Therapeutic Cannabis Medical Oversight Board
October 4, 2023, DHHS Offices, 29 Hazen Drive, Concord (with Remote Teams option)
Meeting Minutes

Members Present: Heather Brown, Corey Burchman, Jerry Knirk (Chair), Nadine Laughlin, Jill MacGregor, Seddon Savage, Tricia Tilley, Lisa Withrow

Members Absent: Richard Morse

DHHS Staff: Michael Holt, DPHS Program Administrator
Note: In-person quorum met

Minutes
Minutes from June 21, 2023, were approved.
Motion: Brown; Second: Withrow; Vote: 4-0 (4 abstentions)

Membership

- Virginia Brack, representing Pediatrics, resigned from the board.
- New member appointed by the DHHS Commissioner, Nadine Laughlin, APRN, representing Obstetrics/Gynecology
- Savage signaled her intention of resigning from the Board, but will stay on until a replacement can be identified and appointed
- Administrative reassignment of clinical specialties, to better align members with their specialties:
    - Lisa Withrow now represents specialty of Palliative Care (formerly Oncology)
    - Jill MacGregor now represents specialty of Addiction Medicine (formerly Family/Internal Medicine)
- Currently 4 vacancies: Family/Internal Medicine, Oncology, Pediatrics, and Psychiatry
    - Plan established to recruit new members:
        - Savage to engage NH Medical Society to notice vacancies and solicit interest from their membership
        - Knirk to engage NH Nurse Practitioners Association to notice vacancies and solicit interest from their membership
        - Members to engage personal networks to solicit interest
        - Department to review and engage certifying providers to solicit interest

Epilepsy as a qualifying condition in children and adults under age 21
The Board then turned its attention to the question of whether to recommend a change to the current statute regarding epilepsy as a qualifying condition with regard to children and adults under age 21.
Recap

- Morse, pediatric neurologist, had prepared a literature review that concluded with his opinion that epilepsy should be removed as an indication for cannabis certification, since active anti-seizure cannabinoid CBD has become available as an FDA-approved medication and due to the evidence of pro-seizure effects of THC and potential

neurodevelopmental harms of THC in children. This was reviewed at the last meeting and again discussed at this meeting.

- Public hearing testimony (from June 21) was reviewed. A parent of an 11-year-old child provided testimony regarding his child's positive response to Epidiolex which he continues to use with reduction but not elimination of seizures. The child is now using low-dose THC as rescue dose periodically. The patient is being followed by a pediatric neurologist at Dartmouth. The patient's father feels it is important to continue to have this option available.
- Various potential guardrails to make whole plant cannabis or extract available for recalcitrant cases of epilepsy, while at the same time limiting potential harms to children or others were discussed. These possibilities included:
    - Allowing patient currently using cannabis for seizures to remain certified for this indication
    - Limiting THC content/ratio with CBD/percent concentration
    - Requirement for a trial of Epidiolex prior to considering whole plant cannabis or extract
    - Possible age limits
    - Additional or specific types of certifiers (eg, pediatric neurologist or others)
    - A combination of these

Discussion

- Many points were made during a discussion of the issue and the public hearing held on June 21, 2023.
- It was again noted that there are only three minors certified for epilepsy.
- The point was made that it is responsible to still address the issue, even if it's only a small number of patients involved.
- The point was made that, the fact that only three minors are certified demonstrates that the guardrails that are currently in place with regard to double certification for pediatric patients is appropriately doing its job.
- Concern was expressed that adding additional of barriers would make it very difficult for anybody to be certified.
    - It was noted that the guardrails established for Opioid Use Disorder has made it a challenge for providers to certify patients for this condition
    - Holt confirmed this challenge by stating that only 3 patients have been certified for this condition in the past 2 years
- It was noted that this would create precedent for removing established indications.
- One member stated that it's dangerous to limit provider discretion.
- One member wondered if there are other pediatric patients with epilepsy who might benefit from cannabis therapy, but can't get on the program due to the current restrictions.
- One member stated that the 'lived experience' of patients and their providers is very compelling, that it is a risk/benefit proposition for patients and providers that might vary case by case

- One member noted the TCMOB role should be clinical, regardless of the number of patients impacted; the long-term goal would be for targeted cannabinoid based pharmaceuticals; the science shows effective use of high CBD is supported by the literature; there is no evidence supporting the efficacy of high THC for this use; that there are no long-term studies on the use of high amounts of THC in this population for this purpose; and that best practice might be to grandfather current patients and to allow new patients to trial whole-plant extract with only very small amounts of THC.
- It was suggested that the Board might revisit this issue if and when the pediatric population certified for cannabis use increases, potentially due to upcoming legislation that might reduce barriers to access the program for pediatric patients.
- It was noted that there was no neurologist, psychiatrist, or pediatrician present during today's discussion or for the vote.

Board voted not to recommend a change to this condition for this population.
Motion: Brown; Second: Tilley. Vote: 7-1.

<u>2024 Legislation</u>

LSR 2195 would add eating disorders as a standalone qualifying medical condition and included numerous eating disorders.

- The specific eating disorders proposed are varied
  - It was noted that cachexia and chemotherapy-induced anorexia are already qualifying symptoms
  - The Board was unfamiliar with indications for binge eating and other disorders
- There is a psychological/psychiatric component to many eating disorders, but the Board does not have a member representing psychiatry.
- The Board felt that it did not have sufficient information at this point to have an informed opinion.
- One member offered that certain strains of cannabis increase appetite, while other strains suppress appetite.
- Laughlin recommended a website which collects cannabis-related medical studies as a potential resource.
- Savage and Laughlin volunteered to conduct a literature review, and present their findings at the next meeting in January 2024.

