

APPENDIX II-C

RULEMAKING NOTICE FORM

Notice Number _____	Rule Number _____	He-C 401 various
1. Agency Name & Address: Department of Health & Human Services Division of Public Health Services Therapeutic Cannabis Program 29 Hazen Drive Concord, NH 03301	2. RSA Authority: RSA 126-X:6, I 3. Federal Authority: _____ 4. Type of Action: Adoption _____ Repeal _____ Readoption _____ Readoption w/amendment X	
5. Short Title: Therapeutic Cannabis Program- Registry Rules		

6. (a) Summary of what the rule says and of any proposed amendments:

He-C 401 describes the requirements for the Therapeutic Cannabis Program registry, including the application process for qualifying patients and designated caregivers to obtain a registry ID card and the requirements for certifying medical providers.

The Department of Health and Human Services (Department) is proposing to readopt with amendment rules He-C 401.02, He-C 401.04 through He-C 401.13, and He-C 401.15 in He-C 401 to align with statutory changes from the 2021 legislative session, specifically HB 89 (Chapter 46 of the Laws of 2021), HB 163 (Chapter 47 of the Laws of 2021), HB 605 (Chapter 193 of the Laws of 2021), and SB 162 (Chapter 122 of the Laws of 2021), and statutory changes from the 2022 legislative session, specifically HB 1661 (Chapter 272 of the Laws of 2022). Other proposed changes are intended to improve program integrity, efficiency, and to align with current practice.

The proposed changes to He-C 401 include:

- **Updating various definitions to align with statutory changes (HB 89, HB 162, HB 163, HB 605, 2021 session);**
- **Adding qualifying medical conditions: insomnia and autism spectrum disorder (HB 89, 2021 session) and opioid use disorder (HB 605, 2021 session);**
- **Updating various form requirements to align with statutory changes and to promote ease of use;**
- **Removing requirements for designated caregivers to undergo a state and federal criminal background check and adding the requirement for designated caregivers to provide an attestation of no felony conviction (HB 1661, 2022 session);**
- **Adding requirements for providers to provide counseling to women of child-bearing age about the risks of cannabis use during pregnancy and while breastfeeding, to adolescents about the risks of cannabis use in adolescence, and to these patients' parents if the patients are minors (HB 163, 2021 session);**

- Adding allowance for providers to issue a written certification for a duration of up to 3 years, and adding requirements for extending a written certification for up to 3 years if previously issued for a shorter duration (SB 162, 2021 session); and
- Removing various requirements related to patients needing to designate or register with one alternative treatment center (ATC) at a time, and adds the penalty of card revocation if a patient obtains more than 2 ounces of cannabis in any 10-day period (SB 162, 2021 session).

6. (b) Brief description of the groups affected:

These rules affect patients and their designated caregivers who qualify for the therapeutic use of cannabis. The rules also affect licensed medical providers, including physicians, physician assistants, and advanced practice registered nurses, who certify patients for the Therapeutic Cannabis Program.

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

RULE	STATUTE
He-C 401.02	RSA 126-X:1
He-C 401.04	RSA 126-X:4, I
He-C 401.04(a)(6)n.	RSA 126-X:4, VI
He-C 401.04(a)(8)	RSA 126-X:4, I(h); RSA 126-X:3, VI; RSA 318-B:26, IX-a
He-C 401.04(b)(3)	RSA 126-X:1, X
He-C 401.05	RSA 126-X:4, II
He-C 401.05(a)(3)	RSA 126-X:1, VI(b)
He-C 401.05(a)(4)l.	RSA 126-X:4, VI
He-C 401.05(a)(7)	RSA 126-X:4, II(f); RSA 126-X:3, VI; RSA 318-B:26, IX-a
He-C 401.06	RSA 126-X:1, VII(a), VIII, XVII
He-C 401.06(b)(4)a.	RSA 310-A:1-g
He-C 401.06(b)(5)b.	RSA 126-X:4, V(b)
He-C 401.06(e)	RSA 126-X:8, XVIII
He-C 401.06(f) & (g)	RSA 126-X:4, IX(b)
He-C 401.07	RSA 126-X:1, XVII
He-C 401.07(b)(5)b.	RSA 126-X:4, V(b)
He-C 401.07(b)(7)	RSA 126-X:4, IV
He-C 401.08	RSA 126-X:4, I, II, II-a, and V
He-C 401.08(c)(10)	RSA 126-X:4, II(f); RSA 126-X:3, VI; RSA 318-B:26, IX-a
He-C 401.09	RSA 126-X:4, I, II, and II-a
He-C 401.09(c)(9)	RSA 126-X:4, II(f); RSA 126-X:3, VI; RSA 318-B:26, IX-a
He-C 401.10	RSA 126-X:4, I-IV
He-C 401.11	RSA 126-X:4, I-IV
He-C 401.11(d)(2)	RSA 126-X:4, IX(b)
He-C 401.12	RSA 126-X:4, III; RSA 126-X:3, VI-VII; RSA 126-X:6, I(c)
He-C 401.13	RSA 126-X:4, IX
He-C 401.13(f)	RSA 126-X:4, XII; RSA 126-X:2, XIV(b)-(c)
He-C 401.15	RSA 126-X:4, XI; RSA 126-X:10, VI
He-C 401.15(b)(5)	RSA 126-X:4, VII(a)(2)
He-C 401.15(b)(6)	RSA 126-X:10

7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: **Allyson Raadmae** Title: **Administrator- Administrative Rules Unit**
Address: **Dept. of Health and Human Services** Phone #: **(603) 271-9604**
Administrative Rules Unit Fax#: **(603) 271-5590**
129 Pleasant Street, 2nd Floor E-mail: **Allyson.E.Raadmae@dhhs.nh.gov**
Concord, NH 03301

TTY/TDD Access: Relay NH 1-800-735-2964
or dial 711 (in NH)

The proposed rules may be viewed and downloaded at:
<https://www.dhhs.nh.gov/doing-business-dhhs/legal-services/administrative-rules/nh-administrative-rules-public-comment>

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **Thursday, December 1, 2022**

Fax E-mail Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Tuesday, November 22, 2022 at 12:00pm**
Place: **[DHHS Brown Bldg., Auditorium, 129 Pleasant St., Concord, NH](#)**

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant)

FIS # 22:193, dated October 12, 2022

1. Comparison of the costs of the proposed rule(s) to the existing rule(s):

There is no difference in cost between the proposed rules and the existing rules.

2. Cite the Federal mandate. Identify the impact on state funds:

No federal mandate, no impact on state funds.

3. Cost and benefits of the proposed rule(s):

Any difference in cost is attributable to RSA 126-X, relative to the therapeutic cannabis program. The Department of Health and Human Services notes that the proposed rule changes are being made to align with the following bills passed in the 2021 and 2022 legislative sessions: HB 89 (Chapter 46, Laws of 2021), HB 163 (Chapter 47, Laws of 2021), HB 605 (Chapter 193, Laws of 2021), SB 162 (Chapter 122, Laws of 2021), and HB 1661 (Chapter 272, Laws of 2021).

A. To State general or State special funds:

None.

B. To State citizens and political subdivisions:

None.

- C. **To independently owned businesses:**
None.

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

The proposed rules modify an existing program or responsibility, but do not mandate any fees, duties or expenditures on the political subdivisions of the state, and therefore do not violate Part I, Article 28-a of the N.H. Constitution.

CHAPTER He-C 400 THERAPEUTIC CANNABIS PROGRAM

PART He-C 401 THERAPEUTIC CANNABIS PROGRAM – REGISTRY RULES

Statutory Authority: RSA 126-X:6, I

Readopt with amendment He-C 401.02, effective 7-1-21 (Document #13220), to read as follows:

He-C 401.02 Definitions.

(a) “Alternative treatment center (ATC)” means “alternative treatment center” as defined in RSA 126-X:1, I, namely, “a not-for-profit entity registered under RSA 126-X:7 that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, sells, supplies, and dispenses cannabis, and related supplies and educational materials, to qualifying patients and alternative treatment centers.”

(b) “Cannabis” means “cannabis” as defined in RSA 126-X:1, III, namely, “all parts of any plant of the Cannabis genus of plants, whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, salt, derivative, mixture, or preparation of such plant, its seeds, or resin. Such term shall not include the mature stalks of such plants, fiber produced from such stalks, oil, or cake made from the seeds of such plants, any other compound, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil or cake, or the sterilized seeds of such plants which are incapable of germination. In this chapter, cannabis shall not include hemp grown, processed, marketed, or sold under RSA 439-A.”

(c) “Cannabis concentrate” means any form of cannabinoid extracted from usable cannabis plant material using an extraction method, such as water, food, carbon dioxide, alcohol, or other solvent as allowed by He-C 402.16(j)(1)c.

(d) “Commissioner” means the commissioner of the New Hampshire department of health and human services, or designee.

(e) “Department” means the New Hampshire department of health and human services.

(f) “Diversion” means the obtaining or transferring of cannabis from a legal possession or use to an illegal use or to a person not authorized to use or obtain cannabis under RSA 126-X or He-C 401.

