



MEDICAL MARIJUANA INFORMATION

NDACA Fall Conference

September 10, 2021

LEGAL DISCLAIMER

This presentation is intended to convey general information only and does not provide legal advice.

The contents should not be construed as legal advice.

Contact your attorney for advice on your specific circumstances and legal issues.

FROM 2019 SPRING CONFERENCE TO TODAY

	March 2019	September 2021
Dispensaries Open	1	8
Registered Qualifying Patients	<250	>6,200
Registered Designated Caregivers	<10	>130

NORTH DAKOTA PROGRAM ONLY

- Marijuana is still illegal under the federal Controlled Substances Act
- No reciprocity with other states
- Dispensed product is not to cross state lines
- Dispensed product is to stay in the container with the labels attached

DEFINITIONS

Health Care Provider

- A physician, a physician assistant, or an advanced practice registered nurse.

Qualifying Patient

- An individual who has been diagnosed by a health care provider as having a debilitating medical condition.

Designated Caregiver

- An individual who agrees to manage the well-being of a registered qualifying patient with respect to the qualifying patient's medical use of marijuana.

DEFINITIONS (END)

Manufacturing Facility

- An entity registered who is authorized to produce and process and to sell usable marijuana to a dispensary. Pay up to a \$110,000 certification fee for a two-year certificate.

Dispensary

- An entity registered who is authorized to dispense usable marijuana to a registered qualifying patient and a registered designated caregiver. Pay up to a \$90,000 certification fee for a two-year certificate.

Registry Identification Card

- A document issued by the Department of Health which identifies an individual as a registered qualifying patient, registered designated caregiver, registered compassion center agent, or laboratory agent.

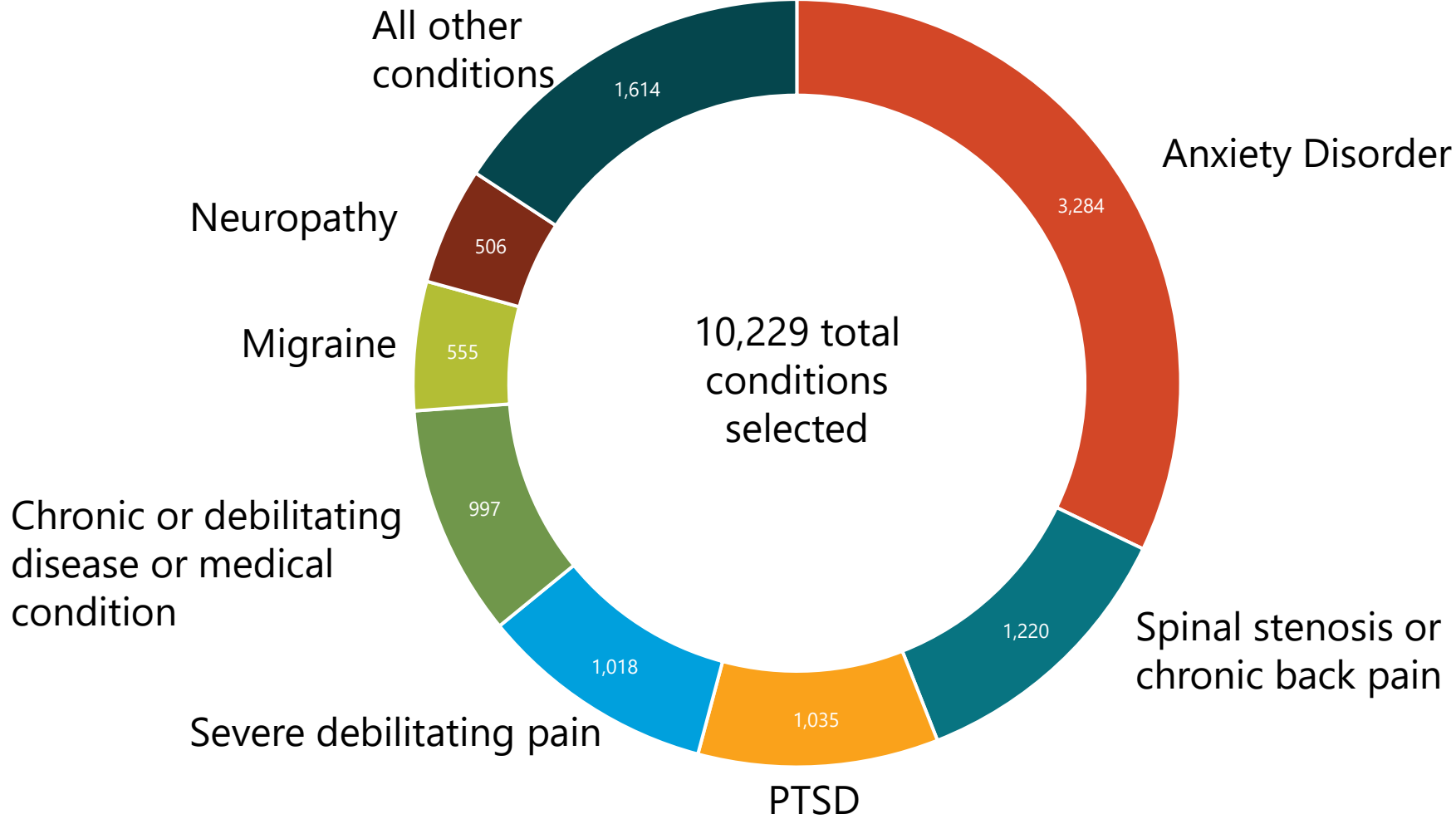
DEBILITATING MEDICAL CONDITIONS (26)

