

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

**Presentation for:  
Commission to Study with the Purpose of Proposing  
Legislation, State Controlled Sales of Cannabis and  
Cannabis Products**

October 5, 2023



Patient Safety



Patient Access



Patient Affordability

# Outline

- ▶ Therapeutic Cannabis Program (TCP)
  - TCP overview/background
  - Patients
  - Medical conditions
  - Patient satisfaction
- ▶ Alternative Treatment Centers (ATCs)
  - Overview
  - Product safety
- ▶ Maintaining the TCP
  - Patients
  - Access
  - Affordability
- ▶ Establishing a dual regulatory structure
- ▶ Public health priorities

# TCP Background

- ▶ Therapeutic Cannabis Program was authorized by the NH Legislature in 2013 ([RSA 126-X](#)), the 20<sup>th</sup> state to legalize cannabis for therapeutic use
- ▶ TCP began issuing cannabis Registry ID Cards to qualifying patients in December 2015
- ▶ NH's first dispensary opened in April 2016

# TCP Functions

## ▶ Primary Responsibilities

- Registry Unit – Processing patient applications, determining eligibility, issuing cannabis Registry ID Cards
- Licensing Unit – ATC licensing/compliance

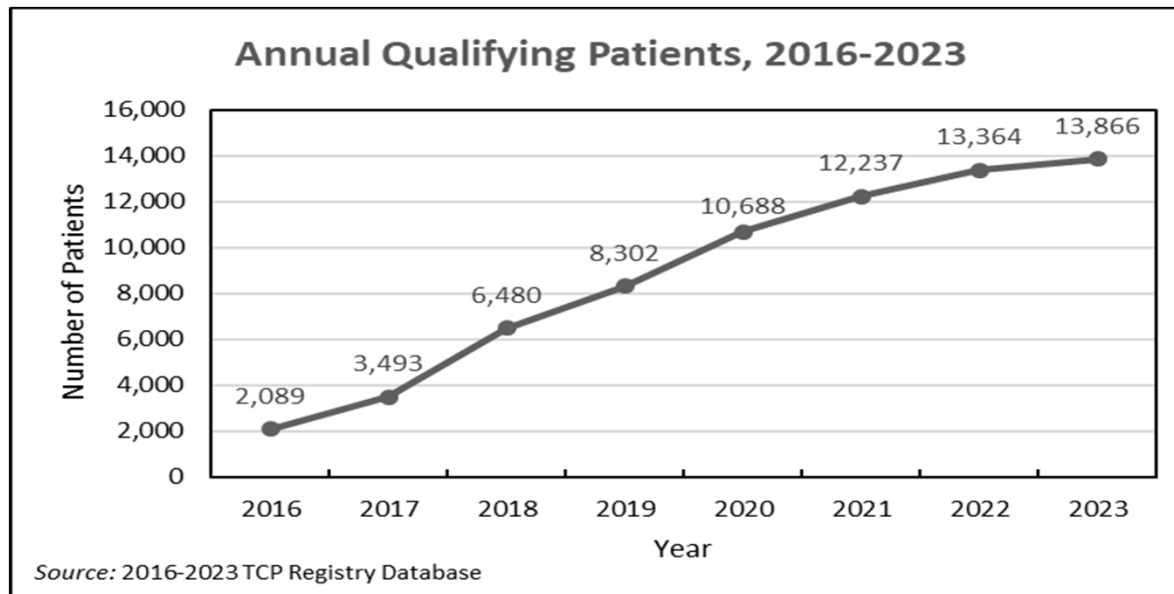
## ▶ Ongoing Goals

- Reducing barriers to access
- Reducing administrative burden
- Maintaining compliance
- Increasing product quality and safety