(g) “Designated caregiver” means “designated caregiver” as defined in RSA 126-X:1, VI, namely, “an individual who:

(a) Is at least 21 years of age;

(b) Has agreed to assist with one or more (not to exceed 5) qualifying patient’s therapeutic use of cannabis, except if the qualifying patient and designated caregiver each live greater than 50 miles from the nearest alternative treatment center, in which case the designated caregiver may assist with the therapeutic use of cannabis for up to 9 qualifying patients;

(c) Has never been convicted of a felony or any felony drug-related offense; and

(d) Possesses a valid registry identification card issued pursuant to RSA 126-X:4.”

This term includes “caregiver.”

(h) “Minor” means an individual who is under 18 years of age.

(i) “Provider” means “provider” as defined in RSA 126-X:1, VII(a), namely:

“(1) A physician licensed to prescribe drugs to humans under RSA 329 and who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances;

(2) An advanced practice registered nurse licensed pursuant to RSA 326-B:18 and who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances;

(3) A physician or advanced practice registered nurse licensed to prescribe drugs to humans under the relevant state licensing laws in Maine, Massachusetts, or Vermont and who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances and who is primarily responsible for the patient’s care related to his or her qualifying medical condition; or

(4) A physician assistant licensed pursuant to RSA 328-D and who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances, with the express consent of the supervising physician.”

(j) “Provider-patient relationship” means “provider-patient relationship” as defined in RSA 126-X:1, VIII, namely, “a medical relationship between a licensed provider and a patient that includes an in-person exam, a history, a diagnosis, and a treatment plan appropriate for the licensee’s medical specialty.”

(k) “Qualifying medical condition” means:

(1) “Qualifying medical condition” as defined in RSA 126-X:1, IX(a), namely, “the presence of:

(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 subparagraph (2); and

(2) A severely debilitating or terminal medical condition or its treatment that has produced at least one of the following: elevated intraocular pressure, cachexia, chemotherapy-induced anorexia, wasting syndrome, agitation of Alzheimer’s disease, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, constant or severe nausea, moderate to severe vomiting, seizures, ~~or~~ severe, persistent muscle spasms, or moderate to severe insomnia;” or

(2) “Qualifying medical condition” as defined in RSA 126-X:1, IX(b), namely:

“(1) Moderate to severe chronic pain.

(2) Severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects.

(3) Moderate or severe post-traumatic stress disorder.²

(4) Autism spectrum disorder in adults 21 years of age or older.

(5) Autism spectrum disorder in people under 21 years of age with the requirement of a consultation with a certified provider of child and/or adolescent psychiatry, developmental pediatrics, or pediatric neurology, who confirms that the autism spectrum disorder has not responded to previously prescribed medication or for which other treatment options produced serious side effects and who supports certification for the use of therapeutic cannabis.

(6) Opioid use disorder, with the following restrictions:

(A) When certified only by a board certified addiction medicine or addiction psychiatry provider who is actively treating the patient for opioid use disorder; and

(B) With associated symptoms of cravings and/or withdrawal.”

(l) “Qualifying patient” means “qualifying patient” as defined in RSA 126-X:1, X, namely “a resident of New Hampshire who has been diagnosed by a provider as having a qualifying medical condition and who possesses a valid registry identification card issued pursuant to RSA 126-X:4.” This term includes “patient.”

(m) “Registry identification card” means “registry identification card” as defined in RSA 126-X:1, XI, namely, “a document indicating the date issued, effective date, and expiration date by the department pursuant to RSA 126-X:4 that identifies an individual as a qualifying patient or a designated caregiver.” This term includes “registry ID card” used on department forms.

(n) “Therapeutic use” means “therapeutic use” as defined in RSA 126-X:1, XIII, namely, “the acquisition, possession, cultivation, preparation, use, delivery, transfer, or transportation of cannabis or paraphernalia relating to the administration of cannabis to treat or alleviate a qualifying patient’s qualifying medical condition or symptoms or results of treatment associated with the qualifying patient’s qualifying medical condition. It shall not include:

(a) The use of cannabis by a designated caregiver who is not a qualifying patient; or

(b) Cultivation or purchase by a visiting qualifying patient; or

(c) Cultivation by a designated caregiver or qualifying patient.”

(o) “Use in adolescence” means “use in adolescence” as defined in RSA 126-X:XV-a, namely, “the therapeutic use of cannabis by any person whose age is within the generally accepted medical and psychiatric definition of an adolescent as ranging in age from 12-25 years old, as well as by individuals younger in age.”

~~(p)~~ (p) “Visiting qualifying patient” means “visiting qualifying patient” as defined in RSA 126-X:1, XVI, namely, “a patient with a qualifying medical condition who is not a resident of New Hampshire or who has been a resident of New Hampshire for fewer than 30 days and is not eligible to purchase therapeutic cannabis in New Hampshire or receive cannabis from a qualifying New Hampshire patient.”

~~(p)(q)~~ “Written certification” means “written certification” as defined in RSA 126-X:1, XVII, namely, “documentation of a qualifying medical condition by a provider pursuant to rules adopted by the department pursuant to RSA 541-A for the purpose of issuing registry identification cards, after having completed a full assessment of the patient’s medical history and current medical condition made in the course of a provider-patient relationship.” ~~The date of issuance and the patient’s qualifying medical condition, symptoms or side effects, the certifying provider’s name, medical specialty, and signature shall be specified on the written certification.~~

Readopt with amendment He-C 401.04 through He-C 401.13, effective 7-1-21 (Document #13220), to read as follows:

He-C 401.04 Initial Application Requirements for Qualifying Patients.

(a) Applicants for a qualifying patient registry identification card shall submit a completed “Patient Application” form to the department, which includes the following:

(1) Indication whether it is an initial or renewal application;

(2) The following applicant information:

a. Full name;

b. Date of birth;

c. Gender;

d. Telephone number;

~~e. Optional e-mail address;~~

~~f.e.~~ Mailing address; and

~~g.f.~~ Physical address, if different than mailing address, except that if the applicant is experiencing homelessness this shall not be required;

(3) The following information about the applicant’s certifying provider:

a. First and last name;

b. Business address; and

c. Telephone number;

(4) A signed and dated release authorizing the release of relevant medical information by the certifying provider to the department if further information about the applicant’s qualifying medical condition or written certification is required by the department;

~~(5) The name and city or town of the applicant’s designated ATC;~~

~~(6)(5)~~ The following information about the applicant’s designated caregiver, if the applicant has designated a caregiver:

- a. Full name;
- b. Mailing address; ~~and~~
- c. Date of birth; ~~and~~
- d. Indication that a "Caregiver Application" is enclosed or has already been submitted;

~~(7)~~(6) A signed and dated attestation of the following acknowledgements:

- a. "I understand that my Registry ID Card is valid for one year, unless a shorter ~~time period~~ or longer duration is indicated by my provider. I must renew or extend my card prior to its expiration in order to prevent a lapse in registration every year by submitting another application, certification, and fee.";
- b. "I understand that if I am notified of a denial or a revocation I have 30 days from the date of the notice to appeal the decision ~~from the date of the notice~~, and that if ~~a hearing-an appeal~~ request is not made within that timeframe then I will have waived my right to ~~a hearing-an appeal~~ and the action of the Department shall become final.";
- c. "I understand that I may not possess, between myself and my Designated Caregiver, more than ~~two-2~~ ounces of ~~usable~~ cannabis, or obtain more than 2 ounces of cannabis in any 10-day period from any source.";
- d. "I understand that I may only use ~~therapeutic~~ cannabis for the purpose of treating or alleviating my qualifying medical condition.";
- e. "I understand that I may not be under the influence of ~~therapeutic~~ cannabis: (1) while operating a motor vehicle, commercial vehicle, boat, vessel, or any other vehicle propelled or drawn by power other than muscular power; (2) in my place of employment, without the written permission of my employer; or (3) while operating heavy machinery or handling a dangerous instrumentality.";
- f. "I understand that I may not smoke or vaporize ~~therapeutic~~ cannabis in any public place, including a public bus or other public vehicle, or any public park, public beach, or public field.";
- g. "I understand that I may not be in possession of ~~therapeutic~~ cannabis in any of the following locations: (1) the building and grounds of any preschool, elementary, or secondary school, which are located in an area designated as a drug free zone; (2) a place of employment, without the written permission of the employer; (3) any correctional facility; (4) any public recreation center or youth center; or (5) any law enforcement facility.";
- h. "I understand that I may use cannabis on privately-owned real property only with written permission of the property owner or, in the case of leased property, with the permission of the tenant in possession of the property.";
- i. "I have instructed a family member, caretaker, executor, and my Designated Caregiver that, in the event of my death, the Department shall be notified within 5 days that I have died, and that within 5 days of learning of my death, the family member, caretaker, executor,

or my Designated Caregiver shall either request that the local law enforcement agency remove any remaining cannabis or dispose of the cannabis in a manner that is specified in RSA 126-X:2, XIV.”;

j. “I understand that if I am found to be in possession of ~~therapeutic~~ cannabis outside of my home and I am not in possession of my Registry ID Card, I may be subject to a fine of up to \$100.”;

k. “I understand that any person(s) who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the therapeutic use of cannabis to avoid arrest or prosecution shall be guilty of a violation and may be fined \$500, which shall be in addition to any other penalties that may apply for making a false statement to a law enforcement ~~officer~~ official or for the use of cannabis other than use undertaken pursuant to RSA 126-X.”;

l. “I understand that the protections ~~conferred~~ granted by RSA 126-X for the therapeutic use of cannabis ~~are applicable~~ apply only within New Hampshire.”;

m. “I understand that I must be in compliance with RSA 126-X and with the administrative rules adopted thereunder, and that the Department may revoke my Registry ID Card for any violation of any provision of RSA 126-X or the ~~administrative~~ rules adopted thereunder.”; and

n. “I understand that by using ~~therapeutic~~ cannabis I may be denied rights and privileges by federal agencies including, but not limited to, those related to employment such as driving a commercial vehicle, those related to owning, possessing, or purchasing a firearm and ammunition, those related to ~~federal~~ federally subsidized housing, those related to immigration and naturalization, or the inability to pass a security clearance.”;

