

**NH Department of Health and Human Services
Division of Public Health Services
Therapeutic Cannabis Program**

Program Information for Qualifying Patients

Program Website: <https://www.dhhs.nh.gov/tcp>

Applications and Forms: <https://www.dhhs.nh.gov/tcp-forms>

Contact: Phone: (603) 271-9333

Packet Line: (603) 271-9255

Email: TCP@dhhs.nh.gov

Mail: NH DHHS, Therapeutic Cannabis Program, 29 Hazen Drive, Concord, NH 03301

Things to Know Before You Apply

Minimum Requirements to Become a Qualifying Patient

- You must be a resident of New Hampshire.
- You must be diagnosed by a medical provider as having a qualifying medical condition.
- You must apply for and be issued a valid Registry ID Card by the Therapeutic Cannabis Program (TCP/Program).

Qualifying Medical Conditions

Your medical provider must certify that you have a qualifying medical condition that is established in state law, as follows:

- Moderate to severe chronic pain; OR
- Severe pain; OR
- Moderate or severe post-traumatic stress disorder; OR
- Autism spectrum disorder (with an additional provider consultation requirement for those under age 21); OR
- Opioid use disorder with associated symptoms of cravings and/or withdrawal (requires a provider who is actively treating the patient for opioid use disorder and is board-certified in addiction medicine or addiction psychiatry); OR
- Any combination of a qualifying diagnosis from (1) **AND** a qualifying symptom or side effect from (2):
 - (1) Cancer; glaucoma; positive status for human immunodeficiency virus; acquired immune deficiency syndrome; hepatitis C; amyotrophic lateral sclerosis; muscular dystrophy; Crohn's disease; multiple sclerosis; chronic pancreatitis; spinal cord injury or disease; traumatic brain injury; epilepsy; lupus; Parkinson's disease; Alzheimer's disease; ulcerative colitis; Ehlers-Danlos syndrome; or one or more injuries or conditions that has resulted in one or more qualifying symptoms under (2); **AND**
 - (2) Elevated intraocular pressure; cachexia; chemotherapy-induced anorexia; wasting syndrome; agitation of Alzheimer's disease; severe pain; constant or severe nausea; moderate to severe vomiting; seizures; severe, persistent muscle spasms; or moderate to severe insomnia.

Medical Providers

Any physician (MD/DO), physician assistant (PA), or advanced practice registered nurse (APRN) licensed in NH is permitted by law to certify you for the Therapeutic Cannabis Program.

- Talk with any of your current medical providers about your interest in the Program. Ask if they will certify you by issuing you a Written Certification form.
- State law does not *require* any medical provider to certify their patients for the Program.
- There is no requirement for a provider to be registered with the State as a "marijuana doctor."
- The Program does not maintain a public list of medical providers who have certified patients for the Program. The Program cannot refer you to a provider. You must work with one of your current providers or develop a relationship with a new provider to become certified. You may contact one of the Alternative Treatment Centers (ATCs) listed below for assistance finding a new provider.

Border-State Providers

Physicians and APRNs (but not PAs) licensed in Maine, Massachusetts, or Vermont are *permitted* to certify NH residents for the NH Therapeutic Cannabis Program.

In order to certify for the NH Program, a border-state provider must be “primarily responsible for your care related to your qualifying medical condition,” which means that only your primary care provider or your specialist who is actively treating your qualifying medical condition can issue you a Written Certification.

Provider-Patient Relationship

You must have a “provider-patient relationship” with your certifying medical provider, during which your provider has conducted a full assessment of your medical history and current medical condition, including an in-person physical examination. Examination via telemedicine is not permitted, except for recertifications (renewals) by the same certifying provider.

Your certifying medical provider is required to:

- Explain to you the potential health effects of the therapeutic use of cannabis.
- Provide follow-up care and treatment in order to determine the health effects of cannabis for treating your qualifying medical condition.

Your certifying medical provider may:

- Issue a Written Certification for any duration of up to 3 years.
- Send recommendations or instructions to the Alternative Treatment Center (ATC) dispensaries, such as the type of cannabis to be dispensed or the route of cannabis administration. The ATC is required to follow those instructions when dispensing cannabis to you.
- Withdraw the Written Certification at any time and for any reason if, in the provider’s opinion, you should no longer be certified for the therapeutic use of cannabis. Upon notice from the Program, your Registry ID Card will be voided.

Release of Medical Records

On your application, you must sign a release which authorizes the release of medical information by your certifying medical provider to the Program if more information about your qualifying medical condition or Written Certification is required. For verification purposes, the Program may request, and your provider must supply, a copy of the records which support the provider’s certification of a qualifying medical condition.