LSR 2196 would add generalized anxiety disorder as a standalone qualifying medical condition.

- The Board had previously conducted a literature review on this condition a number of years ago, and recommended that it not be added to the list of qualifying medical conditions for cannabis certification.
- It was noted that in the raw data from the recent patient survey, many patients find great help for anxiety with therapeutic cannabis.
- It was noted that many people who are actually using cannabis for generalized anxiety disorder may be currently being coded as PTSD in the absence of this option.

- It was noted that pharmacologic therapies are not generally considered first line treatment for generalized anxiety disorder which often responds better to psychobehavioral therapies.
- It was noted that the Board does not have a member representing psychiatry.
- Brown made a motion to support the LSR; Burchman seconded. Vote 4-4, so the motion failed.
- The general rationale for voting against the motion was a desire for an updated literature review on the topic.
- McGregor and Laughlin volunteered to conduct a literature review, and present their findings at the next meeting in January 2024.
- Knirk will re-distribute the earlier literature review regarding the use of therapeutic cannabis for anxiety.

LSR 2197 would increase the patient limit on possession of therapeutic cannabis from 2 ounces to 4 ounces and increase the amount which may be obtained in a 10 day period from 2 ounces to 4 ounces.

- Brown made the point that many patients make their own batches of edibles that they will use over many months. This takes a lot of cannabis to make these batches, so the 2 ounce limit makes this difficult. Patients make their own because they feel that the cannabis infused products at the ATCs are too expensive.
- Withrow noted that she has oncology patients who make their own high-dose edibles that may not be available at the ATCs.
- Burchman agreed with the need to increase from 2 to 4 ounces.
- Matt Simon, from GraniteLeaf Cannabis (ATC), remarked that recent recreational cannabis bills in the last couple of years have established 4 ounces as the possession limit.
- It was pointed out that going back to the ATC to buy another 2 ounces 10 days later, would still place a patient in violation of the possession limit.
- Holt noted a mechanism in the current law to increase possession limits, but to date, this has not been utilized, suggesting perhaps too cumbersome.
- Brown moved to support the LSR and Withrow seconded. Vote: 8-0 in favor of supporting this bill.

LSR 2170 would allow therapeutic cannabis patients to cultivate cannabis at their residence.

- This bill failed to pass the Senate during the 2023 session.
- It is being re-filed as the version that was amended by the House.
- The board supported the concept of this bill last year, in order to improve accessibility, affordability, and strain availability.
- It was noted that home grow would somewhat diminish the precision of cannabinoid content compared with that available at the ATCs.
    - Board agreed that this is likely true to some degree but noted that
        - Labs will be available to test plant material for growers to determine cannabinoid content and purity

        - Seeds with known targeted cannabinoid content are available, and federally legal
        - ATCs will be able to sell seedlings with known relative cannabinoid content
- The board agreed to continue their support of this legislation.

LSR 2115 would add a freestanding condition for a provider to certify any adult over age 21 with a debilitating or terminal medical condition or symptom for which the potential benefits of using therapeutic cannabis would, in the provider's clinical opinion, likely outweigh the potential health risks for the patient. In order to certify a patient under this category, a certifying provider must include on the written certification the patient's specific condition or symptom, and must attest to their clinical opinion.

- This LSR introduces a significantly new idea.
- This LSR would put the onus of certification on the provider's medical assessment of the patient and the role of therapeutic cannabis rather than just certifying that the patient has a condition which qualifies by statute.
- Knirk pointed out that this would allow providers who are knowledgeable and experienced with therapeutic cannabis to certify for conditions that are not explicitly listed in the statutory qualifying conditions.
    - On the other hand, since many clinicians receive little to no education on cannabis, they may not be prepared, and may assume that if the State says it's essentially okay to use for any condition that it is safe to do so
- Essentially this is equivalent to allowing off-label use of a prescription drug. It would still allow providers who do not feel as confident in their knowledge to simply certify that a patient has a qualifying condition.
- It was acknowledged that this would shift the role of the Board away from reviewing specific medical conditions (ie, relieve board of serving the role of the FDA).
- Tourette's syndrome was offered as an example of a debilitating condition that could not be certified for under the current law, but might benefit from inclusion.
- It was noted that retaining specified conditions and symptoms (in addition to the catch all) might help some clinicians feel supported in issuing certifications
- DHHS has the authority to refer to a regulatory board if it deems that the provider is practicing outside of the standards of medical practice.
- Because this is a fundamentally new idea, the Board decided to consider it further before voting on it at the next meeting in January.
- Holt offered that many states have a catch-all condition, and will provide similar language from other states on this.

<u>Future Meetings</u>

The Board chose to not add a meeting in December for further discussion of LSRs, but instead to make this the primary topic for the January meeting.

- Knirk will reach out to the chairs of the legislative committees to ask them to delay any hearings on these bills until at least the second or third week in January so that the Board will have the ability to weigh in on the LSRs.
- Knirk also urged the Board members who are doing the literature reviews to be sure to get the information out to members by early December so that they have time to review the information prior to the January meeting.
- It was suggested that a snow date be scheduled for the January meeting

Review of Patient Survey Data

This was only a brief discussion about this.

- Board acknowledged the very significant number of patients experiencing pain, and their willingness to share their personal experience with therapeutic cannabis, especially the positive impacts of its use.
- Board acknowledged the huge amount of data which was gathered, and the challenge for analysis.
- The free text questions generated hundreds of comments which are difficult to understand as readily as a graph, but the comments are highly valuable, and we do not want to lose that information.
- Discussion was carried out regarding whether we could find someone who wished to do the required deep data analysis as a project. Unresolved at this point.

Public Comments

None

Meeting adjourned at 7:30pm