~~(8)~~(7) A signed and dated certification that:

- a. The applicant is a resident of New Hampshire;
- b. The facts as stated in the application are accurate to the best of the applicant’s knowledge and belief; and
- c. The applicant understands that any false statements made on the application are punishable as unsworn falsification under RSA 641:3;

~~(9)~~(8) A signed and dated pledge not to divert cannabis to anyone who is not allowed to possess cannabis pursuant to RSA 126-X, acknowledgement that diversion of cannabis shall result in revocation of their registry identification card, and acknowledgement that 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; and

~~(10)~~(9) Voluntary demographic information, as follows:

- a. Race and ethnicity;
- b. Veteran status;

- c. Employment and income;
- d. Public assistance;
- e. Education;
- f. Health insurance;
- g. Marital status; and
- h. Language proficiency.

(b) In addition to (a) above, applicants shall provide to the department the following supporting documentation:

- (1) A “Written Certification for the Therapeutic Use of Cannabis” form completed by the applicant’s provider in accordance with He-C 401.07, except that a written certification completed more than 6 months prior to the date of the applicant’s application submission shall not be accepted;
- (2) A fee in accordance with He-C 401.14(b)(1); and
- (3) Proof of New Hampshire residency, as follows:
 - a. A copy of the applicant’s valid, non-expired New Hampshire driver’s license or New Hampshire state identification;
 - b. A copy of the applicant’s valid, non-expired state or federal government-issued identification that shows the applicant’s name and New Hampshire address; or
 - c. If documentation in a. and b. above is unavailable, other documentation that contains the applicant’s name and current address and which indicates New Hampshire residency, such as:
 - 1. A current lease agreement or vehicle registration; or
 - 2. A utility bill, medical bill, property tax bill, mortgage statement, bank statement, government check, or payroll check with a date showing that it was issued within 6 months of the date the application was received by the department.

(c) The applicant shall submit the documents in (a) and (b) above to:

NH Department of Health and Human Services
Therapeutic Cannabis Program
29 Hazen Drive
Concord, NH 03301

He-C 401.05 Initial Application Requirements for Designated Caregivers.

(a) Applicants for a designated caregiver registry identification card shall submit a completed “Caregiver Application” form to the department, which includes the following:

(1) Indication whether it is an initial or renewal application, ~~and if an initial application, whether the applicant submitted the criminal record authorization form and fee to the NH department of safety;~~

(2) The following applicant information:

a. Full name;

b. Date of birth;

c. Gender;

d. Telephone number;

~~e. Optional e-mail address;~~

~~f.e.~~ Mailing address; and

~~g.f.~~ Physical address, if different than mailing address;

(3) The following information for each qualifying patient the applicant will be assisting with the therapeutic use of cannabis, which shall not exceed 5 qualifying patients, except that additional qualifying patients shall be allowed, up to a maximum of 9, if both the designated caregiver and the additional qualifying patients each live greater than 50 miles from the nearest ATC:

a. Full name;

b. Mailing address;

c. Physical address, if different than mailing address, except that if the qualifying patient is experiencing homelessness this shall not be required; and

d. Date of birth;

(4) A signed and dated attestation of the following acknowledgements:

a. “I understand that my Registry ID Card is valid for one year, unless a shorter or longer duration is indicated by my patient’s medical provider. I must renew or extend my card prior to its expiration in order to prevent a lapse in registration every year by submitting another application.”;

b. “I understand that if I am notified of a denial or a revocation I have 30 days from the date of the notice to appeal the decision ~~from the date of the notice~~, and that if ~~a hearing-an appeal~~ request is not made within that timeframe then I will have waived my right to ~~a hearing-an appeal~~ and the action of the Department shall become final.”;

c. “I understand that I may not possess, between myself and my Qualifying Patient(s), more than ~~two-2~~ ounces of ~~usable~~-cannabis per Qualifying Patient, or obtain more than 2 ounces of cannabis in any 10-day period from any source per Qualifying Patient.”;

d. “I understand that as a Designated Caregiver I am not permitted to use ~~therapeutic~~ cannabis, unless I am also a Qualifying Patient, and may be subject to criminal penalties if I do so.”;

e. “I understand that as a Designated Caregiver I am not permitted to possess any cannabis for purposes other than its therapeutic use as permitted by RSA 126-X.”;

f. “I understand that I may not be in possession of ~~therapeutic~~-cannabis in any of the following locations: (1) the building and grounds of any preschool, elementary, or secondary school, which are located in an area designated as a drug free zone; (2) a place of employment, without the written permission of the employer; (3) any correctional facility; (4) any public recreation center or youth center; or (5) any law enforcement facility.”;

g. “I understand that in the event of my Qualifying Patient’s death, I will, within 5 days of the death: (1) notify the Department of the death; and (2) either request that the local law enforcement agency remove any remaining cannabis or dispose of the remaining cannabis in a manner that is specified in RSA 126-X:2, XIV.”;

h. “I understand that if I am found to be in possession of ~~therapeutic~~-cannabis outside of my home and I am not in possession of my Registry ID Card, I may be subject to a fine of up to \$100.”;

i. “I understand that any person(s) who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the therapeutic use of cannabis to avoid arrest or prosecution shall be guilty of a violation and may be fined \$500, which shall be in addition to any other penalties that may apply for making a false statement to a law enforcement ~~officer-official~~ or for the use of cannabis other than use undertaken pursuant to this RSA 126-X.”;

j. “I understand that the protections ~~conferred-granted~~ by RSA 126-X for the therapeutic use of cannabis ~~are applicable-apply~~ only within New Hampshire.”;

k. “I understand that I must be in compliance with RSA 126-X and with the administrative rules adopted thereunder, and that the Department may revoke my Registry ID Card for any violation of any provision of RSA 126-X or the ~~administrative~~-rules adopted thereunder.”; and

l. “I understand that I, by possessing ~~therapeutic~~-cannabis, and my Qualifying Patient, by using ~~therapeutic~~-cannabis, may be denied rights and privileges by federal agencies including, but not limited to, those related to employment such as driving a commercial vehicle, those related to owning, possessing, or purchasing a firearm and ammunition, those related to ~~federal-federally subsidized~~ housing, those related to immigration and naturalization, or the inability to pass a security clearance.”;

(5) A signed and dated attestation that the applicant has not been convicted of a felony offense in New Hampshire or in any other state, and agreement to notify the department if convicted of a felony offense subsequent to being issued a registry ID card;

~~(5)~~(6) A signed and dated certification that:

- a. The applicant agrees to act as the designated caregiver for the qualifying patient named in the application;
- b. The facts as stated in the application are accurate to the best of the applicant's knowledge and belief; and
- c. The applicant understands that any false statements made on the application are punishable as unsworn falsification under RSA 641:3;

~~(6)~~(7) A signed and dated pledge not to divert cannabis to anyone who is not allowed to possess cannabis pursuant to RSA 126-X, acknowledgement that diversion of cannabis shall result in revocation of their registry identification card, and acknowledgement that 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; and

~~(7)~~(8) Voluntary demographic information, as follows:

- a. Race and ethnicity;
- b. Veteran status;
- c. Employment and income;
- d. Public assistance;
- e. Education;
- f. Health insurance;
- g. Marital status; and
- h. Language proficiency.

~~—— (b) In addition to the materials in (a) above, for each applicant the department shall also receive the results of a state and federal criminal history records check from the division of state police, department of safety. An application shall not be considered complete without the results of a state and federal criminal history records check.~~

~~—— (c) In order for the department to receive the results of a state and federal criminal history records check, an applicant shall submit to the division of state police the following:~~

- ~~(1) A criminal history record information authorization form, as provided by the division of state police, which authorizes the release of any felony convictions to the department;~~
- ~~(2) A complete set of electronic fingerprints taken by a qualified law enforcement agency or an authorized employee of the department of safety; and~~

~~(3) The required fee.~~

~~— (d) In the event that, after 2 attempts, the applicant's electronic fingerprints are invalid due to insufficient pattern, the department shall, in lieu of the criminal history records check, accept the results of police clearances showing no felony convictions from every city, town, or county where the person has lived during the past 5 years, including any out of state residency, received from the division of state police.~~

~~(e)~~(b) The applicant shall submit the documents in (a) above to:

NH Department of Health and Human Services
Therapeutic Cannabis Program
29 Hazen Drive
Concord, NH 03301

He-C 401.06 Provider Requirements.

