

Therapeutic Cannabis Medical Oversight Board
November 3, 2021, DHHS Offices, 29 Hazen Drive, Concord (with Remote-Zoom option)
Meeting Minutes

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

Members Absent: Jonathan Ballard, Corey Burchman, Cornel Stanciu

DHHS Staff: Michael Holt, DPHS Program Administrator

Note: In-person quorum not met

Minutes

Previous meeting minutes could not be voted on due to lack of in-person quorum

Proposed TCP Legislation for 2022 legislative session

2022-2772, relative to qualifying conditions for the therapeutic cannabis program. Sponsor, Suzanne Vail, proposes to add migraines to list of qualifying conditions.

- Vail noted “chronic pain” is stigmatizing to patients so many prefer to identify as having “migraines”
- Migraines fall under chronic pain, Board does not see need to add this as a separate qualifying condition.
- It was suggested we amend the chronic pain language, to indicate that “chronic pain includes intermittent pain such as migraine, sickle cell or episodic back pain, among others” or something similar so that providers can understand they can certify for recurring intermittent pain. There was general Board support for this clarification
- The problem of stigmatization of patients with chronic pain, their treatment providers, and their treatments was noted. Care in language around opioids, cannabis, and other treatment is merited.
- Concern was raised about asking for an amendment to the chronic pain language, that the Legislature might ask for specification of intensity or similar constraints.
- It was noted there may be other statutory sections that would benefit from further clarification similar to that suggested around chronic pain.
- It was suggested that this clarification might come administratively through a Board recommendation to the Department (amend the Written Certification), or through Board education to providers.
- It was suggested the representatives present get together and look at the positives and risks of seeking to amend language from the legislative point of view.

Sen. Sherman’s bill would allow for remote meetings of the TCMOB

No other TCP related bills in the House (LSRs are in for house, Senate deadline still pending)

Patient Experience

Heather Brown facilitated the next portion of the meeting that addressed the patient experience.

Matt Simon, Prime ATC, Director of Public and Government Relations, gave a presentation on the history of therapeutic cannabis legalization in NH to start off this session

- Introduced himself and his background
 - NH Coalition Commons Sense Marijuana Policy 2007-2011
 - Formerly Marijuana Policy Project (legalization advocacy organization) 2011-2021
 - Currently Director of Public and Government Relations, Prime ATC currently
- Introduced some patients via a slide show and described their suffering as a result of not having access to cannabis.
- Noted opposition from many state entities to making cannabis available for therapeutic purposes.
- Provided an overview of specific historical steps to establishing patient access.

Cassandra Raymond (patient)

- Uses cannabis for LBP and for PTSD, from service in Iraq. She is an RN
- Has found many barriers with the program
 - Feels she has been passed over for jobs because she tests positive for THC
- Morse asked if having a Registry ID Card makes any difference with employment
 - She noted she has a card.
 - Morse suggested the Board actively address the lack of employee rights in NH
- Holt noted the law is employer friendly, but it neither prohibits nor supports employment of persons using therapeutic cannabis
- It is well known that healthcare professional licensing is problematic for cannabis use.
- Rossignol said both the BOM and BON recently clarified their positions on this: they don't have an opinion, yes or no, the decision should be employer-based.
- It was noted that it is difficult to distinguish active use of THC during work and at-home use given long half-lives, similar for some opioids. Given this and the possibility associated with at-work use, it would be helpful to have performance measures. Impairment should be the standard, not use.
 - Knirk commented that there are cognitive and psychomotor tests to assess impairment. He tried to interest law enforcement in this, to no avail.
 - Law enforcement has DREs (drug recognition experts) who essentially provide this function, but this specialization is costly.
- It was noted that sometimes there are forces beyond employers themselves that shape work decisions. For example, workers comp and liability insurers often will not insure people with cannabis certification or using certain meds.

Dennis Action (patient and state representative)

- Involved in the struggle for cannabis availability from the beginning

- His vision originally was different from what evolved. Opponents inserted requirements in the bill to cause the program to fail. That we have a successful program at all is a credit to the Department, and advocates.
- Would like to move from a licensing model to a patient/diagnosis model: have groups of diagnosis related patients come together in order to share experiences and develop best practices.
 - Noted it would be helpful to collect data on different diagnoses and the strains to which they appear to respond
- Also concerned about the impact of adult use legalization on TCP

Scott Ross (caregiver)

- Nurse for 13 years. Past 10 in hospice field. Designated caregiver since 2016. Now a registered patient himself. Continues as a caregiver and patient.
- Appreciates patients being given a voice.
- Improvement in affordability and accessibility would be helpful.
- Would like patients and caregivers to be able to cultivate cannabis; would help with both issues
- Suggests expanding the caregiver role. Currently this is fully volunteer role.
 - Brown wonders if caregivers should be treated similar to Medicaid transportation provider who is reimbursed for services by the state
 - Scott agreed this would be wonderful.
 - Maine has a different model, with a greater role for caregivers (cultivation and retail sale). Limited regulations allows cannabis to be sold at ½ to 1/3 less than in NH ATCs

Cassandra Hamilton (patient)

- Uses cannabis for Crohn's, anxiety
 - She works now, couldn't until five years ago, in remission for five years.
 - Uses flower to sleep and to eat because she has food aversion. Uses low dose edible occasionally during daytime.
- Affordability is a problem.
- Application process was easier than anticipated.
- Distance to the dispensary is a problem.
 - Has not really thought about getting a caregiver.
 - Doesn't like to drive so tries to stock pile but can't afford as much as she needs.

Nadine Hottat (certifying medical provider)

- New to this providing cannabis certification service over the past year.
- Has found the application process smooth and feels the program has been going well

Lisa Powers

- Registered nurse and a cannabis patient and caregiver
- Impressed with how far the program has come.

- Worked as a cannabis nurse advisor in NH, but recently moved to a state without cannabis treatment (Indiana).
- Feels NH/TCP should do more patient, provider, and public outreach.

Suzanne Vail (state representative)

- Glad she was able to join call. Appreciates the Board's interest in her bill.
- Great to hear directly from patients.

Alicia Bennett (Prime ATC agent, but speaking as patient, not as a ATC representative)

- Wants more research about delta 8 THC, TCH-A, and other non-psychoactive cannabinoid.

Brown asks about the process for setting up a dedicated, advertised public listening session for the next Board meeting.

- Brown hears from patients that they feel the State is not listening and addressing problems, so such a session is important to improving the program
- Holt asked what is meant by "the State". The TCP, the Legislature?
 - Heather hears that people hit roadblocks and get frustrated. They need to be heard.
 - Suggested we expand Board membership to include a designated caregiver member.
- The Board agreed to have a public listening session for its next meeting in December.

Brown thanked everyone who participated and ended the meeting at 7:30

Summary of concerns or issues heard regarding the patient experience

- Employment issues
 - Limited employment opportunities, or risk of termination, if test positive for THC, even with a Registry ID Card.
- Collect information from patients by diagnosis about what works best.
 - Consider group discussion meetings.
- Address affordability issues
 - Home cultivation would be helpful
- Long distances to dispensaries
- Consider expanding the caregiver role and providing financial support for services.