



**New Hampshire Department of Health and Human Services
Division of Public Health Services
Therapeutic Cannabis Program
2019 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.

Therapeutic Cannabis Program (TCP) Registry Data

The data presented in this section reflects data in the Therapeutic Cannabis Program Registry Database as of June 30, 2019. 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 is a summary of the ATC Annual Reports submitted to the Department pursuant to He-C 402.10(q), showing data from July 1, 2018 to June 30, 2019.

Qualifying Patient Satisfaction Survey Results

The data presented in this section reflects data gathered from qualifying patients between mid-July and mid-September 2019.

Alternative Treatment Center Expansion

The reports in this section support the Therapeutic Cannabis Program's patient needs assessment required by [NH Senate Bill 335 \(Laws of 2019\)](#) for the approval of second dispensary locations to be operated by Temescal Wellness, the licensed ATC serving qualifying patients in NH TCP Region 1 (Belknap, Rockingham, and Strafford counties), and Prime ATC, the licensed ATC serving qualifying patients in NH TCP Region 2 (Hillsborough and Merrimack counties). Temescal Wellness currently operates its regional ATC in Dover, and Prime ATC currently operates its regional ATC in Merrimack. All results in this analysis are relative to registered TCP patients as of June 30, 2019.

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

Therapeutic Cannabis Program Registry Data

Qualifying Patients

	<u># of Patients</u>
Active Qualifying Patients	8302
Minor Patients	15
Patients with a Designated Caregiver	503

Qualifying Patients by Alternative Treatment Center

<u>ATC Name</u>	<u># of Patients</u>
Prime ATC - Merrimack	3238
Sanctuary ATC - Plymouth	2113
Temescal Wellness - Dover	1942
Temescal Wellness - Lebanon	1009
TOTAL	8302

Qualifying Patients by County

<u>County</u>	<u># of Patients</u>	<u>County</u>	<u># of Patients</u>
Belknap	621	Hillsborough	2022
Carroll	538	Merrimack	1032
Cheshire	480	Rockingham	1517
Coos	326	Strafford	803
Grafton	595	Sullivan	368
		TOTAL	8302

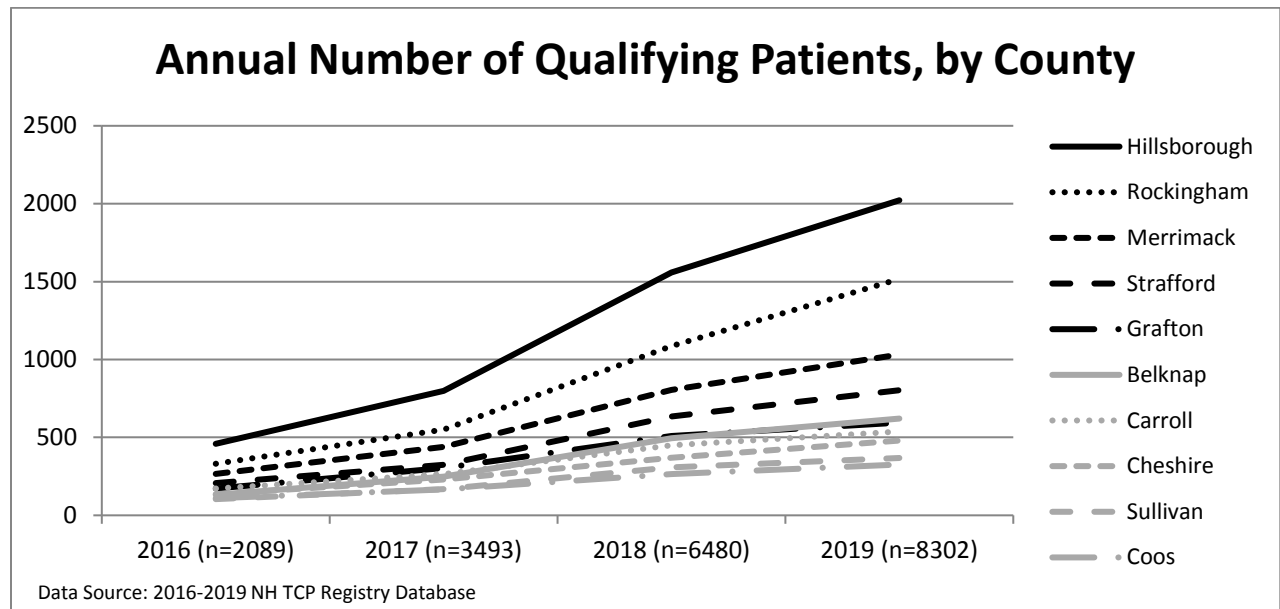


Table 1. Annual number of qualifying patients by county.

Qualifying Patients by City/Town

<u>City/Town</u>	<u># of Patients</u>	<u>City/Town</u>	<u># of Patients</u>
ACWORTH	<5	COLUMBIA	<5
ALBANY	8	CONCORD	272
ALEXANDRIA	16	CONWAY	170
ALLENSTOWN	35	CORNISH	15
ALSTEAD	19	CROYDON	<5
ALTON	49	DALTON	5
AMHERST	74	DANBURY	11
ANDOVER	29	DANVILLE	20
ANTRIM	27	DEERFIELD	30
ASHLAND	24	DEERING	8
ATKINSON	25	DERRY	226
AUBURN	28	DORCHESTER	<5
BARNSTEAD	25	DOVER	184
BARRINGTON	64	DUBLIN	8
BARTLETT	30	DUMMER	<5
BATH	8	DUNBARTON	15
BEDFORD	98	DURHAM	34
BELMONT	71	EAST KINGSTON	9
BENNINGTON	9	EATON	10
BENTON	<5	EFFINGHAM	10
BERLIN	128	ENFIELD	46
BETHLEHEM	16	EPPING	29
BOSCAWEN	21	EPSOM	26
BOW	46	ERROL	<5
BRADFORD	16	EXETER	64
BRENTWOOD	20	FARMINGTON	56
BRIDGEWATER	5	FITZWILLIAM	21
BRISTOL	40	FRANCESTOWN	5
BROOKFIELD	5	FRANCONIA	5
BROOKLINE	17	FRANKLIN	102
CAMPTON	37	FREEDOM	19
CANAAN	32	FREMONT	23
CANDIA	38	GILFORD	82
CANTERBURY	14	GILMANTON	29
CARROLL	10	GILSUM	5
CENTER HARBOR	24	GOFFSTOWN	63
CHARLESTOWN	53	GORHAM	22
CHATHAM	<5	GOSHEN	10
CHESTER	31	GRAFTON	10
CHESTERFIELD	22	GRANTHAM	21
CHICHESTER	13	GREENFIELD	11
CLAREMONT	118	GREENLAND	7
CLARKSVILLE	<5	GREENVILLE	11
COLEBROOK	20	GROTON	<5

Patients by City/Town (cont.)

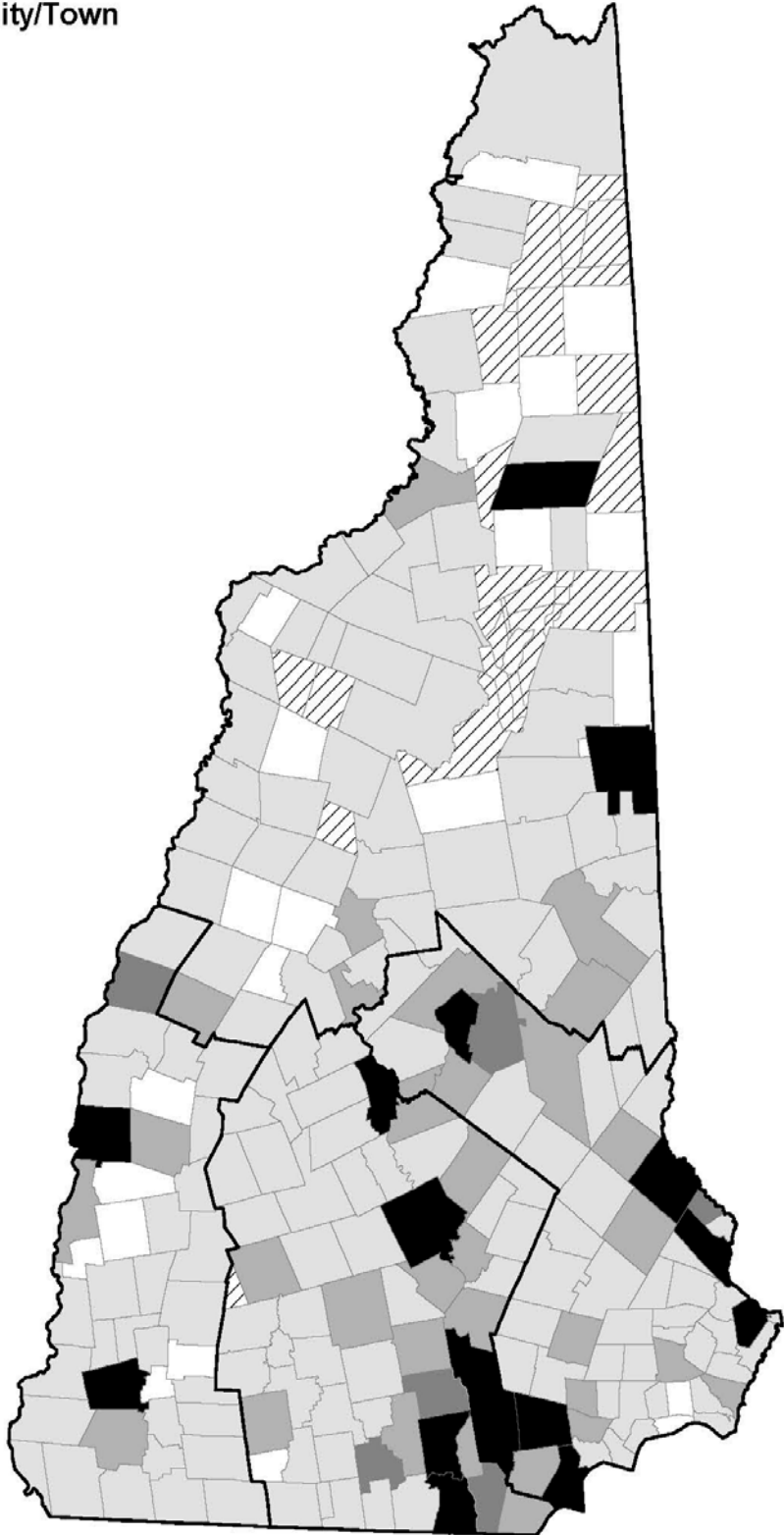
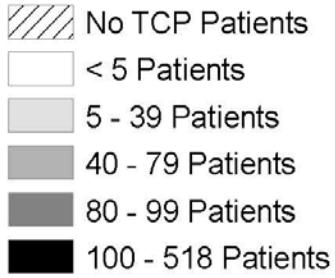
<u>City/Town</u>	<u># of Patients</u>	<u>City/Town</u>	<u># of Patients</u>
HALES LOCATION	<5	MEREDITH	76
HAMPSTEAD	48	MERRIMACK	165
HAMPTON	71	MIDDLETON	15
HAMPTON FALLS	9	MILAN	18
HANCOCK	15	MILFORD	94
HANOVER	34	MILTON	30
HARRISVILLE	10	MONROE	5
HAVERHILL	26	MONT VERNON	15
HEBRON	7	MOULTONBOROUGH	37
HENNIKER	29	NASHUA	408
HILL	9	NELSON	<5
HILLSBOROUGH	51	NEW BOSTON	35
HINSDALE	22	NEW CASTLE	7
HOLDERNESS	10	NEW DURHAM	28
HOLLIS	36	NEW HAMPTON	26
HOOKSETT	77	NEW IPSWICH	16
HOPKINTON	28	NEW LONDON	35
HUDSON	95	NEWBURY	21
JACKSON	11	NEWFIELDS	5
JAFFREY	39	NEWINGTON	5
JEFFERSON	6	NEWMARKET	36
KEENE	130	NEWPORT	60
KENSINGTON	<5	NEWTON	13
KINGSTON	29	NORTH HAMPTON	27
LACONIA	173	NORTHFIELD	47
LANCASTER	43	NORTHUMBERLAND	16
LANGDON	<5	NORTHWOOD	32
LEBANON	81	NOTTINGHAM	29
LEE	29	ORANGE	<5
LEMPSTER	13	ORFORD	7
LINCOLN	18	OSSIPEE	43
LISBON	8	PELHAM	43
LITCHFIELD	46	PEMBROKE	49
LITTLETON	24	PETERBOROUGH	50
LONDONDERRY	143	PIERMONT	7
LOUDON	42	PITTSBURG	7
LYMAN	<5	PITTSFIELD	28
LYME	10	PLAINFIELD	16
LYNDEBOROUGH	8	PLAISTOW	26
MADBURY	10	PLYMOUTH	41
MADISON	27	PORTSMOUTH	113
MANCHESTER	518	RANDOLPH	<5
MARLBOROUGH	21	RAYMOND	74
MARLOW	5	RICHMOND	7
MASON	5	RINDGE	24