- Agitation of Alzheimer's disease or related dementia
- AIDS
- Amyotrophic lateral sclerosis (ALS)
- Anorexia nervosa
- Anxiety disorder
- Autism spectrum disorder
- A brain injury
- Bulimia nervosa
- Cancer
- Crohn's disease
- Decompensated cirrhosis caused by hepatitis C
- Ehlers-Danlos syndrome
- Endometriosis
- Epilepsy
- Fibromyalgia
- Glaucoma
- HIV
- Interstitial cystitis

MEDICAL CONDITIONS (END)

- Migraine
- Neuropathy
- Posttraumatic stress disorder (PTSD)
- Rheumatoid arthritis
- Spinal stenosis or chronic back pain with objective neurological indication of intractable spasticity
- A terminal illness
- Tourette syndrome
- A chronic or debilitating disease or medical condition or treatment for such disease that produces:
 - Cachexia or wasting syndrome;
 - Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects;
 - Intractable nausea;
 - Seizures; or
 - Severe and persistent muscle spasms, including those characteristic of multiple sclerosis

DEBILITATING MEDICAL CONDITIONS SELECTED BY HEALTH CARE PROVIDERS FOR REGISTERED QUALIFYING PATIENTS AS OF JUNE 30, 2021



NO PRESCRIPTIONS – WRITTEN CERTIFICATION

Individual must obtain a written certification from their health care provider who must be licensed in North Dakota and have a license in good standing.

- Health care provider states the patient has a debilitating medical condition.
- Attestation that the written certification is made in the course of a bona fide provider-patient relationship.

VETERAN ACCOMMODATION

In lieu of a written certification, a veteran receiving treatment from a federal VA entity may submit a copy of their medical records.

- Over 230 registered qualifying patients are veterans using the accommodation

BONA FIDE PROVIDER-PATIENT RELATIONSHIP

- Health Care Provider has **created, maintained, and reviewed** the patient's relevant **medical records**.
- An **in-person** medical evaluation of the patient is performed.
- Health Care Provider continues care for the patient and their debilitating medical condition that qualified them for the Medical Marijuana Program.
- Health Care Provider has a **reasonable expectation for follow up care** regarding the medical use of marijuana as a treatment of the patient's debilitating medical condition.
- Provider-Patient relationship is **NOT for the sole purpose** of providing a written certification for the medical use of marijuana.

OVERVIEW OF PROCESS

Patient **talks** with their health care provider and then starts a patient application via the ND Medical Marijuana registration system.

As part of the patient application, the patient enters the name and email address of the health care provider.

The health care provider receives a notification via email that they are requested to complete a written certification for the patient.

Via the registration system, the health care provider completes the written certification.

The registration system links the written certification to the patient application. The Division of Medical Marijuana reviews the application.

The patient is **issued a registry ID card** if approved.



