



**New Hampshire Department of Health and Human Services  
Division of Public Health Services  
Therapeutic Cannabis Program  
2018 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.

In 2018 administration of the Therapeutic Cannabis Program was moved to the Division of Public Health Services (DPHS) within the Bureau of Public Health Systems, Policy and Performance.

## **Therapeutic Cannabis Program Registry Data**

The data presented in this section reflects data in the Therapeutic Cannabis Program Registry Database as of June 30, 2018. 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 reflects ATC data between July 1, 2017 and June 30, 2018.

## **Qualifying Patient Satisfaction Survey Results**

The data presented in this section reflects data gathered from qualifying patients between mid-June and early August 2018.

## **Alternative Treatment Center Expansion**

The reports in this section support the Therapeutic Cannabis Program's patient needs assessment required by [NH Senate Bill 388 \(Laws of 2018\)](#) for the approval of second dispensary locations to be operated by (1) Temescal Wellness, the licensed ATC serving qualifying patients in NH TCP Region 3 (Cheshire and Sullivan counties), and (2) Sanctuary ATC, the licensed ATC serving qualifying patients in NH TCP Region 4 (Carroll, Coos, and Grafton counties). Temescal Wellness currently operates its regional ATC in Lebanon, and Sanctuary ATC currently operates its regional ATC in Plymouth. All results in this analysis are relative to registered TCP patients as of June 30, 2018.

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

## Therapeutic Cannabis Program Registry Data

### Qualifying Patients

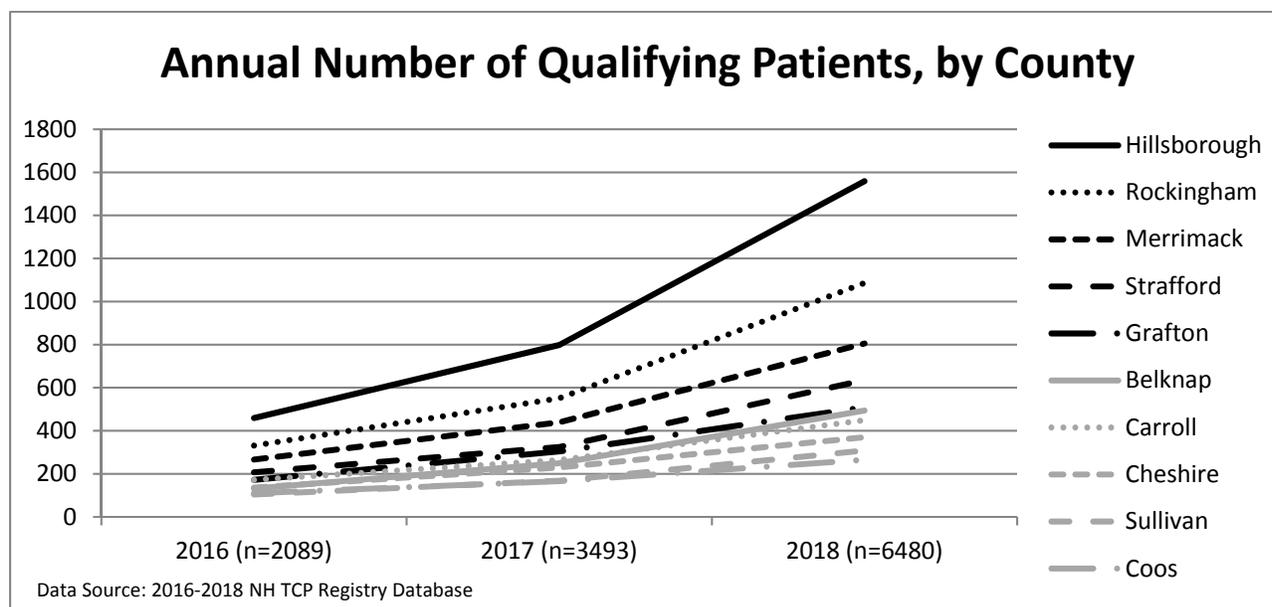
	<u># of Patients</u>
Active Qualifying Patients	6480
Minor Patients	13
Patients with a Designated Caregiver	441

### Qualifying Patients by Alternative Treatment Center

<u>ATC Name</u>	<u># of Patients</u>
Prime ATC - Merrimack	2356
Sanctuary ATC - Plymouth	1698
Temescal Wellness - Dover	1537
Temescal Wellness - Lebanon	889
TOTAL	6480

### Qualifying Patients by County

<u>County</u>	<u># of Patients</u>	<u>County</u>	<u># of Patients</u>
Belknap	494	Hillsborough	1559
Carroll	449	Merrimack	805
Cheshire	370	Rockingham	1086
Coos	265	Strafford	635
Grafton	509	Sullivan	308
		TOTAL	6480



**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	CONCORD	215
ALBANY	7	CONWAY	148
ALEXANDRIA	14	CORNISH	15
ALLENSTOWN	23	CROYDON	5
ALSTEAD	15	DALTON	<5
ALTON	42	DANBURY	14
AMHERST	54	DANVILLE	14
ANDOVER	23	DEERFIELD	18
ANTRIM	23	DEERING	5
ASHLAND	12	DERRY	169
ATKINSON	18	DORCHESTER	<5
AUBURN	19	DOVER	148
BARNSTEAD	18	DUBLIN	6
BARRINGTON	54	DUMMER	5
BARTLETT	32	DUNBARTON	9
BATH	<5	DURHAM	22
BEDFORD	68	EAST KINGSTON	7
BELMONT	57	EATON	6
BENNINGTON	12	EFFINGHAM	<5
BERLIN	102	ENFIELD	42
BETHLEHEM	13	EPPING	21
BOSCAWEN	19	EPSOM	19
BOW	35	ERROL	<5
BRADFORD	16	EXETER	55
BRENTWOOD	11	FARMINGTON	42
BRIDGEWATER	<5	FITZWILLIAM	12
BRISTOL	32	FRANCESTOWN	6
BROOKFIELD	5	FRANCONIA	6
BROOKLINE	20	FRANKLIN	79
CAMPTON	33	FREEDOM	15
CANAAN	29	FREMONT	17
CANDIA	29	GILFORD	56
CANTERBURY	9	GILMANTON	22
CARROLL	<5	GILSUM	<5
CENTER HARBOR	15	GOFFSTOWN	60
CHARLESTOWN	40	GORHAM	18
CHATHAM	<5	GOSHEN	<5
CHESTER	18	GRAFTON	13
CHESTERFIELD	19	GRANTHAM	22
CHICHESTER	11	GREENFIELD	8
CLAREMONT	83	GREENLAND	7
CLARKSVILLE	<5	GREENVILLE	10
COLEBROOK	11	GROTON	<5
COLUMBIA	<5	HALES LOCATION	<5

## Patients by City/Town (cont.)

<u>City/Town</u>	<u># of Patients</u>	<u>City/Town</u>	<u># of Patients</u>
HAMPSTEAD	30	MERRIMACK	137
HAMPTON	55	MIDDLETON	10
HAMPTON FALLS	8	MILAN	14
HANCOCK	9	MILFORD	74
HANOVER	32	MILTON	18
HARRISVILLE	8	MONROE	6
HAVERHILL	17	MONT VERNON	10
HEBRON	6	MOULTONBOROUGH	29
HENNIKER	24	NASHUA	317
HILL	9	NELSON	<5
HILLSBOROUGH	41	NEW BOSTON	30
HINSDALE	22	NEW CASTLE	<5
HOLDERNESS	11	NEW DURHAM	23
HOLLIS	32	NEW HAMPTON	26
HOOKSETT	62	NEW IPSWICH	12
HOPKINTON	20	NEW LONDON	25
HUDSON	77	NEWBURY	17
JACKSON	9	NEWFIELDS	<5
JAFFREY	25	NEWINGTON	5
JEFFERSON	5	NEWMARKET	30
KEENE	103	NEWPORT	57
KENSINGTON	5	NEWTON	13
KINGSTON	28	NORTH HAMPTON	12
LACONIA	143	NORTHFIELD	31
LANCASTER	29	NORTHUMBERLAND	13
LANDAFF	<5	NORTHWOOD	25
LANGDON	<5	NOTTINGHAM	24
LEBANON	77	ORFORD	<5
LEE	26	OSSIPEE	44
LEMPSTER	12	PELHAM	33
LINCOLN	11	PEMBROKE	30
LISBON	8	PETERBOROUGH	34
LITCHFIELD	30	PIERMONT	<5
LITTLETON	21	PITTSBURG	6
LONDONDERRY	92	PITTSFIELD	27
LOUDON	35	PLAINFIELD	17
LYME	12	PLAISTOW	20
LYNDEBOROUGH	6	PLYMOUTH	39
MADBURY	6	PORTSMOUTH	77
MADISON	18	RANDOLPH	<5
MANCHESTER	376	RAYMOND	49
MARLBOROUGH	14	RICHMOND	6
MARLOW	9	RINDGE	13
MASON	8	ROCHESTER	170
MEREDITH	62	ROLLINSFORD	11