Patients by City/Town (cont.)

<u>City/Town</u>	<u># of Patients</u>	<u>City/Town</u>	<u># of Patients</u>
ROCHESTER	223	WHITEFIELD	19
ROLLINSFORD	14	WILMOT	15
ROXBURY	<5	WILTON	31
RUMNEY	20	WINCHESTER	27
RYE	21	WINDHAM	48
SALEM	113	WOLFEBORO	45
SALISBURY	20	WOODSTOCK	15
SANBORNTON	26		TOTAL 8302
SANDOWN	42		
SANDWICH	17		
SEABROOK	36		
SHARON	<5		
SHELBURNE	<5		
SOMERSWORTH	88		
SOUTH HAMPTON	<5		
SPRINGFIELD	9		
STARK	<5		
STEWARTSTOWN	9		
STODDARD	8		
STRAFFORD	28		
STRATFORD	11		
STRATHAM	33		
SUGAR HILL	5		
SULLIVAN	7		
SUNAPEE	27		
SURRY	5		
SUTTON	5		
SWANZEY	46		
TAMWORTH	32		
TEMPLE	11		
THORNTON	11		
TILTON	40		
TROY	17		
TUFTONBORO	21		
UNITY	<5		
WAKEFIELD	37		
WALPOLE	19		
WARNER	14		
WARREN	6		
WASHINGTON	13		
WATERVILLE VALLEY	<5		
WEARE	54		
WEBSTER	16		
WENTWORTH	7		
WESTMORELAND	10		

Registered Qualifying Patients

Number of Patients, by City/Town



0 10 20 40 Miles

Data Source: 2019 NH TCP Registry Database

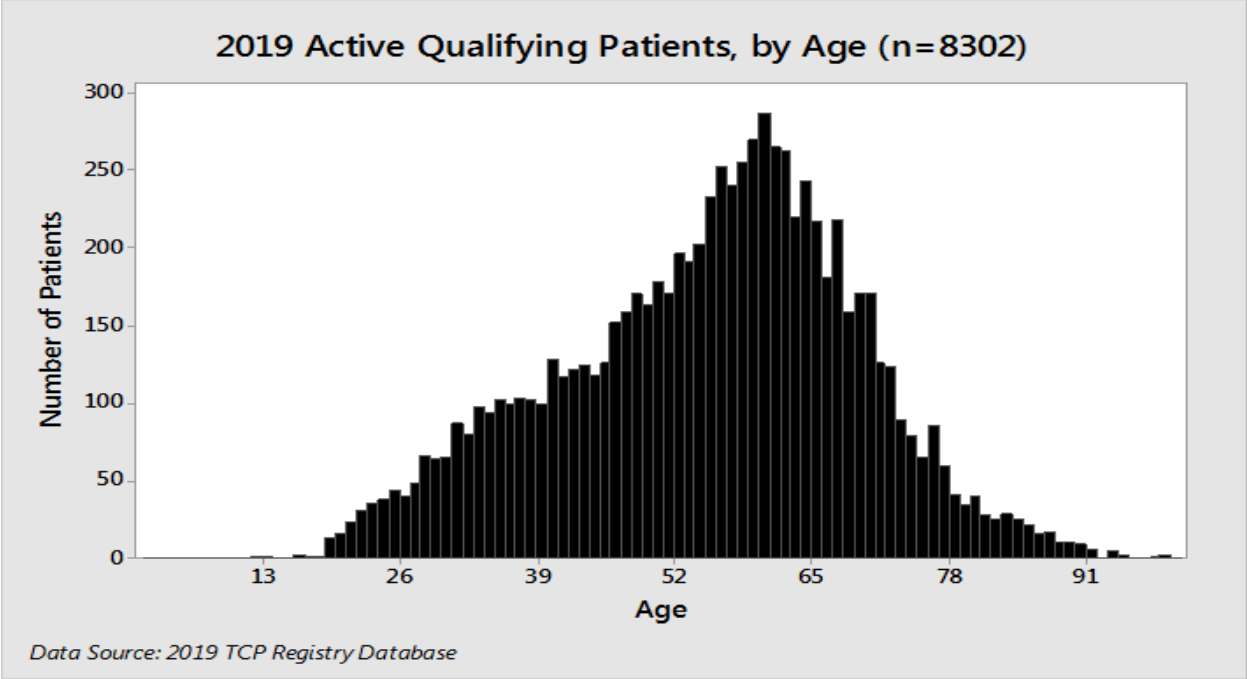


Table 2. Qualifying patients by age.

Designated Caregivers

	<u># of Caregivers</u>
Active Designated Caregivers	480
Caregivers with 1 Qualifying Patient	467
Caregivers with 2–5 Qualifying Patients	13
Caregivers with 6 or more Qualifying Patients	0

Designated Caregivers by NH County

<u>County</u>	<u># of Caregivers</u>
Belknap	40
Carroll	26
Cheshire	24
Coos	14
Grafton	31
Hillsborough	134
Merrimack	65
Rockingham	97
Strafford	34
Sullivan	12
<hr/>	
Three registered caregivers do not reside in NH.	TOTAL 477

Designated Caregivers by NH City/Town

<u>City/Town</u>	<u># of Caregivers</u>	<u>City/Town</u>	<u># of Caregivers</u>
ACWORTH	<5	FARMINGTON	<5
ALBANY	<5	FITZWILLIAM	<5
ALLENSTOWN	<5	FRANKLIN	<5
ALSTEAD	<5	FREEDOM	<5
ALTON	5	FREMONT	<5
AMHERST	6	GILFORD	5
ANDOVER	3	GILMANTON	<5
ATKINSON	<5	GILSUM	<5
AUBURN	<5	GOFFSTOWN	<5
BARNSTEAD	<5	GORHAM	<5
BARRINGTON	<5	GRAFTON	<5
BARTLETT	<5	GREENFIELD	<5
BATH	<5	GREENLAND	<5
BEDFORD	7	HAMPSTEAD	<5
BELMONT	<5	HAMPTON	5
BENNINGTON	<5	HANCOCK	<5
BERLIN	<5	HANOVER	<5
BOW	<5	HARRISVILLE	<5
BRADFORD	<5	HAVERHILL	<5
BRENTWOOD	<5	HILL	<5
BRIDGEWATER	<5	HILLSBOROUGH	<5
BRISTOL	<5	HOLDERNESS	<5
BROOKLINE	5	HOLLIS	<5
CAMPTON	<5	HOOKSETT	<5
CANDIA	6	HOPKINTON	<5
CANTERBURY	<5	HUDSON	6
CENTER HARBOR	<5	JAFFREY	<5
CHARLESTOWN	<5	JEFFERSON	<5
CHESTERFIELD	<5	KEENE	5
CHICHESTER	<5	KINGSTON	<5
CLAREMONT	<5	LACONIA	14
CONCORD	20	LANCASTER	<5
CONWAY	8	LEBANON	<5
DANBURY	<5	LEE	<5
DANVILLE	<5	LINCOLN	<5
DEERFIELD	<5	LITCHFIELD	<5
DERRY	7	LONDONDERRY	10
DOVER	5	LOUDON	<5
DUBLIN	<5	MADISON	<5
DUNBARTON	<5	MANCHESTER	39
DURHAM	<5	MARLBOROUGH	<5
EAST KINGSTON	<5	MARLOW	<5
ENFIELD	<5	MASON	<5
EPPING	<5	MEREDITH	5
EXETER	<5	MERRIMACK	6

Caregivers by City/Town (cont.)