DIVISION OF MEDICAL MARIJUANA HOMEPAGE (health.nd.gov/mm)

Program Information

[Dispensary Locations](#)

[Electronic Payments Available](#)

[Presentations and Annual Reports](#)

[Status Updates and Press Releases](#)

[State Laws and Administrative Rules](#)

[User Guide and Forms](#)

[Subscribe/Unsubscribe to Updates](#)

[Electronic ID Card Information](#)

[Sample Registry ID Card](#)



Patients

19 years or Older



Minor Patients

Under 19 years old

Active Patient Cards

As of 8/25/2021 - 6168

Contact Us

Division of Medical Marijuana
600 E Boulevard Ave, Dept 301
Bismarck ND 58505-0200

Phone: 701-328-1311

Fax: 701-328-1333

medmarijuana@nd.gov



HEALTH CARE PROVIDER BUTTON

ND Medical Marijuana Healthcare Providers

Healthcare Providers

[Healthcare Provider Overview](#)

[Written Certification Process](#)

[Frequently Asked Questions](#)

[Debilitating Medical Conditions](#)

[Product and Limits Information](#)



[Sign In or Create an Account](#)

[Application Tips and Tricks](#)

[Written Certification Video Tutorial](#)

[Create an Account Video Tutorial](#)

HEALTH CARE PROVIDER ACCOUNT REGISTRATION

To set up an account – enter email and create password

- Email address must match the email entered by the patient on their application

Information may input when registering (enter once)

- Health care facility name, address, and number
- Your name, number, email address, professional license number, and specialty (drop down box)

Information is Confidential

WRITTEN CERTIFICATION – FIRST SECTION

Written Certification

This section will be completed by the patient's health care provider

Health Care Provider Information

Last Name Suffix

First Name Middle Name

Practice Location Address

Address

County State

City ZIP Code

Primary Phone Secondary Phone

Email Address Health Care Provider's North Dakota Professional License Number

Health Care Provider's Medical or Nursing Specialty

WRITTEN CERTIFICATION – DEBILITATING MEDICAL CONDITION (SECOND SECTION)

At least one option should be selected

- | | |
|---|---|
| <input type="checkbox"/> A Terminal Illness | <input type="checkbox"/> Interstitial cystitis |
| <input type="checkbox"/> Acquired Immune Deficiency Syndrome | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Agitation of Alzheimer's Disease or related Dementia | <input type="checkbox"/> Neuropathy |
| <input type="checkbox"/> Amyotrophic Lateral Sclerosis | <input type="checkbox"/> Positive status for Human Immunodeficiency Virus |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Post-traumatic Stress Disorder |
| <input type="checkbox"/> Anorexia nervosa | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Spinal Stenosis or Chronic Back Pain, including Neuropathy or damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> Bulimia nervosa | <input type="checkbox"/> Chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Cachexia or Wasting Syndrome |
| <input type="checkbox"/> Crohn's disease | <input type="checkbox"/> Intractable Nausea |
| <input type="checkbox"/> Decompensated Cirrhosis caused by Hepatitis C | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Ehlers-Danlos syndrome | <input type="checkbox"/> Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects |
| <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Severe and persistent muscle spasms, including those characteristic of Multiple Sclerosis |
| <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Fibromyalgia | |
| <input type="checkbox"/> Glaucoma | |

This written certification is valid for:

At least one option should be selected

- One year (from date of card issuance) Less than one year (from date of card issuance), select amount of time

FINAL SECTION

Health Care Provider Attestation

This certification is made in the course of a bona fide provider-patient relationship as defined in NDCC 19-24.1 (3).

I completed an assessment of the patient's current medical condition, including presenting symptoms related to the debilitating medical condition I diagnosed or confirmed.

By checking this box and typing my name below, I am electronically signing my application. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

First Name

Middle Initial

Last Name

Date

MM-DD-YYYY

By providing my electronic signature, I hereby certify and affirm all information contained in this Written Certification is true and correct. I understand providing false information is a violation of North Dakota state laws and is grounds for denial of an application or renewal for a registry identification card under the North Dakota Medical Marijuana Program.

RESCINDING A WRITTEN CERTIFICATION

A health care provider may notify the Division of Medical Marijuana in writing (email) if:

- The qualifying patient no longer has the debilitating medical condition that qualified them for the program; or
- A bona fide provider-patient relationship no longer exists.

INFORMATION TECHNOLOGY SYSTEM

Two parts of the information technology system:

1. Registration System: register all qualifying patients, designated caregivers, and agents of manufacturing facilities and dispensaries
2. Traceability System: tracks all marijuana at manufacturing facilities and dispensaries (ID tags with barcode, manifest system for transporting purposes)

REGISTRY IDENTIFICATION CARDS

Qualifying Patients

- Qualifying Medical Condition
- Written Certification
- Application Fee - \$50/year
(fee may be waived for minor)