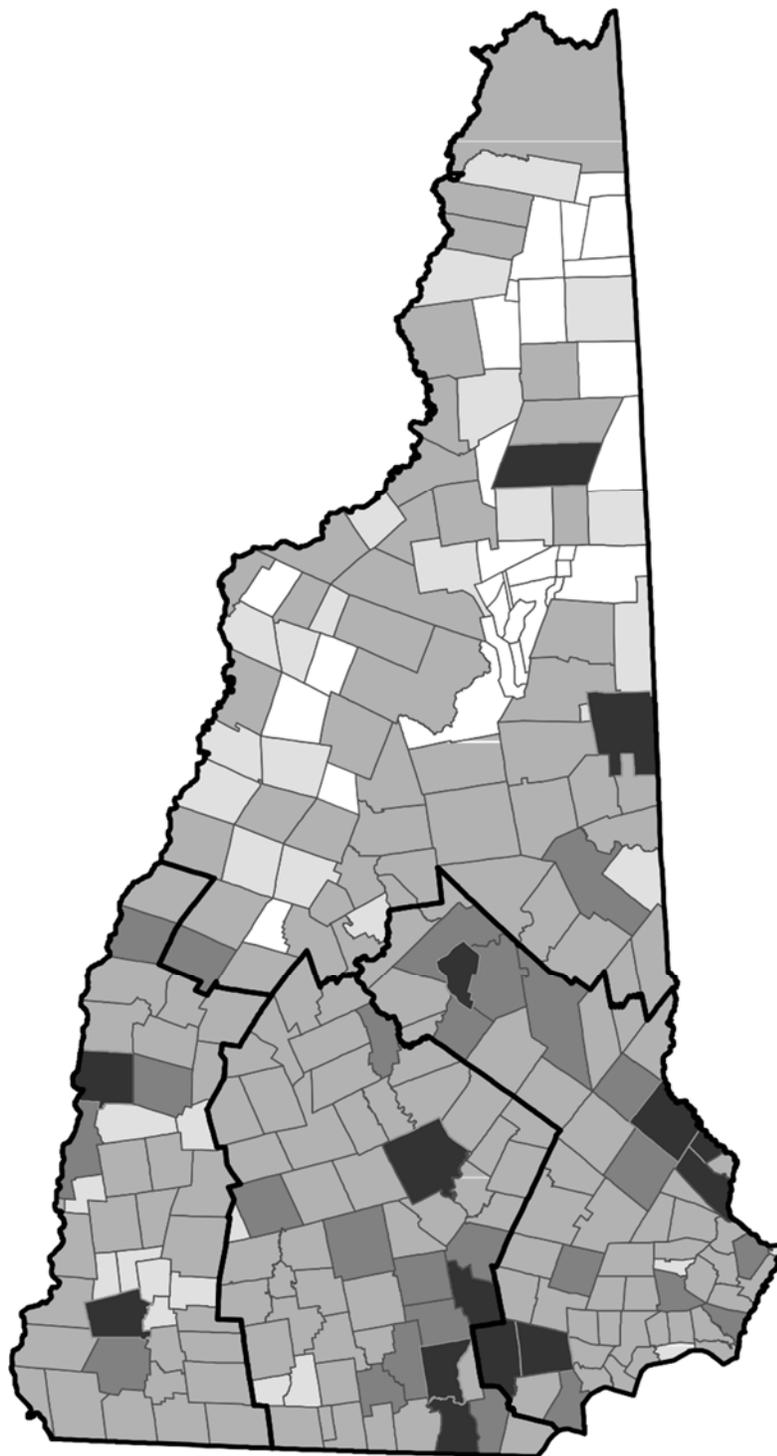
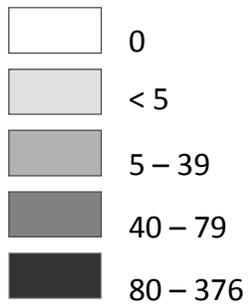
## Patients by City/Town (cont.)

<u>City/Town</u>	<u># of Patients</u>
ROXBURY	<5
RUMNEY	18
RYE	14
SALEM	72
SALISBURY	12
SANBORNTON	18
SANDOWN	31
SANDWICH	16
SEABROOK	26
SHARON	<5
SHELBURNE	<5
SOMERSWORTH	82
SOUTH HAMPTON	<5
SPRINGFIELD	7
STARK	<5
STEWARTSTOWN	9
STODDARD	7
STRAFFORD	23
STRATFORD	6
STRATHAM	24
SUGAR HILL	<5
SULLIVAN	<5
SUNAPEE	25
SURRY	<5
SUTTON	8
SWANZEY	41
TAMWORTH	27
TEMPLE	<5
THORNTON	7
TILTON	35
TROY	10
TUFTONBORO	20
UNITY	<5
WAKEFIELD	30
WALPOLE	20
WARNER	15
WARREN	<5
WASHINGTON	11
WATERVILLE VALLEY	7
WEARE	43
WEBSTER	10
WENTWORTH	10
WESTMORELAND	11
WHITEFIELD	23
WILMOT	8

<u>City/Town</u>	<u># of Patients</u>
WILTON	17
WINCHESTER	17
WINDHAM	33
WINDSOR	<5
WOLFEBORO	39
WOODSTOCK	6
TOTAL	6480

# Registered Qualifying Patients

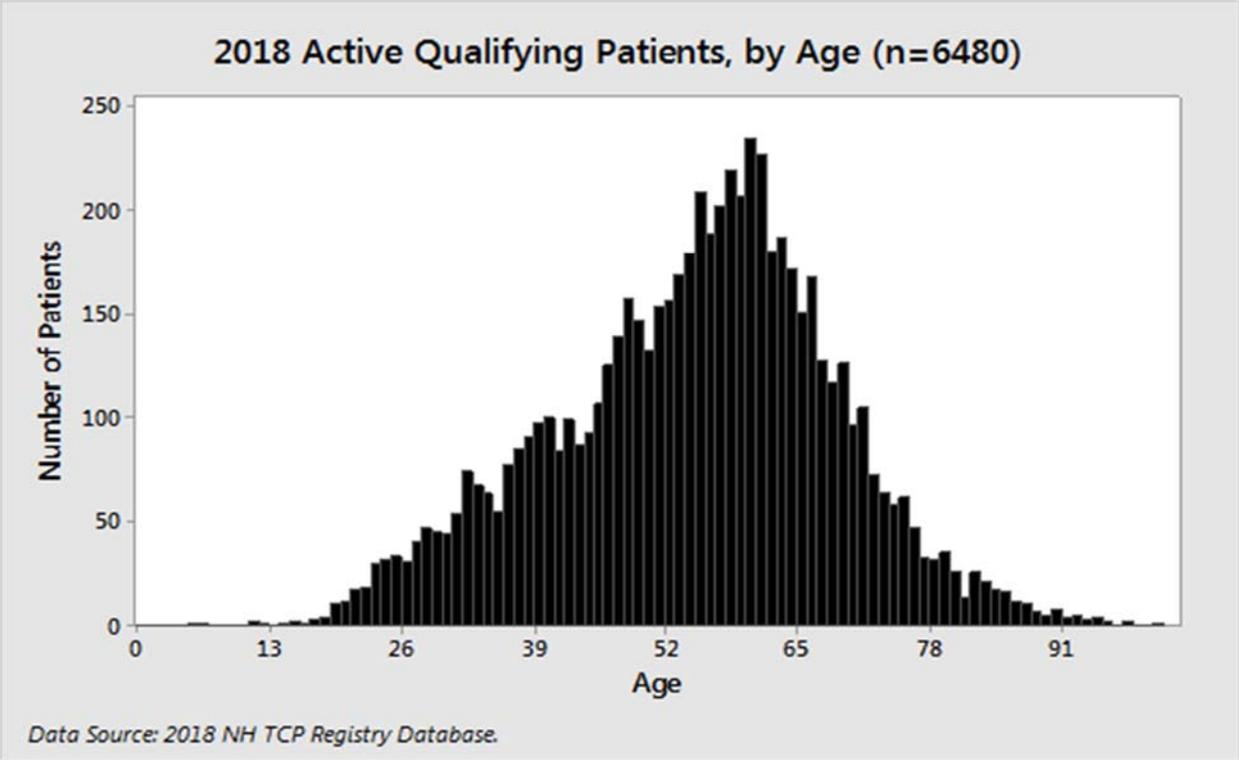
## Number of Patients, by City/Town



Data Source: 2018 NH TCP Registry Database

# Qualifying Patients by Age

<u>Age of Patient</u>	<u># of Patients</u>	<u>Age of Patient</u>	<u># of Patients</u>
6	2	55	197
11	1	56	207
12	1	57	195
13	1	58	228
14	1	59	213
15	1	60	207
16	2	61	243
17	4	62	203
18	2	63	158
19	12	64	179
20	7	65	172
21	20	66	145
22	18	67	146
23	27	68	128
24	31	69	119
25	32	70	107
26	34	71	99
27	32	72	87
28	47	73	53
29	44	74	64
30	43	75	68
31	52	76	48
32	70	77	39
33	71	78	28
34	69	79	37
35	58	80	30
36	74	81	15
37	80	82	22
38	81	83	28
39	102	84	16
40	90	85	18
41	96	86	9
42	87	87	13
43	100	88	7
44	85	89	8
45	101	90	7
46	118	91	5
47	143	92	4
48	159	93	3
49	148	94	5
50	127	95	2
51	157	97	2
52	160	100	1
53	164		
54	161		
			TOTAL 6480



**Table 2.** Qualifying patients by age.

## Designated Caregivers

	<u># of Caregivers</u>
Active Designated Caregivers	428
Caregivers with 1 Qualifying Patient	416
Caregivers with 2-4 Qualifying Patients	12
Caregivers with 5 or more Qualifying Patients	0

## Designated Caregivers by County

<u>County</u>	<u># of Caregivers</u>
Belknap	27
Carroll	28
Cheshire	28
Coos	11
Grafton	31
Hillsborough	127
Merrimack	62
Rockingham	69
Strafford	36
Sullivan	9
	TOTAL 428

## Designated Caregivers by City/Town

<u>City/Town</u>	<u># of Caregivers</u>	<u>City/Town</u>	<u># of Caregivers</u>
ALBANY	<5	FRANKLIN	<5
ALLENSTOWN	<5	FREEDOM	<5
ALSTEAD	<5	FREMONT	<5
ALTON	<5	GILFORD	<5
AMHERST	5	GILSUM	<5
ANDOVER	<5	GOFFSTOWN	7
ASHLAND	<5	GORHAM	<5
ATKINSON	<5	GRAFTON	<5
AUBURN	<5	GREENFIELD	<5
BARNSTEAD	<5	GREENLAND	<5
BARRINGTON	<5	HAMPSTEAD	<5
BARTLETT	5	HAMPTON	<5
BEDFORD	7	HANCOCK	<5
BELMONT	<5	HARRISVILLE	<5
BENNINGTON	<5	HAVERHILL	<5
BERLIN	<5	HEBRON	<5
BOSCAWEN	<5	HILL	<5
BOW	<5	HILLSBOROUGH	<5
BRADFORD	<5	HINSDALE	<5
BRENTWOOD	<5	HOLDERNESS	<5
BRISTOL	<5	HOLLIS	<5
BROOKLINE	5	HOOKSETT	<5
CAMPTON	<5	HOPKINTON	<5
CANDIA	7	HUDSON	6
CANTERBURY	<5	JACKSON	<5
CHARLESTOWN	<5	JAFFREY	<5
CHESTERFIELD	<5	JEFFERSON	<5
CHICHESTER	<5	KEENE	6
CLAREMONT	<5	KINGSTON	<5
CONCORD	15	LACONIA	12
CONWAY	6	LANCASTER	<5
DANBURY	<5	LEBANON	5
DANVILLE	<5	LEE	<5
DEERFIELD	<5	LINCOLN	<5
DERRY	6	LITCHFIELD	<5
DOVER	9	LONDONDERRY	5
DUBLIN	<5	LYME	<5
DURHAM	<5	MANCHESTER	34
EFFINGHAM	<5	MARLBOROUGH	<5
ENFIELD	<5	MARLOW	<5
EPPING	<5	MASON	<5
EPSOM	<5	MERRIMACK	9
EXETER	<5	MILAN	<5
FARMINGTON	5	MILFORD	<5
FITZWILLIAM	<5	MILTON	<5