<u>City/Town</u>	<u># of Caregivers</u>	<u>City/Town</u>	<u># of Caregivers</u>
MILAN	<5	SUNAPEE	<5
MILFORD	<5	SURRY	<5
MILTON	<5	SWANZEY	<5
MONROE	<5	TEMPLE	<5
MOULTONBOROUGH	<5	TILTON	<5
NASHUA	27	TUFTONBORO	<5
NELSON	<5	WAKEFIELD	<5
NEW BOSTON	<5	WARREN	<5
NEW DURHAM	<5	WASHINGTON	<5
NEW HAMPTON	<5	WATERVILLE VALLEY	<5
NEW IPSWICH	<5	WEARE	5
NEW LONDON	<5	WEBSTER	<5
NEWINGTON	<5	WHITEFIELD	<5
NEWMARKET	<5	WILMOT	<5
NEWPORT	<5	WINDHAM	5
NEWTON	<5	<u>WOLFEBORO</u>	<u><5</u>
NORTH HAMPTON	<5	*Three caregivers do not reside in NH. TOTAL 477*	
NORTHFIELD	6		
NORTHUMBERLAND	<5		
NORTHWOOD	<5		
NOTTINGHAM	<5		
OSSIPEE	<5		
PELHAM	<5		
PEMBROKE	<5		
PETERBOROUGH	<5		
PIERMONT	<5		
PITTSBURG	<5		
PITTSFIELD	<5		
PLAISTOW	<5		
PLYMOUTH	5		
PORTSMOUTH	5		
RAYMOND	<5		
RINDGE	<5		
ROCHESTER	9		
RUMNEY	<5		
RYE	<5		
SALEM	8		
SANBORNTON	<5		
SANDOWN	<5		
SEABROOK	<5		
SHELBURNE	<5		
SOMERSWORTH	5		
SPRINGFIELD	<5		
STRAFFORD	<5		
STRATHAM	<5		

Designated Caregivers by Age

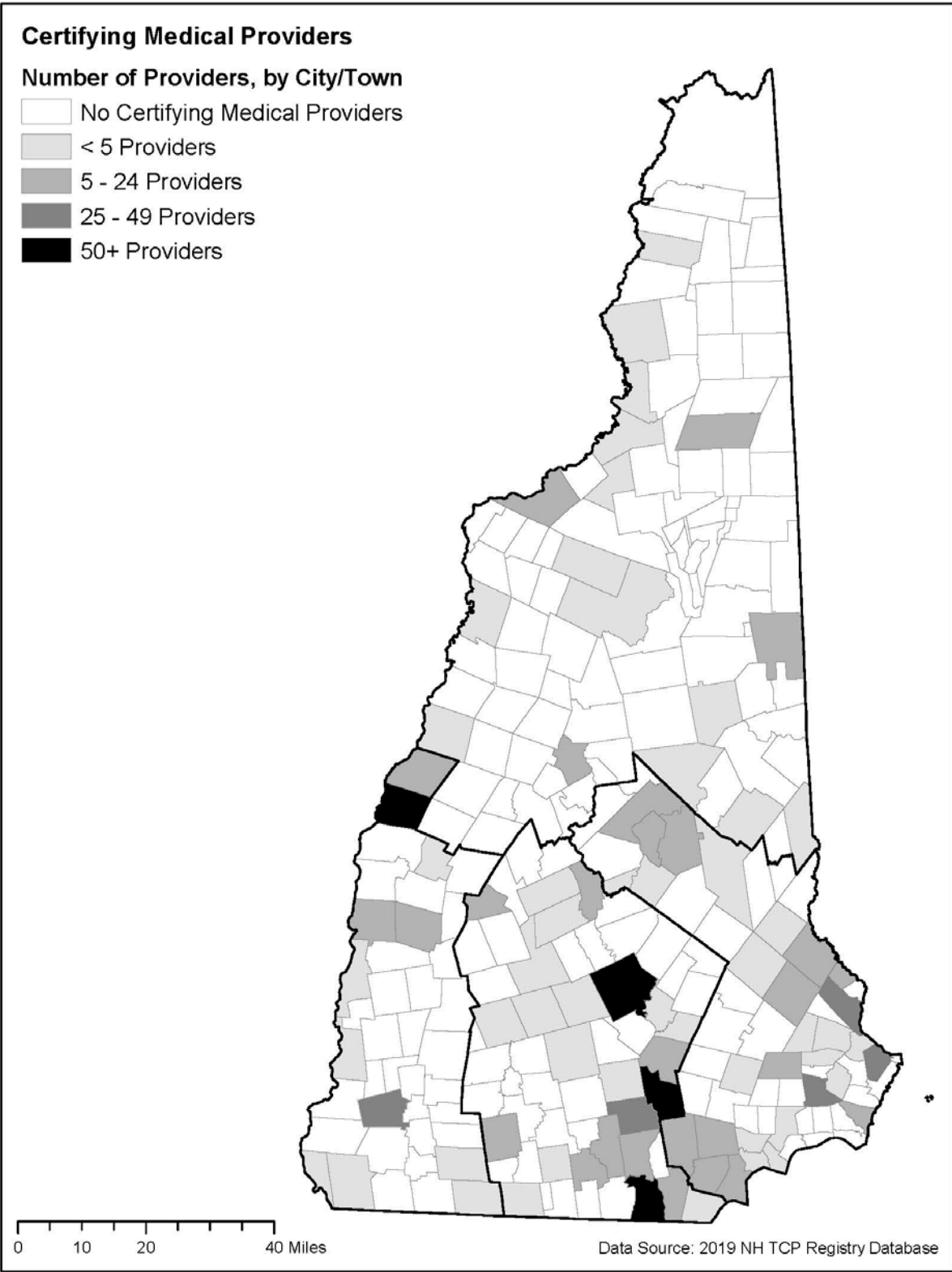
<u>Age of Caregiver</u>	<u># of Caregivers</u>	<u>Age of Caregiver</u>	<u># of Caregivers</u>
22	1	69	11
23	1	70	8
24	1	71	9
25	2	72	10
27	1	73	7
28	2	74	9
29	2	75	10
30	3	76	6
31	4	77	8
32	3	78	5
34	4	79	2
35	4	80	2
36	7	81	2
37	9	82	1
38	3	84	3
39	4	85	1
40	6	86	1
41	4	87	1
42	3	92	1
43	3		
44	8		
45	5		
46	2		
47	8		
48	8		
49	6		
50	17		
51	11		
52	16		
53	4		
54	15		
55	18		
56	14		
57	18		
58	16		
59	12		
60	14		
61	18		
62	15		
63	18		
64	11		
65	14		
66	16		
67	12		
68	20		
			TOTAL 480

Certifying Medical Providers

<u>Provider Type</u>	<u># of Providers</u>	<u># of Patients</u>
APRN	277	2840
Physician	807	5462
TOTAL	1084	8302

Provider Location by New Hampshire County

<u>County</u>	<u>Provider Type</u>	<u># of Providers</u>	
Belknap	APRN	9	
	Physician	29	
	County TOTAL	38	
Carroll	APRN	13	
	Physician	20	
	County TOTAL	33	
Cheshire	APRN	18	
	Physician	33	
	County TOTAL	53	
Coos	APRN	9	
	Physician	9	
	County TOTAL	18	
Grafton	APRN	31	
	Physician	143	
	County TOTAL	174	
Hillsborough	APRN	58	
	Physician	184	
	County TOTAL	242	
Merrimack	APRN	37	
	Physician	90	
	County TOTAL	127	
Rockingham	APRN	42	
	Physician	124	
	County TOTAL	166	
Strafford	APRN	29	
	Physician	60	
	County TOTAL	89	
Sullivan	APRN	9	
	Physician	11	
	County TOTAL	20	
		TOTAL	960



Out-of-State Providers

State	Provider Type	# of Providers	
Mass	APRN	11	
	Physician	77	
	State TOTAL	88	
Maine	APRN	5	
	Physician	8	
	State TOTAL	13	
Vermont	APRN	6	
	Physician	17	
	State TOTAL	23	
		TOTAL	124

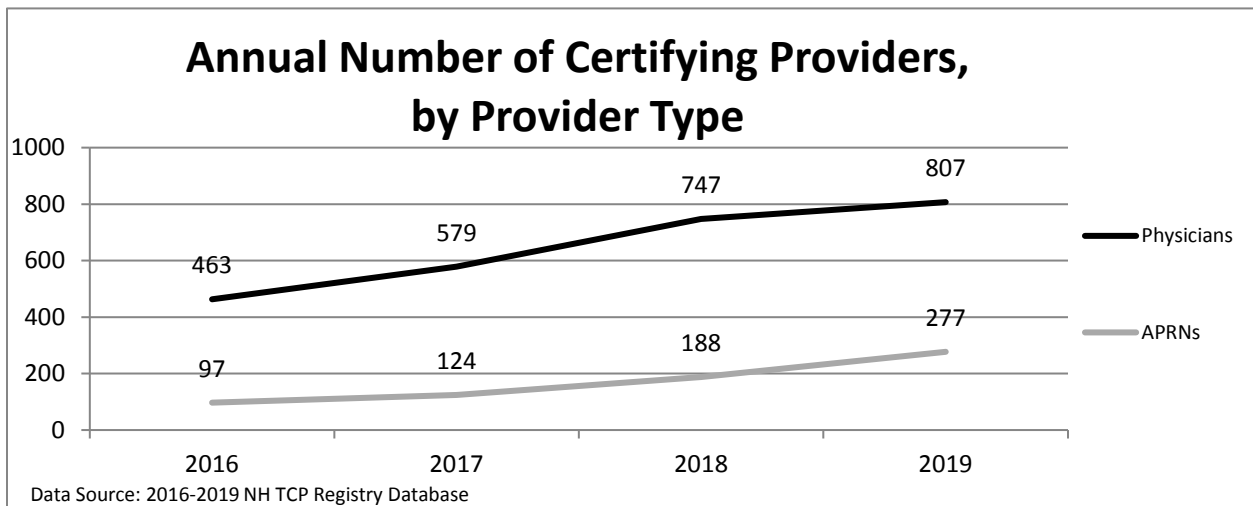


Table 3. Annual number of certifying providers, by provider type (combined in-state and out-of-state).