Confidentiality

The Program will maintain the confidentiality of all personal information about applicants, patients, caregivers, and certifying medical providers submitted to the Program. Local and state law enforcement officers, however, are allowed to receive limited information from the Program if a person has been arrested or detained, or when there is probable cause to believe cannabis is possessed either at a specific address or by a specific individual.

Designated Caregivers

If you need help with your therapeutic use of cannabis, including help with obtaining cannabis from your ATC, you may designate someone to be your caregiver. You may do this on your Patient Application or any time after you’ve been approved (by using the “Caregiver Designation/Removal” form). You may designate only one caregiver at a time (exceptions for minors and for adults with co-guardians are described below). Your caregiver must submit a separate Caregiver Application and be issued a Registry ID Card before your caregiver can assist you with your therapeutic use of cannabis. The caregiver’s Registry ID Card will allow that person to legally possess cannabis on your behalf and to legally purchase cannabis from the ATC you select.

To be approved as a designated caregiver, a person must be at least 21 years old and must never have been convicted of a felony.

You may use the “Caregiver Designation/Removal” form, available on the Program’s website, to designate a caregiver after you’ve submitted your application or if you want to change your current caregiver.

Alternative Treatment Centers

There are 7 Alternative Treatment Centers (ATC) dispensaries in NH for dispensing therapeutic cannabis. Registered patients and their caregivers are allowed to purchase cannabis from any ATC location in the state. You must show your Registry ID card and valid photo identification to enter the ATC dispensaries. The ATCs in NH are as follows:

- **GraniteLeaf Cannabis** (formerly Prime ATC) with dispensaries located in **Merrimack** and **Chichester**
 - 380 Daniel Webster Highway, Merrimack, NH 03054. Phone: (603) 262-5035
 - 349 Dover Road (Route 4), Chichester, NH 03258. Phone: (603) 212-1500Website: graniteleaf.com. Email: info@graniteleaf.com

- **Sanctuary ATC**, with dispensaries located in **Plymouth** and **Conway**
 - 568 Tenney Mountain Highway, Plymouth, NH 03264. Phone: (603) 346-4619
 - 234 White Mountain Highway (Route 16), Conway, NH 03818. Phone: (603) 662-0113Website: www.sanctuaryatc.org. Email: info@sanctuaryatc.org

- **Temescal Wellness**, with dispensaries located in **Dover**, **Lebanon**, and **Keene**
 - 26 Crosby Road, Units 11-12, Dover, NH 03820
 - 367 Route 120, Unit E-2, Lebanon, NH 03766
 - 69 Island Street, Suite 1, Keene, NH 03431Website: <https://nh.temescalwellness.com/>. Email: info@temescalwellness.com. Phone: (603) 285-9383

Requirements for Minor Patients (under 18 years of age)

- For a minor patient, use the “Minor Patient Application.” This is a combined application for the minor patient and their designated caregiver(s).
- The custodial parent or legal guardian must apply for and be approved as the patient’s designated caregiver.
- A minor patient may have two designated caregivers, both of whom must be the patient’s parent or legal guardian.
- Two Written Certification forms are required, to be completed by 2 separate medical providers. One of the medical providers must be a pediatrician.
- In cases where a minor applicant’s legal guardian is not a custodial parent, the legal guardian must submit proof of legal guardianship with the application. Submit a copy of the entire order that shows the powers granted to the guardian, which must include powers related to healthcare decisions.

Requirements for Adult Patients who Have a Legal Guardian or Co-Guardians

- If the legal guardian will not be the patient’s designated caregiver, use the “Patient Application” and sign on behalf of the patient.
- If the legal guardian(s) will be the patient’s designated caregiver, use the “Guardianship Patient Application,” which is a combined application for the patient and their caregiver(s).
- Where a court has appointed co-guardians for an adult, that adult patient may have 2 designated caregivers, both of whom shall be court-appointed co-guardians.
- In all cases, the legal guardian(s) must submit proof of guardianship with the application. Submit a copy of the entire order that shows the powers granted to the guardian, which must include powers related to healthcare decisions.

Things to Know After You Get Your Registry ID Card

Renewals/Extensions

- A Registry ID Card is effective for any duration, up to 3 years, at the discretion of your certifying medical provider.
 - (1) The duration of your card is indicated by your certifying provider on the Written Certification.
 - (2) The standard duration of a Written Certification and Registry ID Card is one year.
- Any Written Certification that has been issued for less than 3 years may be “extended” by the same certifying provider who issued the original Written Certification.
- A Written Certification may be extended more than once, but the total duration of a Written Certification and a Registry ID Card, including any extensions, shall not exceed 3 years, after which the patient must *renew* their Registry ID Card by submitting a new Patient Application, and new Written Certification, and an application fee.

