MEDICAL MARIJUANA INFORMATION

NDACA Fall Conference
September 10, 2021
This presentation is intended to convey general information only and does not provide legal advice.

The contents should not be construed as legal advice.

Contact your attorney for advice on your specific circumstances and legal issues.
FROM 2019 SPRING CONFERENCE TO TODAY

<table>
<thead>
<tr>
<th></th>
<th>March 2019</th>
<th>September 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensaries Open</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Registered Qualifying Patients</td>
<td>&lt;250</td>
<td>&gt;6,200</td>
</tr>
<tr>
<td>Registered Designated Caregivers</td>
<td>&lt;10</td>
<td>&gt;130</td>
</tr>
</tbody>
</table>
Marijuana is still illegal under the federal Controlled Substances Act
No reciprocity with other states
Dispensed product is not to cross state lines
Dispensed product is to stay in the container with the labels attached
DEFINITIONS

Health Care Provider
➢ A physician, a physician assistant, or an advanced practice registered nurse.

Qualifying Patient
➢ An individual who has been diagnosed by a health care provider as having a debilitating medical condition.

Designated Caregiver
➢ An individual who agrees to manage the well-being of a registered qualifying patient with respect to the qualifying patient’s medical use of marijuana.
Manufacturing Facility
➢ An entity registered who is authorized to produce and process and to sell usable marijuana to a dispensary. Pay up to a $110,000 certification fee for a two-year certificate.

Dispensary
➢ An entity registered who is authorized to dispense usable marijuana to a registered qualifying patient and a registered designated caregiver. Pay up to a $90,000 certification fee for a two-year certificate.

Registry Identification Card
➢ A document issued by the Department of Health which identifies an individual as a registered qualifying patient, registered designated caregiver, registered compassion center agent, or laboratory agent.
DEBILITATING MEDICAL CONDITIONS (26)

- Agitation of Alzheimer’s disease or related dementia
- AIDS
- Amyotrophic lateral sclerosis (ALS)
- Anorexia nervosa
- Anxiety disorder
- Autism spectrum disorder
- A brain injury
- Bulimia nervosa
- Cancer

- Crohn’s disease
- Decompensated cirrhosis caused by hepatitis C
- Ehlers-Danlos syndrome
- Endometriosis
- Epilepsy
- Fibromyalgia
- Glaucoma
- HIV
- Interstitial cystitis
Migraine
Neuropathy
Posttraumatic stress disorder (PTSD)
Rheumatoid arthritis
Spinal stenosis or chronic back pain with objective neurological indication of intractable spasticity
A terminal illness
Tourette syndrome

A chronic or debilitating disease or medical condition or treatment for such disease that produces:

- Cachexia or wasting syndrome;
- Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects;
- Intractable nausea;
- Seizures; or
- Severe and persistent muscle spasms, including those characteristic of multiple sclerosis
DEBILITATING MEDICAL CONDITIONS SELECTED BY HEALTH CARE PROVIDERS FOR REGISTERED QUALIFYING PATIENTS AS OF JUNE 30, 2021

- Anxiety Disorder: 3,284
- Spinal stenosis or chronic back pain: 1,220
- PTSD: 1,035
- Severe debilitating pain: 1,018
- Neuropathy: 555
- Migraine: 506
- Chronic or debilitating disease or medical condition: 997
- All other conditions: 1,614

Total conditions selected: 10,229
Individual must obtain a written certification from their health care provider who must be licensed in North Dakota and have a license in good standing.

➢ Health care provider states the patient has a debilitating medical condition.

➢ Attestation that the written certification is made in the course of a bona fide provider-patient relationship.
In lieu of a written certification, a veteran receiving treatment from a federal VA entity may submit a copy of their medical records.

➢ Over 230 registered qualifying patients are veterans using the accommodation
BONA FIDE PROVIDER-PATIENT RELATIONSHIP

➢ Health Care Provider has **created, maintained, and reviewed** the patient’s relevant **medical records**.
➢ An **in-person** medical evaluation of the patient is performed.
➢ Health Care Provider continues care for the patient and their debilitating medical condition that qualified them for the Medical Marijuana Program.
➢ Health Care Provider has a **reasonable expectation for follow up care** regarding the medical use of marijuana as a treatment of the patient’s debilitating medical condition.
➢ Provider-Patient relationship is **NOT for the sole purpose** of providing a written certification for the medical use of marijuana.
Patient **talks** with their health care provider and then starts a patient application via the ND Medical Marijuana registration system.