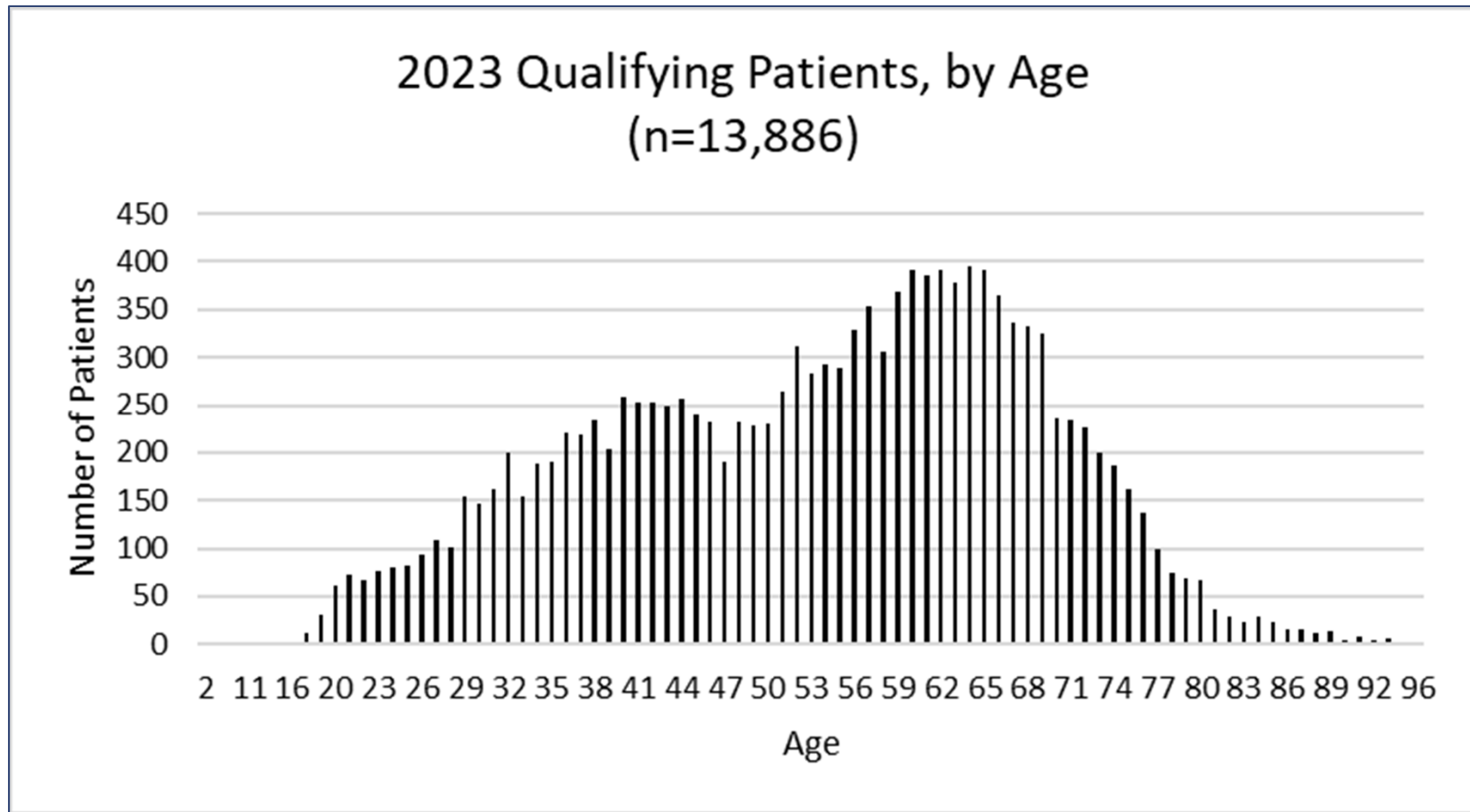
# TCP Enrollment

Program enrollment as of June 30, 2023:

