

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

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

Members Absent: Jill MacGregor, Molly Rossignol

DHHS Staff: Michael Holt, DPHS Program Administrator

Note: In-person quorum met

Meeting convened at 5:35

Minutes

Minutes from 11/2/22 meeting was approved

Motion: Tilley; Second: Brack; Vote: 8-0

Epilepsy as a Qualifying Medical Condition

Brack, Morse, and Rossignol prepared literature review and position papers. Morse, then Brack, presented their findings. Rossignol was absent and did not present. Discussion was focused on cannabis for epilepsy in persons under age 21.

- Morse conducted a literature review for which he provided a brief overview
 - Looked at literature on CBD, whole plant extracts, and THC.
 - Data is “messy” when it involves whole plant extract which involved 127 constituents which may vary in concentrations.
 - Found that pure THC does not appear to have a positive effect on seizures and epilepsy; this was mostly studied in animals.
 - Found credible evidence that THC is injurious to infants, adolescents, and pregnant mothers.
 - Feels strongly in light of evidence that the Board should be cautious in the use of these ligands in children.
 - Example: Canada has limited use of THC products to exceptional circumstances and with close longitudinal follow-up for developmental effects in these groups.
 - A colleague of Morse, in field of psychiatry, would be happy to present on concerns around children and cannabis
 - It was noted that the Board needs a psychiatrist member
- Discussion
 - Concern was raised regarding the use of animal studies to make decisions. It was noted there is a role for animal studies as evidence, but ultimately human studies are needed.
 - It was noted that President Biden recently signed orders to make cannabis research more robust

- It was noted that acute psychosis is a dose related phenomenon.
- It was noted that CBD is supported for seizure disorders in children and adults.
 - NH ATCs do not carry pure CBD products, for the most part.
- One member stated that cannabis containing THC should not be used for pediatric epilepsy.
- One member expressed opposition to completely removing the condition for children
 - Need to talk to the parents or children about the risks. But keep the option available.
- One member suggested that the Board should consider and adopt standardized principles for reviewing current and new conditions.
 - These had already been circulated to the Board via email
- Process questions.
 - Any vote today would be to move forward with a public hearing or not, NOT to decide if there would be a Board recommendation to change the condition.
 - It was noted that any Board-initiated effort to add, remove, or change a qualifying condition (particularly if such change would restrict current access) needs to follow the formal process that includes a public hearing, a recommendation to the Commissioner, who would decide to request legislation.
- Brack report on her research on THC in epilepsy.
 - She found literature that supported CBD as reasonable treatment.
 - Found reviews and meta-analysis of THC for seizures in children and there is NO evidence of efficacy.
 - Found evidence of acute side effects and concerns from long term use of THC.
 - Would not support having THC as a treatment of epilepsy.

Motion: Savage; Second: Morse; Vote: 6-2

- Board moved to formally reconsider epilepsy as a qualifying medical condition for children under 21 years old and to proceed with a public hearing on the subject.
- Discussion
 - Question posed: Why under 21 and not actual minors under age 18? Morse answered: age 18 is the peak time of brain vulnerability.
 - Question posed about framing the public announcement of the public hearing relative to the motion; is there language that will be provided publically, since the discussion so far, if followed through, would reduce access to the program. Board members disagreed with “reduce access” framing; the Board’s charge is not about increasing or reducing access. No answer on developing actual language for the public to consider.
 - Hearing schedule: It was decided that the hearing would be scheduled for the June 2023 meeting.

Legislative Initiatives - 2023

- Provider bill
 - Definition of “provider” for certification was reviewed
 - Board agreed with the proposed language to include any NH provider who could prescribe drugs to humans, and who had an active DEA registration.
 - No changes suggested.
 - Requirement for a pediatrician certification of minors was reviewed
 - Language added “family practice provider” as an alternative to pediatrician.
 - Discussion: Add requirement that the family practice provider must provide pediatric care? Add requirement that the family practice provider must actually be treating the minor?
 - Board agreed that adding “who provides pediatric care” would be appropriate
 - The issues of clinicians not necessarily understanding the risks and benefits of cannabis came up and it was suggested the Board consider developing a mandatory form to review with patients which could both educate patients and clinicians, including review of the NH Medical Society documentation on cannabis.
 - Motion: Brack; Second: Withrow; Vote 7-0 [Burchman no longer present]
 - Board moved to support both aspects of the proposed legislation, with the amendment discussed.
- Severe pain bill
 - Proposal to remove requirement for prior surgical or medicinal trial before certification for severe pain.
 - It was asked why the requirement for a trial of FDA approved treatments or greater risk of alternatives evolved only in relation to severe pain, but not other conditions. No clear answer, except that Hepatitis used to have a “qualifier” which was later removed.
 - As a treatment without FDA authorization/conclusive evidence, should this be a requirement for all symptoms and conditions?
 - Board generally felt the relatively low risk in informed adults did not require this.
 - It was noted that removing the requirement for trial of alternatives could reduce the use of opioids
 - Motion: Brown; Second: Lisa; Vote 7-0 [Burchman no longer present]
 - Board moved to support the legislation as proposed.

Patient Survey

- Suggested defining cachexia (weight loss and/or weakness). Change made.
- Suggested using a Likert scale for Question #6. Change made.
- Suggested that 6 be combined with 7. Change not made.

Public Comments

- Man who stated he had extensive experience with streamlining laboratory product testing for cannabis safety in several states offered to help with any similar effort in NH.
 - Man was instructed to email the TCMOB, which is monitored by TCP staff.

Meeting adjourned at 7:32pm