Physicians by Specialty

<u>Physician Specialty</u>	<u># of Physicians</u>
Addiction Medicine	2
Anesthesiology	5
Cardiac Electrophysiology	1
Clinical Pathology	1
Emergency Medicine	1
Family Practice/Family Medicine	298
Gastroenterology	21
General Practice	4
General Surgery	3
Geriatric Medicine – FP	2
Geriatric Medicine – IM	3
Geriatric Psychiatry	2
Gynecological Oncology	3
Gynecology	1
Head & Neck Surgery	1
Hematology	12
Hematology – Oncology	31
Infectious Disease	7
Internal Medicine	188
Maternal & Fetal Medicine	1
Medical Oncology	21
Musculoskeletal Oncology	1
Neurodevelopmental Disabilities – Neurology	2
Neurological Surgery	1
Neurology	52
Obstetrics & Gynecology	2
Occupational Medicine	1
Ophthalmology	7
Orthopedic Surgery	14
Pain Management	24
Pain Medicine	3
Palliative Medicine	5
Pediatric Surgery – Neurological PCC	1
Pediatrics	13
Physical Medicine & Rehabilitation PS	6
Psychiatry	25
Radiation Oncology	3
Rheumatology	27
Sleep Medicine	1
Spine Surgery	1
Surgical Critical Care	1
Thoracic Surgery	1
Urology	7
Vascular Medicine	1

Number of Patients per Provider

<u>Patients per Provider</u>	<u># of Providers</u>	<u>Patients per Provider</u>	<u># of Providers</u>
1	341	53	1
2	177	59	1
3	89	64	1
4	58	69	1
5	65	77	1
6	46	80	1
7	53	85	1
8	41	89	1
9	24	95	1
10	16	97	1
11	18	100	1
12	15	102	1
13	20	105	1
14	9	113	1
15	15	116	1
16	7	163	1
17	7	236	1
18	5	252	1
19	6	520	1
20	7		
21	6		
22	3		
23	2		
24	3		
25	4		
26	3		
27	1		
28	1		
29	2		
30	2		
31	2		
32	2		
33	3		
35	1		
36	1		
39	2		
42	2		
43	1		
44	1		
45	1		
46	1		
48	2		

Qualifying Medical Conditions

<u>Qualifying Medical Condition</u>	<u># of Patients</u>
Acquired immune deficiency syndrome	32
Alzheimer's disease	23
Amyotrophic lateral sclerosis	17
Cancer	756
Chronic pancreatitis	49
Crohn's disease	161
Ehlers-Danlos syndrome	67
Epilepsy	180
Glaucoma	96
Hepatitis C	33
Lupus	73
Moderate to severe post-traumatic stress disorder	881
Moderate to severe chronic pain	3639
Multiple sclerosis	376
Muscular dystrophy	27
One or more injuries or conditions that has resulted in one or more qualifying symptoms	1773
Parkinson's disease	145
Positive status for human immunodeficiency virus	23
Severe pain that has not responded to treatment	1508
Spinal cord injury or disease	1089
Traumatic brain injury	166
Ulcerative colitis	71

Note: Patients may be certified for more than one qualifying medical condition.

Symptoms/Side Effects

<u>Symptom/Side Effect</u>	<u># of Patients</u>
Agitation of Alzheimer's disease	26
Cachexia	212
Chemotherapy-induced anorexia	198
Constant or severe nausea	569
Elevated intraocular pressure	87
Moderate to severe vomiting	118
Seizures	232
Severe pain that has not responded to treatment	3262
Severe, persistent muscle spasms	1382
Wasting syndrome	72

Note: Patients may be certified for more than one qualifying symptom.

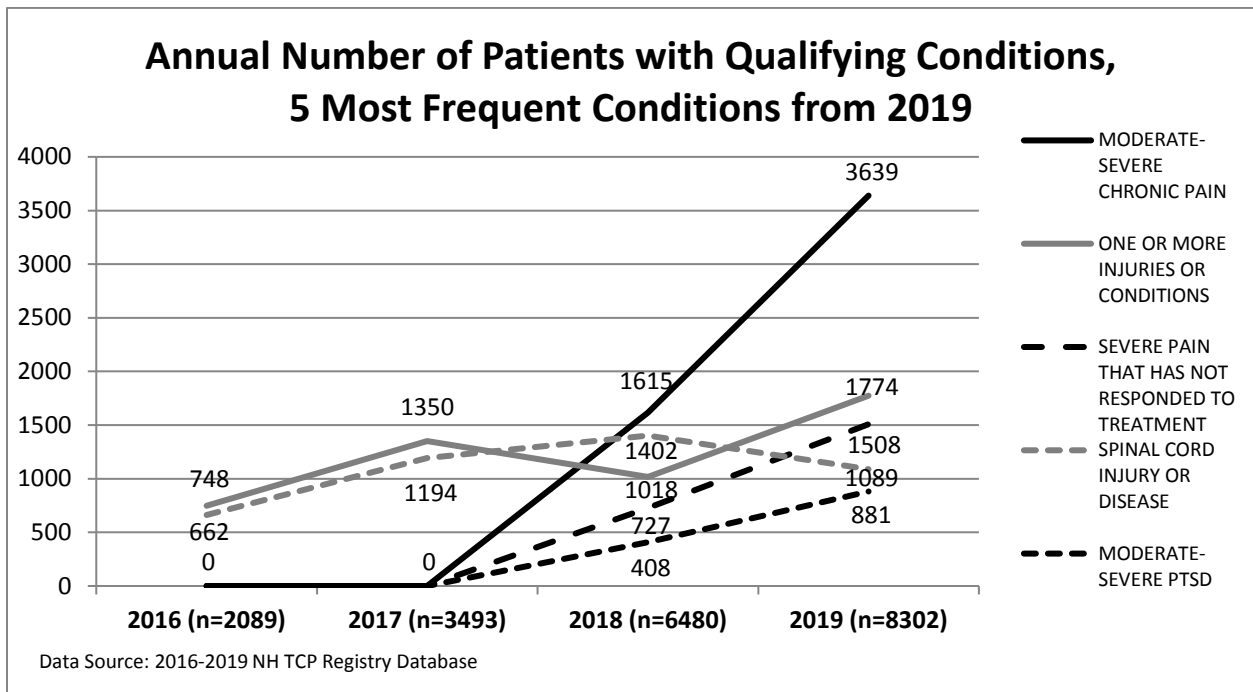


Table 4. Annual number of patients with most frequent qualifying medical conditions in 2019.

Alternative Treatment Center Annual Reports Summary

The data presented in this section is a summary of the ATC Annual Reports submitted to the Department pursuant to He-C 402.10(q), showing data from July 1, 2018 to June 30, 2019.

Qualifying Patients Served

ATC	Patients Served
Prime	3,254
Sanctuary	2,054
Temescal – Dover	1,802
Temescal – Lebanon	941

Strains of Cannabis Dispensed

ATC	Strains of Cannabis Dispensed
Prime	31
Sanctuary	36
Temescal	16

Forms of Prepared Cannabis Dispensed

ATC	Forms of Prepared Cannabis Dispensed
Prime	<ul style="list-style-type: none"> • Cannabis flower • Capsules • Concentrates • Edibles • Oral Syringes • Pre-rolled joints • Suppositories • Tinctures • Topicals • Transdermal Patches • Vaporizer Cartridges
Sanctuary	<ul style="list-style-type: none"> • Cannabis flower • Capsules • Concentrates (shatter, sauce, diamonds, hash, bubble hash, kief) • Edibles (brownies, chocolate bars, cookies, fruit chews, infused beverages, lozenges, peanut butter cups) • Pre-rolled joints • Suppositories • Tinctures • Topicals (massage oil, salves, transdermal gel) • Transdermal patches • Vaporizer cartridges
Temescal	<ul style="list-style-type: none"> • Cannabis flower • Capsules • Concentrates (bubble hash, cold brew concentrate, rosin) • Edibles (chocolate bars, cookies, fruit chews, honey sticks, coconut butter, lozenges) • Powdered drink mix • Pre-rolled joints • Sublingual spray • Tinctures • Topical salve • Transdermal patches • Vaporizer cartridges

Effectiveness of Cannabis

ATC	Patients Providing Effectiveness Responses (% of Total Patients)	Effectiveness
Prime	493 (15%)	Positive: 72% Neutral: 26% Negative: 3%
Sanctuary	331 (16%)	Positive: 98% Neutral: 1% Negative: 1%
Temescal – Dover	46 (3%)	Positive: 98% Neutral: 2% Negative: 0%
Temescal – Lebanon	28 (3%)	Positive: 89% Neutral: 0% Negative: 0%

Education Efforts for Qualifying Patients and Designated Caregivers

Education Methods	Education Topics
<u>Prime</u> <ul style="list-style-type: none"> • Paper handouts • Patient consultation (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 	<u>Prime</u> <ul style="list-style-type: none"> • 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
<u>Sanctuary</u> <ul style="list-style-type: none"> • Patient consultations (initial & ongoing) • Patient outreach • Educational literature • Patient handbook • Email newsletter • Website • Patient data tracking • Product labeling • Educational group classes for patients and caregivers 	<u>Sanctuary</u> <ul style="list-style-type: none"> • Strains of cannabis • Routes of administration and potential effects • Cannabinoids and terpenes • Dosing information for different routes of administration • Cannabis preparation and uses • Laws and responsible use • Side effects and strategies to minimize adverse effects • Cannabis use disorder • Tolerance, dependence, and withdrawal

Education Methods	Education Topics
<u>Sanctuary</u> (continued)	<ul style="list-style-type: none"> • Substance abuse signs and symptoms • Referral information to substance abuse treatment programs • Growing methods and product testing • Child safety tips • Safe transport and storage • Preventing diversion • Program rules and laws • Preparation of cannabis infused products • Classes on how to make your own edibles and how to use different preparations of cannabis
<u>Temescal</u> <ul style="list-style-type: none"> • Patient outreach • Patient consultations (initial and ongoing) • Patient educational handbook • Email newsletters • Website and social media • Patient data tracking • Product labeling • In-store handouts 	<u>Temescal</u> <ul style="list-style-type: none"> • What are cannabinoids? (cannabis science) • Introduction to terpenoids • Cannabis categories and classifications • Delivery methods (onset and 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 • Testing limitations