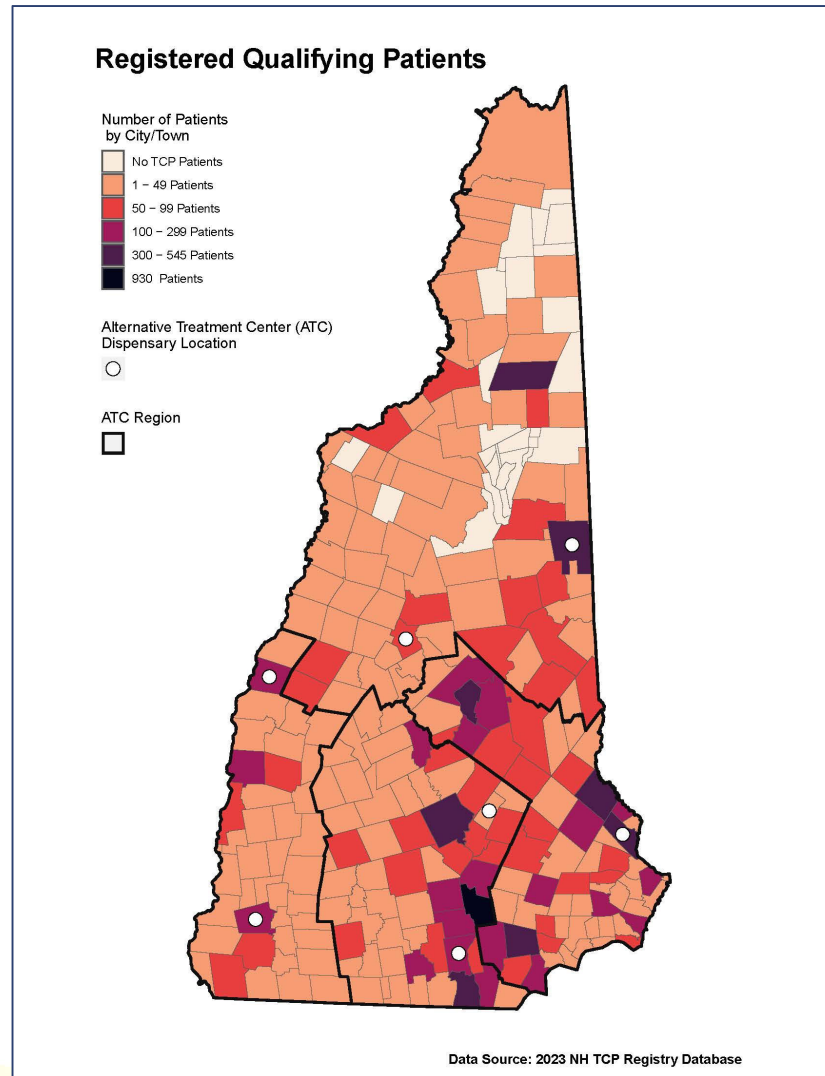
- ▶ 13,866 Qualifying Patients
- ▶ 945 Designated Caregivers
- ▶ 1,339 Certifying Medical Providers



# TCP Patients, by Age



# Patients, by Location





# Qualifying Medical Conditions

- ▶ Medical conditions are established in NH statute
- ▶ Medical providers “certify” a medical condition; they do not “prescribe” or “recommend” cannabis
- ▶ Qualifying conditions (24)
  - E.g. chronic pain, PTSD, cancer, autism spectrum disorder, opioid use disorder, ALS, MS, epilepsy, HIV/AIDS, Crohn’s disease, Parkinson’s disease, Alzheimer's disease
- ▶ Qualifying symptoms (11)
  - E.g. severe pain, muscle spasms, nausea, vomiting, seizures, insomnia, wasting syndrome
  - Must be associated with a qualifying condition