As part of the patient application, the patient enters the name and email address of the health care provider.

The health care provider receives a notification via email that they are requested to complete a written certification for the patient.

Via the registration system, the health care provider completes the written certification.

The registration system links the written certification to the patient application. The Division of Medical Marijuana reviews the application.

The patient is **issued a registry ID card** if approved.
DIVISION OF MEDICAL MARIJUANA HOMEPAGE (health.nd.gov/mm)

Program Information
Dispensary Locations
Electronic Payments Available
Presentations and Annual Reports
Status Updates and Press Releases
State Laws and Administrative Rules
User Guide and Forms
Subscribe/Unsubscribe to Updates
Electronic ID Card Information
Sample Registry ID Card

Active Patient Cards
As of 8/25/2021 - 6168

Contact Us
Division of Medical Marijuana
600 E Boulevard Ave, Dept 301
Bismarck ND 58505-0200

Phone: 701-328-1311
Fax: 701-328-1333
medmarijuana@nd.gov
ND Medical Marijuana Healthcare Providers

Healthcare Providers
Healthcare Provider Overview
Written Certification Process
Frequently Asked Questions
Debilitating Medical Conditions
Product and Limits Information

Sign In or Create an Account
Application Tips and Tricks
Written Certification Video Tutorial
Create an Account Video Tutorial
To set up an account – enter email and create password

- Email address must match the email entered by the patient on their application

Information may input when registering (enter once)

- Health care facility name, address, and number
- Your name, number, email address, professional license number, and specialty (drop down box)

Information is Confidential
WRITTEN CERTIFICATION – FIRST SECTION

<table>
<thead>
<tr>
<th>Written Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section will be completed by the patient’s health care provider</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Care Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>First Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Location Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>County</td>
</tr>
<tr>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Primary Phone</th>
<th>Secondary Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address</td>
<td>Health Care Provider’s North Dakota Professional License Number</td>
<td></td>
</tr>
<tr>
<td>Health Care Provider’s Medical or Nursing Specialty</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17
WRITTEN CERTIFICATION – DEBILITATING MEDICAL CONDITION (SECOND SECTION)

☐ A Terminal Illness
☐ Acquired Immune Deficiency Syndrome
☐ Agitation of Alzheimer’s Disease or related Dementia
☐ Amyotrophic Lateral Sclerosis
☐ Anxiety Disorder
☐ Anorexia nervosa
☐ Autism Spectrum Disorder
☐ Brain Injury
☐ Bulimia nervosa
☐ Cancer
☐ Crohn’s disease
☐ Decompensated Cirrhosis caused by Hepatitis C
☐ Ehlers-Danlos syndrome
☐ Endometriosis
☐ Epilepsy
☐ Fibromyalgia
☐ Glaucoma

☐ Interstitial cystitis
☐ Migraine
☐ Neuropathy
☐ Positive status for Human Immunodeficiency Virus
☐ Post-Traumatic Stress Disorder
☐ Rheumatoid Arthritis
☐ Spinal Stenosis or Chronic Back Pain, including Neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
☐ Tourette Syndrome
☐ Chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:
   ☐ Severe and persistent muscle spasms, including those characteristic of Multiple Sclerosis

This written certification is valid for:
☐ One year (from date of card issuance)
☐ Less than one year (from date of card issuance), select amount of time
Health Care Provider Attestation

☐ This certification is made in the course of a bona fide provider-patient relationship as defined in NDCC 19-24.1 (3).

☐ I completed an assessment of the patient’s current medical condition, including presenting symptoms related to the debilitating medical condition I diagnosed or confirmed.

☐ By checking this box and typing my name below, I am electronically signing my application. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Date</th>
</tr>
</thead>
</table>

By providing my electronic signature, I hereby certify and affirm all information contained in this Written Certification is true and correct. I understand providing false information is a violation of North Dakota state laws and is grounds for denial of an application or renewal for a registry identification card under the North Dakota Medical Marijuana Program.
A health care provider may notify the Division of Medical Marijuana in writing (email) if:

- The qualifying patient no longer has the debilitating medical condition that qualified them for the program; or
- A bona fide provider-patient relationship no longer exists.
Two parts of the information technology system:

1. **Registration System**: register all qualifying patients, designated caregivers, and agents of manufacturing facilities and dispensaries