Designated Caregivers

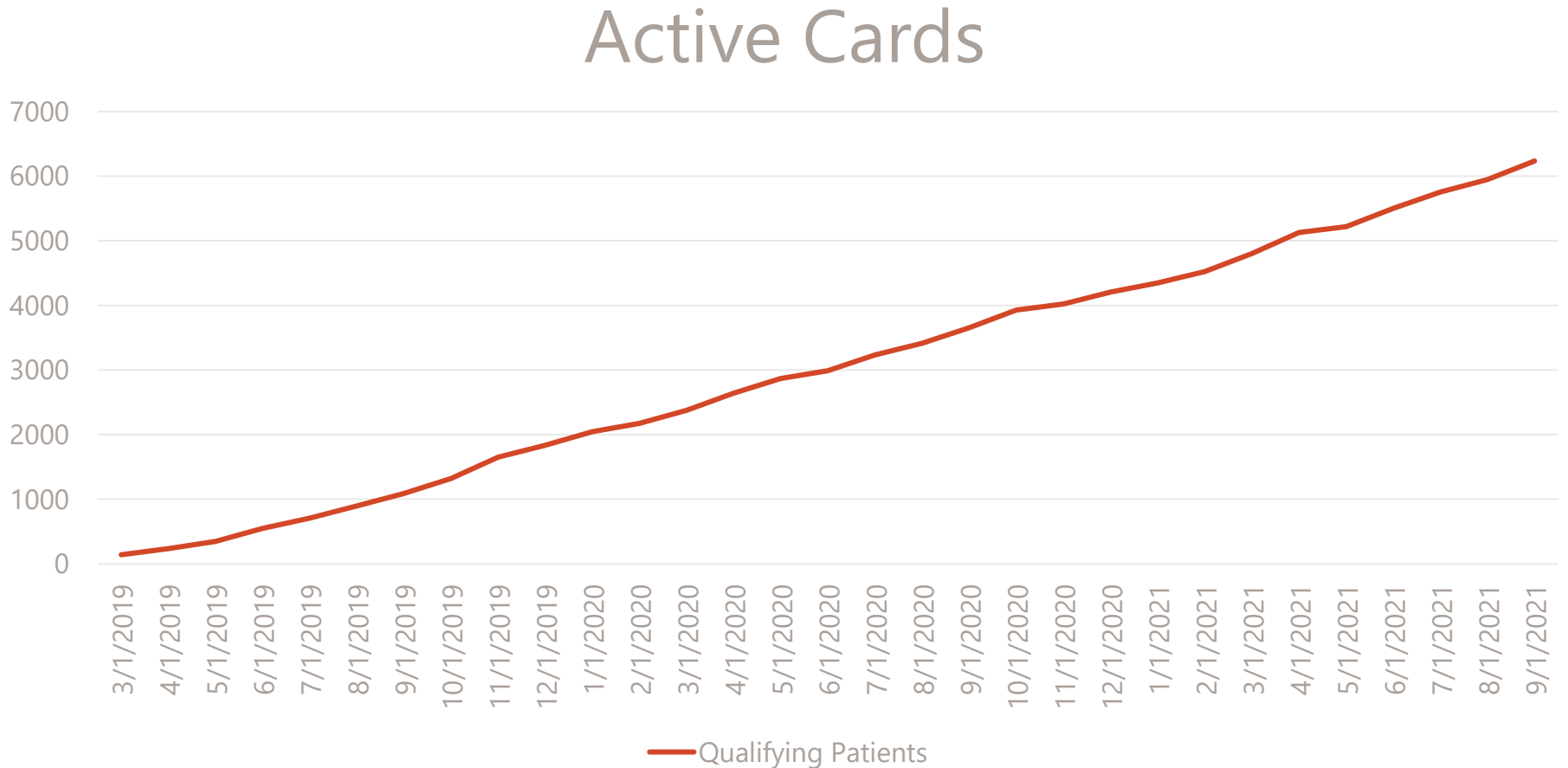
- 21 years of age
- Passed a criminal history record check
- Application Fee - ZERO

Dispensary, manufacturing facility, and lab agents

- 21 years of age
- Passed a criminal history record check
- Application Fee - \$200/year (fee waived for lab agent)

