

Therapeutic Cannabis Medical Oversight Board
December 1, 2021, DHHS Offices, 29 Hazen Drive, Concord (with Remote-Zoom option)
Public Listening Session
Meeting Minutes

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

Members Absent: Richard Morse, Cornel Stanciu

DHHS Staff: Michael Holt, DPHS Program Administrator

Note: No in-person quorum not met

Note: hybrid meeting made it difficult for remote attendees to hear the in-person commentary. These meeting notes may not capture all that was discussed.

- Knirk explained the purpose of the TCMOB. Noted the program exists to serve patients.
 - Aware of many barriers that can negatively impact patients. This meeting is to hear from users of the program to hear what concerns they have in order to better serve patients
 - Asked people to use “raise hand” icon to be called upon to speak. He will call on people to unmute and be heard.
 - Turned meeting over to Brown
- Heather introduced herself and the purpose of the meeting, and began calling on people to speak.
- A person said something about CBG or CBD. A little bit in a flower makes it more acceptable to people. His physiology has changed and he can't tolerate THC in the doses he used to.
 - He may be talking about hyperalgesia as a result of high doses THC?? Can no longer tolerate it, especially without CBD
- Diane Lessard
 - A caregiver
 - Can we develop a caregiver network to connect patients and caregivers together?
 - This would make it easier for patients to find caregivers and provide support for people in different ways
- Maureen
 - Has noticed that dispensaries only have “sativa” and “indica” or hybrids in the vapes, not specific strains in vape products
 - Would like to see more diverse strains in the vapes. She has been to MA dispensaries and has tried products there that work better.
 - Holt: TCP doesn't regulate the types of products that dispensaries carry.

- ATC representatives are present and listening
 - Has MS and these other products help her with sleep and anxiety.
 - It was suggested that she speak with Temescal about whether they could carry the products that work for her.
 - She cannot go to other dispensaries because she has no transportation
 - Brown summarized up issues brought up: Lack of a caregiver, lack of transportation, lack of specific products for different ailments
- Alicia (Prime ATC agent, but speaking as a patient)
 - Notes that many medical providers know less about cannabinoids than the dispensaries do. Education for providers is crucial for a successful program.
- Sarah
 - Patient for 7 years. Sober from alcohol for 6 years
 - Says the program saved her life.
 - It is a whole day process to get her medication. Has to travel 30 miles and back.
 - She doesn't have a caregiver. If she is sick she can't get her meds because she doesn't have a caregiver.
 - Integrating CBG would be helpful. A lot is being done in CO around different cannabinoids. Would prefer more variety here.
- No name recorded
 - Cost is a problem.
 - Ounce of cannabis is \$345 in NH. In Maine it is much less.
 - Dispensaries are very respectful.
 - Has been a patient since July.
 - Brown: Maine is night and day compared with NH in terms of affordability. Asked if it was worth going to ME to get cannabis (despite cost of transportation)
 - Yes
- Stockwell
 - Works for rights and democracy
 - Works on healthcare and the overdose crisis
 - Priority of OD crisis is looking at it from a harm reduction point of view.
 - Wants to make OUD a qualifying medical condition
 - More work needs to be done to educate physicians
 - Legal use sites for cannabis. People when traveling may have difficulty finding a place to use
 - Can't have a gun permit and have medical cannabis card
 - Affordability issues are real.
 - People are using the black market due to cost of legal products
 - Supports delivery programs
 - CBD and CBG are both helpful. Need variety and options to get the care that they need.

- Mike
 - Lawyer, lobbyist for an ATC.
 - SB38 would allow ATCs to organize as for-profit entities. Passed last March, but Governor vetoed.
 - Asked people to lobby on behalf of the bill if they want costs to go down. Let the state Representative and Senators know you support the bill
 - Brown asked about a potential transition from non-profit to for profit in the context of potential adult use legalization. Discussion ensued

- Zach
 - Noted he provided written comments to the Board
 - Home cultivation would make cannabis more accessible and more affordable
 - All dispensaries signed on to support home grow. It should pass. There is a framework around testing that could protect patient safety
 - Knirk has worked on this bill, but it has not been able to get through the legislature. Only entity to publically oppose homegrow is the NH chiefs of police.
 - Shift towards caregivers and dispensaries providing education as people are skeptical of institutions.