2. **Traceability System**: tracks all marijuana at manufacturing facilities and dispensaries (ID tags with barcode, manifest system for transporting purposes)
**REGISTRY IDENTIFICATION CARDS**

**Qualifying Patients**
- Qualifying Medical Condition
- Written Certification
- Application Fee - $50/year
  (fee may be waived for minor)

**Designated Caregivers**
- 21 years of age
- Passed a criminal history record check
- Application Fee - ZERO

**Dispensary, manufacturing facility, and lab agents**
- 21 years of age
- Passed a criminal history record check
- Application Fee - $200/year (fee waived for lab agent)
Active Cards

6,268 Active Patient cards (as of 9/8/2021)

Data from Medical Marijuana online registration system
137 Active Designated Caregiver cards (as of 9/8/2021)

Data from Medical Marijuana online registration system
NORTH DAKOTA MEDICAL MARIJUANA

PATIENT
NAME: John ZZTest
DATE OF ISSUE: 04-25-2019
DATE OF EXPIRATION: 02-13-2020
ID NUMBER: G372G6YW/L2
DRIED LEAVES AND FLOWER: Standard

NORTH DAKOTA MEDICAL MARIJUANA

PATIENT
If found or to verify card, contact the Division of Medical Marijuana at (701) 328-1311.
Counterfeiting, replicating, alteration or misuse of this card is prohibited by law. Use or possession
of this card by any person other than the intended cardholder is unlawful.

NORTH DAKOTA Be Legendary
Health

Dried Leaves/Flower Possession Limits:
No = 0.0 oz
Standard = 3.0 oz
Enhanced = 7.5 oz
TYPES OF USABLE MARIJUANA

Usable Marijuana

Dried Leaves & Flowers

Medical Marijuana Products

Cannabinoid Concentrate or Extract

Medical Cannabinoid Products

Solutions

Capsules

Topicals

Transdermal patches

Not for Minors! (under 19)
*Products with >6% THC
*Smokable form

Maximum purchase amounts per 30 days:
*2.5 ounces total – dried leaves and flowers; and
*4,000 mg THC total – other products

(up to 6 ounces of dried leaves and flowers may be authorized for patients with a medical condition of cancer)
DRIED LEAVES AND FLOWER

Types

- Regular
- B bud
- Trim

Sizes

- 1 gram
- 1/8 (3.5 grams)
- 1/4 (7 grams)

Pre-rolls

- One 1 gram
- Three 1 gram
- Five 0.7 gram
CONCENTRATES

Types
- Different waxes (crumble, budder, pull and snap, etc.)
- Shatter
- Live resin
- FSO/PDO/RSO
- Distillate for vapes

Sizes
- 1/2 gram containers/syringes/vape cartridges
- 1 gram containers/syringes/vape cartridges
Solutions
- 30 mL bottles
- Various potencies/formulations/ratios

Capsules

Topicals/Lotions
WHAT IS THIS?

Crumble
WHAT IS THIS?

Budder
WHAT IS THIS?

Pull and snap
WHAT IS THIS?

Shatter
MANUFACTURING FACILITIES

Pure Dakota

Grassroots
Prior to transporting any marijuana or marijuana product to a dispensary, the flower lot or process lot is subject to sampling and applicable compliance tests.

➢ Contract with a lab to conduct testing (lab representatives travel to manufacturing facilities to select samples for tests)

➢ Lab enters test information into the information technology system (manufacturing facility unable to place untested products onto a manifest to transport to a dispensary)
## Tests Performed

<table>
<thead>
<tr>
<th>Dried Leaves and Flowers</th>
<th>Concentrates and Medical Cannabinoid Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pesticides</td>
<td>• Pesticides</td>
</tr>
<tr>
<td>• Microbiological contaminants and mycotoxins</td>
<td>• Microbiological contaminants and mycotoxins</td>
</tr>
<tr>
<td>• Heavy metals</td>
<td>• Heavy metals</td>
</tr>
<tr>
<td>• THC/CBD</td>
<td>• THC/CBD</td>
</tr>
<tr>
<td>• Moisture content/water activity</td>
<td>• Solvents</td>
</tr>
</tbody>
</table>
Products purchased from a dispensary will include a label from the manufacturing facility and a label from the dispensary.