## Caregivers by City/Town (cont.)

<u>City/Town</u>	<u># of Caregivers</u>	<u>City/Town</u>	<u># of Caregivers</u>
MONROE	<5	WALPOLE	<5
MOULTONBOROUGH	<5	WARNER	<5
NASHUA	21	WARREN	<5
NEW DURHAM	<5	WASHINGTON	<5
NEW HAMPTON	<5	WATERVILLE VALLEY	<5
NEW IPSWICH	<5	WEARE	<5
NEW LONDON	<5	WEBSTER	<5
NEWBURY	<5	WHITEFIELD	<5
NEWINGTON	<5	WILMOT	<5
NEWMARKET	<5	WILTON	<5
NEWPORT	<5	WINCHESTER	<5
NEWTON	<5	WINDHAM	<5
NORTH HAMPTON	<5	WOLFEBORO	<5
NORTHFIELD	<5	WOODSTOCK	<5
NORTHUMBERLAND	<5		
NORTHWOOD	<5		TOTAL 428
NOTTINGHAM	<5		
OSSIPEE	<5		
PELHAM	<5		
PEMBROKE	<5		
PETERBOROUGH	5		
PITTSBURG	<5		
PITTSFIELD	<5		
PLYMOUTH	<5		
PORTSMOUTH	5		
RAYMOND	<5		
ROCHESTER	8		
RUMNEY	<5		
RYE	<5		
SALEM	<5		
SANBORNTON	<5		
SANDOWN	<5		
SANDWICH	<5		
SANDWICH, MA	<5		
SEABROOK	<5		
SOMERSWORTH	6		
STRAFFORD	<5		
SURRY	<5		
SUTTON	<5		
SWANZEY	<5		
TEMPLE	<5		
THORNTON	<5		
TILTON	<5		
TUFTONBORO	<5		
WAKEFIELD	<5		



## Certifying Medical Providers

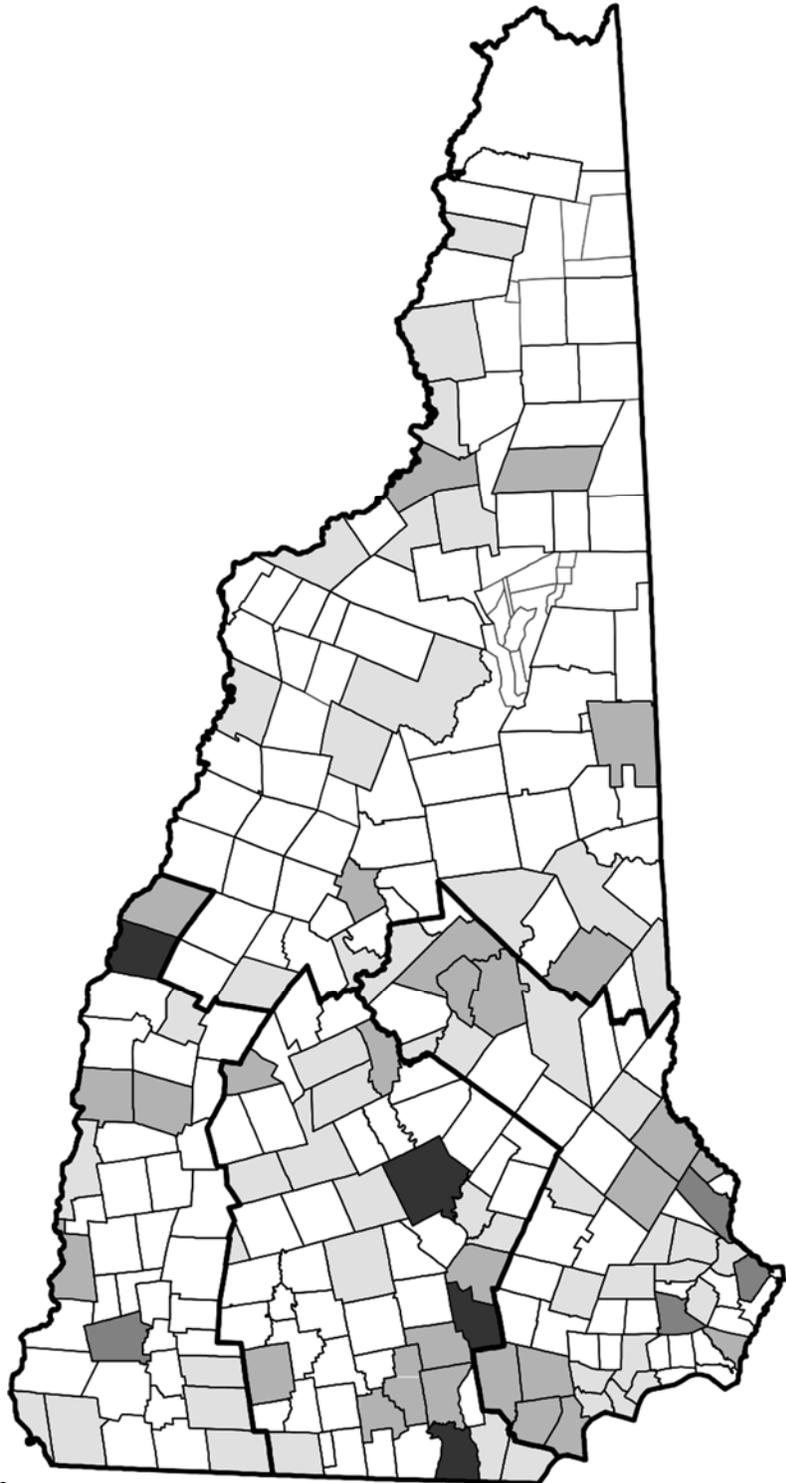
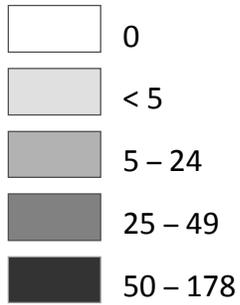
<u>Provider Type</u>	<u># of Providers</u>	<u># of Patients</u>
APRN	188	1970
Physician	747	4510
TOTAL	935	6480

## Provider Location by New Hampshire County

<u>County</u>	<u>Provider Type</u>	<u># of Providers</u>
Belknap	APRN	6
	Physician	25
	County TOTAL	31
Carroll	APRN	13
	Physician	17
	County TOTAL	30
Cheshire	APRN	8
	Physician	39
	County TOTAL	47
Coos	APRN	8
	Physician	11
	County TOTAL	19
Grafton	APRN	26
	Physician	132
	County TOTAL	158
Hillsborough	APRN	35
	Physician	163
	County TOTAL	198
Merrimack	APRN	31
	Physician	85
	County TOTAL	116
Rockingham	APRN	24
	Physician	118
	County TOTAL	142
Strafford	APRN	22
	Physician	56
	County TOTAL	78
Sullivan	APRN	5
	Physician	11
	County TOTAL	16
TOTAL		835

# Certifying Medical Providers

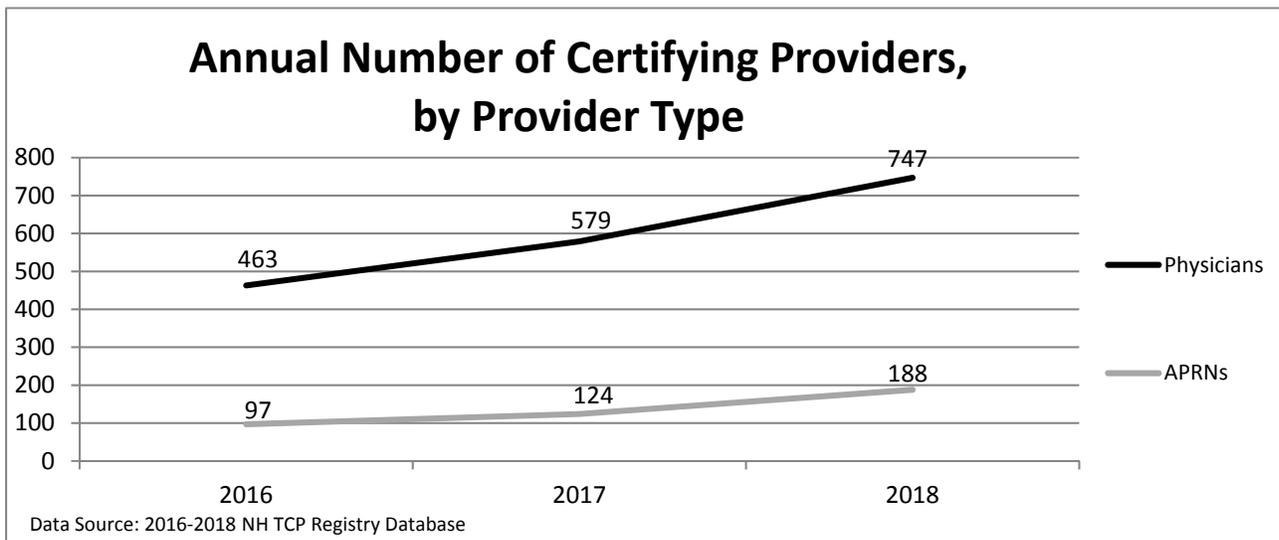
## Number of Providers, by NH City/Town



Data Source: 2018 NH TCP Registry Database

## Out-of-State Providers

State	Provider Type	# of Providers	
Mass	APRN	3	
	Physician	56	
	State TOTAL	59	
Maine	APRN	4	
	Physician	13	
	State TOTAL	17	
Vermont	APRN	3	
	Physician	21	
	State TOTAL	24	
		TOTAL	100



