

Therapeutic Cannabis Medical Oversight Board
September 7, 2022, DHHS Offices, 29 Hazen Drive, Concord (with Remote-Zoom option)
Meeting Minutes

Members Present: Virginia Brack, Corey Burchman, Heather Brown, Jerry Knirk (Chair), Jill MacGregor, Richard Morse, Molly Rossignol, Seddon Savage, Tricia Tilley, Lisa Withrow

Members Absent: None

DHHS Staff: Michael Holt, DPHS Program Administrator

Note: In-person quorum met

Meeting convened at 5:35 p.m.

Message from the Chair

- Reminder to use email member list, not email invitation list for necessary email communication amongst members
- Reminder to use more formal procedures for conducting meetings, including being recognized by chair to speak, assigning workgroup leads responsible for work between meetings, and chair follow-up on assigned tasks
- Reminder that one of the Board's charges is to review "any other clinical, quality, and public health related matter relative to use of cannabis under this chapter," which includes issues related to the experience that patients have regarding the therapeutic use of cannabis

Epilepsy as a Qualifying Condition

- Reminder that the Board's process for considering the addition or removal of a qualifying conditions is to conduct a full literature review, hold a public hearing, make a recommendation based on the review and the hearing to the commissioner
- Reminder that 2021 data showed that there are 3 minor patients on the program with epilepsy
- Question was posed whether the Board wanted to engage in the full process of reviewing epilepsy as a qualifying medical condition

Discussion

- One member stated, the number of patients does not matter, it's the board's charge to engage on these topics
 - Three other members agreed.
- One member stated that this is an issue of prioritization: is this the most important work that the Board should engage in at this point in time?
 - Two other members agreed with this concern
- One member reminded that the Board should adopt a standard of "must prove harm" for any removal of an existing qualifying condition.
 - One member asked if there had been any reports of harm from the 3 minor patients with epilepsy on the program

- Three members expressed concern about minor access to the program generally, and the potential harm of cannabis to the developing brain

Motion

- Establish a small group to do the full literature review and report back to Board
- Motion by Savage; second by Brack. Vote: 8-1 [Rossignol not present for vote]
- Discussion: group includes Morse, Brack [others?]; plan to present at November meeting; reminder that precedent has been for individual literature reviews and recommendations, not a consensus recommendation of the work-group; reminder may be for “guardrails” rather than a binary “keep/remove” recommendation

Potential Legislation for 2023 Session

Expansion of Provider Types

- Revisited question (from May meeting) of considering expansion of provider types eligible to certify for therapeutic cannabis.
- Discussion about which types: specific (eg, podiatrists, dentists, naturopaths) or general (eg, “anyone with prescriptive power”)

Motion

- Consider adding 3 specific provider types (podiatrists, dentists, naturopaths) with DEA registration to the statutory list
- Motion by Burchman; second by Withrow
- Discussion: one member will abstain due to wanting to do personal research; one member questioned if there are any other types and, to be sure, language should be general; one member asked who is already permitted by statute; general support for general language using current statutory requirements for DEA registration and limited to prescriptive power for humans.
- Amended Motion: Recommend adding to statute all provider types who are licensed to prescribe drugs to humans and who possesses an active registration from the United States Drug Enforcement Administration to prescribe controlled substances.
- Vote: 9-0 [Savage abstained]

Simplify Pain Conditions

- Revisited question (from May meeting) of considering changes to various pain conditions in statute
- Discussion about:
 - Removing the qualifier in the “severe pain” condition requiring prior failed treatment or surgery prior to cannabis certification.
 - Combining the primary pain conditions (“moderate, severe chronic pain” and “severe pain not responding to treatment or surgery”) into one condition
 - Goal of this consideration is to expand access by simplifying the qualifying condition for providers to certify.
 - Is there a fast track administrative process for certifying for “acute pain”?

- Holt: No. Application processing/card issuance currently takes 10 days to 2 weeks.
- One member expressed that there was value to this discussion, but it needs careful consideration and can't be solved tonight.
- There was general consensus for members to individually consider this over the next 2 months and revisit the issue at the November meeting

Effectiveness Survey Workgroup

- Members of workgroup did not work on topic since the last meeting in May.
- Burchman identified as chair of this workgroup moving forward.
- Timeline discussed [not captured in minutes]
- Discussion:
 - Two statutory charges:
 - Monitoring clinical outcomes (it was suggested that this information would be from providers, not the ATCs, and thus not part of this particular work).
 - Receiving updates from alternative treatment centers on effectiveness of various strains, types of cannabinoids, and different routes of administration for specific conditions (this is the scope of work being discussed here).
 - Burchman shared an on-line effectiveness tool prior to the meeting and it was discussed favorably.
 - Holt asked if minors were an “effectiveness cohort” to explore considering the Board’s general concern about the risk of cannabis on this population.
 - Clarified that 2021 data showed that there were no more than 10 minors on the program
 - Offered that there is an access issue for minors to enter the program caused by the statutory requirement to be certified by a “pediatrician”. TCP receives considerable public feedback that there are limited numbers of pediatric specialists in the state and that minors are being treated generally by family medicine practitioners, and so cannot access the program because they don’t see a pediatrician.
 - This was generally received by the Board as an area to consider, but no specific plans to explore.
 - One member asked how/why minors were included in the program to begin with. Answer: included in the original legislation.

Minutes

Motion: Approve minutes from 2/22/22, 4/6/22, and 5/11/22.

Motion by Tilley; second by Morse. Vote: 9-0 [Brown abstained]

Public Comments

Patient spoke to Board about her experience:

- PT has neurological condition, which ruined her life; therapeutic cannabis therapy saved her life and returned her to functioning, including successful employment.
- Her PCP of 25 years at Concord Hospital left the practice and her new assigned PCP refused to re-certify her for the therapeutic cannabis program; recommendation was to go to a pain management clinic for certification (cost of which would have been up to \$1,000)
- She could not renew her card, missed work, regressed.
- Eventually succeeded in having her specialist certify her for the program and is a registered patient again

Board was generally receptive to the experience described; one member asked if this should be considered “medical abandonment” and recommended that the Board look into this issue on behalf of patients. Holt offered that this is a common issue for patients whose providers leave a practice.

Other public member suggested that effectiveness/outcomes information be included as part of the application process.

Next Meeting

- Scheduled for October 5, 2022.
- Will be a “remote” meeting, meaning that there is no expectation of members’ in-person attendance.
- One member asked that the October meeting be limited to 1.5 hours.

Meeting adjourned at 7:35