Therapeutic Cannabis Medical Oversight Board
March 3, 2021, Remote Meeting (Zoom)
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

Meeting commenced at 5:38 pm

Minutes

Meeting minutes from 1/6/21 were approved

- Motion: Rossignol. Second: Brack. Vote: 7-0 (1 abstain; 1 dropped call during vote)

Meeting minutes from 2/3/21 were approved

- Motion: Rossignol. Second: Burchman. Vote: 7-0 (2 abstain)

SB 29 Discussion

SB 29, relative to the health risks associated with dispensing high-concentration marijuana in alternative treatment centers

Knirk introduced the discussion:

- Bill's sponsor, Senator Guida, did not provide the Board with a proposed amendment to the bill for the Board to specifically consider separate from the bill as introduced and described at the Board's 2/3 meeting.

Workgroup assigned at the Board's 2/3 meeting to review issue and make preliminary recommendations provided comments.

- Discussion of definition of "high concentration"
    - Some literature puts maximum safe dosing or tipping point for high concentration at 11-14% THC, but this is informed by limited science/evidence and may be arbitrary.
    - National Institute on Drug Abuse (NIDA) has historically studied 1%, 3% and 7% THC concentrations, and has called these low, medium, and high concentration, respectively.
- Discussion of whether there is a clinical need for higher concentrations
    - No member is aware of studies suggesting that higher concentrations are more effective for most symptoms.
        - PTSD may be an exception; some studies suggest higher concentrations are required.
        - For pain there appears to be a point at which higher concentration may hurt rather than help; possible hyperalgesia.

    - One member stated personal belief that there is no medical purpose for high-potency dabs/crystals/etc.; only use is based on patient preference and titration; this may be being driven by market forces.
    - One member commented that high concentrations may be a matter of economy; ie, lower cost to purchase higher potency, but use less of the product.
    - One member cited an anecdote of a relative being cured of an incurable cancer with 97% THC cannabis products.
    - One member commented that some people who qualify based on medical diagnosis don't necessarily limit their use to symptoms management; cited observation of people now in their 70s who have always enjoyed cannabis who have legal access based on conditions and symptoms associated with aging. Such extra-medicinal use may drive interest in higher concentrations.
    - Members agreed that higher potency cannabis is more associated with harm.
    - Members agreed that clinical data on this issue is needed.
- Issues with current bill were identified
    - Proposed statutory requirement creates an administrative burden for DHHS and for clinicians
    - The requirement would be applicable to only a very small number of patients
    - Puts clinicians in a position closer to prescribing cannabis, than certifying a condition
    - Concern about a general lack of product variety offered by the ATCs if bill was passed, particularly ratio products (eg, 1:1, 2:1 CBD:THC products)
    - Concern about potential consequence of pushing this age group to non-ATC sources of cannabis
- Discussion of the adequacy of HB 163 on this issue
    - HB 163 proposes requirements relative to (1) required counseling by certifying providers relative to the risks of cannabis use while pregnant and breastfeeding and during adolescence, (2) requiring DHHS to establish rules related to the documentation of such counseling, and (3) ATCs required to provide educational materials on these risks.
    - Board reviewed HB 163 at its 2/3 meeting; and recommended that the risks of use in these populations be established by the Board.
    - Board agreed that one of the risks they would recommend/require to be included was the risk of high concentration THC use in adolescents relative to the developing brain.
    - Discussion of the benefits of a "checkbox" or specific language to be included on the written certification, which would be established in rules.
- Discussion of motion on bill
    - With respect to the bill's sponsor, Senator Guida, who presented his bill at the 2/3 meeting, elements in the bill are important and will be incorporated into rules, as described above.
    - Motion: Brown moved to recommend inexpedient to legislate (ITL) on SB29. Second: MacGregor.

- It was suggested that the motion be restated to note that there are important elements of the bill but the Board cannot support the bill as written and recommends that it be inexpedient to legislate.
- Brown and MacGregor accepted the restatement of the motion.
- Vote: 9-0 (unanimous).

HB 605 Discussion

HB 605, relative to the therapeutic cannabis program

Knirk updates Board on the status of HB 605:

- Bill was discussed in executive session by the House Health and Human Services & Elderly Affairs Committee earlier in the week.
- It was an omnibus bill of policy proposals that were passed, in part, during the 2020 Legislative session, but it is planned to be pared down to include two policy proposals, including the addition of opioid use disorder (OUD) to the list of qualifying medical conditions.
- HHSEA asked that the Board revisit this issue at its next meeting.

Discussion

- In 2019, the Board initially recommended with a 4-6 vote not to approve OUD as a diagnosis enabling certification for cannabis. That motion included restrictions on the condition, including that certification be provided only by a DATA 2000-waivered clinician providing medication assisted treatment or by a certified addiction medicine or addiction psychiatry physician.
- It was mentioned that NNESAM and ASAM are interested in this approach as a possible model for selective, thoughtful, monitored use of cannabis in OUD.
- There was more discussion about the ambiguity of the literature:
  - That many people with OUD seemed to increase opioid use with co-administered cannabis, while others may decrease use.
  - That there may be a role in harm reduction and assistance in reducing opioid use when well supervised in selected patients.
- There was concern that simply being a buprenorphine prescriber did not provide enough depth of background in addiction to manage cannabis in OUD, especially in light of possible changes eliminating the waiver.
- It was suggested that if the DATA 2000 waivered provider were removed as a certifying provider type, then members might be more favorable to the addition of the condition.
- In response to concerns about access to specialized providers, it was suggested that the provider types be expanded from “physicians” to “providers” which would potentially allow APRNs and PAs to certify.
- Motion: Savage.
  - The Board recommends that OUD should *not* be an indication for therapeutic cannabis certification through the current general therapeutic cannabis certification process.

    - But the Board recommends adding OUD as a qualifying medical condition if restricted by provider type (board certified addiction medicine or addiction psychiatry provider) who is actively treating the patient, and presentation of symptoms (cravings and/or withdrawal)
- Second: Brack.
- Vote: 9-0 (unanimous). Brown asked that minutes reflect her reservations that while this provides some access, it is too limited and perpetuates barriers to access.

Other Legislation

Knirk provides updates on other TCP bills heard by HHSEA:

- HB 599, relative to TCMOB, ITL (20-0).
- HB 240, cannabis strain name, OTP-A (21-0), and passed by full House
- HB 163, cannabis use during pregnancy and adolescence, OTP-A (18-3)
- HB 89, adding insomnia and ASD, OTP-A (20-0)

2021 Workplan

Board priorities for 2021 and approach to priorities were discussed.

- Discussion of whether to start with patient concerns or systems issues.
- Board generally agreed to proceed as follows:
    - Presentation by testing laboratory at the next meeting (April), including discussion on product labels
    - Then review ATC issues, including:
        - ATC educational materials
        - ATC staff qualifications and training requirements.
        - ATC staff roles in patient counseling.
        - Approach:
            - Holt to solicit and disseminate available ATC materials
            - Burchman to provide an overview presentation
            - ATCs to be invited to present as well during this session.
            - Topics could take one or two Board meetings, as needed.
    - Then review of patient-related issues (eg, patient access, provider participation, cost of products).
- Review of indications for cannabis certification (current and new qualifying medical conditions) should be added to the year's workplan topics.

At 7:40 Savage motioned, and Rossignol seconded, adjournment. Unanimous.