(a) The department shall accept written certifications for the therapeutic use of cannabis only from providers who possess, at the time of signing the certification, the following:

(1) For providers in New Hampshire, an active license, in good standing, pursuant to RSA 329 for physicians, pursuant to RSA 326-B:18 for advanced practice registered nurses, or pursuant to RSA 328-D for physician assistants;

(2) For providers in Maine, Massachusetts, and Vermont, an active license, in good standing, pursuant to the relevant state licensing laws in Maine, Massachusetts, or Vermont, except that a license for a naturopathic doctor shall not be acceptable; and

(3) For all providers in (1) and (2) above, an active registration from the United States Drug Enforcement Administration to prescribe controlled substances.

(b) A provider issuing a written certification shall:

(1) Have a provider-patient relationship with the patient, as defined in He-C 401.02(j);

(2) If a provider licensed in Maine, Massachusetts, or Vermont, be primarily responsible for the patient's care related to the patient's qualifying medical condition, pursuant to RSA 126-X:1, VII(a)(3);

(3) If a physician assistant, have the express consent of the supervising physician, pursuant to RSA 126-X:1, VII(a)(4);

(4) Conduct a full assessment of the patient's medical history and current medical condition which includes:

a. An in-person physical examination of the patient, which shall not be via telemedicine, except that telemedicine shall be allowed for New Hampshire providers for follow-up visits related to cannabis certification and treatment and for recertifications completed by the same certifying provider;

b. A medical history of the patient, including a prescription history;

- c. A review of laboratory testing, imaging, and other relevant tests;
- d. Appropriate consultations;
- e. A documented diagnosis of the patient's current medical condition; and
- f. The development or documentation of a treatment plan for the patient appropriate for the provider's specialty;

(5) Explain the potential health effects of the therapeutic use of cannabis:

- a. To the patient; or
- b. In the case of a patient who is a minor, to the minor's custodial parent or legal guardian with responsibility for health care decisions for the patient, which shall be inclusive of potential risks and benefits of the therapeutic use of cannabis;

(6) Provide counseling:

a. To each patient who is a woman of child-bearing age, and to patient's custodial parent or legal guardian if the patient is a minor, about the risks of cannabis use during pregnancy and while breastfeeding; and

b. To each patient who is an adolescent 25 years of age or less, and to the patient's custodial parent or legal guardian if the patient is a minor, about the risks of cannabis use in adolescence;

~~(6)~~(7) Follow the patient clinically at appropriate intervals at the discretion of the provider to provide follow-up care and treatment to the patient for the patient's qualifying medical condition including, but not limited to, physical examinations, to determine the health effects of cannabis for treating the patient's qualifying medical condition or associated symptom for which the written certification was issued;

~~(7)~~(8) Maintain medical records for all patients for whom the provider has issued a written certification which support the written certification;

~~(8)~~(9) Make a copy of such records which support the written certification available to the department, and otherwise provide information to the department upon request about the patient's qualifying medical condition, to ensure compliance with RSA 126-X and He-C 401; and

~~(9)~~(10) If the provider has recommendations or instructions for the therapeutic use of cannabis for the patient, be permitted to send such recommendations or instructions to the patient's ~~designated~~ATC(s), either directly or via the department. Such recommendations shall be securely transmitted.

(c) A provider shall not consider a patient to have a qualifying medical condition if a patient who has had a diagnosis of a qualifying medical condition in the past no longer actively has a qualifying medical condition, unless the symptoms related to such qualifying medical condition are mitigated by the therapeutic use of cannabis.

(d) Providers shall not issue a written certification for themselves or for the provider's immediate family members.

(e) A provider shall not:

- (1) Offer a discount or other thing of value to a patient who uses or agrees to use a particular ATC;
- (2) Examine a patient in relation to issuing a written certification at a location where cannabis is sold or distributed; or
- (3) Hold any economic interest in an ATC, including but not limited to employment at an ATC, if the provider issues written certifications to patients.

(f) Providers may rescind or otherwise withdraw a written certification which they have previously issued, for cause, including, but not limited to, the provider making a determination that the patient:

- (1) No longer has a qualifying medical condition;
- (2) Should discontinue using cannabis;
- (3) Falsified information that was the basis of the provider's written certification;
- (4) Did not adhere to the provider's treatment plan for the patient; or
- (5) Should no longer be certified for the therapeutic use of cannabis for another compelling reason.

(g) To rescind or otherwise withdraw a previously issued written certification, the certifying provider shall submit the following information on the "Written Certification Withdrawal" form:

- (1) Qualifying patient name;
- (2) Qualifying patient date of birth;
- (3) Certifying provider name;
- (4) Medical practice phone number;
- (5) Reason for withdrawal of the written certification; and
- (6) Certifying provider's dated signature of a statement of withdrawal for the reason in (5) above.

(h) Providers may extend the duration of a written certification, as follows:

~~(1) Providers may extend the duration of a written certification that they previously issued which has a duration of less than one year, per He C 401.07(b)(7);~~

~~(2) The extension period shall not be for a duration longer than the maximum duration of a registry identification card established in RSA 126 X:4, IV;~~

(1) If a written certification has been previously issued for fewer than 3 years, per He-C 401.07(b)(8), the provider who issued that written certification may extend the written certification, provided that the total duration of the written certification, including any extensions, shall not exceed 3 years;

~~(3)(2)~~ A written certification extension request shall be submitted prior to signed and dated no later than the expiration date of the qualifying patient's registry identification card; and

(3) A written certification extension shall be received by the department no later than one month after the expiration of the qualifying patient's registry identification card; and

~~(4)~~ A written certification extension request shall not require the submission of a new written certification, a new patient application, or a new fee.

(i) To extend the duration of a written certification, the certifying provider shall provide submit ~~written notice to the department by submitting~~ the following information on the "Written Certification Extension" form:

(1) Qualifying patient name;

(2) Qualifying patient date of birth;

(3) Expiration date of qualifying patient's registry ID card, if known;

~~(3)(4)~~ Certifying provider name;

~~(4)(5)~~ Medical practice phone number;

~~(5)(6)~~ Length of extension; and

~~(6)(7)~~ Certifying provider's dated signature.

(j) Upon receipt of the completed written certification extension notice in (i) above, which meets the requirements in (h) above and which was submitted by either the certifying provider or the qualifying patient, the department shall issue:

(1) To the qualifying patient, a new registry identification card with a new expiration date; and-

(2) To the qualifying patient's designated caregiver, a new registry identification card with a new expiration date, if the qualifying patient has a designated caregiver with a non-expired registry identification card.

(k) The department shall track written certification extensions in order to ensure that no qualifying patient or designated caregiver receives an extension in excess of the maximum of 3 years from the effective date of the initial registry identification card.

He-C 401.07 Written Certification Requirements.

(a) The certifying provider shall complete a "Written Certification for the Therapeutic Use of Cannabis" form, which includes the following:

(1) Indication whether it is an initial or renewal certification;

(2) The following patient information:

- a. Full name;
- b. Mailing address;
- c. ~~Telephone number~~ Date of birth; and
- d. ~~Date of birth~~ Telephone number; and

(3) The following provider information:

- a. Full name;
- b. Name of medical practice;
- c. Office mailing address;
- d. Office telephone and fax numbers;
- e. Optional email address;
- f. State license number;
- g. Indication that the provider is a physician (MD or DO), a physician assistant (PA), or an advanced practice registered nurse (APRN); ~~or a physician assistant~~;
- h. Active US Drug Enforcement Administration registration number; and
- i. Medical specialty, as appropriate for the provider type.

(b) On the “Written Certification for the Therapeutic Use of Cannabis” form, the provider shall:

(1) Certify that the patient has a qualifying medical condition, as defined in He-C 401.02(j) and RSA 126-X:1, IX(a) or (b), by:

- a. Providing the patient’s name;
- b. Indicating which condition(s) the patient has; ~~and~~
- c. For a diagnosis of opioid use disorder with associated symptoms of cravings and/or withdrawal, providing the provider’s addiction medicine or addiction psychiatry certification board name and certification number; and
- ~~e.d.~~ Signing and dating the certification;

(2) Indicate whether the written certification is based on an in-person physical examination or an examination that was conducted via telemedicine;

(3) For a diagnosis of autism spectrum disorder for patients under age 21, certify that the provider has consulted with a certified provider of child and/or adolescent psychiatry, developmental pediatrics, or pediatric neurology, who has confirmed that the autism spectrum disorder has not responded to previously prescribed medication or for which other treatment options produced serious side effects, and who supports certification for the therapeutic use of cannabis;

~~(3)~~(4) Certify that the provider has a provider-patient relationship with the patient, as follows:

“I have completed a full assessment of my patient’s medical history and current medical condition in accordance with He-C 401.06(b)(4) made in the course of a provider-patient relationship”;

~~(4)~~(5) Certify that the provider explained the potential health effects of the therapeutic use of cannabis:

- a. To the patient; or
- b. In the case of a patient who is a minor, to the patient’s custodial parent or legal guardian with responsibility for health care decisions for the patient, which shall be inclusive of the potential risks and benefits of the therapeutic use of cannabis;

(6) Certify that the provider counseled:

a. The patient, if the patient is a woman of child-bearing age, and the patient’s custodial parent or legal guardian if the patient is a minor, about the risks of cannabis use during pregnancy and while breastfeeding; and

b. The patient, if the patient is an adolescent 25 years of age or less, and the patient’s custodial parent or legal guardian if the patient is a minor, about the risks of cannabis use in adolescence;

~~(5)~~(7) Certify that the provider possesses an active license in good standing with the state of New Hampshire or the state of Maine, Massachusetts, or Vermont and is either:

- a. A physician, an advanced practice registered nurse, or a physician assistant licensed in New Hampshire to prescribe drugs to humans under RSA 329, RSA 326-B:18, or RSA 328-D, respectively, and who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances; or
- b. A physician or an advanced practice registered nurse licensed in Maine, Massachusetts, or Vermont to prescribe drugs to humans under the relevant state licensing laws, who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances, and who is primarily responsible for the patient’s care related to the patient’s qualifying medical condition;

~~(6)~~(8) Certify that the facts as stated in the written certification are accurate to the best of the provider’s knowledge and belief and that the provider understands that any false statements made on the written certification are punishable as unsworn falsification under RSA 641:3; and

~~(7)(9)~~ Indicate the duration for which the registry identification card shall be valid, up to a maximum of 3 years, if for a shorter duration than one year from the effective date of the card, except that if this is not indicated, the card shall default to a duration of one year.