# Patient Satisfaction

- ▶ Patient Satisfaction
  - Up to 99% of survey respondents would recommend the program to others who qualify
- ▶ Product Effectiveness
  - Between 66% and 98% of patients providing effectiveness responses **report positive results**
  - Between 0% and 1.33% report negative results
- ▶ Impact on Prescription Medications
  - More than 80% of survey respondents **reduced some, most, or all of their prescription medications**

Source: 2021-2022 TCP patient survey data

# Patient Testimonials

A sample of patient survey responses related to changes in their use of other medications:

- ▶ I have been able to stop taking more than 16 prescriptions, safely with my doctor's guidance. His opinion on cannabis has changed completely.
- ▶ I no longer take any opioid pain medication since I started cannabis. I was taking 40mg of oxycodone daily for 4 years prior to therapeutic cannabis.
- ▶ No longer take anti-depressants or anti-anxiety meds
- ▶ I no longer take any sleep medication that I was on for over 30 years

*Source: 2023 TCMOB Patient Survey*

# Patient Testimonials

A sample of patient survey responses related to sharing other information about using therapeutic cannabis:

- ▶ The opportunity to access therapeutic cannabis has been life changing
- ▶ It's been a very positive experience. My quality of life has improved dramatically. I'm much more active and mobile now compared to when I was taking opioids to control pain.
- ▶ Without cannabis I would not be able to eat. It is a require[ment] for me to survive.
- ▶ I have just found that over all I feel better. I sleep better, I cope better, I'm not on edge all the time. I'm able to be happy without constantly having all the worry and anxiety running my brain.
- ▶ I am so much more functional. I'm also more hopeful. I was in a very dark place before I started using it. I can't imagine life without it now.

*Source: 2023 TCMOB Patient Survey*

# Alternative Treatment Centers

- ▶ ATCs are **essential partners** in the successful delivery of TCP services
- ▶ Statutory Requirements
  - State law allows for a maximum of 4 ATC licenses
  - Required to be not-for-profit entities, registered with the state's Charitable Trust Unit
  - Required to be vertically integrated (each entity is required to cultivate, process, and dispense cannabis)
  - Selected through an RFP process in 2015
- ▶ ATCs employ more than 100 people in New Hampshire

# ATC Locations

## GraniteLeaf Cannabis

- Dispensaries: Merrimack & Chichester
- Cultivation: Peterborough

## Sanctuary ATC

- Dispensaries: Plymouth & Conway
- Cultivation: Rochester

## Temescal Wellness

- Dispensaries: Dover, Lebanon & Keene
- Cultivation: Manchester

# Product Safety



***Tested:*** Contaminants and cannabinoid profile

***Labeled:*** Ingredients, allergens, use-by dates, warnings, usable cannabis amount, cannabinoid profile, serving size

***Packaged:*** Opaque, sealed, tamper-proof, child-resistant

# Access to Therapeutic Products

- ▶ Therapeutic programs offer cannabis strains and product types oriented to a patient population for therapeutic use
  - Non-intoxicating strains and forms of cannabis
  - Low-THC strains and products
  - CBD-rich strains of cannabis
  - THC:CBD ratio products
  - Therapeutic routes of administration (e.g., topicals, suppositories)
- ▶ These strains and product types are not typically offered by recreational retail cannabis outlets
- ▶ Therapeutic programs allow higher potency and dose-per-serving products than adult-use programs typically allow
  - Higher potency and higher dose-per-serving products are often needed by patients for effective symptom relief



# Access to Therapeutic Education

- ▶ Therapeutic programs offer specialized education related to therapeutic use
  - Therapeutic focus
  - Targeted strains and products and routes of administration for symptom management
  - Minimum amount for symptom relief (start low, go slow)
  - Feeling “high” as an adverse side effect
  - Other side effects
  - Drug interactions
- ▶ In addition to education applicable to all cannabis use:
  - Cannabis safety, risks of cannabis use, cannabis use disorder, responsible use, child safety, etc.