Patient Affordability Programs

ATC	Affordability Program Elements	Patients Enrolled (% of Total Patients)	Total Discount
Prime	<p>Financial Hardship (including SSI, SSDI, Medicaid, and Low Income), Veterans, Seniors (65+)</p> <p>All categories are eligible for 10% discount on all purchases, all the time, including accessories and ancillary products</p>	<p>Financial Hardship: 213 (6%) Veterans: 242 (7%) Seniors: 311 (9%)</p>	\$245,267
Sanctuary	<p>SSI/SSDI: 35% discount on up to ¼ ounce of cannabis every 10 days Medicaid: 30% discount on up to ¼ ounce of cannabis every 10 days Veteran: 10% discount on total purchase</p>	<p>SSDI/SSI: 907 (44%) Medicaid: 172 (8%) Veterans: 251 (12%)</p>	\$402,906
Temescal – Dover	<p>SSI/SSDI/Medicaid/Low-Income: 15% discount all purchases of cannabis or accessories. Veterans: 22% discount all purchases of cannabis or accessories.</p> <p>These discounts can be used every visit, every day for qualifying patients</p>	<p>SSI/SSDI/Medicaid/Low-Income: 1,185 (70%) Veterans: 260 (15%)</p>	\$363,383
Temescal – Lebanon	Same as above.	<p>SSI/SSDI/Medicaid/Low-Income: 499 (53%) Veterans: 82 (9%)</p>	\$223,270

Patient Complaints Received by ATCs

ATC	Nature of Complaint
Prime	<ul style="list-style-type: none"> • Pricing for cannabis flower and CIP products should be lowered • Increased discount for patients enrolled in hardship program • Increased variety of cannabis flower • More consistent variety of cannabis flower • Increased THC content in cannabis flower • Increased variety of CIP products • Increased THC milligram concentration in CIP products per serving • Increased CBD-rich offerings • Additional ATC location for more convenience (reduced driving) • Expanded operating hours
Sanctuary	N/A
Temescal	<ul style="list-style-type: none"> • Complaints persist regarding the reported difficulty and redundancy of the yearly renewal process for a registry ID 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	<ul style="list-style-type: none"> • Therapeutic Cannabis Program sponsored educational events for medical providers and prospective patients • State sanctioned program awareness notifications and outreach • Monthly meetings or conference calls with ATC stakeholders to discuss potential rule or regulatory changes / updates, and to discuss ways to improve the program as a group
Sanctuary	<ul style="list-style-type: none"> • Adding a virtual gateway for medical providers and patients to help streamline the process of applying to the NH Therapeutic Cannabis Program • Continue to expand the list of qualifying medical conditions and symptoms • Allow patients to visit any ATC in NH • Remove the 3-month waiting period for new, qualifying patients* • Change the 2-ounce limit for patients that need higher doses or who live far away • Eliminate the non-profit requirement, which significantly constrains ATCs' cash flow, programmatic reinvestment, and overall financial management
Temescal	<ul style="list-style-type: none"> • Streamline the patient application process, eliminating the all-paper process and requirement that applicants submit a photo on a CD-ROM* • Allow patients who live beyond a certain distance or travel time to obtain more than 2 ounces in a 10-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, ATCs 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 ATCs' 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.

*Note: [SB 88](#), from the 2019 Legislative Session, removed the requirements for a 3-month provider-patient relationship and for a photo to be submitted as part of the application process.

Charitable Activities

ATC	Efforts/Activities that Contribute to the ATC’s Mission as a Charitable Trust to Benefit Qualifying Patients
Prime	<p>Prime ATC strives daily to provide the best care and service to its patient base and the community that surrounds it. The decisions made are intended to benefit Qualifying Patients, and to improve the quality of life that patients can find from incorporating therapeutic cannabis.</p> <p>We take pride in the cleanliness of the facility that is available to patients and want our facility to feel as comfortable and safe as any other upstanding business establishment our Qualifying Patients might frequent. We are advocates for the health of our Qualifying Patients and provide education and classes that speak to complementary therapies, which could assist in symptom management and improved quality of life. All the products we make available to Qualifying Patients continues to be tested prior to packaging or further processing so we can ensure it is safe for consumption and usage. Our education platform is robust and provides above and beyond information to our Qualifying Patients so that the products we make available can be used safely and responsibly, by all Qualifying Patients. Our goal is to aid Qualifying Patients in finding the maximum benefit at the lowest dosage so that cost can remain low, but the efficacy remains. Prime ATC spends a significant amount of time upfront with each Qualifying Patient to provide a well-rounded and robust education platform, so they fully understand how to best incorporate the available products and find their optimal dosage. We follow-up with Qualifying Patients and continue to provide education and guidance until they have found the intended benefit and will stick with them until successful, or until they decide to not include Cannabis any longer.</p> <p>Over the next year, we will be expanding our cultivation footprint so we can increase the supply and variety available to Qualifying Patients. With our ability to take advantage of economy of scale, we also anticipate having the ability to adjust our pricing and lower the cost of certain products. We have confidence that these efforts will only aid in our ability to contribute to our mission and increase the benefits currently available to Qualifying Patients.</p>
Sanctuary	<ul style="list-style-type: none"> • Ongoing food drives to benefit local non-profits • Monetary Donations to patients participating in fundraising activities (Lupus Walk, Crohn’s Charity, etc.) • Winnepesaukee Playhouse • Greater Tilton Area Family Resource Center • Patient assistance program
Temescal	<ul style="list-style-type: none"> • Making charitable donations to local non-profit • Staff volunteering at local non-profit • Collecting donations through a drive at the ATC to involve patients • Collecting donations in store for local non-profit <p>Temescal Wellness, Inc. is heavily involved with Hero Pups, a local non-profit that trains and matches service dogs with veterans and first responders.</p>

Qualifying Patient Satisfaction Survey Results

1. Which ATC facility are you registered with?

	Responses	Participation Rate*
Prime ATC - Merrimack	286	12.33%
Sanctuary ATC - Plymouth	210	13.05%
Temescal Wellness – Dover	432	27.39%
Temescal Wellness – Lebanon	346	38.57%
Total	1,274	19.9%

*Note: Participation rate based on the number of patients served at each ATC, as reported by the ATCs on page 20.

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)
459 (36.03%)	306 (24.02%)	314 (24.65%)	128 (10.05%)	67 (5.26%)

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)
691 (54.24%)	347 (27.24%)	164 (12.87%)	38 (2.98%)	34 (2.67%)

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

1 (Sufficient)	2	3	4	5 (Not Sufficient)
644 (50.55%)	279 (21.90%)	214 (16.80%)	87 (6.83%)	50 (3.92%)

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

1 (Excellent)	2	3	4	5 (Very Poor)
1,162 (91.21%)	81 (6.36%)	22 (1.73%)	9 (0.71%)	0 (0.00%)

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)
1,2025 (80.46%)	170 (13.34%)	68 (5.34%)	7 (0.55%)	4 (0.31%)

7. How knowledgeable is the staff at the ATC?

1 (Very Knowledgeable)	2	3	4	5 (Not Knowledgeable)
1,066 (83.67%)	158 (12.40%)	42 (3.30%)	7 (0.55%)	1 (0.08%)

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)
809 (63.50%)	317 (24.88%)	121 (9.50%)	20 (1.57%)	7 (0.55%)

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
205 (16.09%)	360 (28.26%)	511 (40.11%)	198 (15.54%)

10. How would you rate the ATC overall?

1 (Excellent)	2	3	4	5 (Not Good)
941 (73.86%)	251 (19.70%)	70 (5.49%)	11 (0.86%)	1 (0.08%)

11. NH Legislation may permit qualifying patients and designated caregivers to grow and cultivate cannabis for therapeutic use, as of October 1, 2019. How likely are you, or your caregiver, to grow cannabis for your own use?*

1 (Definitely Won't)	2 (Not Likely)	3 (Might)	4 (Likely)	5 (Definitely Will)
154 (12.09%)	243 (19.07%)	374 (29.36%)	208 (16.33%)	295 (23.16%)

*Note: [HB 364](#) was vetoed by the Governor and a veto override by the NH Legislature was not successful.

12. If you are interested in growing cannabis for your own use, will you: [Note: can select more than one option]

Question	Patients Responding
Grow it yourself?	634 (49.76%)
Ask your designated caregiver to grow it for you?	71 (5.57%)
Reduce the amount of cannabis purchased at your ATC?	203 (15.93%)
Continue to purchase cannabis infused products (e.g. edibles, tinctures, topicals, etc.) at the ATC?	567 (44.51%)
Need access to seeds or seedlings?	538 (42.23%)
I am NOT interested in growing cannabis for therapeutic use.	297 (23.31%)

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

1 (Yes)	2 (No)
1,260 (98.90%)	14 (1.10%)

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

Area of Improvement	Patients Commenting on Area of Improvement
1. Cost of product	1,090 (85.56%)
2. Dispensary locations	490 (38.46%)
3. Strain availability	423 (33.20%)
4. Public education	378 (29.67%)
5. Product availability	353 (27.71%)
6. Qualifying medical conditions	236 (18.52%)
7. Program registration process	235 (18.45%)
8. Hours of operation	223 (17.50%)
9. Other issues	63 (4.95%)
10. Dispensary staff knowledge	36 (2.83%)

Addendum
Alternative Treatment Center Expansion Reports
(HB 335, Laws of 2019)

Region 1 – Belknap, Rockingham, and Strafford Counties

Region 2 – Hillsborough and Merrimack Counties

NH Department of Health and Human Services
 Division of Public Health Services – Therapeutic Cannabis Program
 Region 1 ATC Expansion – Dispensary Location Analysis
 September 2019

Introduction

This analysis supports the Therapeutic Cannabis Program’s (TCP) patient needs assessment required by [NH House Bill 335 \(Laws of 2019\)](#) 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 1. Temescal operates its regional ATC in Dover, NH in Strafford County. All results in this analysis are relative to TCP patients as of June 30, 2019.

Current State

Region 1 is comprised of three New Hampshire counties (Belknap, Rockingham, and Strafford counties) and is not as rural as NH TCP Regions 3 and 4. There are 2,941 registered qualifying patients residing in 77 municipalities in this region. There are 1,587 patients residing in Region 1 (54.0% of the regional TCP population) who have designated Temescal Dover as their ATC for dispensing therapeutic cannabis.

Based on the Department’s analysis, 684 (43.1%) Temescal patients from Region 1 (n=1,587) experience a *travel burden*:

- 240 (15.1%) patients experience a *significant travel burden*, defined as *both* more than 25 miles in travel distance *and* more than 30 minutes in travel time from their town center *each way* to Dover; and
- 444 (28.0%) patients experience a *limited travel burden*, defined as *either* more than 25 miles in travel distance *or* more than 30 minutes in travel time from their town center *each way* to Dover.