Dispensary label will include qualifying patient’s name and number, name of dispensary, date dispensed (may include designated caregiver name and number), and notification to keep products in the packaging with labels attached.
Removes $50 designated caregiver application fee
Allows registered qualifying patient to have up to five designated caregivers
Exempts criminal history record check of a designated caregiver of a qualifying patient with a terminal illness
Adds definitions for terms owner, ownership interest, substantial corporate change, and THC
PROPOSED CHANGES – NOT PASSED

Home Grow

Removing Pediatric Limit

Allow minor patients to have dried leaves and flowers

Temporary card for out-of-state individuals
PROPOSED CHANGES – NOT PASSED

Edibles
➢ Allow a square shape item, maximum THC amount, possession limit
➢ Passed House; 25 yeas/22 nays in Senate

Adult Use
➢ First state to have a regulated adult use/recreational program; limits on number of dispensaries and manufacturing facilities
➢ Maximum purchase amounts
➢ Passed House; 10 yays/37 nays in Senate
EDIBLE IMAGES
SIMILAR PACKAGING?
SIMILAR PACKAGING
SIMILAR PACKAGING
WHO MARKETING TOWARDS?
ADVERSE EVENTS

Incidents involving overdose or adverse reactions are to be reported to the Department by registered qualifying patients, registered designated caregiver, agents, law enforcement, health care professionals, emergency medical services professionals, and emergency department personnel at a health care facility.

➢ “Adverse Reaction” means an unwanted, unexpected, or dangerous effect caused by the administration of usable marijuana dispensed under the Medical Marijuana Program.
Administrative rules require the Department to develop a form for law enforcement to use to notify the Department of:

- An individual who is not a registered cardholder found in possession of usable marijuana dispensed under the program; and
- A registered qualifying patient or registered designated caregiver found in possession of more than the allowable amount of usable marijuana.

The electronic form is available on the Division’s website (under the ‘Forms’ link).

Law enforcement has five business days to notify the Department.
Every two weeks, data regarding registered qualifying patients is uploaded to the Prescription Drug Monitoring Program (PDMP) system.

Within PDMP, able to identify an individual with a valid registry identification card and the expiration date.
Hemp Definition

Delta-8
The medical marijuana laws do not require:

- A government medical assistance program or private insurer to reimburse a person for costs associated with the medical use of marijuana;
- A person in lawful possession of property to allow a guest, client, customer, or other visitor to possess or consume usable marijuana on or in that property;
- A landlord to allow production or processing on rental property; or
- A health care provider to provide a written certification or otherwise recommend marijuana to a patient.
The law does not prohibit an employer from disciplining an employee for possessing or consuming usable marijuana in the workplace or for working while under the influence of marijuana.
State law does not allow for the possession or consumption of usable marijuana:

- On a school bus or school van that is used for school purposes;
- On the grounds of any public or private school;
- At any location while a public or private school sanctioned event is occurring at that location;
- On the grounds of a correctional facility; or
- On the grounds of a child care facility or licensed home day care, unless authorized under rules adopted by the Department of Human Services.
ADDITIONAL RESTRICTIONS

➢ May not operate, navigate, or be in actual physical control of a motor vehicle, aircraft, train, or motorboat while under the influence of marijuana

➢ May not use a combustible delivery form or vaporizing if the smoke or vapor would be inhaled by a minor

➢ The same state law smoking provisions existing for smoking, vaping, etc. in public places and places of employment are applicable to the medical marijuana program

➢ May not undertake an activity under the influence of marijuana if doing so would constitute negligence or professional malpractice
EXAMPLES OF PROTECTIONS

➢ Registered qualifying patient is not subject to arrest or prosecution or the denial of any right or privilege for the acquisition, use, or possession of usable marijuana or related supplies under the medical marijuana law.

➢ Registered designated caregiver is not subject to arrest or prosecution or the denial of any right or privilege for assisting a registered qualifying patient or for receiving compensation for costs associated with assisting a registered qualifying patient.

➢ Registered compassion center agent is not subject to arrest or prosecution or the denial of any right or privilege for working or volunteering for a compassion center if actions performed are authorized under the medical marijuana law.
A health care provider is not subject to arrest or prosecution or the denial of any right or privilege, including a civil penalty or disciplinary action by a court or occupational or professional regulating entity:

- Solely for providing a written certification or for stating in the health care provider’s professional opinion a patient is likely to receive therapeutic or palliative benefit from the medical use of usable marijuana to treat or alleviate the patient’s debilitating medical condition; or
- For refusing to provide a written certification.
THANK YOU

www.health.nd.gov/mm