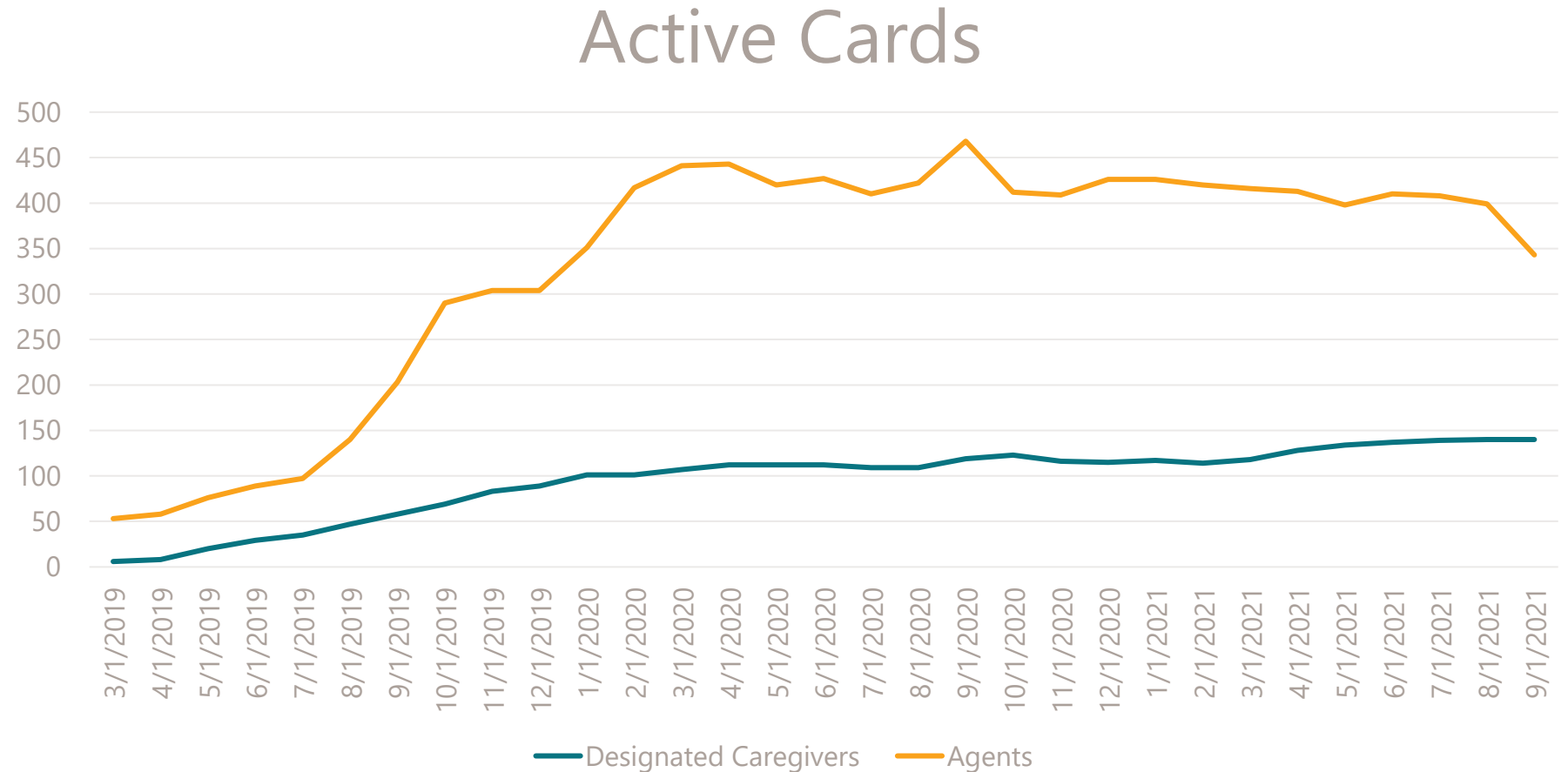
REGISTRY IDENTIFICATION CARDS – QUALIFYING PATIENTS

6,268 Active
Patient cards
(as of 9/8/2021)



REGISTRY IDENTIFICATION CARDS

137 Active Designated Caregiver cards (as of 9/8/2021)



Front Side

NORTH DAKOTA MEDICAL MARIJUANA



PATIENT
NAME:John ZZTest
DATE OF ISSUE:04-25-2019
DATE OF EXPIRATION:02-13-2020
ID NUMBER:G372G6YWL2
DRIED LEAVES AND FLOWER:Standard



SAMPLE

Back Side

NORTH DAKOTA MEDICAL MARIJUANA

PATIENT

If found or to verify card, contact the Division of Medical Marijuana at (701) 328-1311.
Counterfeiting, replicating, alteration or misuse of this card is prohibited by law. Use or possession of this card by any person other than the intended cardholder is unlawful.