**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	1
Anesthesiology	7
Cardiac Electrophysiology	1
Child Neurology	1
Clinical Pathology	1
Emergency Medicine	2
Family Practice/Family Medicine	278
Gastroenterology	19
General Practice	4
General Surgery	3
Geriatric Medicine – FP	1
Gynecological Oncology	3
Gynecology	1
Head & Neck Surgery	1
Hematology	12
Hematology - Oncology	32
Infectious Disease	8
Internal Medicine	167
Maternal & Fetal Medicine	1
Medical Oncology	19
Musculoskeletal Oncology	1
Neurodevelopmental Disabilities – Neurology	4
Neurological Surgery	2
Neurology	48
Neuroradiology	1
Obstetrics & Gynecology	1
Occupational Medicine	1
Ophthalmology	6
Orthopedic Surgery	14
Otolaryngology	1
Pain Management	24
Pain Medicine	2
Palliative Medicine	4
Pediatric Emergency Medicine - PD	1
Pediatric Surgery - Neurological PCC	1
Pediatrics	12
Physical Medicine & Rehabilitation PS	4
Psychiatry	21
Radiation Oncology	4
Rheumatology	20
Sleep Medicine	1
Surgical Critical Care	1
Thoracic Surgery	1
Urology	8
Vascular Medicine	1

## Number of Patients per Provider

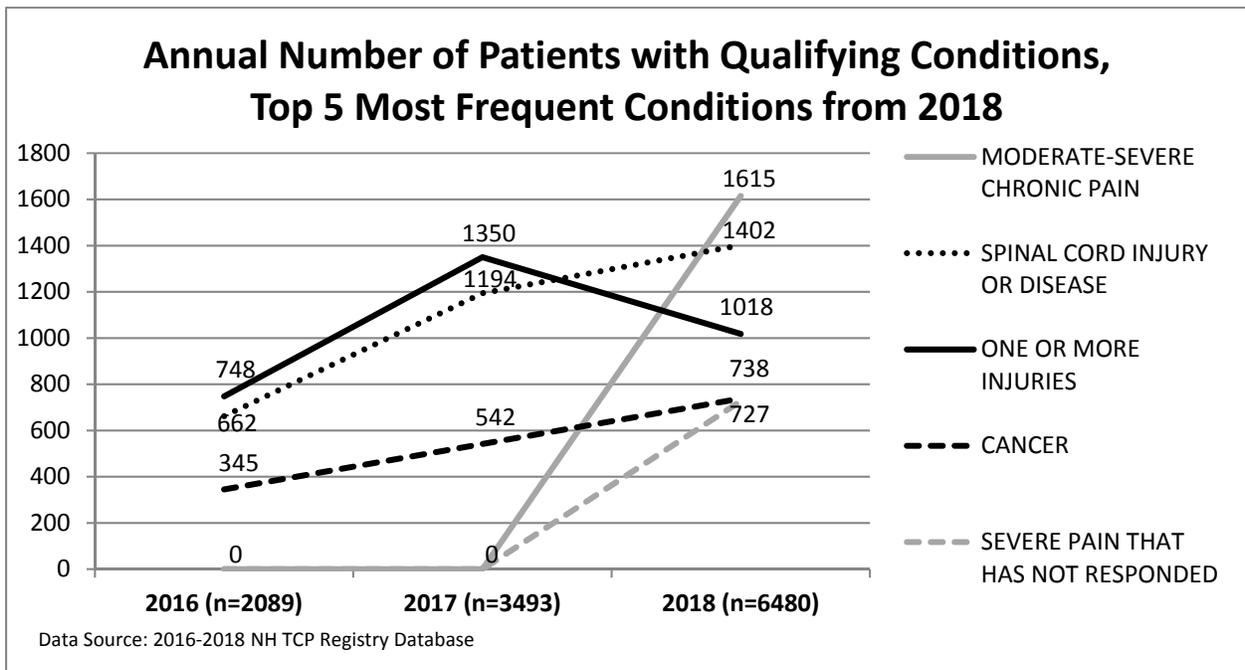
<u>Patients per Provider</u>	<u># of Providers</u>	<u>Patients per Provider</u>	<u># of Providers</u>
1	330	79	1
2	121	86	1
3	88	117	1
4	59	122	1
5	56	126	1
6	44	169	1
7	41	197	1
8	30	511	1
9	25		
10	14		
11	21		
12	10		
13	13		
14	8		
15	6		
16	4		
17	7		
18	4		
19	1		
20	2		
21	3		
22	4		
23	2		
24	1		
25	4		
26	2		
28	1		
29	1		
31	2		
32	5		
33	1		
34	4		
36	1		
40	1		
43	1		
45	2		
49	1		
53	1		
58	1		
61	1		
66	1		
67	1		
68	1		
77	1		

## Qualifying Medical Conditions

<u>Qualifying Medical Condition</u>	<u># of Patients</u>
ACQUIRED IMMUNE DEFICIENCY SYNDROME	23
ALZHEIMER'S DISEASE	16
AMYOTROPHIC LATERAL SCLEROSIS	15
CANCER	738
CHRONIC PANCREATITIS	64
CROHN'S DISEASE	148
EHLERS-DANLOS SYNDROME	41
EPILEPSY	159
GLAUCOMA	96
HEPATITIS C	40
LUPUS	65
MODERATE TO SEVERE POST-TRAUMATIC STRESS DISORDER	408
MODERATE TO SEVERE CHRONIC PAIN	1615
MULTIPLE SCLEROSIS	365
MUSCULAR DYSTROPHY	30
ONE OR MORE INJURIES OR CONDITIONS	1018
PARKINSON'S DISEASE	139
POSITIVE STATUS FOR HUMAN IMMUNODEFICIENCY VIRUS	20
SEVERE PAIN THAT HAS NOT RESPONDED TO TREATMENT	727
SPINAL CORD INJURY OR DISEASE	1402
TRAUMATIC BRAIN INJURY	182
ULCERATIVE COLITIS	69

## Symptoms/Side Effects

<u>Symptom/Side Effect</u>	<u># of Patients</u>
AGITATION OF ALZHEIMER'S DISEASE	18
CACHEXIA	235
CHEMOTHERAPY-INDUCED ANOREXIA	251
CONSTANT OR SEVERE NAUSEA	667
ELEVATED INTRAOCULAR PRESSURE	84
MODERATE TO SEVERE VOMITING	174
SEIZURES	205
SEVERE PAIN THAT HAS NOT RESPONDED TO TREATMENT	2148
SEVERE, PERSISTENT MUSCLE SPASMS	1481
WASTING SYNDROME	67



**Table 4.** Annual number of patients with most frequent qualifying medical conditions in 2018.

## Alternative Treatment Center Annual Reports Summary

### Qualifying Patients and Designated Caregivers Served

ATC	Patients and Caregivers Served
Prime ATC of New Hampshire	2,319
Sanctuary ATC	1,609
Temescal Wellness – Dover	1,577
Temescal Wellness – Lebanon	897

### Strains of Cannabis Dispensed

ATC	Strains of Cannabis Dispensed
Prime	33
Sanctuary	35
Temescal	19

### Forms of Prepared Cannabis Dispensed

ATC	Forms of Prepared Cannabis Dispensed
Prime	Cannabis Flower, Capsules, Decarboxylated Syringes, Edibles, Inhalable Concentrates, Lozenges, Pre-roll Joints, Tinctures, Topicals, Transdermal Patches, Vaporizer Cartridges
Sanctuary	Cannabis Flower, Capsules, Concentrate/Waxes, Edibles, Kief, Lozenges, Pre-roll joints, Salves/Oils, Suppositories, Tinctures, Transdermal Patches, Vaporizer Cartridges
Temescal	Bubble Hash, Cannabis Flower, Capsules, Cold Brew Concentrate, Edibles, Pre-rolled Joints, Rosin, Tinctures, Topicals, Transdermal Patches, Vaporizer Cartridges

## Effectiveness of Cannabis

ATC	Patients Providing Effectiveness Responses (% of Total Patients)	Effectiveness
Prime	Total Responses = 19,151 Total Products Dispensed = 71,872 % of Total Responses to Products Dispensed = 26.64%	0 = No Response, 52,721 (74.25%) 1 = Minimal Effectiveness, 382 (0.53%) 2 = Somewhat Effective, 327 (0.46%) 3 = Effective, 4,034 (5.68%) 4 = Good Effectiveness, 5,602 (7.89%) 5 = Very Effective, 8,806 (12.4%)
Sanctuary	248 (15%)	Positive: 98% Negative: 1% Mixed/Neutral: 1%
Temescal – Dover	135 (9%)	Positive: 82.22% Negative: 4.44% Mixed/Neutral: 13.33%
Temescal – Lebanon	76 (8%)	Positive: 81.57% Negative: 1.32% Mixed/Neutral: 17.11%

## Education Efforts for Qualifying Patients and Designated Caregivers

Education Methods	Education Topics
Prime <ul style="list-style-type: none"> <li>• Paper Hand-Outs</li> <li>• Patient Consultations (Initial and Ongoing)</li> <li>• Patient Education Handbook</li> <li>• Email Newsletters</li> <li>• Website and Social Media</li> <li>• Product Labeling</li> <li>• Patient Data Tracking</li> <li>• In-Store Education</li> <li>• Independent Support Group Education (outside of Prime ATC)</li> <li>• Support Group Education (inside of Prime ATC)</li> <li>• Third-Party Informational Sessions</li> <li>• New Patient Orientation</li> <li>• Complimentary Wellness Education</li> </ul>	Prime <ul style="list-style-type: none"> <li>• Dosage Instructions</li> <li>• Edible Recipe Instructions (baked goods, capsules, tinctures)</li> <li>• Strains of Cannabis</li> <li>• Routes of Administration (including onset and duration of effects)</li> <li>• Titration Process (finding optimal dosage)</li> <li>• Cannabinoids and Terpenes</li> <li>• Side Effects (and strategies to avoid or minimize adverse side effects)</li> <li>• Potential Drug Interactions</li> <li>• Cannabis Abuse Disorder (dependence)</li> <li>• Child Safety</li> <li>• Avoiding Operating a Vehicle or Heavy Machinery (if impairment occurs)</li> <li>• Alternative Complimentary Therapies</li> </ul>