He-C 401.08 Initial Application Requirements for Minor Patients.

(a) The minor applicant's custodial parent(s) or legal guardian who is responsible for the health care decisions of the minor applicant shall complete and submit the "Minor Patient Application" form described in (c) below.

(b) The "Minor Patient Application" form shall be a combined application for both the minor applicant and the designated caregiver applicant(s).

(c) The minor applicant's custodial parent(s) or legal guardian shall include the following on the "Minor Patient Application":

(1) Indication whether it is an initial or renewal application, ~~and if an initial application, whether the criminal record authorization form and fee have been sent to the NH department of safety;~~

(2) The following minor applicant information:

a. Full name;

b. Date of birth;

c. Gender;

d. Mailing address; and

e. Physical address, if different than mailing address, except that if the minor applicant is experiencing homelessness this shall not be required;

(3) The following information about the designated caregiver applicant(s):

a. Full name;

b. Date of birth;

c. Gender;

d. Phone number

~~e. Optional e-mail address;~~

~~f.e.~~ Mailing address, if different than the minor applicant; and

~~g.f.~~ Physical address, if different than the minor applicant;

(4) The following information about the minor applicant's certifying providers:

a. First and last name;

b. Business address; and

c. Telephone number;

(5) A signed and dated release authorizing the release of relevant medical information by the certifying providers to the department if further information about the minor applicant's qualifying medical condition or written certification is required by the department;

~~(6) The name and city or town of the designated ATC;~~

~~(7)~~(6) Signed and dated attestation(s) of the following minor patient requirements:

a. "I am the custodial parent or legal guardian responsible for the health care decisions of the applicant.";

b. "The applicant's certifying providers have explained to me the potential risks and benefits of the therapeutic use of cannabis.";

c. "I consent to allow the applicant's therapeutic use of cannabis.";

d. "I consent to serve as the applicant's Designated Caregiver and to control the acquisition of cannabis and the frequency of the therapeutic use of cannabis by the applicant.";

e. "I understand that if I am not approved to be a Designated Caregiver, then the applicant's application to be a Qualifying Patient shall not be approved."; and

f. If applicable, "I share legal custody of the applicant, and I have notified the other parent or guardian with legal custody of the applicant in advance of submitting this application by having provided to the other parent or guardian a copy of the completed Application form and the completed Written Certification forms.";

~~(8)~~(7) Signed and dated attestation(s) of the following acknowledgements:

a. "I understand that Registry ID Cards are valid for one year, unless a shorter or longer duration is indicated by the patient's medical provider. Cards must be renewed or extended prior to their expiration in order to prevent a lapse in registration every year by submitting another application and fee.";

b. "I understand that if I am notified of a denial or a revocation, I have 30 days from the date of the notice to appeal this the decision from the date of the denial notice, and that if a request for a hearing an appeal is not made within that timeframe then I will be deemed to have waived my right to a hearing an appeal and the action of the Department shall become final.";

c. "I understand that I may not possess, between myself and my Qualifying Patient(s), more than two 2 ounces of usable cannabis per Qualifying Patient, or obtain more than 2 ounces of cannabis in any 10-day period from any source per Qualifying Patient.";

- d. “I understand that as a Designated Caregiver I am not permitted to use ~~therapeutic~~ cannabis, unless I am also a Qualifying Patient, and may be subject to criminal penalties if I do so.”;
- e. “I understand that my Qualifying Patient may only use ~~therapeutic~~ cannabis for the purpose of treating or alleviating their qualifying medical condition.”;
- f. “I understand that as a Designated Caregiver I am not permitted to possess any cannabis for purposes other than its therapeutic use as permitted by RSA 126-X.”;
- g. “I understand that my Qualifying Patient may not be under the influence of ~~therapeutic~~ cannabis: (1) while operating a motor vehicle, commercial vehicle, boat, vessel, or any other vehicle propelled or drawn by power other than muscular power; (2) in their place of employment, without the written permission of the employer; or (3) while operating heavy machinery or handling a dangerous instrumentality.”;
- h. “I understand that my Qualifying Patient may not smoke or vaporize ~~therapeutic~~ cannabis in any public place, including a public bus or other public vehicle, or any public park, public beach, or public field.”;
- i. “I understand that my Qualifying Patient and I may not be in possession of ~~therapeutic~~ cannabis in any of the following locations: (1) the building and grounds of any preschool, elementary, or secondary school, which are located in an area designated as a drug free zone; (2) a place of employment, without the written permission of the employer; (3) any correctional facility; (4) any public recreation center or youth center; or (5) any law enforcement facility.”;
- j. “I understand that my Qualifying Patient may use cannabis on privately-owned real property only with written permission of the property owner or, in the case of leased property, with the permission of the tenant in possession of the property.”;
- k. “I understand that in the event of my Qualifying Patient’s death, I will, within 5 days of the death: (1) notify the Program of the death; and (2) either request that the local law enforcement agency remove any remaining cannabis or dispose of the remaining cannabis in a manner that is specified in RSA 126-X:2, XIV.”;
- l. “I understand that if my Qualifying Patient or I am found to be in possession of ~~therapeutic~~ cannabis outside of our home and we are not in possession of a Registry ID Card, we may be subject to a fine of up to \$100.”;
- m. “I understand that any person(s) who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the therapeutic use of cannabis to avoid arrest or prosecution shall be guilty of a violation and may be fined \$500, which shall be in addition to any other penalties that may apply for making a false statement to a law enforcement ~~officer~~ official or for the use of cannabis other than use undertaken pursuant to this RSA 126-X.”;
- n. “I understand that the protections ~~conferred~~ granted by RSA 126-X for the therapeutic use of cannabis ~~are applicable~~ apply only within NH.”;

o. "I understand that my Qualifying Patient and I must be in compliance with RSA 126-X and with the administrative rules adopted thereunder, and that the Department may revoke a Registry ID Card for any violation of any provision of RSA 126-X or the ~~administrative~~ rules adopted thereunder."; and

p. "I understand that I, by possessing ~~therapeutic~~ cannabis, and my Qualifying Patient, by using ~~therapeutic~~ cannabis, may be denied rights and privileges by federal agencies including, but not limited to, those related to employment such as driving a commercial vehicle, those related to owning, possessing, or purchasing a firearm and ammunition, those related to ~~federal~~ ~~federally~~ ~~subsidized~~ housing, those related to immigration and naturalization, or the inability to pass a security clearance.";

(8) A signed and dated attestation that the applicant has not been convicted of a felony offense in New Hampshire or in any other state, and agreement to notify the department if convicted of a felony offense subsequent to being issued a registry ID card;

(9) Signed and dated certification(s) that:

- a. The minor applicant is a resident of New Hampshire;
- b. The facts as stated in the application are accurate to the best of the designated caregiver applicant's knowledge and belief; and
- c. The designated caregiver applicant understands that any false statements made on the application are punishable as unsworn falsification under RSA 641:3;

(10) A signed and dated pledge not to divert cannabis to anyone who is not allowed to possess cannabis pursuant to RSA 126-X, acknowledgement that diversion of cannabis shall result in revocation of their registry identification card, and acknowledgement that 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; and

(11) Voluntary demographic information, as follows:

- a. For the minor applicant, race and ethnicity; and
- b. For the designated caregiver applicant(s):
 1. Race and ethnicity;
 2. Veteran status;
 3. Employment and income;
 4. Public assistance;
 5. Education;
 6. Health insurance;

7. Marital status; and

8. Language proficiency.

(d) In cases where parents share legal custody of a minor applicant, and both parents are not listed on the application, the parent submitting an application shall notify the other parent with legal custody of the minor applicant in advance of submitting the application to the department by providing to the other parent a copy of the completed application and the completed written certifications.

