. For that reason, diversion of our medical cannabis is realistically not a problem. It is interesting that a survey put out by one of our dispensaries included 4 choices to the question of "Where did you last buy medical marijuana?" It listed our 3 licensed dispensary companies. The fourth choice was out of state.....Check! Our products are not being diverted. As a patient advocate and administrator of a ND medical cannabis support group, I continue to hear complaints about product quality.

The latest Americans For Safe Access which is a non profit supporting cannabis patients, State of the States assessment gives North Dakota an D-. Our lowest scores coming from patient access, cost and patient protections. I have attached that report and North Dakota's scores in another submission.

Our law needs basic patient protections which I ask be included with this legislation. The legalization measure that failed last fall included excellent wording for parental protections

and a position protection gun owners. I would like these included in our century code. Representative Ruby endorsed that and may have easy access to that language.

- A number of state governments have removed THC drug screening from their policies. It is an inaccurate test which does not measure current impairment. With our current worker shortage, a company may be losing good employees who don't even apply because of drug screening. I heard this from a group of college students when I was telling them about employment opportunities I am aware of. As a member of the Board of Directors for one of Valley Cities largest employees, we are looking at changing policy.

I would like to include an amendment to 19-24.1-35. Facility restrictions and policies. It includes changes to allow facilities to let patients use medical cannabis within their facility, anticipating a change in rescheduling/descheduling in the future. It is another attachment.

Thank you. I stand for questions.

Gail Pederson, SPRN, HN-BC  
District 24  
Be Well Healing Arts, pllc  
Valley City, ND



### Testimony Opposing House Bill 1202

Jacob Thomsen, Policy Analyst  
North Dakota Family Alliance Legislative Action  
January 18, 2023

Good morning Chairman Weisz and honorable members of the House Human Services Committee. My name is Jacob Thomsen and I am a Policy Analyst with North Dakota Family Alliance Legislative Action. I am testifying on behalf of our organization in opposition to House Bill 1202 and respectfully request that you render a "DO NOT PASS" on this bill.

Our organization, and its constituents, are opposed to legalization of marijuana in all forms and do not support the expansion of marijuana consumption. This bill proposes an expansion of medical marijuana as edibles, and therefore we are opposed to it on principle. However, medical marijuana is legal, and we realize this.

If this bill was to move forward, our biggest concern would be that edibles could get in the hands of children. The statistics are sobering, even in states with safety measures in place. Calls to poison control centers for young children (5 and under) inadvertently consuming edibles containing THC rose 1,375% (207 cases to 3,054) over the years from 2017 to 2021. Further, 97% of these children found the edibles at home. Ingesting these marijuana edibles can clearly cause serious health problems for these young children.

"Confusion, hallucinations, fast heart rate and vomiting, experts said.

In severe cases, children can experience trouble breathing or even comas.

The severity usually depends on children's size and age and how much cannabis they've consumed." – NBC NEWS

I understand that the sponsors have put in certain safety measures to prevent this from happening, such as child proof containers and unenticing shapes and colors. While we maintain that the safest course of action would be to not pass this bill, we would like to thank the sponsor for being amenable to discussing some additional ideas that our organization put forward.

There are already plenty of ways that medical marijuana is administered. Smoking is obviously

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Commented [JT1]: <https://www.nbcnews.com/health/health-news/reports-young-children-accidentally-eating-marijuana-edibles-soar-rcna63501>



not the healthiest way to do this. It is our understanding that this is part of the reason that this bill exists. However, there are other options. Cannabinoid solution, cannabinoid capsule, cannabinoid transdermal patch, and cannabinoid topical are all solutions that currently exist for the distribution of medical marijuana.

Another argument for production of edibles is that the solutions that currently exist for medical marijuana “don’t taste good” However, this actually minimizes the chance of accidental ingestion by children. Unfortunately, the reverse is also true. If they taste good, and a child gets ahold of them, the child will very likely eat them, leading to any number of the previously stated side effects. The child is also more likely to eat the entire package of edibles if they taste good, leading to more severe side effects. We would greatly appreciate it if the sponsor and committee would consider adding to the bill the requirement of making the edibles “unsweetened” or “not sweetened” to avoid this potentially dangerous situation.

Bringing cannabinoid edible products into a home poses a threat to the safety of any children that may live there or visit. Our organization and its constituents feel that this issue is best taken care of by not allowing the products to legally exist in the state. For these reasons, North Dakota Family Alliance Legislative Action respectfully requests that you render a “DO NOT PASS” on House Bill 1202.

Thank you for the opportunity to testify and I am happy to stand for any questions.

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