Education Methods	Education Topics
<p>Sanctuary</p> <ul style="list-style-type: none"> <li>• Patient Outreach</li> <li>• Patient Consultations (initial &amp; ongoing)</li> <li>• Patient Handbook</li> <li>• Educational Literature</li> <li>• Email Newsletter</li> <li>• Website and social media</li> <li>• Patient Data Tracking</li> <li>• Product Labeling</li> <li>• Educational group classes for patients</li> </ul>	<p>Sanctuary</p> <ul style="list-style-type: none"> <li>• Strains of cannabis, routes of administration and potential effects, including onset and duration of effects</li> <li>• Cannabinoid and terpenoids</li> <li>• Dosing information for different routes of administration, with focus on optimal therapeutic dose</li> <li>• Cannabis preparation and use of ingestion equipment</li> <li>• Laws and responsible use</li> <li>• Side effects, and strategies to minimize adverse side effects</li> <li>• Cannabis use disorder information on tolerance, dependence, and withdrawal</li> <li>• Substance misuse signs and symptoms</li> <li>• Referral information to substance abuse treatment programs</li> <li>• Organic growing methods and product testing</li> <li>• Child safety tips</li> <li>• Safe transport and storage, with focus on preventing diversion</li> <li>• Program rules and laws</li> <li>• Preparation of cannabis infused products, including cooking classes on how to create edibles and make your own capsules</li> </ul>
<p>Temescal</p> <ul style="list-style-type: none"> <li>• Patient Outreach</li> <li>• Patient Consultations (initial &amp; ongoing)</li> <li>• Patient Educational Handbook</li> <li>• Email Newsletters</li> <li>• Website and Social Media</li> <li>• Patient Data Tracking</li> <li>• Product Labeling</li> <li>• In-Store Hand-outs</li> </ul>	<p>Temescal</p> <ul style="list-style-type: none"> <li>• What are cannabinoids? (Cannabis Science)</li> <li>• Introduction to terpenoids</li> <li>• Cannabis categories and classifications</li> <li>• Delivery methods (onset &amp; duration)</li> <li>• Proper dosing</li> <li>• Vaping vs. smoking</li> <li>• Product descriptions</li> <li>• References for clinical journal articles and pertinent organizations and sources</li> <li>• Patient strain and Product logs</li> <li>• Using cannabis safely</li> <li>• Potential side-effects</li> <li>• Information on addiction</li> <li>• Child safety tips</li> <li>• Preventing youth use</li> <li>• Laws and responsible use/storage</li> <li>• Substance misuse signs and symptoms</li> </ul>

## ATC Financial Report

ATC	Financial Report
Prime	Sales: \$4,231,603 Expenses: \$5,090,820 Liabilities: \$6,112,500 Monetary Reserves: \$21,000
Sanctuary	Total Sales: \$2,617,172 Total Expenditures: \$2,247,771 Total Liabilities: \$2,012,278 Monetary Reserve: \$675,026
Temescal	Revenue (Dover): \$2,195,454 Revenue (Lebanon): \$1,444,134 Expenditures: \$885,658 Total Liabilities: \$5,610,670 Reserve: \$505,799

## Patient Affordability Program

ATC	Affordability Program Elements	Patients Enrolled (% of Total Patients)	Total Discount
Prime	Financial Hardship (including SSI, SSDI, Medicaid, and Low Income), Veterans, and Seniors (65+)  All affordability programs are eligible for 10% discount on 2.5 ounces of cannabis or cannabis infused products (CIP) per month; and 10% discount on all other accessories and products	322 (14%) (all categories)	\$139,304 (minimum)
Sanctuary	<u>SSI/SSDI</u> : 35% discount on up to ¼ ounce of cannabis or CIP every 10 days. <u>Medicaid</u> : 30% discount on up to ¼ ounce of cannabis or CIP every 10 days. <u>Low Income</u> : 10%–20% discount on up to ¼ ounce of cannabis or CIP every 10 days, depending on income. <u>Veteran</u> : 10% discount on total purchase.	933 (57%) (all categories)	\$347,282
Temescal – Dover	<u>SSI/SSDI, Medicaid, Low Income</u> : 15% discount all purchases of cannabis or accessories. <u>Veteran</u> : 22% discount all purchases of cannabis or accessories.  These discounts can be used every visit, every day for qualifying patients.	SSI/SSDI: 675 (46%) Medicaid: 61 (4%) Low Income: 1 (.06%) Veterans: 135 (9%)	\$183,875
Temescal – Lebanon	Same as above.	SSI/SSDI: 392 (43%) Medicaid: 47 (5%) Low Income: 0 (0%) Veterans: 75 (8%)	\$111,306

### Reportable Incidents

ATC	Number of Reportable Incidents (Location)
Prime	0
Sanctuary	0
Temescal	1 (Dover Dispensary)

### Product Recalls and Cannabis Batches Destroyed

ATC	Product Recalls	Cannabis Batches Destroyed
Prime	0	0
Sanctuary	0	0
Temescal	0	0

### Complaints Received

ATC	Number of Complaints	Nature of Complaint
Prime	0	N/A
Sanctuary	0	N/A
Temescal	n/a	<ul style="list-style-type: none"> <li>Complaints persist regarding the reported difficulty and redundancy of the yearly renewal process for a Therapeutic Cannabis registry card, especially from those with chronic conditions or terminal illnesses.</li> <li>Patients continually ask why they cannot visit more than one ATC at one time.</li> <li>Pricing has been a common complaint since opening. Patients look at other legal markets and wonder why NH is so expensive.</li> </ul>

### ATC Recommendations for Program Improvement

ATC	Recommendations for Program Improvement
Prime	<ul style="list-style-type: none"> <li>Enable ATCs to advertise its services to the public through traditional means of advertising</li> <li>Continue to expand the list of qualifying conditions and symptoms</li> <li>Create public awareness campaigns for the program sponsored by the Division of Public Health Services</li> <li>Limit the number of labels needing to be affixed to each product to one label per bag of products being dispensed</li> </ul>
Sanctuary	<ul style="list-style-type: none"> <li>Implementation of new systematic process for faster patient application processing</li> <li>Adding a virtual gateway system for patients and medical providers to help streamline the process of registering</li> <li>Change the 2 oz per 10 day limit for patients that need higher doses</li> <li>Eliminate the non-profit requirement, which significantly constrains ATCs' cash flow, programmatic reinvestment, and overall financial management.</li> </ul>

<p>Temescal</p>	<ul style="list-style-type: none"> <li>• Streamline the patient application process, eliminating the all-paper process and requirement that applicants submit a photo on a CDROM.</li> <li>• Allow patients who live beyond a certain distance or travel time to obtain more than two ounces in a ten-day period.</li> <li>• 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, we 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 ATC's 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.</li> </ul>
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## Qualifying Patient Satisfaction Survey Results

1. Which ATC facility are you registered with?

	Responses	Participation Rate
Prime ATC - Merrimack	361	15.5%
Sanctuary ATC - Plymouth	155	9.65%
Temescal Wellness – Dover	135	8.5%
Temescal Wellness – Lebanon	76	8.5%
<b>Total</b>	<b>727</b>	<b>11.3%</b>

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)
201 (27.65%)	179 (24.62%)	217 (29.85%)	95 (13.07%)	35 (4.81%)

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)
329 (45.25%)	231 (31.77%)	128 (17.61%)	28 (3.85%)	11 (1.51%)

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

1 (Sufficient)	2	3	4	5 (Not Sufficient)
356 (48.97%)	168 (23.11%)	136 (18.71%)	43 (5.91%)	24 (3.30%)

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

1 (Excellent)	2	3	4	5 (Very Poor)
664 (91.33%)	43 (5.91%)	13 (1.79%)	5 (0.69%)	2 (0.28%)

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)
569 (78.27%)	107 (14.72%)	35 (4.81%)	10 (1.38%)	6 (0.83%)

7. How knowledgeable is the staff at the ATC?

1 (Very Knowledgeable)	2	3	4	5 (Not Knowledgeable)
598 (82.26%)	91 (12.52%)	28 (3.85%)	8 (1.10%)	2 (0.28%)

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)
440 (60.52%)	173 (23.80%)	90 (12.38%)	13 (1.79%)	11 (1.51%)

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
115 (16.04%)	196 (27.34%)	295 (41.14%)	111 (15.48%)

\*717 respondents; 11.2% participation rate

10. How would you rate the ATC overall?

1 (Excellent)	2	3	4	5 (Not Good)
514 (70.70%)	160 (22.01%)	42 (5.78%)	6 (0.83%)	5 (0.69%)

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

1 (Yes)	2 (No)
713 (98.07%)	14 (1.93%)

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

Area of Improvement	Patients Commenting on Area of Improvement
Cost of product	613 (86.95%)
Hours of operation	140 (19.86%)
Strain availability	202 (28.65%)
Product availability	224 (31.77%)
Program registration process	167 (23.69%)
Dispensary locations	311 (44.11%)
Qualifying medical conditions	149 (21.13%)
Public education	225 (31.91%)
Dispensary staff knowledge	36 (5.11%)
Other issues	57 (8.09%)

**Addendum**  
**Alternative Treatment Center Expansion Reports**  
**(SB 388, Laws of 2018)**

Region 3 – Sullivan and Cheshire Counties  
Region 4 – Carroll, Coos, and Grafton Counties

NH Department of Health and Human Services  
 Division of Public Health Services – Therapeutic Cannabis Program  
 Region 3 ATC Expansion – Dispensary Location Analysis

Introduction

This analysis supports the Therapeutic Cannabis Program’s (TCP) patient needs assessment required by [NH Senate Bill 388 \(Laws of 2018\)](#) 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 3. Temescal operates its regional ATC in Lebanon, NH in Grafton County. All results in this analysis are relative to TCP patients as of June 30, 2018.