HB 335 authorizes the Department to allow a second dispensary location (satellite dispensary) to be established in Region 1. 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 1 (Alton, Laconia, Salem, and Seabrook). 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 Dover, and then to the proposed satellite location (using community 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 <i>still experiencing</i> a significant travel burden	Patients <i>still experiencing</i> a limited travel burden
Seabrook	75.5% (1,198)	6.4% (101)	18.1% (288)
Salem	66.3% (1,052)	6.7% (107)	27.0% (428)
Alton	67.0% (1,063)	10.8% (171)	22.2% (353)
Laconia	57.8% (917)	11.8% (187)	30.4% (483)

Table 1: Impact estimates of satellite locations on the travel burden for Temescal patients from Region 1 (n=1,587).

Results (continued)

- Laconia and Salem have the greatest potential to relieve the travel burden of TCP patients living in Region 1.
- The **Laconia location has the potential to deliver the greatest total savings to patients living in Region 1**, by reducing the time travelled (Figure 1) and miles driven (Figure 2) to access their designated ATC.
- The majority of savings with Laconia would come from Region 1 patients residing in Belknap County who currently utilize the Region 4 ATC located in Plymouth, but who would likely switch to Laconia to reduce their travel burden.
- Likewise, the majority of savings with Salem would come from Region 1 patients residing in Rockingham County who currently utilize the Region 2 ATC located in Merrimack, but who would likely switch to more proximal Salem.
- If the analysis removes the assumption that patients will switch from Merrimack or Plymouth, **the Seabrook location offers Region 1 Temescal patients the greatest reduction in significant travel burden** (time travelled and miles driven), and the greatest overall reduction in travel burden (Figure 3).

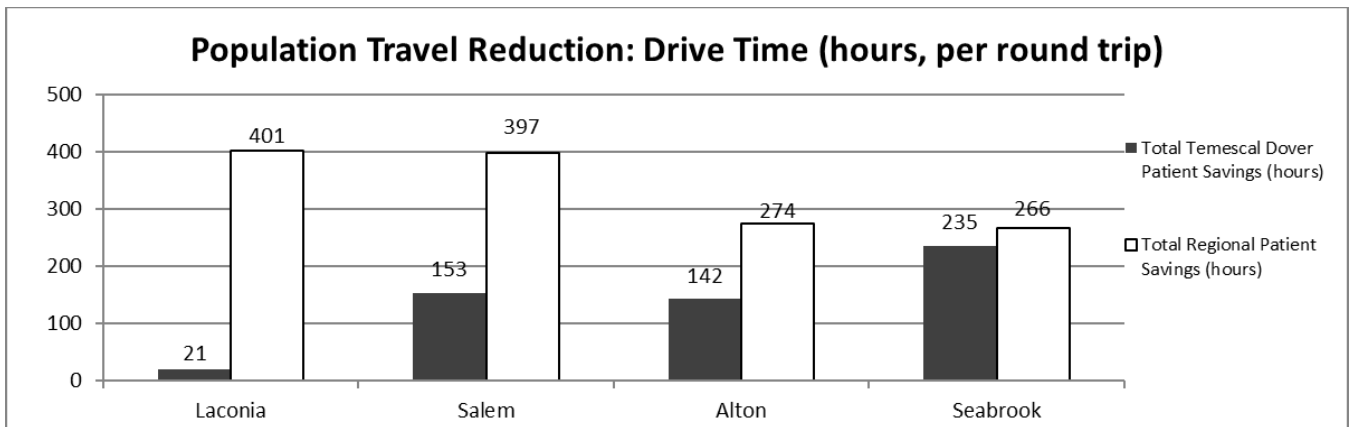


Figure 1: Reductions in per-trip patient drive time associated with each satellite location. Grey bar shows savings for Region 1 patients registered with Temescal Dover. White bar shows savings for all Region 1 patients registered with Temescal Dover or with other ATCs outside Region 1.

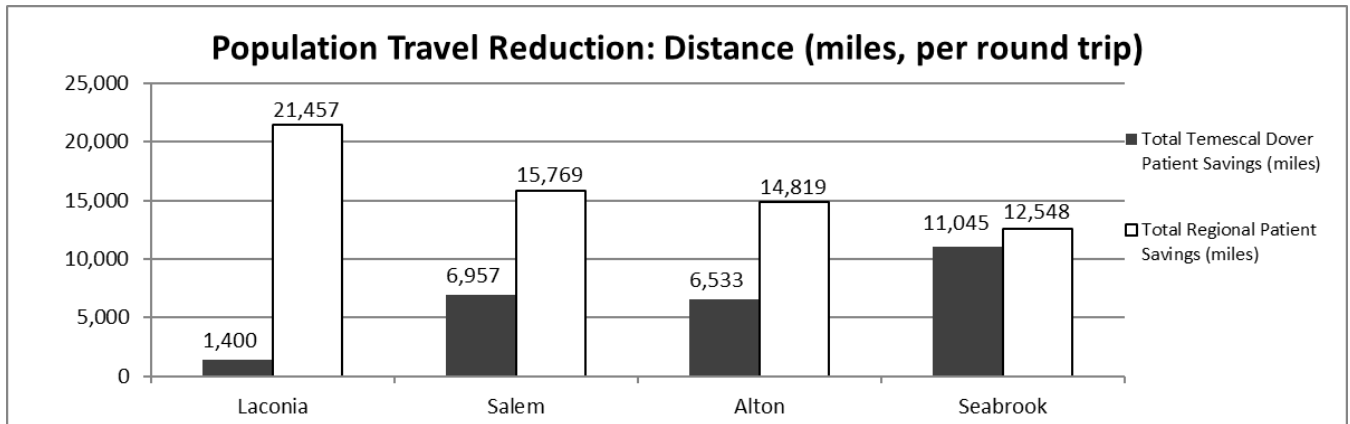


Figure 2: Reductions in per-trip patient miles driven associated with each satellite location. Grey bar shows savings for Region 1 patients registered with Temescal Dover. White bar shows savings for all Region 1 patients registered with Temescal Dover or with other ATCs outside Region 1.

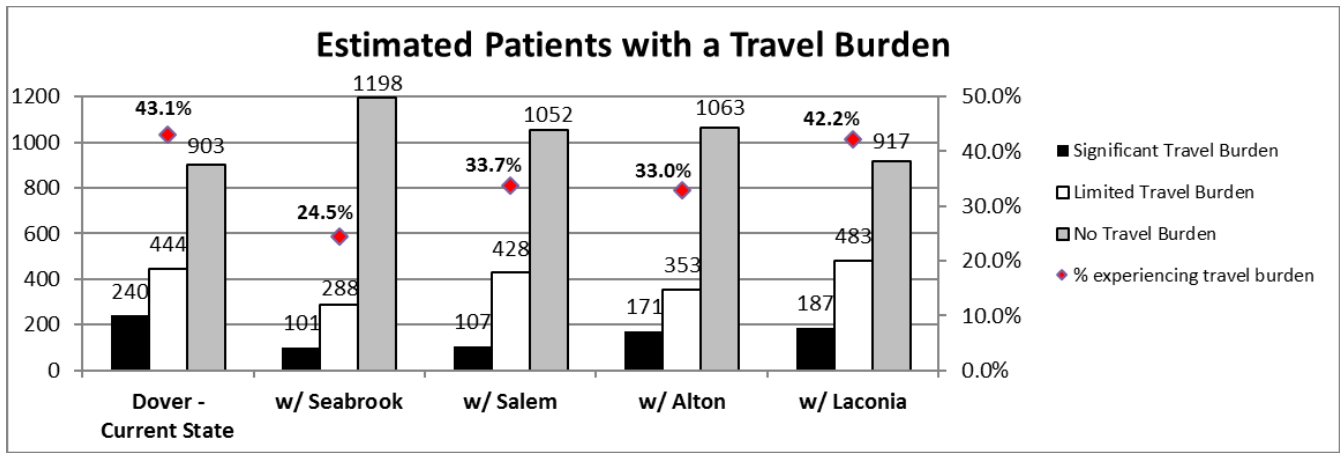


Figure 3: Region 1 Temescal Dover patients experiencing a travel burden to Dover, and changes realized with the addition of the satellite location.

This analysis also used geospatial data to estimate the **current travel burden** in hours and distance travelled *per round trip* by the Region 1 Temescal Dover patient population, and compared it to the **future state travel burden** associated with each of the satellite locations (Figures 4 and 5). **Seabrook results in the fewest hours and miles driven** by the Region 1 patient population currently utilizing Temescal Dover, saving 235 hours and 11,045 miles per round trip.

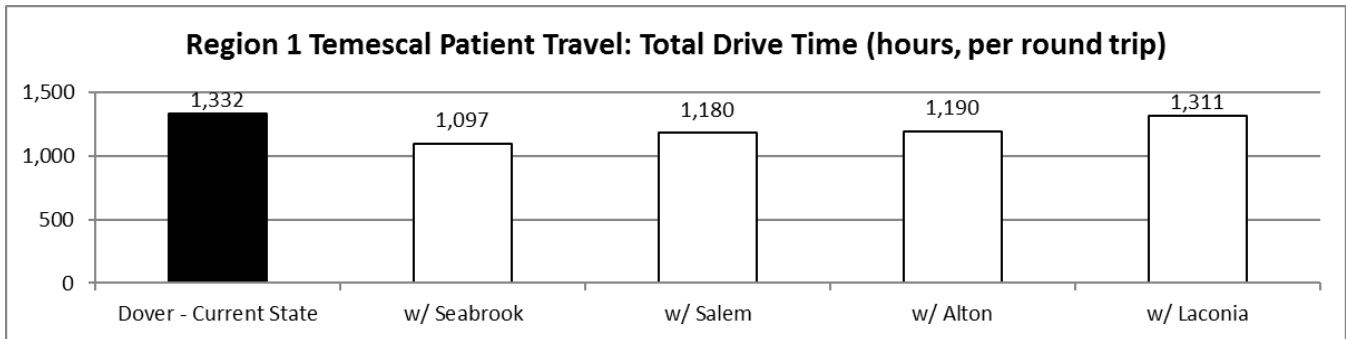


Figure 4: Future state patient hours spent driving per round trip; each satellite location relative to Dover.

