

North Dakota

The North Dakota Medical Marijuana Legalization Initiative, also known as Initiated Statutory Measure 5, was on the November 8, 2016, ballot in North Dakota as an initiated state statute. It was approved.

North Dakota approved a ballot initiative that allows medical use of marijuana, raising the number of states with such laws to 27. With more than 60 percent of precincts reporting, Initiated Statutory Measure 5 was favored by 64 percent of voters.

Measure 5 allows the use of marijuana for treatment of specified "debilitating medical conditions" and others added by the North Dakota Department of Health.

It authorizes production and distribution of medical marijuana by state-registered, nonprofit "compassion centers." The initiative allows patients located more than 40 miles from the nearest licensed supplier to grow up to eight plants in "an enclosed, locked facility."

"Measure 5 is going to improve the quality of life for many North Dakotans," said Anita Morgan of North Dakota Compassionate Care, the committee that promoted the initiative. "There is no longer any doubt that cannabis is effective in the treatment of several debilitating medical conditions. It can alleviate the nausea that cancer patients

experience as they undergo chemotherapy. It can dramatically reduce or even eliminate seizures in patients suffering from epilepsy. And it can serve as a much safer alternative to prescription drugs that are often prescribed to patients who are dealing with severe and chronic pain."

Under the specifications of the measure, patients would need identification cards listing specific criteria. The act was known as the "North Dakota Compassionate Care Act".

Initiative design

Qualified patients

Measure 5 was designed to allow medical marijuana treatment for patients with the following debilitating medical conditions:

Cancer and its treatments

Human immunodeficiency virus (HIV)

Acquired immune deficiency syndrome (AIDS)

Decompensated cirrhosis (Hepatitis C)

Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)

Post-traumatic stress disorder (PTSD)

Agitation of Alzheimer's disease, dementia, or the treatment of these conditions

Crohn's disease or Fibromyalgia

Glaucoma

Epilepsy

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, and any other medical condition or its treatment added by the North Dakota Department of Health.

A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: 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 but not limited to those characteristic of multiple sclerosis.

Patients may petition the North Dakota Department of Health to add to the list of qualifying medical conditions.

Identification cards

The measure was designed to require patients and designated caregivers to apply for registry identification cards in order to participate in the medical marijuana compassionate care program. The patient application would have to include certain documentation, a written certification from the applicant's physician, and an application fee.

Designated caregivers would be responsible for treating one to five qualified patients, and can be qualified patients

themselves. The designated caregiver application would have to include certain documentation verifying identity, written approval and contact information from qualified patient(s), and a criminal history screening/background check. An individual convicted of a felony offense would not be able to serve as a designated caregiver.

Text of measure

Ballot language

The ballot language was as follows:

This initiated measure would add a new chapter to Title 19 of the North Dakota Century Code creating an Act which provides for the medical use of marijuana for defined medical conditions, such as cancer, AIDS, hepatitis C, ALS, glaucoma, and epilepsy. To participate in the program, the Act would provide for identification cards and certificates of registration which would be issued by the Department of Health for patients, caregivers, and qualified facilities, if all requirements are met. The Act would create provisions for monitoring, inventorying, dispensing, cultivating and growing marijuana to be regulated and enforced by the Department of Health.

A qualified patient could be dispensed up to three ounces of usable marijuana, and could grow marijuana if his or her home is located more than forty miles from the nearest registered facility. For violations, the Act would authorize the Department of Health to provide for corrective action,

suspension, revocation, appeal, hearings, and referral for criminal prosecution. The Act would require the Department of Health to submit an annual report to the legislature regarding program statistics.

Measure analysis

The measure analysis was as follows:

Initiated Statutory Measure No. 5 was placed on the ballot by petitions circulated by a sponsoring committee. If approved, this initiated measure would add a new chapter to Title 19 of the North Dakota Century Code creating an Act which provides for the medical use of marijuana for defined medical conditions, such as cancer, AIDS, hepatitis C, ALS, glaucoma, and epilepsy. To participate in the program, the Act would provide for identification cards and certificates of registration which would be issued by the Department of Health for patients, caregivers, and qualified facilities, if all requirements are met.

The Act would create provisions for monitoring, inventorying, dispensing, cultivating and growing marijuana to be regulated and enforced by the Department of Health. A qualified patient could be dispensed up to three ounces of usable marijuana, and could grow marijuana if his or her home is located more than forty miles from the nearest registered facility. For violations, the Act would authorize the Department of Health to provide for corrective action, suspension, revocation, appeal, hearings, and referral for criminal prosecution. The

Act would require the Department of Health to submit an annual report to the legislature regarding program statistics. Voting “YES” means you approve the measure as summarized above. Voting “NO” means you reject the measure as summarized above.

Estimated fiscal impact statement

The fiscal impact was as follows:

The fiscal note prepared by the State Department of Health states the fiscal impact of the statutory measure would total \$12.6 million in additional expenditures and \$6 million in revenue through June 30, 2019. The fiscal impact to the department would be an estimated \$7.4 million in expenditures and \$4.8 million in revenue for the 2017-19 biennium. The department estimates, if implemented in December 2016, expenditures of up to \$2.4 million, including \$1.4 million of one-time costs, and revenues of \$1.2 million during the 2015-17 biennium for an impact of \$9.8 million in expenditures and \$6 million in revenue to the department through June 30, 2019. The fiscal note also stated the fiscal impact to the Attorney General would total \$2.8 million in additional expenditures during the 2017-19 biennium.