Current State

Region 3 is comprised of two western New Hampshire counties (Sullivan and Cheshire), and the towns of Hanover and Lebanon in Grafton County; the region is more rural than NH as a whole. There are 781 registered qualifying patients residing in 53 municipalities in this region. There are 627 patients in Region 3 (80% of the regional TCP population) who have designated Temescal Wellness–Lebanon as their ATC for dispensing therapeutic cannabis.

Based on the Department’s analysis, 198 (32%) Temescal patients from Region 3 (n=627) experience a *travel burden*:

- 188 (30%) patients experience a *significant travel burden*, defined as *both* more than 50 miles in travel distance *and* more than 1 hour in travel time *each way* to Lebanon; and
- 10 (2%) patients experience a *limited travel burden*, defined as *either* more than 50 miles in travel distance *or* more than 1 hour in travel time *each way* to Lebanon.

SB 388 authorizes the Department to allow a second dispensary location (satellite dispensary) to be established in Region 3. 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 3 (Keene, Jaffrey, Charlestown, and Claremont). 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 Lebanon, and then to the proposed satellite location (using town centers rather than individual addresses), and then estimating changes in patient travel burden with the addition of a satellite dispensary.

Results

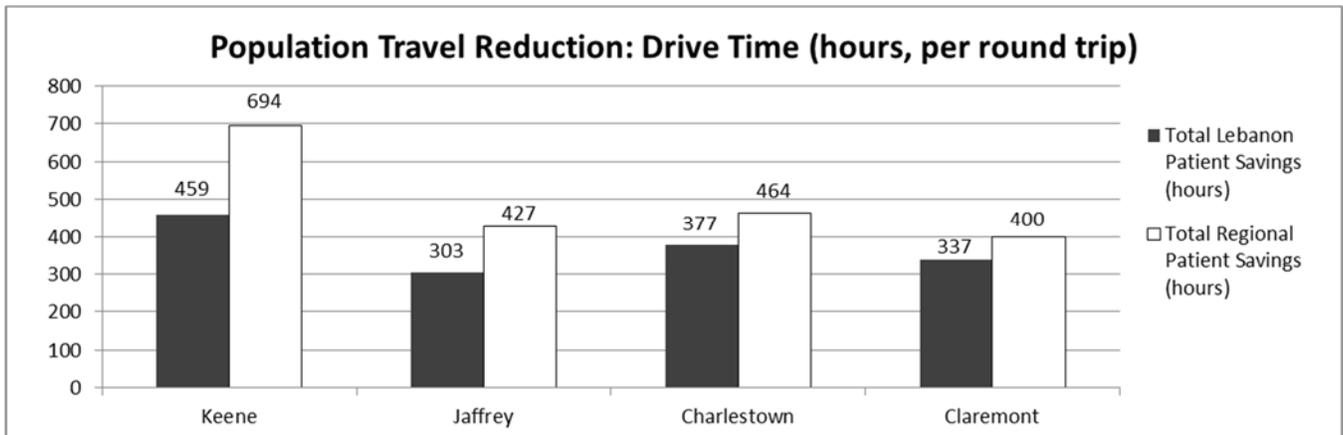
Table 1 estimates the relative effectiveness of each satellite location on relieving patient travel burden.

Satellite Location	Patients not experiencing a travel burden	Patients <i>still experiencing a significant travel burden</i>	Patients <i>still experiencing a limited travel burden</i>
Keene	100% (627)	0% (0)	0% (0)
Jaffrey	100% (627)	0% (0)	0% (0)
Charlestown	99.5% (624)	0% (0)	0.5% (3)
Claremont	88% (552)	3% (18)	9% (57)

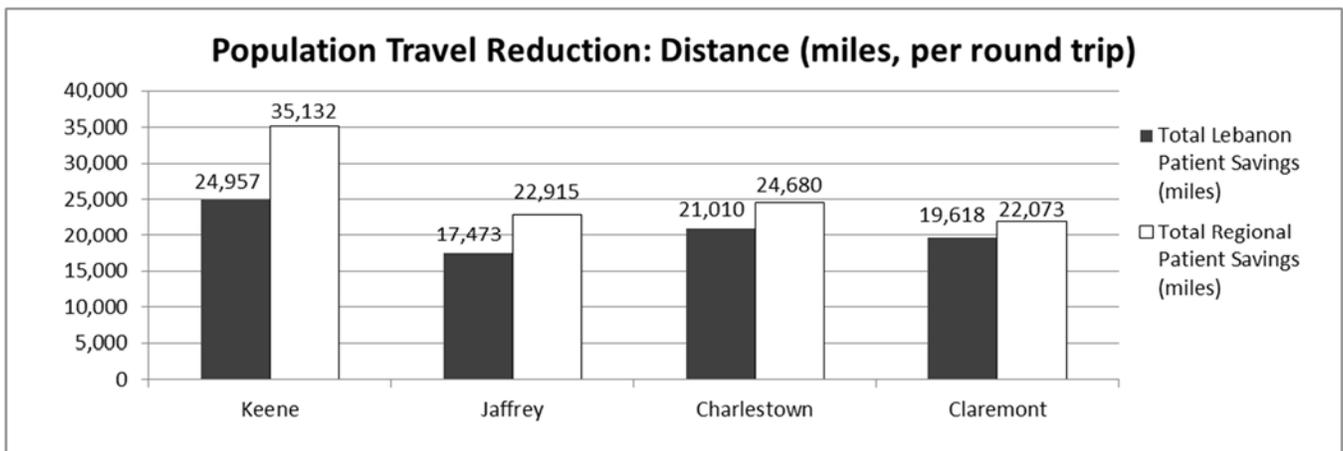
**Table 1:** Impact estimates of satellite locations on the travel burden for Temescal patients from Region 3 (n=627).

Results (continued)

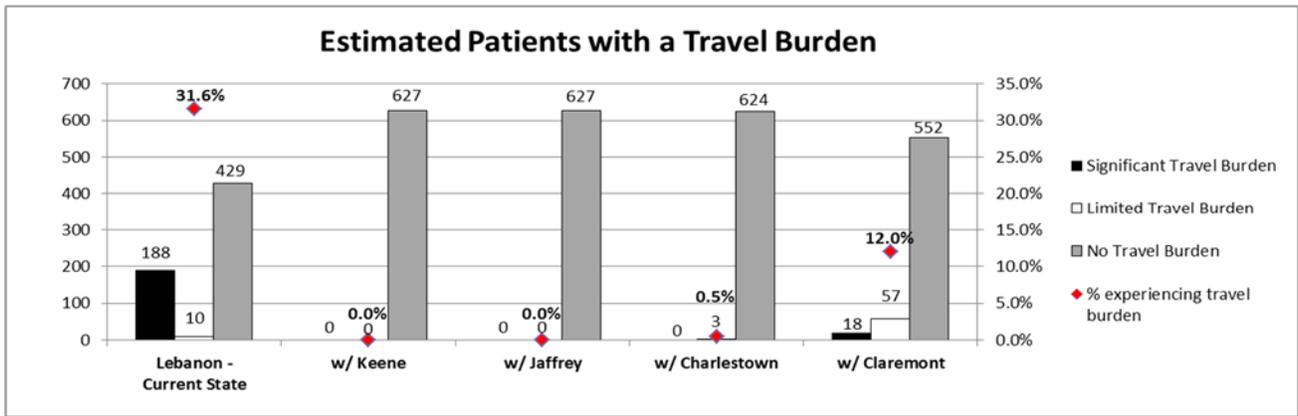
- Keene and Jaffrey have the greatest potential to relieve the travel burden of TCP patients living in Region 3.
- The **Keene location has the potential to deliver the greatest total savings to patients living in Region 3**, by reducing the time travelled (Figure 1) and miles driven (Figure 2) to access their designated ATC.
  - Additional savings are gained by Region 3 patients in southern Cheshire County who currently utilize the ATC in Region 2, located in Merrimack, but who would likely switch to Keene to reduce their travel burden.
- If the analysis removes the assumption that patients will switch from Merrimack, both the **Keene and Jaffrey locations offer the potential to completely eliminate the travel burden for Region 3 Temescal patients** (time travelled and miles driven) (Figure 3).



**Figure 1:** Reductions in per-trip patient drive time associated with each satellite location. Grey bar shows savings for Region 3 patients registered with Temescal. White bar shows savings for all Region 3 patients registered with Temescal-Lebanon or with other ATCs outside Region 3.

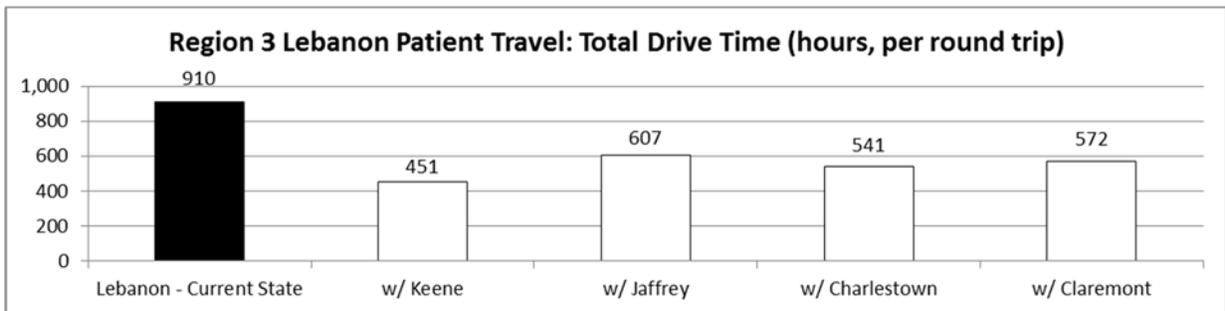


**Figure 2:** Reductions in per-trip patient miles driven associated with each satellite location. Grey bar shows savings for Region 3 patients registered with Temescal. White bar shows savings for all Region 3 patients registered with Temescal-Lebanon or with other ATCs outside Region 3.