(e) In addition to the application described in (c) above, the following shall also be submitted:

(1) Two written certifications, described in He-C 401.07, from 2 different providers, one of whom shall be a pediatrician;

(2) Proof of NH residency, as described in He-C 401.04(b)(3), for either the minor applicant or one of the designated caregiver applicants;

(3) A fee in accordance with He-C 401.14(b)(2); and

(4) In cases where a minor applicant's legal guardian is not a custodial parent, the legal guardian shall submit with the application proof of legal guardianship.

~~(f) In addition to the materials in (c) and (e) above, for each designated caregiver applicant the department shall also receive the results of a state and federal criminal history records check from the division of state police, department of safety, as described in He-C 401.05(d) and (e). An application shall not be considered complete without the results of a state and federal criminal history records check.~~

~~(g)~~(f) The documents in (c) and (e) above shall be submitted to:

NH Department of Health and Human Services
Therapeutic Cannabis Program
29 Hazen Drive
Concord, NH 03301

He-C 401.09 Initial Application Requirements for Adult Patients with Guardians.

(a) The patient applicant's legal guardian who is responsible for the health care decisions of the patient applicant shall complete and submit the "Guardianship Patient Application" form described in (c) below.

(b) The "Guardianship Patient Application" form shall be a combined application for both the patient applicant and the designated caregiver applicant(s).

(c) The patient applicant's legal guardian shall include the following on the "Guardianship Patient Application" form:

(1) Indication whether it is an initial or renewal application, ~~and if an initial application, whether the caregiver applicant submitted the criminal record authorization form and fee to the NH department of safety;~~

(2) The following patient applicant information:

- a. Full name;
- b. Date of birth;
- c. Gender;
- d. Optional telephone number;

~~e. Optional e-mail address;~~

~~f.e.~~ Mailing address; and

~~g.f.~~ Physical address, if different than mailing address, except that if the patient applicant is experiencing homelessness this shall not be required;

(3) The following information about the designated caregiver applicant(s):

- a. Full name;
- b. Date of birth;
- c. Gender;
- d. Phone number

~~e. Optional e-mail address;~~

~~f.e.~~ Mailing address, if different than the patient applicant; and

~~g.f.~~ Physical address, if different than the patient applicant;

(4) The following information about the patient applicant's certifying provider:

- a. First and last name;
- b. Business address; and
- c. Telephone number;

(5) A signed and dated release authorizing the release of relevant medical information by the certifying provider to the department if further information about the patient applicant's qualifying medical condition or written certification is required by the department;

~~(6) The name and city or town of the designated ATC;~~

~~(7)~~(6) Signed and dated attestation(s) of the following acknowledgements:

- a. "I understand that Registry ID Cards are valid for one year, unless a shorter or longer duration is indicated by the patient's medical provider. Cards must be renewed or extended prior to their expiration in order to prevent a lapse in registration every year by submitting another application and fee.";

- b. "I understand that if I am notified of a denial or a revocation I have 30 days from the date of the notice to appeal the decision ~~from the date of the notice~~, and that if ~~a hearing an appeal~~ request is not made within that timeframe then I will have waived my right to a hearing an appeal and the action of the Department shall become final.";
- c. "I understand that I may not possess, between myself and my Qualifying Patient(s), more than ~~two~~ 2 ounces of ~~usable~~ cannabis per Qualifying Patient, or obtain more than 2 ounces of cannabis in any 10-day period from any source per Qualifying Patient.";
- d. "I understand that as a Designated Caregiver I am not permitted to use ~~therapeutic~~ cannabis, unless I am also a Qualifying Patient, and may be subject to criminal penalties if I do so.";
- e. "I understand that my Qualifying Patient may only use ~~therapeutic~~ cannabis for the purpose of treating or alleviating their qualifying medical condition.";
- f. "I understand that as a Designated Caregiver I am not permitted to possess any cannabis for purposes other than its therapeutic use as permitted by RSA 126-X.";
- g. "I understand that my Qualifying Patient may not be under the influence of ~~therapeutic~~ cannabis: (1) while operating a motor vehicle, commercial vehicle, boat, vessel, or any other vehicle propelled or drawn by power other than muscular power; (2) in their place of employment, without the written permission of the employer; or (3) while operating heavy machinery or handling a dangerous instrumentality.";
- h. "I understand that my Qualifying Patient may not smoke or vaporize ~~therapeutic~~ cannabis in any public place, including a public bus or other public vehicle, or any public park, public beach, or public field.";
- i. "I understand that my Qualifying Patient and I may not be in possession of ~~therapeutic~~ cannabis in any of the following locations: (1) the building and grounds of any preschool, elementary, or secondary school, which are located in an area designated as a drug free zone; (2) a place of employment, without the written permission of the employer; (3) any correctional facility; (4) any public recreation center or youth center; or (5) any law enforcement facility.";
- j. "I understand that my Qualifying Patient may use cannabis on privately-owned real property only with written permission of the property owner or, in the case of leased property, with the permission of the tenant in possession of the property.";
- k. "I understand that in the event of my Qualifying Patient's death, I will, within 5 days of the death: (1) notify the Department of the death; and (2) either request that the local law enforcement agency remove any remaining cannabis or dispose of the remaining cannabis in a manner that is specified in RSA 126-X:2, XIV.";
- l. "I understand that if my Qualifying Patient or I am found to be in possession of ~~therapeutic~~ cannabis outside of our home and we are not in possession of a Registry ID Card, we may be subject to a fine of up to \$100.";

m. “I understand that any person(s) who makes a fraudulent representation to a law enforcement official of any fact or circumstance relating to the therapeutic use of cannabis to avoid arrest or prosecution shall be guilty of a violation and may be fined \$500, which shall be in addition to any other penalties that may apply for making a false statement to a law enforcement ~~officer~~ official or for the use of cannabis other than use undertaken pursuant to this RSA 126-X.”;

n. “I understand that the protections ~~conferred~~ granted by RSA 126-X for the therapeutic use of cannabis ~~are applicable~~ apply only within New Hampshire.”;

o. “I understand that my Qualifying Patient and I must be in compliance with RSA 126-X and with the administrative rules adopted thereunder, and that the Department may revoke a Registry ID Card for any violation of any provision of RSA 126-X or the administrative rules adopted thereunder.”; and

p. “I understand that I, by possessing ~~therapeutic~~ cannabis, and my Qualifying Patient, by using ~~therapeutic~~ cannabis, may be denied rights and privileges by federal agencies including, but not limited to, those related to employment such as driving a commercial vehicle, those related to owning, possessing, or purchasing a firearm and ammunition, those related to ~~federal~~ federally subsidized housing, those related to immigration and naturalization, or the inability to pass a security clearance.”;

(7) A signed and dated attestation that the applicant has not been convicted of a felony offense in New Hampshire or in any other state, and agreement to notify the department if convicted of a felony offense subsequent to being issued a registry ID card;

(8) Signed and dated certification(s) that:

- a. The patient applicant is a resident of New Hampshire;
- b. The facts as stated in the application are accurate to the best of the designated caregiver applicant’s knowledge and belief; and
- c. The designated caregiver applicant understands that any false statements made on the application are punishable as unsworn falsification under RSA 641:3;

(9) Signed and dated pledge(s) not to divert cannabis to anyone who is not allowed to possess cannabis pursuant to RSA 126-X, acknowledgement that diversion of cannabis shall result in revocation of their registry identification card, and acknowledgement that 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; and

(10) Voluntary demographic information, as follows:

- a. Race and ethnicity;
- b. Veteran status;
- c. Employment and income;

- d. Public assistance;
- e. Education;
- f. Health insurance;
- g. Marital status; and
- h. Language proficiency.

(d) In cases where co-guardians share legal custody of an adult patient applicant, and both co-guardians are not listed on the application, the guardian submitting an application shall notify the other guardian with legal custody of the adult patient applicant in advance of submitting the application to the department by providing to the other guardian a copy of the completed application and the completed written certification.

(e) In addition to the application described in (c) above, the following shall also be submitted:

- (1) A written certification, described in He-C 401.07;
- (2) Proof of NH residency for the patient applicant, as described in He-C 401.04(b)(3), except that if this information is not available for the patient applicant, it shall be submitted for one of the designated caregiver applicants;
- (3) A fee in accordance with He-C 401.14(b)(5); and
- (4) Proof of legal guardianship for each designated caregiver applicant listed on the application.

~~(f) In addition to the materials in (c) and (e) above, for each designated caregiver applicant the department shall also receive the results of a state and federal criminal history records check from the division of state police, department of safety, as described in He-C 401.05(d) and (e). An application shall not be considered complete without the results of a state and federal criminal history records check.~~

~~(g)~~(f) The documents in (c) and (e) above shall be submitted to:

NH Department of Health and Human Services
Therapeutic Cannabis Program
29 Hazen Drive
Concord, NH 03301

He-C 401.10 Processing of Applications and Issuance of Registry Identification Cards.

(a) An application for initial approval as a qualifying patient or a designated caregiver shall be complete when the department determines that all information and supporting documentation required by He-C 401.04, He-C 401.05, He-C 401.06, He-C 401.08, or He-C 401.09 have been received.

(b) If an application does not contain all of the items required by He-C 401.04, He-C 401.05, He-C 401.06, He-C 401.08, or He-C 401.09 the department shall notify the applicant, and the applicant's certifying provider in the case of a written certification, in writing within 10 days specifying any information or supporting documentation required to be submitted before the application can be processed.