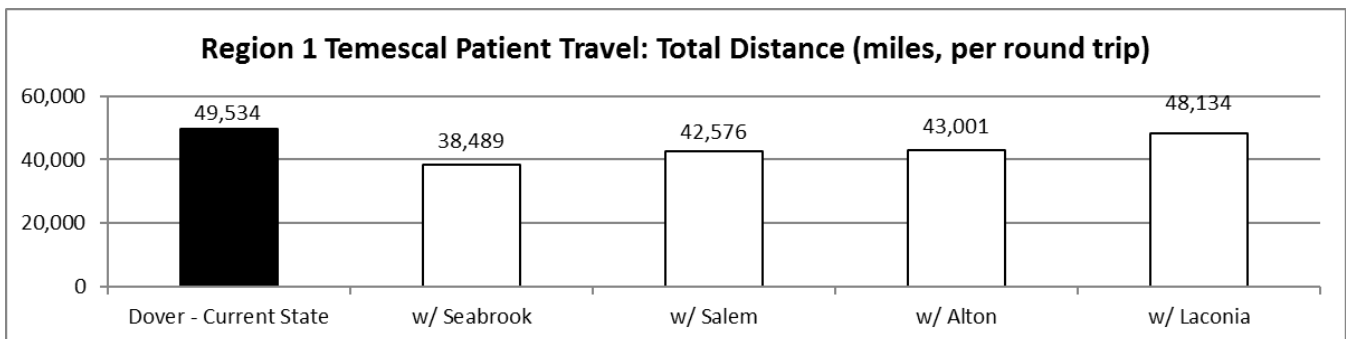


Figure 5: Future state patient miles driven per round trip; each satellite location relative to Dover.

Additional Considerations

All satellite location options considered in this analysis offer significant improvement for relieving Region 1 patients' travel burden. None of the locations, however, completely relieves the travel burden for all patients in the region (see Table 1). This is in part due to the adjustment of the definition of "travel burden" for patients in less rural counties. Despite the potential for Laconia or Salem locations to relieve regional travel burden, these locations would do little to relieve the burden for Region 1 Temescal patients, the majority of whom do not have a reasonable choice among ATCs. A satellite dispensary located in Seabrook likely would have the greatest benefit to these Region 1 Temescal patients, and it would also have the least negative impact on existing ATCs with regard to patients transferring to a closer ATC.

NH Department of Health and Human Services
 Division of Public Health Services – Therapeutic Cannabis Program
 Region 2 ATC Expansion – Dispensary Location Analysis
 September 2019

Introduction

This analysis supports the Therapeutic Cannabis Program’s (TCP) patient needs assessment required by [NH House Bill 335 \(Laws of 2019\)](#) for the approval of a second dispensary location to be operated by Prime ATC, the licensed alternative treatment center (ATC) serving qualifying patients in NH TCP Region 2. Prime operates its regional ATC in Merrimack, NH in Merrimack County. All results in this analysis are relative to TCP patients as of June 30, 2019.

Current State

Region 2 is comprised of two New Hampshire counties (Hillsborough and Merrimack counties) and is not as rural as NH TCP Regions 3 and 4. There are 3,057 registered qualifying patients residing in 65 municipalities in this region. There are 2,281 patients residing in Region 2 (74.6% of the regional TCP population) who have designated Prime ATC as their ATC for dispensing therapeutic cannabis.

Based on the Department’s analysis, 695 (30.5%) Prime patients from Region 2 (n=2,281) experience a *travel burden*:

- 475 (20.8%) patients experience a *significant travel burden*, defined as *both* more than 25 miles in travel distance *and* more than 30 minutes in travel time *each way* from their town center to Merrimack; and
- 220 (9.6%) patients experience a *limited travel burden*, defined as *either* more than 25 miles in travel distance *or* more than 30 minutes in travel time *each way* from their town center to Merrimack.

HB 355 authorizes the Department to allow a second dispensary location (satellite dispensary) to be established in Region 2. 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 2 (Concord, Warner, Hillsborough, and Franklin). 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 Merrimack, and then to the proposed satellite location (using community 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 <i>still experiencing</i> a significant travel burden	Patients <i>still experiencing</i> a limited travel burden
Concord	85.8% (658)	6.6% (32)	7.7% (83)
Warner	74.9% (648)	8.1% (85)	17.0% (40)
Hillsborough	79.4% (602)	12.0% (39)	8.6% (132)
Franklin	77.3% (501)	12.1% (184)	10.7% (88)

Table 1: Impact estimates of satellite locations on the travel burden for Prime patients from Region 2 (n=2,281).

Results (continued)

- Concord has the greatest potential to relieve the travel burden of TCP patients living in Region 2.
- The **Concord location also has the potential to deliver the greatest total savings to patients living in Region 2**, by reducing the time travelled (Figure 1) and miles driven (Figure 2) to access their designated ATC.
- A Concord satellite location would reduce travel for a number of cities and towns north of Manchester that have larger patient populations and would be more proximal to the satellite.
- A majority of savings with a Concord satellite would come from Region 2 patients residing in Merrimack County who currently utilize the ATC in Region 3, located in Lebanon, or the ATC in Region 4, located in Plymouth, who would likely switch to more proximal Concord.
- If the analysis removes the assumption that patients will switch from Lebanon and Plymouth, **the Concord location still offers Region 2 Prime patients the greatest reduction in significant travel burden** (time travelled and miles driven), and the greatest overall reduction in travel burden (Figure 3).

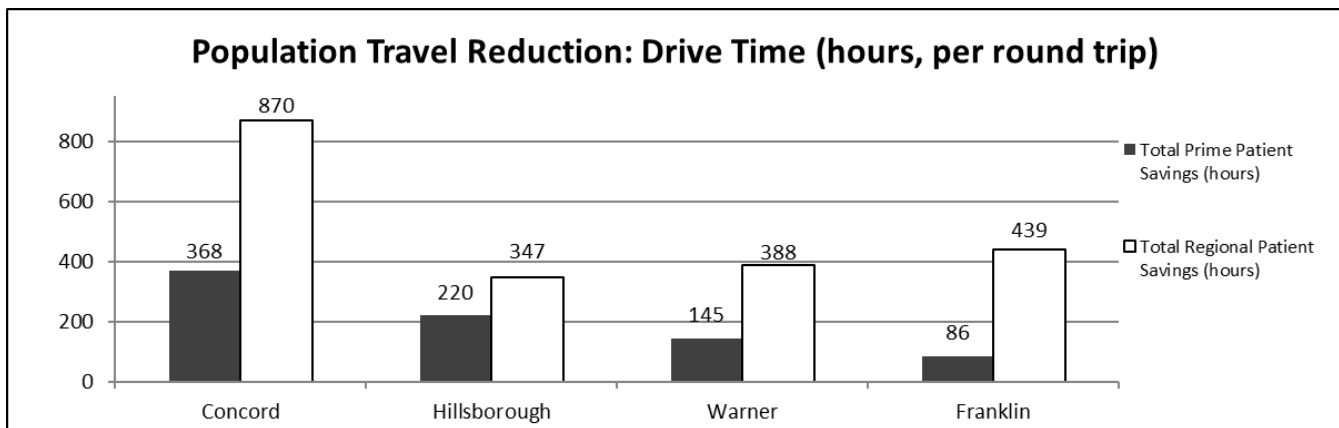


Figure 1: Reductions in per-trip patient drive time associated with each satellite location. Grey bar shows savings for Region 2 patients registered with Prime ATC. White bar shows savings for all Region 2 patients registered with Prime ATC or with other ATCs outside Region 2.

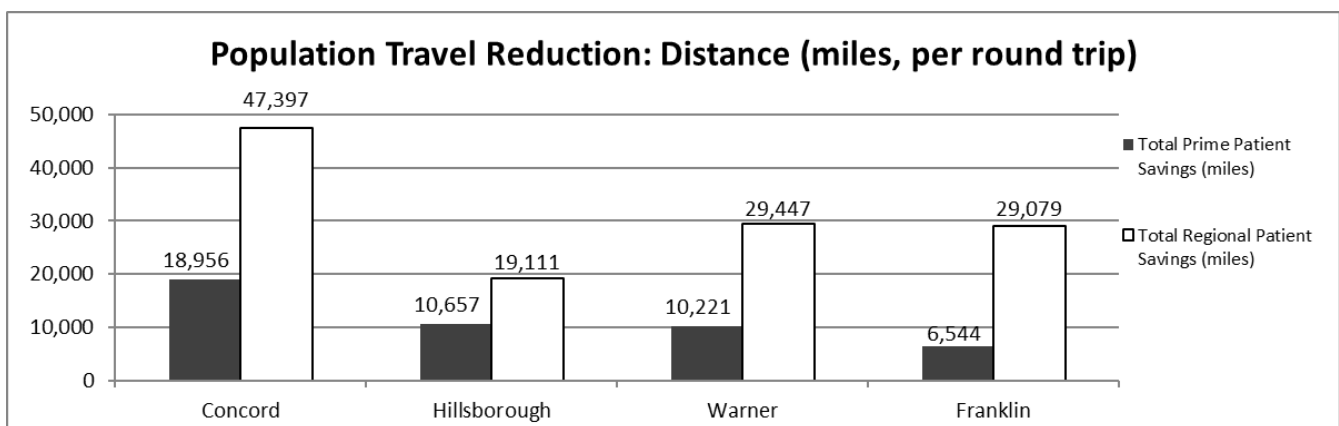


Figure 2: Reductions in per-trip patient miles driven associated with each satellite location. Grey bar shows savings for Region 2 patients registered with Prime ATC. White bar shows savings for all Region 2 patients registered with Prime ATC or with other ATCs outside Region 2.