Written Certification Extension Requirements

- The “Written Certification Extension” form must be signed by the same certifying medical provider that signed the patient’s original Written Certification.
- The “Written Certification Extension” form must be signed and dated no later than the expiration date of the patient’s current Registry ID Card.
- The Program allows a limited 30-day grace period after the patient’s current Registry ID Card has expired to receive this signed form.

There are no exceptions to these extension requirements. If these requirements are not met, the patient will need to renew their card by submitting a new Written Certification, a new Patient Application, and the application fee.

Renewals

- There is no difference between the initial and the renewal application process or forms, except that:
 - (1) Proof of NH residency is not required if there has not been a change of address (unless your card has been expired for more than 6 months).
- There is no penalty for submitting your renewal application materials after the suggested deadline; however, please submit your materials at least 30 days prior to your card’s expiration to prevent a lapse in your registration.

Changes of Information

You are required to notify the Program in writing of changes to the following:

- *Name or Address.* You must report a change to your name or address within 10 days of the change. Use the “Change of Information/Lost Card” form to provide the new information. There is no fee associated with this change. A new Registry ID Card will be mailed to you within 20 days.
- *Designated Caregiver.* Use the “Caregiver Designation/Removal” form to remove your current caregiver or change your caregiver. There is no fee associated with this change, and you will not be issued a new Registry ID Card.

Lost Registry Identification Card

If you lose your Registry ID Card, whether due to loss, theft, or destruction, you must notify the Program in writing within 10 days of discovering the loss. Submit the “Change of Information/Lost Card” form along with a check or money order made payable to “Treasurer, State of New Hampshire” in the amount of \$10. Within 5 days of receiving the form and the fee, the Program will re-issue a replacement card. You will not be able to purchase cannabis at an ATC without a valid Registry ID Card.

Death of a Qualifying Patient

Within 5 days of learning of the death of a patient, a surviving family member, caretaker, executor, or the patient’s designated caregiver shall notify the Program that the patient has died and shall dispose of any remaining cannabis.

Disposal of Cannabis

If you are no longer a qualifying patient (due to your Registry ID Card expiring, or it being voided or revoked), you must dispose of any cannabis in your possession within 10 days, as follows:

- You may return it to the ATC where it was purchased; OR
- You may notify local law enforcement and request their assistance with disposing of the cannabis; OR
- You may render it unusable by mixing it with other ingredients, like soil, and then dispose of it.

Registry Identification Card Required

You must have your Registry ID Card with you at all times when possessing cannabis, especially outside your home. If you are found to be in possession of cannabis outside of your home and you do not have your Registry ID Card with you, you could be fined up to \$100 by law enforcement, and you may be subject to arrest and seizure of your cannabis.

Permitted Quantities of Cannabis

- You are not permitted to *possess* more than 2 ounces of cannabis at any one time.
- You are not permitted to *obtain* more than 2 ounces of cannabis from any ATC during any 10-day period.
- If you have a designated caregiver, you and your caregiver combined cannot possess more than 2 ounces of cannabis at any one time, or obtain more than 2 ounces of cannabis in any 10-day period.
- If you purchase cannabis from more than one ATC, it is your responsibility to track all your purchases and not go over the 10-day limit.

Cultivation of Cannabis Prohibited

You, and your caregiver if you have one, are prohibited from cultivating cannabis in any location.

Transportation

When transporting cannabis, the Program strongly advises you to:

- Keep cannabis in a locked container or in the trunk or cargo portion of your vehicle;
- Keep cannabis in its original labeled packaging from the ATC; and
- Have your Registry ID Card with you.

Diversion of Cannabis

Diversion of cannabis to anyone who is not allowed to possess cannabis pursuant to RSA 126-X is prohibited, and shall result in the revocation of your Registry ID Card. The sale of cannabis to anyone who is not a qualifying patient or a designated caregiver is punishable as a class B felony with a sentence of a maximum term of imprisonment of not more than 7 years, and a fine of not more than \$300,000, or both, in addition to other penalties for the illegal sale of cannabis.

Revocation

Your Registry ID Card may be revoked by the Program for any violation of law or rule. If the Program revokes your card, you have the right to appeal the action to the Department's Administrative Appeals Unit. A future application for a Registry ID Card may be denied if you have a prior revocation. Depending on the nature of the violation which caused your Registry ID Card to be revoked, you may be subject to other penalties established in law, including criminal penalties.