(c) If after written notice in (b) above the applicant, or the applicant's provider in the case of a written certification, fails to provide the missing information or supporting documentation, including payment of the required fee, within 30 days of such notice, the application shall be considered incomplete.

(d) If the missing information or supporting documentation, including payment of the required fee, is not received within 6 months of the notice, the application shall be considered closed, and that applicant may reapply by re-submitting all required application materials, including the required fee(s), anew.

(e) The department shall approve an applicant as a qualifying patient if the department determines that:

- (1) The applicant has submitted to the department a complete application and the required supporting documentation in accordance with He-C 401.04;
- (2) The applicant is a resident of New Hampshire;
- (3) The applicant's provider has completed a written certification that meets the requirements of He-C 401.07 and has certified that the applicant has a qualifying medical condition which meets the definition in He-C 401.02(j);
- (4) All information submitted is accurate;
- (5) No basis for denial, as established in He-C 401.12(a), exists;
- (6) In the case of a minor patient, all requirements in He-C 401.08 have been met; and
- (7) In the case of an adult patient with guardian(s), all requirements in He-C 401.09 have been met.

(f) The department shall approve an applicant as a designated caregiver if the department determines that:

- (1) The applicant has submitted to the department a complete application and required supporting documentation in accordance with He-C 401.05;
- (2) The applicant is at least 21 years old;
- ~~(3) Based upon the results of the criminal history records check or the police clearances received, the applicant has never been convicted of a felony;~~
- ~~(4)~~(3) The qualifying patient(s) listed on the caregiver application has designated the caregiver applicant as the qualifying patient's caregiver;
- ~~(5)~~(4) The number of qualifying patients listed on the caregiver application does not exceed 5, except that additional qualifying patients shall be allowed, up to a maximum of 9, if both the designated caregiver and the additional qualifying patients each live greater than 50 miles from the nearest ATC;
- ~~(6)~~(5) All information submitted is accurate; and
- ~~(7)~~(6) No basis for denial, as established in He-C 401.12(a), exists.

(g) Pursuant to RSA 126-X:4, III, the department shall act on a complete application, including all supporting documentation and the required fee, for either a qualifying patient or a designated caregiver within 15 calendar days of its receipt. This timeframe shall not apply to applications that are determined to be incomplete.

(h) Within 5 calendar days of the determination to approve an application for either a qualifying patient or a designated caregiver, the department shall issue to the applicant a registry identification card.

(i) The department shall send notice of the qualifying patient's approval to the patient's certifying provider, including:

(1) The expiration date of the patient's registry identification card; and

~~(2) The name of and contact information for the ATC the patient has designated; and~~

~~(3)~~(2) Information about providing recommendations or instructions to ~~the~~ ATC~~s~~ regarding the patient's therapeutic use of cannabis, described in He-C 401.06(b)(~~9~~)(11).

He-C 401.11 Registry Identification Card Expirations, Exceptions, and Procedures for Renewals.

(a) A registry identification card shall be valid on the date of issuance and expire one year later on the last day of the month it was issued unless a shorter or longer duration ~~time period~~ is established in accordance with (d) below.

(b) To renew a registry identification card and prevent a possible lapse in registration, each qualifying patient and designated caregiver shall complete and submit to the department application materials pursuant to He-C 401.04, He-C 401.05, He-C 401.08, or He-C 401.09 at least 30 days prior to the expiration of their current registry identification card, except that:

~~(1) For designated caregivers, the criminal history records check results required by He-C 401.05(e) shall not be required, but the designated caregiver shall complete, sign under penalties set forth in RSA 641:3 for unsworn falsification, date, and submit a "Designated Caregiver's Attestation of No Felony Conviction" form, which states that the individual has not been convicted of a felony offense in New Hampshire or any other state, provided there has not been a lapse in registration of more than one year;~~

~~(2)~~(1) For qualifying patients who have not changed their mailing address or physical address, proof of NH residency required by He-C 401.04(b)(3) shall not be required; and

~~(3)~~(2) For qualifying patients who have guardians, guardianship documentation required by He-C 401.08(e)(4) and 401.09(e)(4) shall not be required, regardless of any lapse in registration, unless there has been a change in guardianship.

(c) Applications for renewal shall be processed and registry identification cards shall be issued in accordance with He-C 401.10.

(d) Exceptions to (a) above shall be as follows:

(1) If the qualifying patient's certifying provider indicates on the written certification that the certification should be valid for a shorter or longer duration, then the registry identification cards

for the qualifying patient and the patient's designated caregiver, if applicable, shall be valid for the shorter or longer duration indicated, not to exceed 3 years, subject to extension in accordance with He-C 401.06(h);

(2) If the qualifying patient's certifying provider rescinds or otherwise withdraws the patient's written certification pursuant to He-C 401.06(f) and (g), the registry identification card shall become void upon notification by the department to the qualifying patient;

(3) A designated caregiver's registry identification card shall be deactivated upon notification by the department to the designated caregiver that all the qualifying patients for whom the individual is acting as designated caregiver either have lost their status as qualifying patients or have rescinded or otherwise ended the designation, subject to reactivation in accordance with He-C 401.13(k); and

(4) If an applicant's payment is returned for insufficient funds, and the applicant does not remit full payment in accordance with RSA 6:11-a within 10 days of the department's written notice:

a. The registry identification card shall be deactivated, subject to reactivation upon receipt of full payment within 6 months of the notice; and

b. After 6 months, the case shall be considered closed, and that applicant may reapply by submitting all required application materials, including the required fees.

He-C 401.12 Denial of an Application, Enforcement Actions, and Administrative Appeals.

(a) The department shall deny an initial or renewal application for a registry identification card if:

(1) The applicant previously had a registry identification card revoked for violating the provisions of RSA 126-X or He-C 401;

(2) The department determines that the information provided in the application or supporting material was misleading, false, or fraudulent;

(3) The applicant previously had a registry identification card denied for providing in the application or supporting material information that was determined to be misleading, false, or fraudulent;

(4) The department determines that the information provided in the application or supporting documentation did not meet the requirements of RSA 126-X or He-C 401;

(5) A minor applicant's custodial parent or legal guardian is not approved to be a designated caregiver, except that if both parents are listed on the minor patient application as designated caregivers, and only one designated caregiver applicant is denied, the minor patient's application to be a qualifying patient shall not be denied; or

(6) A legal guardian of an adult applicant with a guardian is not approved to be a designated caregiver, except that if co-guardians are listed on the adult guardianship application as designated caregivers, and only one designated caregiver applicant is denied, the patient's application to be a qualifying patient shall not be denied.

(b) The department shall revoke a qualifying patient or designated caregiver's registry identification card for any of the following:

- (1) Violation of any provision of RSA 126-X or He-C 401;
- (2) Submission of misleading, false, or fraudulent information in the application or supporting documentation;
- (3) Fraudulent use of a registry identification card;
- (4) Selling, distributing, or giving cannabis to any unauthorized person;
- (5) Tampering, falsifying, altering, modifying, duplicating, or allowing another person to use, tamper, falsify, alter, modify, or duplicate a registry identification card;
- (6) A designated caregiver has been convicted of a felony in this or any other state;
- (7) A qualifying patient or designated caregiver is an inmate at a correctional facility;
- (8) A qualifying patient is no longer a resident of New Hampshire;

(9) A qualifying patient or designated caregiver repeatedly obtained more than 2 ounces of cannabis from an alternative treatment center in any 10-day period, in violation of RSA 126-X:8, XIII(b);

~~(9)~~(10) A qualifying patient used cannabis in a manner that puts others at risk of their health, safety, or welfare, or has failed to take reasonable precautions to avoid putting others at such risk; and

~~(40)~~(11) A qualifying patient or designated caregiver produces cannabis concentrate using an extraction method that is prohibited by He-C 401.18.

(c) The department shall deny the extension of a written certification if any of the requirements for requesting an extension in He-C 401.06(h)-(i) are not met.

~~(e)~~(d) At the time of denying an application for a registry identification card, ~~or~~ revoking a registry identification card, or denying an extension of a written certification, the department shall send to the applicant or cardholder written notice that sets forth:

- (1) The action to be taken by the department;
- (2) The reason(s) for the action; and
- (3) The right of an applicant or cardholder to a hearing in accordance with He-C 200 before the enforcement action becomes final.

~~(d)~~(e) An applicant or cardholder shall have 30 days from the date of the notice of the enforcement action to request a hearing to contest the action.

~~(e)~~(f) If a request for a hearing is not made pursuant to ~~(d)~~(e) above, the applicant or cardholder shall be deemed to have waived their right to a hearing.

~~(f)~~(g) Hearings under this section shall be conducted in accordance with He-C 200.

He-C 401.13 Requirements for Notifications.

(a) A qualifying patient shall notify the department in writing of any of the following:

(1) A change to the qualifying patient's name or address, within 10 days of such change;

(2) The designation of a caregiver if the patient has not already done so on an initial or renewal application, the removal of a designated caregiver, or both; or

~~(3) A change to the qualifying patient's designated ATC; or~~

~~(4)~~(3) A registry identification card has been lost, stolen, or destroyed, within 10 days of the discovery of the loss, theft, or destruction.