- Angela
 - Has been on cannabis program for many year. Stiff person syndrome and small fiber neuropathy.
 - CBG very helpful to her. Temescal had products labelled with it. She doesn't see it included in lists of all dispensaries.
 - Goes to Prime now because she moved. But doesn't know the percentages of other cannabinoids.
 - Indica strains are almost gone now. If she has too much sativa that creates more pain for people with nerve issues.
 - Now it is very difficult to read the labels
 - Would like to see more Indica strains.
 - Also more CBG.

- Lisa
 - ATC representatives should have consistent information about products. Would be helpful if it were more uniform.
 - Very frustrating to go to different dispensaries and try to read through labels when they all include different information in different formats.

- Kevin French
 - Patient in NH
 - Uses for arthritis
 - Has found the cost high, looking at the black market which is about the same

- Is a federally licensed hemp grower, grows CBD for himself and for sale. Bath balms with CBD is more helpful than THC.
 - Grows two strains, not a lot of good information. Had to do a lot of research on his own.
 - Grew a third of an acre, doesn't know how the certificate of analysis will come out. Needs to be under 0.3% THC.
- He wishes there was more opportunity to grow organic product for his own use.
- Caleb
 - New patient to NH
 - Long-time activist, licensed hemp grower in VT
 - Long time cannabis user, new to therapeutic cannabis.
 - Most of the problems with this program could be solved by home growing.
 - Thinks there is fear and a little bit of refer madness mentality in NH.
 - Every state around NH allows patients to grow and create their own medications
 - Price point and quality is "trash" in NH. Makes people turn to the black market.
 - Need to standardize packaging. No consistency in quality of packaging.
 - Brown: would you grow all your own or use dispensaries or both if you could grow? A: Both
- Nadine Hottat
 - NH medical provider, working with integrated medicine, meditation, movement, botanicals.
 - She finds people coming from states where anxiety was a qualifying condition are surprised to find that anxiety is not a qualifying condition in this state.
 - Human health is going through a rough time and feels sad that she can't help people use medical cannabis for these conditions.
 - Thinks anxiety and sleep should be qualifying symptoms, independent of other conditions.
- Sarah
 - Feels that physicians are making people feel they are like criminals for requesting cannabis certification
 - Knirk: Board has developed education materials for providers. Board needs to educate providers.
 - Holt: a bill passed which supports up to three-year certification, or extension up to 3 years.
 - Her doctor has told her he wants to see her every three months.
 - Holt clarified that this is provider discretion, not a state law or program requirement
- Knirk read comments in the chat by Dr. Sherman Hom who works with Medical Genomics, a cannabis company. Notes Oregon company has a plant 15% CBG with

<0.3% THC in the cannabis industry so classified as a hemp product and available on the internet.

- Reps from the three ATCs spoke
 - Matt Simon (Prime ATC)
 - Encouraged people to speak to dispensary personnel to get their questions answered and find product that meet their needs.
 - Thanked people for attending.
 - Lee Cooper (Sanctuary ATC)
 - re: if cannabis becomes legal for recreational use, if co-located with medical there would be protected medical cannabis supplies to assure availability.
 - Reiterated Simon's invitation to speak with ATC staff.
 - Thanked people for attending
 - Sian (Temescal Wellness)
 - Thanked people for attending
 - Noted dispensaries are limited in what they can stock so they believe home grow is important to meet people's needs.
- Suzanne Vail (state representative)
 - Represents Nashua ward 3 in the House. Big year in the legislature around cannabis. Wanted to quickly say that the last bill she put in.
 - Thanked people for coming.
 - Issue of stigma is a problem
 - Headaches should be certified separately from chronic pain.
 - Difficult to certify certain conditions.
 - Wants to help people find certifiers
 - Need to train legislators so they can advocate for their patients.
 - Holt clarified that any licensed physician, APRN or PA can certify.
 - The majority are only certifying a few of their patients which suggests that this is working as intended.
 - Though the problem remains that some patients have difficulty
 - Brown noted that some medical facilities forbid their physicians to certify due to fear of losing Federal funding or other liability issues.
- Knirk and Brown thanked people for attending.

Session ended at 7:30