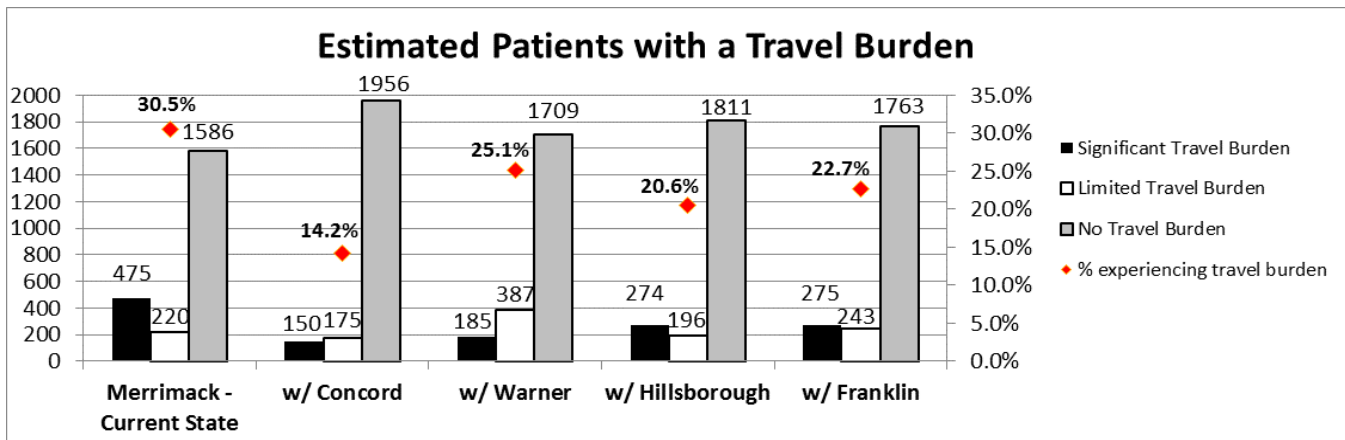


Figure 3: Region 2 Prime patients experiencing a travel burden to Merrimack, and changes realized with the addition of the satellite location.

This analysis also used geospatial data to estimate the **current travel burden** in hours and distance travelled *per round trip* by the Region 2 Prime ATC patient population, and compared it to the **future state travel burden** associated with each of the satellite locations (Figures 4 and 5). **Concord results in the fewest hours and miles driven** by the Region 2 patient population currently utilizing Prime ATC.

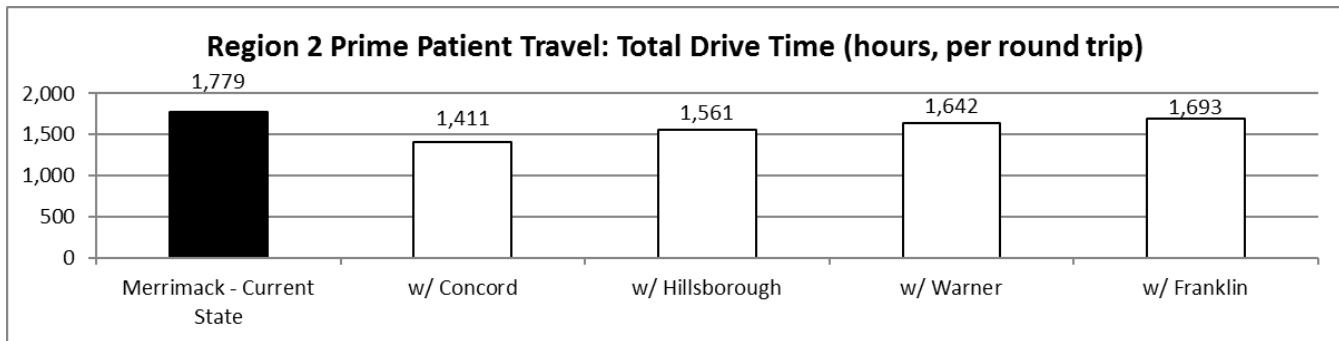


Figure 4: Future state patient hours spent driving per round trip; each satellite location relative to Merrimack.

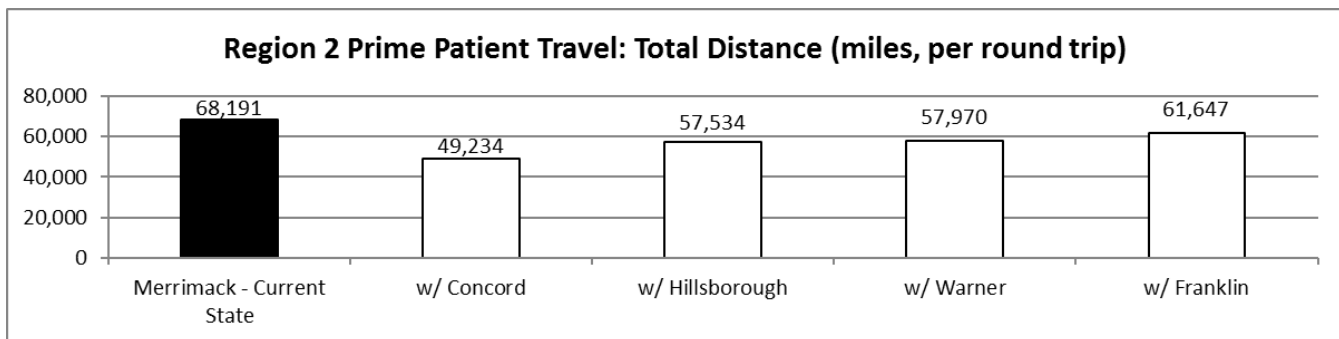


Figure 5: Future state patient miles driven per round trip; each satellite location relative to Merrimack.

Additional Considerations

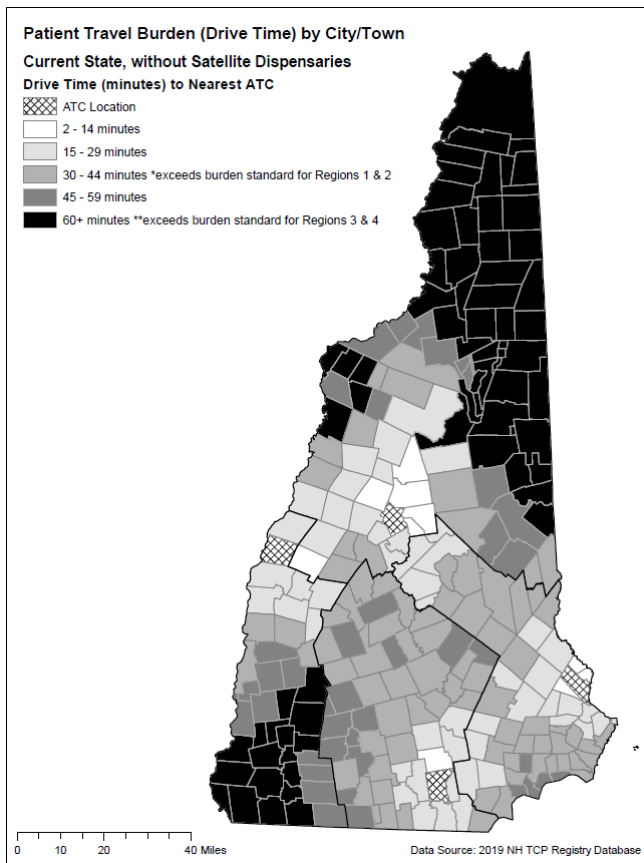
The satellite location options considered in this analysis offer varying degrees of improvement for relieving Region 2 patients’ travel burden. None of the locations, however, completely relieves the travel burden for all patients in the region (see Table 1). This is in part due to the adjustment of the definition of “travel burden” for patients in less rural counties, where the communities with patients still experiencing a significant travel burden are close to the rural Sullivan and Cheshire counties. A satellite dispensary located in Concord would have a more significant negative impact on the ATC in Plymouth, with regard to reducing their registered patient populations; however, many of these patients currently face a significant travel burden to access this ATC, which would be eliminated with Concord location.

ATC Expansion

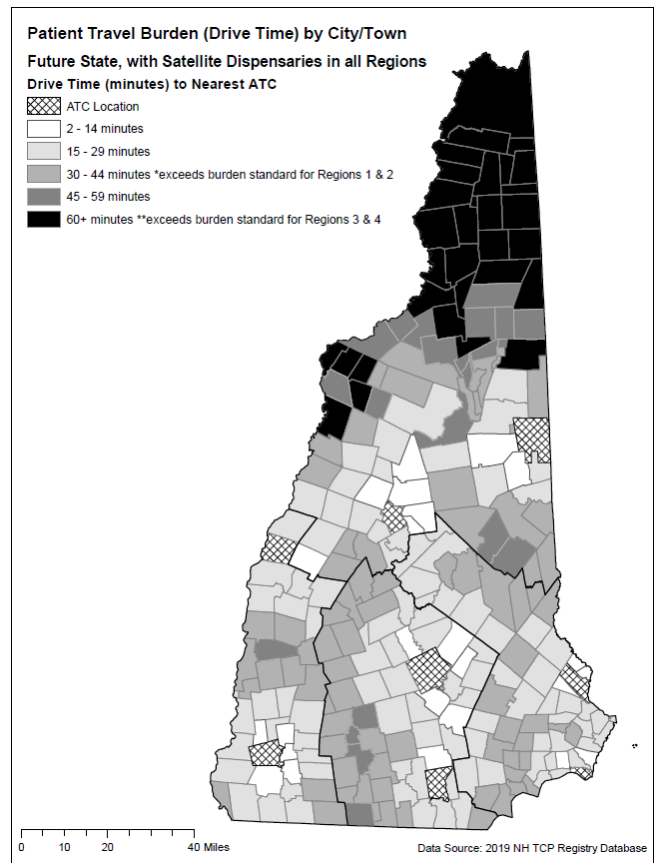
Current State vs. Future State Comparison

Satellite dispensaries located in the towns of Seabrook (Region 1), Concord (Region 2), Keene (Region 3), and Conway (Region 4)* will potentially result in the following improvements for patient access to an alternative treatment center for dispensing therapeutic cannabis:

- Travel burden (as defined in the 2018 DHHS Therapeutic Cannabis Program Data Report, ATC Expansion Reports) is completely eliminated in Region 3.
- Travel burden (as defined in the reports above, and the 2018 DHHS Therapeutic Cannabis Program Data Report, ATC Expansion Reports) is significantly relieved in Regions 1, 2, and 4.
- Drive time reduction, per round trip, for New Hampshire Therapeutic Cannabis Program patients in all four TCP Regions is estimated to be up to 1,349 hours.
- Mileage reduction, per round trip, for New Hampshire Therapeutic Cannabis Program patients in all four TCP Regions is estimated to be up to 70,936 miles.



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



Map 2: Future-state drive time from town/city to nearest dispensary (with satellite dispensaries in Seabrook, Concord, Keene, and Conway).

*Note: Sanctuary ATC opened a satellite dispensary in Conway, NH on July 6, 2019.