

Therapeutic Cannabis Medical Oversight Board

April 6, 2022, DHHS Offices, 29 Hazen Drive, Concord (with Remote-Zoom option)

Meeting Minutes

Members Present: Virginia Brack, Heather Brown, Jerry Knirk (Chair), Richard Morse, Molly Rossignol, Seddon Savage, Lisa Withrow

Members Absent: Corey Burchman, Jill MacGregor, Tricia Tilley

DHHS Staff: Michael Holt, DPHS Program Administrator

Note: In-person quorum not met

Meeting Convened at 5:35pm

Minutes

Minutes from 2/2/22 meeting were reviewed; no edits requested. No vote to approve due to lack of in-person quorum.

Meeting Schedule

- All members present support not meeting in the months of July and August
- May 4 Meeting. Holt will not be present for this meeting. Knirk will email membership to see if May 11 works for a rescheduled meeting.

Legislative Update

HB 1598, relative to legalizing the possession and use of cannabis

- Brown spoke at the House Ways and Means committee and provided the TCMOB position statement
- Knirk spoke against the bill on the House floor, as a Representative not as a TCMOB member
- There were many floor amendments proposed, some passed and some failed
- The bill passed the House, but with smaller support than usual for legalization bills

Savage asked if there were any provisions on potency limits or advertising restrictions in the bill. Holt answered that, no, these general topics were the subject of rulemaking without specific statutory guidance

Listening Session Discussion

- Members raised recurring themes from the listening session from December 2021, including:
 - Home cultivation, Cost/affordability, product availability including lower-THC products, accessibility, employee protections, caregiver system/network, and general education.
- Question posed: Which of these topics might the Board be able to take some action on, and what actions could the Board take?

Home Cultivation

- One member fully supports this, and sees that the ATCs could have a role
- One member supports this, but with reservations related to product quality, cannabinoid profile, and the presence of contaminants. Such support would be at odds with the values/principles that the Board has espoused.
- One member would support the “right” home grow bill.
- Two members expressed that they “don’t know enough about it” and “wants to know more” before expressing an opinion
- One member asked what the Board’s charge is relative to this issue, and asked if the Governor wants us to do this. This member would rather not address this issue if the Board does not have to (ie, not in the Board’s charge)

Cost/Affordability

- One member suggested that reducing state regulations would reduce costs to the ATCs, which savings would be passed to patients. Examples: changing lab testing standards that were reviewed by the Board last year; home cultivation.
- Holt suggested that most broadly, more patients registered with the program and purchasing from the ATCs would lower costs. He asked and answered: How does the program attract more patients? More qualifying conditions or giving providers more discretion in certifying patients with non-listed conditions would increase eligibility. This is a specific action that could be taken up by the Board: review new conditions to recommended to be added to the law.

Product Availability

- One member said that it is a provider’s clinical responsibility to know about the products available at the ATCs and the products being taken by their patients.
- One member agreed that cannabinoid content is a clinical issue. If there is a statewide deficit in low THC/high CBD strains and products, the Board should recommend their increased availability.
- One ATC representatives shared that they had one strain that was 12% CBD and 1% THC
- One ATC representative shared that they had no CBD-only strains, but were working on genetics

Accessibility

- Board members had no comments on this topic.
- Holt suggested that this topic had two components:
 - Access to the program
 - More conditions, more certifying providers are issues the Board could take up
 - Access to the dispensaries
 - Home delivery is a rule prohibition, not a statutory prohibition, so could be allowed by the TCP
 - More dispensaries

- One of the ATCs has the authority to open another dispensary location already
- The law could be changed to allow more dispensaries
 - An ATC representative offered that the ATCs need more patients more than they need more storefronts

Conclusion

- One member expressed concern about the Board shifting its focus to issues that were not in the Board’s charge; that the current conversation felt too much like “program operations.”
- Another member expressed agreement with this concern.
- The discussion of patient issues raised at the Listening Session ended at that point with no actions taken or planned on any of the issues raised.

2022 Workplan Discussion

Effectiveness Surveys

General discussion about the state of effectiveness surveys included the following elements:

- Savage had presented sample clinical surveys to the Therapeutic Use of Cannabis Advisory Council in 2015.
- The Department used these sample surveys as the basis for developing effectiveness surveys to be administered by the ATCs.
- The DHHS surveys have been in use since the program started in 2016.
 - Those surveys were never updated, including with new qualifying medical conditions.
 - They have been discontinued due to their complexity and the lack of participation.
- Providing effectiveness information is voluntary on the part of patients, per statute.
- In 2020, the TCP had an intern who did a preliminary assessment of these survey results and found that the vast majority of the surveys were never completed by patients.
- The Board expressed that there is no way to do an actual effectiveness study; anecdotal surveys are the only option, but are not very useful.
- The ATCs conduct their own effectiveness surveys, since the state surveys are no longer required.
- The Board wants to review all survey materials, both current and historical.
 - Holt will collect them all and send them to the Board.
- The ATCs also conduct annual “satisfaction surveys”; but these are not focused on the effectiveness of cannabis treatment.
- One member was interested in why do people stop using cannabis, do not renew their cards

Qualifying Condition Review

- One member wanted the Board to review a current qualifying medical condition, epilepsy, based on the availability of Epidiolex and a concern that there is harm being done.
- One member expressed that the Board should establish a minimum standard for the Board not to recommend removal of a currently authorized condition unless the data unequivocally shows harm, not just a lack of efficacy.
- Two members expressed support for reviewing the medical and scientific literature regarding cannabis and epilepsy.
- Holt to send data on the number of patients with epilepsy currently registered with the program.
- One member expressed that if the Board is to take up the lengthy review of a currently authorized qualifying medical condition, then this activity should be based on an official in-person vote.
- The Chair took a straw poll of members present (2 in person, and 5 remote attendees) asking who wanted to review epilepsy as a qualifying medical condition:
 - 5 in favor; 2 opposed
- Morse, Brack, and Rossignol volunteered to do the literature review and return with findings and recommendations at the June meeting.
- It was acknowledged that a public hearing would need to be conducted before the Board made any recommendation to the DHHS Commissioner about proposing a legislative change to qualifying medical conditions.

Public Comments

None

Meeting adjourned at 7:35