G3 72 G6 YW L2



Dried Leaves/Flower Possession Limits:
No = 0.0 oz
Standard = 3.0 oz
Enhanced = 7.5 oz

TYPES OF USABLE MARIJUANA

Not for Minors! (under 19)

*Products with >6% THC

*Smokable form

Usable Marijuana

Dried Leaves & Flowers

Medical Marijuana Products

Cannabinoid Concentrate or Extract

Medical Cannabinoid Products

Solutions

Topicals

Capsules

Transdermal patches

Not for minors

Max size 30 mL

Max 50 mg THC per serving

Max 6% THC per serving

Max 50 mg THC per serving

Maximum purchase amounts per 30 days:

*2.5 ounces total – dried leaves and flowers; and
*4,000 mg THC total – other products

(up to 6 ounces of dried leaves and flowers may be authorized for patients with a medical condition of cancer)

DRIED LEAVES AND FLOWER

Types

- Regular
- B bud
- Trim

Sizes

- 1 gram
- 1/8 (3.5 grams)
- 1/4 (7 grams)

Pre-rolls

- One 1 gram
- Three 1 gram
- Five 0.7 gram

CONCENTRATES

Types

- Different waxes (crumble, budder, pull and snap, etc.)
- Shatter
- Live resin
- FSO/PDO/RSO
- Distillate for vapes

Sizes

- 1/2 gram containers/syringes/vape cartridges
- 1 gram containers/syringes/vape cartridges

OTHER PRODUCTS ON MARKET

Solutions

- 30 mL bottles
- Various potencies/formulations/ratios

Capsules

Topicals/Lotions

WHAT IS THIS?



Crumble

WHAT IS THIS?



Budder

WHAT IS THIS?