# Integration with Traditional Medical Care

- ▶ Therapeutic programs create a structure for medical providers to be aware of, support, and integrate cannabis therapy into their patient's standard clinical care
  - Reduces the incidence of patients self-medicating without their provider's knowledge; potentially avoids dangerous prescription drug interactions
- ▶ Therapeutic programs can destigmatize cannabis use
  - Those who are predisposed to avoid “marijuana” due to its illegality and its association with recreational use and “getting high” are more inclined to try cannabis therapy if they are supported by their medical professionals and are able to purchase at therapeutic dispensaries
  - This is especially true of the elderly population

# Patient Access and Affordability

## ▶ Patient Access

- TCP is open to people under 21 years of age, including minors
  - Minors are required to receive certification from two medical providers, including a pediatrician
- Adult use programs appropriately restrict access to those who are under 21

## ▶ Affordability

- Therapeutic cannabis is not covered by any private or public insurance
- Much more expensive than co-payments for prescriptions
- Typically less expensive than recreational cannabis, due to states' taxing structure
- ATCs' patient affordability/compassionate care programs

# Patients: Stay or Leave?

***What happens to a therapeutic program when a state legalizes cannabis for adult, recreational use?***

- ▶ Most states experience a decrease in patient registration

***Why would patients leave a therapeutic program if it's so valuable?***

- ▶ People choose to self-medicate
- ▶ They don't have to talk to their doctor or pay for a doctor's visit
- ▶ No state application process, fee, and being on a state registry
- ▶ Can afford more expensive recreational cannabis

***Why would patients stay enrolled in a therapeutic program after legalization?***

- ▶ Therapeutic products
- ▶ Therapeutic education
- ▶ Destigmatized use
- ▶ Less expensive than recreational cannabis

# Patients, Access, and Affordability

## *What happens with fewer registered patients?*

- ▶ May weaken the existing network of therapeutic cannabis Alternative Treatment Centers

## *What is the current state?*

- ▶ Regulated, laboratory tested cannabis available for approximately 14,000 qualified patients
- ▶ Program growth has slowed (from 2400 new patients in 2020, to 500 new patients in 2023)
- ▶ ATCs have lowered prices across the board to compete with falling regional prices
- ▶ ATCs sales volume (ounces sold per month) has been decreasing
- ▶ Nearly 25% of registered patients did not purchase from an ATC in 2023; of those that did, fewer than half purchased on a quarterly basis

## *What does a strong network of Alternative Treatment Centers look like?*

- ▶ Sufficient staff to meet patient needs (eg, intake specialists)
- ▶ Varied services (eg, education sessions)
- ▶ Expanded and maintained product lines (eg, non-profitable therapeutic strains and products)
- ▶ Convenient and ample hours of operation
- ▶ Continued decreases in product prices
- ▶ Easily accessible dispensary locations

# Coordinated Systems Can Improve

Patient Safety



Patient Access



Patient Affordability

# Opportunities for Alignment

- ▶ Franchise model proposed by the NH Liquor Commission is a workable framework that would allow for the maintenance of safe, accessible and affordable therapeutic cannabis
- ▶ As presented, the ATCs would be allowed to apply for licenses in any licensing category (eg, cultivation, manufacture, retail, transport) “just like anyone else”

***But ATCs are not like “everyone else”***



# Dual Regulatory Structure

- ▶ Policy makers may consider opportunities and accommodations for ATCs
- ▶ General recommendations:
  - Identify regulatory barriers/conflicts
  - Remove barriers/conflicts
  - Allow for targeted differences/accommodations
- ▶ Regulatory alignment can be built in to the legislation, for timely implementation

# Dual Regulatory Structure

Suggestions to consider:

- ▶ **Purpose statement** or other clear language that establishes that ATCs are permitted to apply for all license types
  - A separate, integrated license may be considered
- ▶ Separate and specific grant of **rulemaking authority to allow dual-use or integrated licenses**, for operation under a dual regulatory structure, and to align regulations and establish accommodations
  - Examples: joint rulemaking with DHHS, or requirement to consult with DHHS, specific to alignment/accommodation of regulatory structure
- ▶ **Harmonize laboratory testing requirements to ensure safety**