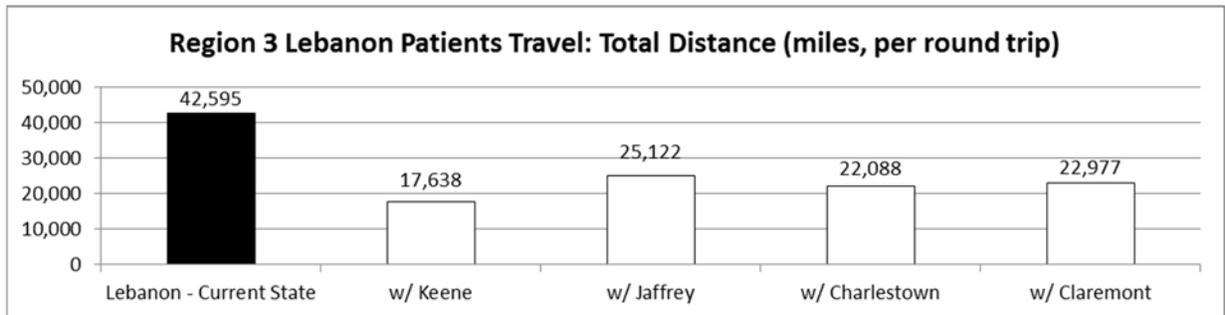


**Figure 3:** Region 3 Temescal patients experiencing a travel burden to Lebanon, and changes realized with the addition of the satellite location.

This analysis also used geographic data to estimate the **current travel burden** in hours and distance travelled *per round trip* by the Region 3 Temescal patient population, and compared it to the **future state travel burden** associated with the addition of each of the satellite locations (Figures 4 and 5). **Keene results in the fewest hours and miles driven** by the Region 3 patient population currently utilizing Temescal-Lebanon.



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



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

Additional Considerations

Locating a satellite dispensary in Cheshire County will potentially cause up to 141 patients who reside in Region 3, but who currently utilize the ATC in Region 2, to switch to a Keene or Jaffrey location because of the reduction in travel burden. Additionally, because of Keene and Jaffrey’s proximity to several towns in western Hillsborough County, this could result in an additional 100 or more patients from Region 2 designating the Cheshire Region 3 ATC for dispensing therapeutic cannabis. Combined, DHHS estimates that 250 patients could switch out of Region 2; and potentially even more could switch if the satellite dispensary were to be located in Jaffrey.

Additionally, among patients who responded to program satisfaction surveys, nearly 38% indicated that Increased Dispensary Locations was an area where they wanted to see improvement; it was second only to Cost of Product as an area for improvement, and unlike most other response options, this has been increasing since 2016.

NH Department of Health and Human Services  
 Division of Public Health Services – Therapeutic Cannabis Program  
 Region 4 ATC Expansion – Dispensary Location Analysis

Introduction

This analysis supports the Therapeutic Cannabis Program’s (TCP) patient needs assessment required by [NH Senate Bill 388 \(Laws of 2018\)](#) for the approval of a second dispensary location to be operated by Sanctuary ATC, the licensed alternative treatment center (ATC) serving qualifying patients in NH TCP Region 4. Sanctuary operates its regional ATC in Plymouth, NH in Grafton County. All results in this analysis are relative to TCP patients as of June 30, 2018.

Current State

Region 4 is comprised of the three northern New Hampshire counties (Carroll, Coos, and Grafton counties) and is more rural than NH as a whole. There are 1,122 registered qualifying patients residing in 100 municipalities in this region. There are 773 patients in Region 4 (69% of the regional TCP population) who have designated Sanctuary ATC as their ATC for dispensing therapeutic cannabis.

Based on the Department’s analysis, 373 (48%) Sanctuary patients from Region 4 (n=773) experience a *travel burden*:

- 287 (37%) patients experience a *significant travel burden*, defined as *both* more than 50 miles in travel distance *and* more than 1 hour in travel time *each way* to Plymouth; and
- 86 (11%) patients experience a *limited travel burden*, defined as *either* more than 50 miles in travel distance *or* more than 1 hour in travel time *each way* to Plymouth.

SB 388 authorizes the Department to allow a second dispensary location (satellite dispensary) to be established in Region 4. 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 4 (Berlin, North Conway, Littleton, and Colebrook). 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 Plymouth, and then to the proposed satellite location (using town centers rather than individual addresses), and then estimating changes in patient travel burden with the addition of a satellite dispensary.

Results

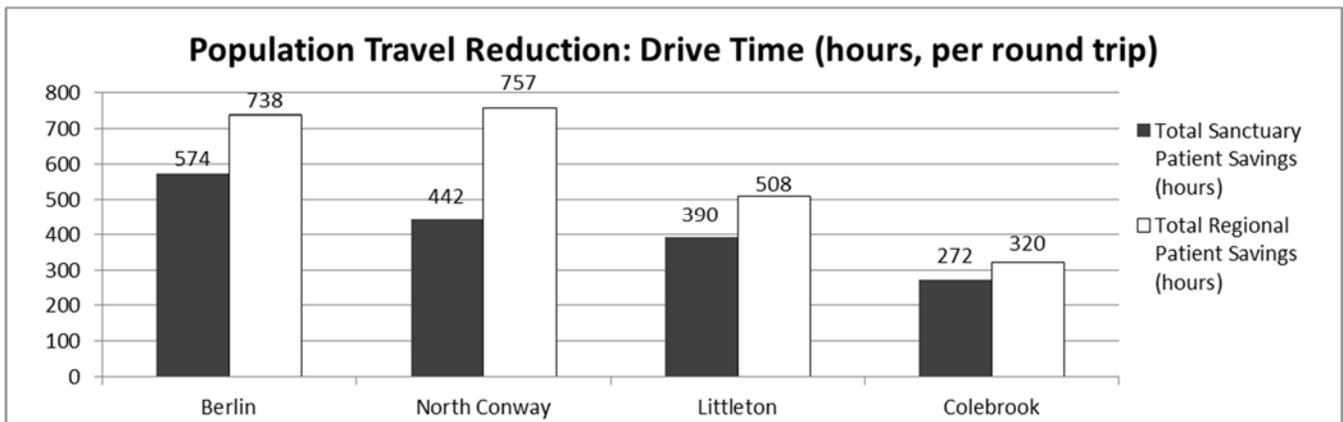
Table 1 estimates the relative effectiveness of each satellite location on relieving patient travel burden.

<b>Satellite Location</b>	<b>Patients not experiencing a travel burden</b>	<b>Patients <i>still experiencing</i> a significant travel burden</b>	<b>Patients <i>still experiencing</i> a limited travel burden</b>
Berlin	85% (658)	4% (32)	11% (83)
North Conway	84% (648)	11% (85)	5% (40)
Littleton	78% (602)	5% (39)	17% (132)
Colebrook	65% (501)	24% (184)	11% (88)

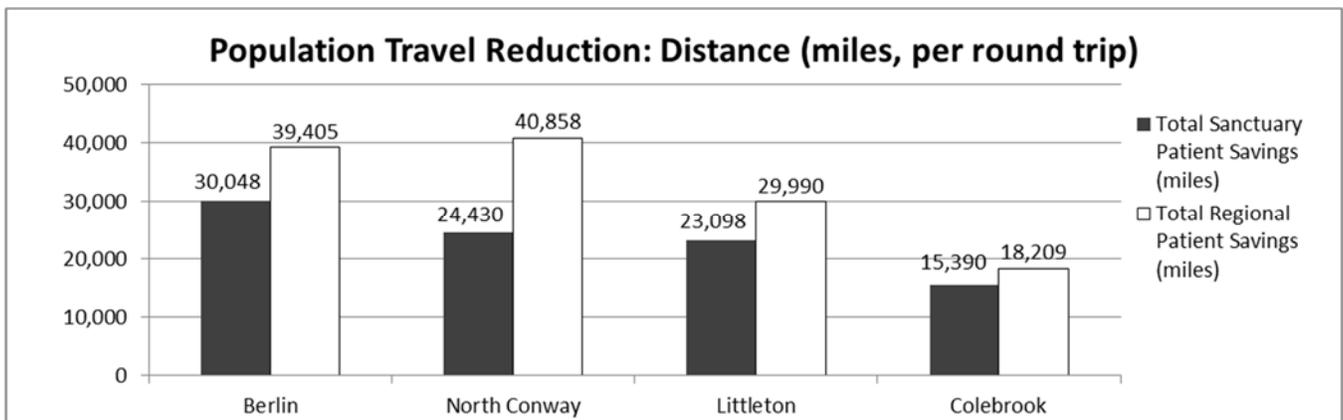
**Table 1:** Impact estimates of satellite locations on the travel burden for Sanctuary patients from Region 4 (n=773).

Results (continued)

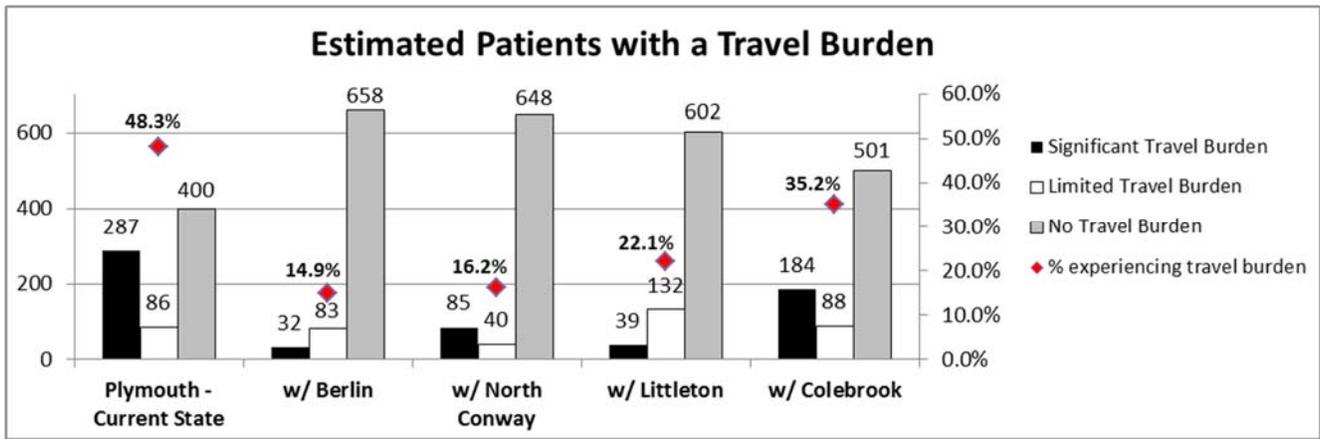
- Berlin and North Conway have the greatest potential to relieve the travel burden of TCP patients living in Region 4.
- The **North Conway location has the potential to deliver the greatest total savings to patients living in Region 4**, by reducing the time travelled (Figure 1) and miles driven (Figure 2) to access their designated ATC.
  - Additional savings are gained by Region 4 patients in Carroll County who currently utilize the ATC in Region 1, located in Dover, but who would likely switch to North Conway to reduce their travel burden.
  - There are Region 4 patients in Grafton and Coos counties who currently utilize the ATC in Region 3, located in Lebanon, who would also likely switch to a new location in Littleton, Berlin, or Colebrook; but there are fewer patients in this area, and they contribute less toward the potential total savings.
- If the analysis removes the assumption that patients will switch from Dover and Lebanon, **the Berlin location offers Region 4 Sanctuary 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 4 patients registered with Sanctuary. White bar shows savings for all Region 4 patients registered with Sanctuary or with other ATCs outside Region 4.