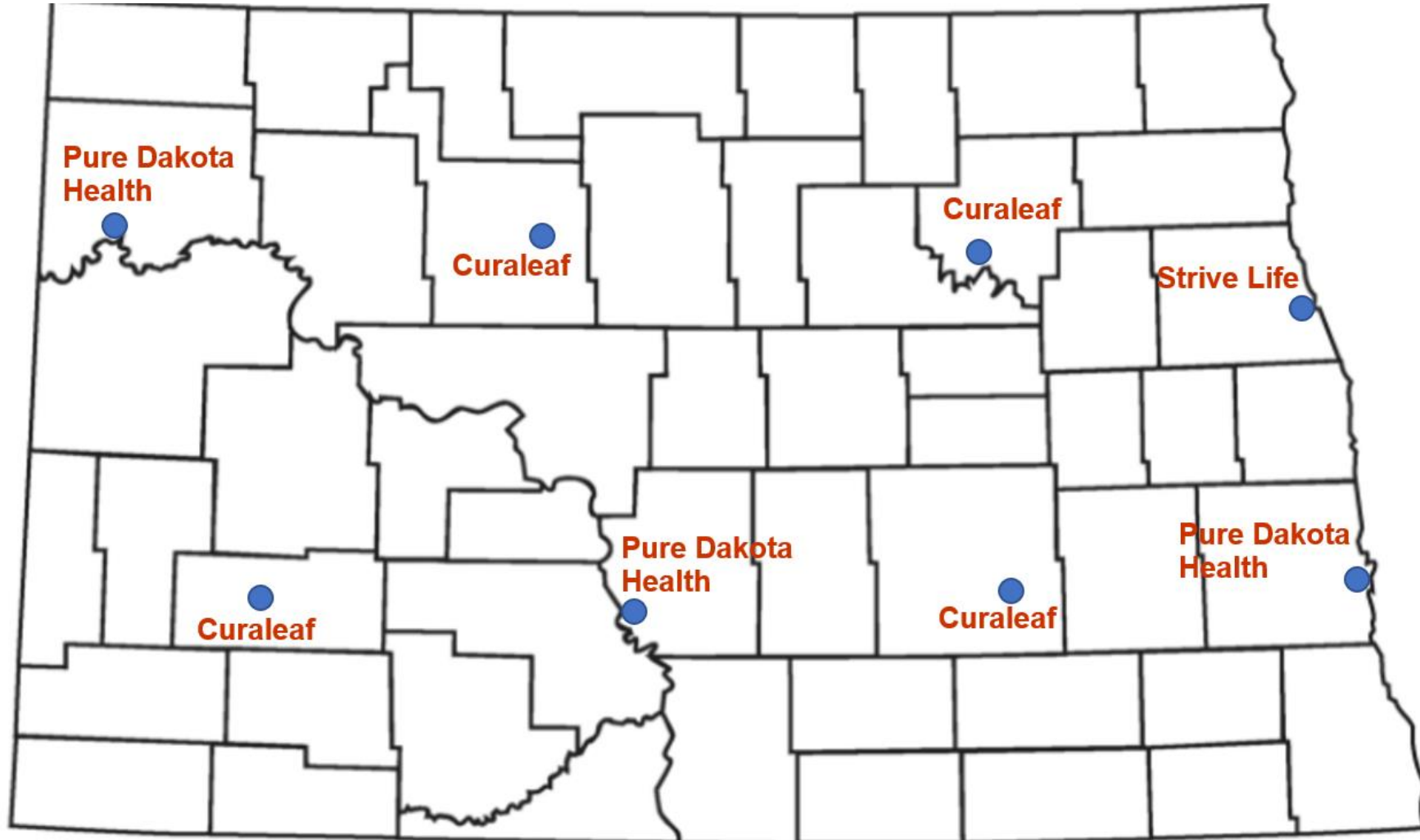
Pull and
snap

WHAT IS THIS?



Shatter

REGISTERED DISPENSARY LOCATIONS



MANUFACTURING FACILITIES

Pure Dakota

Grassroots

COMPLIANCE TESTING

Prior to transporting any marijuana or marijuana product to a dispensary, the flower lot or process lot is subject to sampling and applicable compliance tests.

- Contract with a lab to conduct testing (lab representatives travel to manufacturing facilities to select samples for tests)
- Lab enters test information into the information technology system (manufacturing facility unable to place untested products onto a manifest to transport to a dispensary)

TESTS PERFORMED

Dried Leaves and Flowers

- Pesticides
- Microbiological contaminants and mycotoxins
- Heavy metals
- THC/CBD
- Moisture content/water activity

Concentrates and Medical Cannabinoid Products

- Pesticides
- Microbiological contaminants and mycotoxins
- Heavy metals
- THC/CBD
- Solvents

LABELS ON PRODUCTS

Products purchased from a dispensary will include a label from the manufacturing facility and a label from the dispensary.

Dispensary label will include qualifying patient's name and number, name of dispensary, date dispensed (may include designated caregiver name and number), and notification to keep products in the packaging with labels attached.

2021 LEGISLATIVE CHANGES

- Removes \$50 designated caregiver application fee
- Allows registered qualifying patient to have up to five designated caregivers
- Exempts criminal history record check of a designated caregiver of a qualifying patient with a terminal illness
- Adds definitions for terms owner, ownership interest, substantial corporate change, and THC

PROPOSED CHANGES – NOT PASSED

Home Grow

Removing Pediatric Limit

Allow minor patients to have dried leaves and flowers

Temporary card for out-of-state individuals

PROPOSED CHANGES – NOT PASSED

Edibles

- Allow a square shape item, maximum THC amount, possession limit
- Passed House; 25 yeas/22 nays in Senate

Adult Use

- First state to have a regulated adult use/recreational program; limits on number of dispensaries and manufacturing facilities
- Maximum purchase amounts
- Passed House; 10 yeas/37 nays in Senate

SIMILAR PACKAGING?