# Accommodations

## Topics for consideration

- ▶ Accommodate DHHS priorities for dual licensure:
  - Prioritization of patient access (eg, separate sales/counters, maintain or increase therapeutic product offerings, maintain therapeutic product inventory, maintain lower prices for therapeutic products)
  - Allowance for higher potency and THC per serving for therapeutic products
- ▶ Use of current cultivation/manufacturing facilities and current retail locations for adult use production and sales
- ▶ Recognize potential for administrative burden of dual regulatory structure
  - Minimize redundancy while allowing for different regulatory standards
- ▶ Non-profit/for-profit status
  - Evaluate conversion opportunities to allow ATCs equal footing compared to other licensees

# Accommodations

## NH Cannabis Brand

- Patients need to know they are being served by the same entities that they have known and trusted for the past 7 years
- ATCs can incorporate the NH Brand where appropriate (eg, include on--but not replace--signage, separate counters/menus, etc.)
- ▶ Retail Locations only in locales with a NH Liquor Store
  - Evaluate current ATC retail locations (eg, Chichester does not have a liquor outlet)
- ▶ 15% Franchise Fee
  - Evaluate opportunities for **exempting therapeutic cannabis sales** to encourage patients to maintain patient registration status and access to specialized products

# Lessons from Vermont Model

- ▶ “Integrated license”
  - Separate license category, available only to existing therapeutic entities
- ▶ VT’s Cannabis Control Board allowed existing therapeutic entities to apply for a single, vertically integrated license
  - One license application for various license categories: cultivation, manufacturing, retail, transportation
  - Higher application fee
- ▶ If entities met the minimum requirements, were in good standing, and there was no reason for denial, they received an integrated license

# Moving Forward: Considerations for Aligned Systems

- ▶ Establish a Cannabis Advisory Board, representing diverse interests
- ▶ Support for preliminary and ongoing public education campaign about the risks of cannabis use, responsible/safe use/storage, etc.
- ▶ Support for prevention, treatment, and recovery efforts
- ▶ Data collection and monitoring, including current baseline data prior to adult use retail implementation

# Additional Public Health Considerations

- ▶ Independent testing laboratories
- ▶ Robust testing requirements for potency and contaminants
- ▶ Accurate labeling for potency
- ▶ Child-resistant packaging
- ▶ Reasonable serving size limits (e.g., 5mg THC per serving)
- ▶ Potential potency limits for certain recreational products
- ▶ Strict advertising restrictions, especially with regard to minors
- ▶ Universal symbol on labels, advertising, and certain products
- ▶ Diversion controls (e.g., electronic seed-to-sale inventory systems)
- ▶ Limitations on public consumption, esp. smoking/vaping in public
- ▶ Prohibition on unregulated hemp-derived THC products

# Potential Next Steps

- ▶ Crosswalk RSA 126-X with suggested statutory language as a result of Commission to Study with the Purpose of Proposing Legislation, State Controlled Sales of Cannabis and Cannabis Products
- ▶ Definition of Dual Regulatory Structure
- ▶ Alignment of laboratory testing and safety requirements
- ▶ Direct feedback from ATCs



# Contact & Questions

Michael Holt

Administrator

Therapeutic Cannabis Program

NH Division of Public Health Services

Department of Health and Human Services

Phone: (603) 271-9234

Email: [michael.holt@dhhs.nh.gov](mailto:michael.holt@dhhs.nh.gov)

Program Webpage: [www.dhhs.nh.gov/tcp](http://www.dhhs.nh.gov/tcp)

Program Email: [TCP@dhhs.nh.gov](mailto:TCP@dhhs.nh.gov)