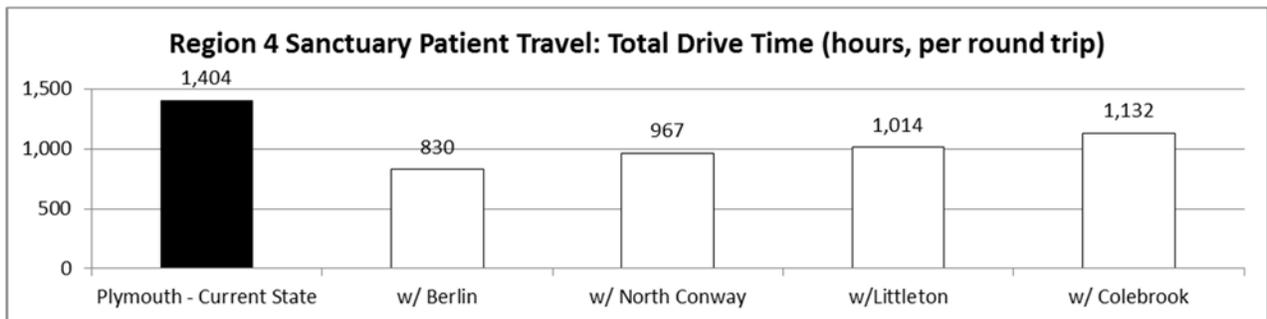


**Figure 2:** Reductions in per-trip patient miles driven associated with each satellite location. Grey bar shows savings for Region 4 patients registered with Sanctuary. White bar shows savings for all Region 4 patients registered with Sanctuary or with other ATCs outside Region 4.

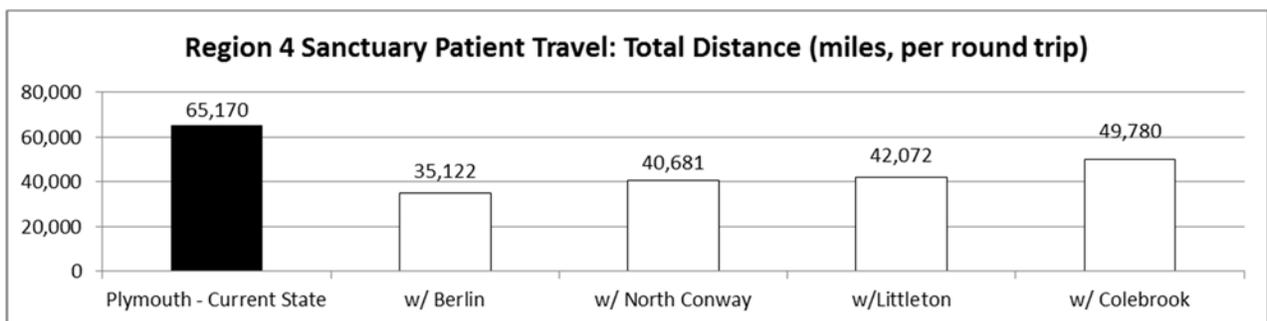


**Figure 3:** Region 4 Sanctuary patients experiencing a travel burden to Plymouth, and changes realized with the addition of the satellite location.

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



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



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

### Additional Considerations

All satellite location options considered in this analysis offer significant improvement for Region 4 patients in relieving travel burden. None of the locations, however, completely relieves the travel burden for all patients in the region (see Table 1). This suggests that a total of 2 viable dispensary locations in Region 4 may not be sufficient to effectively meet the needs of the regional qualifying patient population. When this analysis is replicated for other TCP regions, there is 100% relief of the travel burden with the addition of a single satellite location.

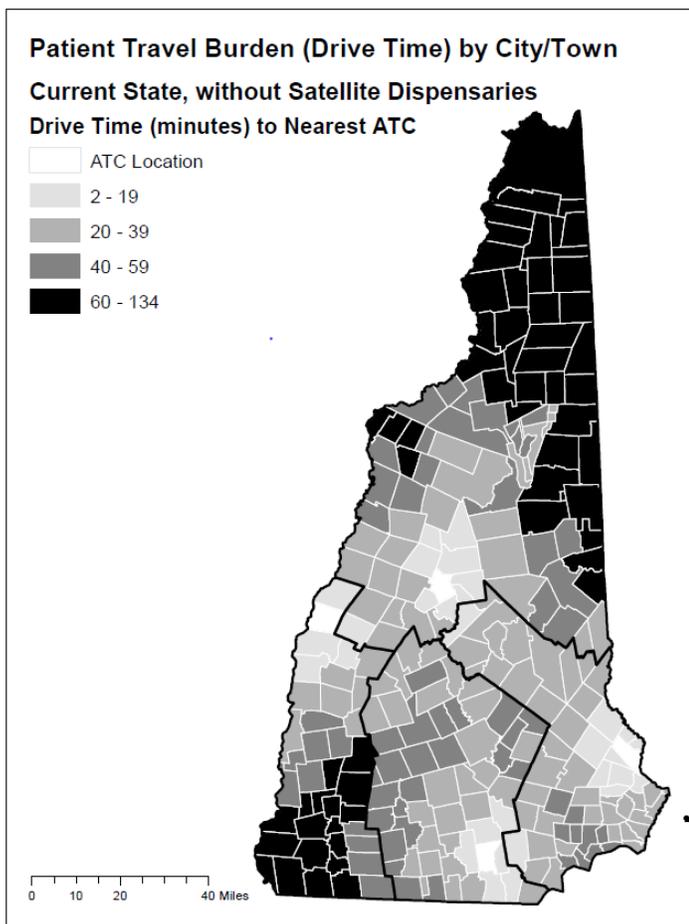
Additionally, among patients who responded to program satisfaction surveys, nearly 38% indicated that Increased Dispensary Locations was an area where they wanted to see improvement; it was second only to Cost of Product as an area for improvement, and unlike most other response options, this has been increasing since 2016.

## ATC Expansion

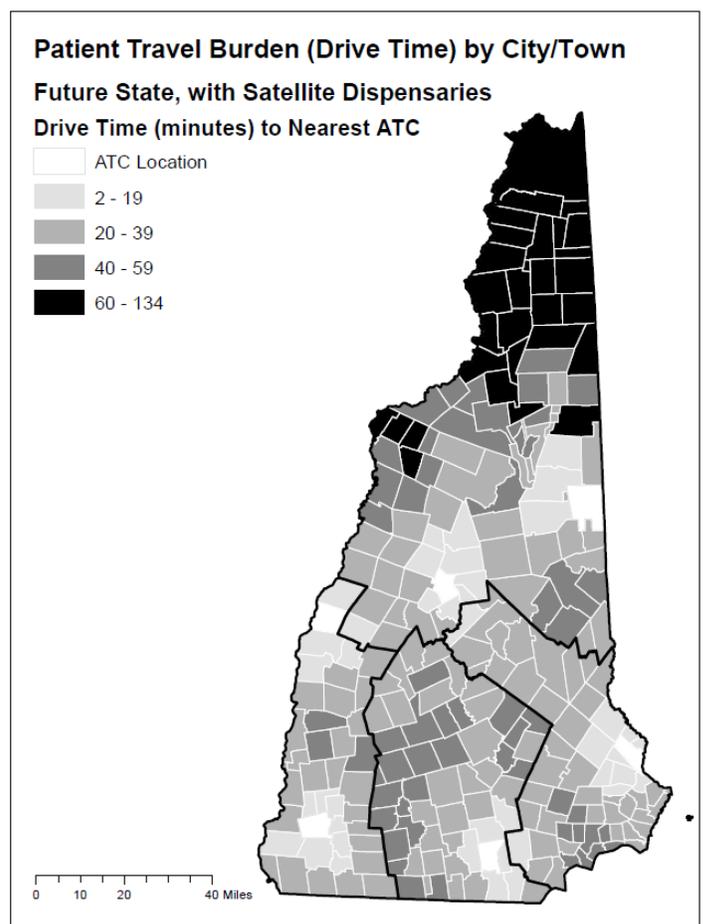
### Current State vs. Future State Comparison

A satellite dispensary located in the towns of Keene (Region 3) and North Conway (Region 4) will potentially result in the following improvements for patient access to an alternative treatment center for dispensing of therapeutic cannabis:

- Travel burden (as defined in the reports above) is completely eliminated in Region 3.
- Travel burden (as defined in the reports above) is significantly relieved, but not eliminated, in Region 4.
- Drive time reduction, per round trip, for Region 3 Temescal patients is 459 hours, and for Region 4 Sanctuary patients is 437 hours, with a combined reduction of 896 hours in both regions.
- Mileage reduction, per round trip, for Region 3 Temescal patients is 17,473 miles, and for Region 4 Sanctuary patients is 24,489 miles, with a combined reduction of 41,962 miles in both regions.



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



**Map 2:** Future-state drive time from town/city to nearest dispensary (with satellite dispensaries in Keene and North Conway). Black indicates travel burden.