(b) A designated caregiver shall notify the department in writing of any of the following:

(1) A change to the designated caregiver's name or address, within 10 days of such change;

(2) A change to the designated caregiver's qualifying patient(s);

(3) A registry identification card has been lost, stolen, or destroyed, within 10 days of the discovery of the loss, theft, or destruction; or

(4) Immediately upon being convicted of a felony in this or any other state.

(c) The notifications in (a)(1), (3), and (4) and (b)(1) and (3) above may be on a "Change of Information / Lost Card" form, which shall include the following information:

(1) Name, date of birth, and phone number;

(2) For a name or address change, the new name, address, or both; and

~~(3) For change of ATC, the current ATC and the new ATC; and~~

~~(4)~~(3) For a replacement registry identification card, indication that a registry identification card has been lost, stolen, or destroyed, and the submission of the required fee pursuant to He-C 401.14(b)(4).

(d) The notifications in (a)(2) and (b)(2) above may be on a "Caregiver Designation / Removal" form, which shall include the following information, as applicable:

(1) To be completed by the qualifying patient:

a. The qualifying patient's name, date of birth, and registry identification card number;

b. The name of the person(s) being designated, removed, or both, as the qualifying patient's designated caregiver; and

- c. The qualifying patient's dated signature; and
- (2) To be completed by the designated caregiver:
 - a. The designated caregiver's name and date of birth;
 - b. Acceptance of the designation to act as a caregiver for the qualifying patient listed in (1)a. above;
 - c. Indication that the caregiver is either:
 - 1. Currently a designated caregiver, and the current registry identification card number; or
 - 2. Not currently a designated caregiver, and that the individual understand that a separate and complete caregiver application must be submitted to the department;
 - d. Indication that the designated caregiver shall no longer serve as designated caregiver for the qualifying patient listed on the form; and
 - e. The designated caregiver's dated signature.

(e) If a qualifying patient's certifying provider provides written notice to the department pursuant to He-C 401.06(f) and (g) to rescind or otherwise withdraw a written certification which the provider previously issued, the qualifying patient's:

- (1) Application shall be considered incomplete if the registry identification card has not yet been issued, and the applicant shall be issued a refund of the application fee; or
- (2) Registry identification card shall become void upon notification by the department to the qualifying patient.

(f) Upon learning of the death of a qualifying patient, a surviving family member, caretaker, executor, or the qualifying patient's designated caregiver shall:

- (1) Notify the department that the qualifying patient has died, within 5 days of the death; and
- (2) Within 5 days of the death, dispose of any remaining cannabis by either:
 - a. Requesting a local law enforcement agency to remove the remaining cannabis; or
 - b. Mixing the remaining cannabis with other ingredients such as soil to render it unusable.

(g) As applicable, the department shall notify a qualifying patient or designated caregiver of any changes described in (a) through (f) above regarding their designated caregiver or qualifying patient, respectively.

(h) A new registry identification card shall be issued within 20 days for any change to a qualifying patient's or designated caregiver's name or address.

(i) If a qualifying patient or designated caregiver loses their registry identification card, whether due to loss, theft, or destruction:

- (1) They shall notify the department in writing within 10 days of losing the card;
- (2) They shall submit payment of a fee pursuant to RSA 126-X:4, IX(f), and He-C 401.14(b)(4) if they want a replacement card; and
- (3) Within 5 days of such notification and payment, the department shall issue a new registry identification card.

(j) A designated caregiver's registry identification card shall become void upon notification by the department to the designated caregiver that all the qualifying patients for whom the individual is acting as designated caregiver either have lost their status as qualifying patients or have rescinded or otherwise ended the designation.

(k) A voided registry identification card in (j) above shall be reactivated if a new qualifying patient designates the caregiver, and the designated caregiver accepts that designation, within the designated caregiver's current registration period.

(l) A registry identification card that is outdated, has expired, has been voided, except in the case of (j) above, or has been revoked shall be destroyed by the cardholder.

Readopt with amendment He-C 401.15, effective 7-1-21 (Document #13220), to read as follows:

He-C 401.15 Confidentiality.

(a) The department shall maintain the confidentiality of all information about applicants, qualifying patients, designated caregivers, certifying providers, and ATCs that is contained in the department's registry, as provided by RSA 126-X, He-C 400, and the Health Insurance Portability and Accountability Act (HIPAA) at 45 CFR 160, 162 and 164, as applicable.

(b) Notwithstanding (a) above, information in (a) above shall be used and disclosed by the department to:

- (1) Authorized employees of the department in the course of their official duties;
- (2) An individual or entity pursuant to an order from a court of competent jurisdiction;
- (3) Law enforcement personnel in accordance with RSA 126-X:4, XI(b)(1)-(3), but such information shall be limited to:
 - a. The location associated with a qualifying patient, designated caregiver, or ATC; and
 - b. Whether a person is a qualifying patient or a designated caregiver;
- (4) Law enforcement personnel in accordance with RSA 126-X:4, XI(b)(5), regarding information related to falsified or fraudulent information submitted to the department where counsel has made a legal determination that there is probable cause-reason to believe the information is false or falsified;

(5) The NH board of medicine, the NH board of nursing, or the appropriate regulatory entity in Maine, Massachusetts, or Vermont, pursuant to RSA 126-X:4, VII(c), and RSA 126-X:2, VIII, but such information shall be related to the conveyance of concerns regarding provider conduct;

(6) The health and human services oversight committee established under RSA 126-X:13, to the NH board of medicine, and the NH board of nursing in the department's annual data report required by RSA 126-X:10, except that only deidentified, aggregate data required by RSA 126-X:10, IV, shall be released;

(7) To a qualifying patient, a qualifying patient's certifying provider, or a qualifying patient's designated caregiver for the purposes of carrying out these rules;

(8) To an individual or entity pursuant to a release signed by the qualifying patient, designated caregiver, certifying provider, or authorized ATC agent; and

(9) Individuals or entities for the purposes of public health, health care operations, or research if such release is consistent with all applicable HIPAA standards, pursuant to RSA 126-X:10, VI.

(c) In order for information to be disclosed to law enforcement personnel in accordance with (b)(3) above, the following shall have occurred:

(1) Local or state law enforcement personnel shall have detained or arrested an individual who claims to be engaged in the therapeutic use of cannabis;

(2) A local or state law enforcement officer shall have submitted a sworn affidavit to the department affirming that they have probable cause to believe cannabis is possessed at a specific address; or

(3) A local or state law enforcement officer shall have submitted a sworn affidavit to the department affirming that they have probable cause to believe a specific individual possesses cannabis, and has also provided the person's name and address or name and date of birth.

(d) ~~In accordance with RSA 126-X:4, II-a, †~~The department shall maintain the confidentiality of all criminal history records information ~~it has~~ received.

APPENDIX

RULE	STATUTE
He-C 401.02	RSA 126-X:1
He-C 401.04	RSA 126-X:4, I
He-C 401.04(a)(6)n.	RSA 126-X:4, VI
He-C 401.04(a)(8)	RSA 126-X:4, I(h); RSA 126-X:3, VI; RSA 318-B:26, IX-a
He-C 401.04(b)(3)	RSA 126-X:1, X
He-C 401.05	RSA 126-X:4, II
He-C 401.05(a)(3)	RSA 126-X:1, VI(b)
He-C 401.05(a)(4)l.	RSA 126-X:4, VI
He-C 401.05(a)(7)	RSA 126-X:4, II(f); RSA 126-X:3, VI; RSA 318-B:26, IX-a
He-C 401.06	RSA 126-X:1, VII(a), VIII, XVII
He-C 401.06(b)(4)a.	RSA 310-A:1-g
He-C 401.06(b)(5)b.	RSA 126-X:4, V(b)
He-C 401.06(e)	RSA 126-X:8, XVIII
He-C 401.06(f) & (g)	RSA 126-X:4, IX(b)
He-C 401.07	RSA 126-X:1, XVII
He-C 401.07(b)(5)b.	RSA 126-X:4, V(b)
He-C 401.07(b)(7)	RSA 126-X:4, IV
He-C 401.08	RSA 126-X:4, I, II, II-a, and V
He-C 401.08(c)(10)	RSA 126-X:4, II(f); RSA 126-X:3, VI; RSA 318-B:26, IX-a
He-C 401.09	RSA 126-X:4, I, II, and II-a
He-C 401.09(c)(9)	RSA 126-X:4, II(f); RSA 126-X:3, VI; RSA 318-B:26, IX-a
He-C 401.10	RSA 126-X:4, I-IV
He-C 401.11	RSA 126-X:4, I-IV
He-C 401.11(d)(2)	RSA 126-X:4, IX(b)
He-C 401.12	RSA 126-X:4, III; RSA 126-X:3, VI-VII; RSA 126-X:6, I(c)
He-C 401.13	RSA 126-X:4, IX
He-C 401.13(f)	RSA 126-X:4, XII; RSA 126-X:2, XIV(b)-(c)
He-C 401.15	RSA 126-X:4, XI; RSA 126-X:10, VI
He-C 401.15(b)(5)	RSA 126-X:4, VII(a)(2)
He-C 401.15(b)(6)	RSA 126-X:10
He-C 401.15(d)	RSA 126-X:4, II(g)