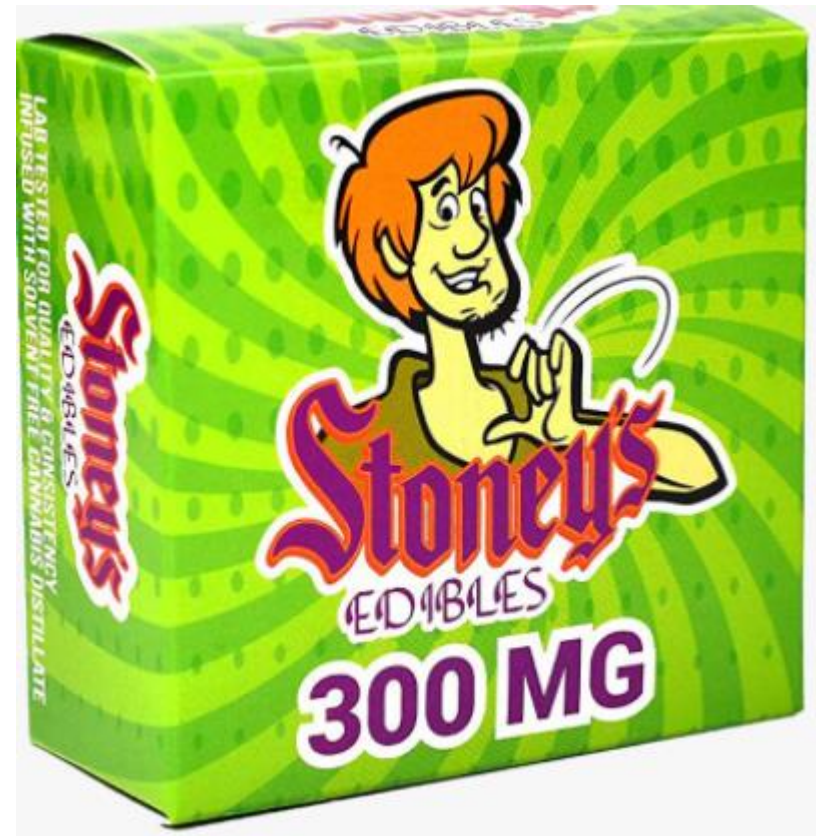
SIMILAR PACKAGING



SIMILAR PACKAGING



WHO MARKETING TOWARDS?



ADVERSE EVENTS

Incidents involving overdose or adverse reactions are to be reported to the Department by registered qualifying patients, registered designated caregiver, agents, law enforcement, health care professionals, emergency medical services professionals, and emergency department personnel at a health care facility.

- “Adverse Reaction” means an unwanted, unexpected, or dangerous effect caused by the administration of usable marijuana dispensed under the Medical Marijuana Program.

INCIDENT REPORTING

Administrative rules require the Department to develop a form for law enforcement to use to notify the Department of:

- An individual who is not a registered cardholder found in possession of usable marijuana dispensed under the program; and
- A registered qualifying patient or registered designated caregiver found in possession of more than the allowable amount of usable marijuana.

The electronic form is available on the Division's website (under the 'Forms' link).

Law enforcement has five business days to notify the Department.

PDMP

Every two weeks, data regarding registered qualifying patients is uploaded to the Prescription Drug Monitoring Program (PDMP) system.

Within PDMP, able to identify an individual with a valid registry identification card and the expiration date.

ONE ADDITIONAL LEGISLATIVE CHANGE

Hemp Definition

Delta-8

ACTS NOT REQUIRED

The medical marijuana laws do not require:

- A government medical assistance program or private insurer to reimburse a person for costs associated with the medical use of marijuana;
- A person in lawful possession of property to allow a guest, client, customer, or other visitor to possess or consume usable marijuana on or in that property;
- A landlord to allow production or processing on rental property; or
- A health care provider to provide a written certification or otherwise recommend marijuana to a patient.

EMPLOYER/EMPLOYEE

The law does not prohibit an employer from disciplining an employee for possessing or consuming usable marijuana in the workplace or for working while under the influence of marijuana.

RESTRICTIONS ON USE

State law does not allow for the possession or consumption of usable marijuana:

- On a school bus or school van that is used for school purposes;
- On the grounds of any public or private school;
- At any location while a public or private school sanctioned event is occurring at that location;
- On the grounds of a correctional facility; or
- On the grounds of a child care facility or licensed home day care, unless authorized under rules adopted by the Department of Human Services.

ADDITIONAL RESTRICTIONS

- May not operate, navigate, or be in actual physical control of a motor vehicle, aircraft, train, or motorboat while under the influence of marijuana
- May not use a combustible delivery form or vaporizing if the smoke or vapor would be inhaled by a minor
- The same state law smoking provisions existing for smoking, vaping, etc. in public places and places of employment are applicable to the medical marijuana program
- May not undertake an activity under the influence of marijuana if doing so would constitute negligence or professional malpractice

EXAMPLES OF PROTECTIONS

- Registered qualifying patient is not subject to arrest or prosecution or the denial of any right or privilege for the acquisition, use, or possession of usable marijuana or related supplies under the medical marijuana law.
- Registered designated caregiver is not subject to arrest or prosecution or the denial of any right or privilege for assisting a registered qualifying patient or for receiving compensation for costs associated with assisting a registered qualifying patient.
- Registered compassion center agent is not subject to arrest or prosecution or the denial of any right or privilege for working or volunteering for a compassion center if actions performed are authorized under the medical marijuana law.

HEALTH CARE PROVIDER PROTECTIONS

A health care provider is not subject to arrest or prosecution or the denial of any right or privilege, including a civil penalty or disciplinary action by a court or occupational or professional regulating entity:

- Solely for providing a written certification or for stating in the health care provider's professional opinion a patient is likely to receive therapeutic or palliative benefit from the medical use of usable marijuana to treat or alleviate the patient's debilitating medical condition; or
- For refusing to provide a written certification.



THANK YOU
www.health.nd.gov/mm