

Therapeutic Cannabis Medical Oversight Board
May 5, 2021, Remote Meeting (Zoom)
Meeting Minutes

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

Members Absent: Jonathan Ballard, Richard Morse, Cornel Stanciu

DHHS Staff: Michael Holt, DPHS Program Administrator

Meeting commenced at 5:32 pm

Minutes

Meeting minutes from 4/7/21 were approved

- Motion: Savage. Second: Brown. Vote: 7-0 (MacGregor not yet present)

Cannabis Product Labeling Requirements

Presentation of product labelling, led by Mr. Holt, TCP Administrator

- State law and Department rules have strict packaging and labelling requirements.
- TCP inspects packaging and labels as part of its annual inspection of ATCs.
- All packaging occurs at the manufacturer, not at the dispensary, including a tamper-proof seal.
- Labelling
 - Production label affixed at the manufacturer.
 - Dispensing label affixed at the time of dispensing.
- Labelling must
 - Not be attractive to children.
 - Have no pictures or cartoons.
 - Have no resemblance to other non-cannabis products.
- Products must be dispensed with labels affixed.
- Dispensing labels include:
 - Patient and caregiver registry ID numbers
 - Patient address, but not their name
 - ATC name, registration number, address, phone
 - Amount of usable cannabis
 - Dispensing date
 - Batch number
 - Strain name
 - Cannabinoid profile (8 cannabinoids are tested for and concentration/content made available. If undetectable doesn't need to be listed.)
 - Allergen warnings
 - Safety and legal warnings
 - Directions for use
 - Estimated time for onset effect

- Some requirements are statutory, some are not.
- Design layout and placement are not standardized, vary by ATC
- ATC logo is allowed; some ATCs brand their products, some do not.
- Patients are given instructions by the TCP and the ATC for:
 - Safe transport of cannabis in original packaging.
 - Transport in cargo portion of vehicle and/or in a lockbox.

Discussion

- It was suggested the Board consider adding to the labels:
 - A pregnancy warning to the labels.
 - Health risks in adolescence.
 - Should medical contraindications be included on the label?
 - Diversion is subject to jail and/or very high fines. Perhaps this should be on the package?
- There is so much text on the labels, not a lot of room for more. The font size is tiny. Putting more content on the label is almost impossible.
 - Suggested that perhaps the labels be moved to receipts rather than having it connected to the package.
 - Suggested that orange stickers be used for critical information, like for pharmaceuticals.
 - Often people rip off the labels because they are bulky and not necessarily limited to surface of container, but often stick out. So while ideally right on the container, may be equally useful in the package.
 - Could we have a QR system?
 - Problem is that not everyone would be able to use, need a smart phone.
 - Maybe a package insert as in pharmacies with all the info?
 - Keep it away from children
 - Not safe for pregnant and lactating women
 - Etc
- Knirk asked what providers need to know; what should be on packaging when patients bring products in with them? Withrow noted:
 - What the product is: name, type, route of administration
 - Cannabinoid content
 - Clinical information is more important than warnings
- Patients are encouraged to carry receipts when carrying cannabis products outside the home.
- All agree a lot of information is helpful
 - Maybe label should have the key medical pieces
 - Formulation, doses, allergens.
 - Put other info elsewhere
- Holt invited Lee Cooper (Sanctuary ATC administrator) to speak about how patients view the labeling information. She noted:
 - Difficult to read

- A lot of information
- Font small
- Thing patients particularly value include:
 - Cannabinoids profile
 - Strain names (over 30 different strains)
 - Expiration dates
 - Type of product
 - Allergens especially with edibles.
- Knirk asked if all the ATCs could be asked to provide their label recommendations, and the Board could consolidate them.
- Holt commented that one ATC, Sanctuary, has a patient guide that is a large version of the label with numbered explanations of what all the information is. Very helpful.
 - Big print of labels that people can read more easily.
- Concern was raised that the D9 might be misleading as it didn't contain the letters THC while in fact it is the primary THC (THCV and THCA are minor cannabinoids). More than one board member has been confused by this
 - It was noted that some dispensaries have this information on a big board with an explanation of what the different cannabinoids are recommended for.
 - Holt offered to clarify with the ATC in question.
- Cannabis infused products (CIP) must have the cannabinoid content listed in mg, while flower is labeled in percentages.
 - Some ATCs use both measures.
- It was suggested that the Board might want to visit a dispensary (most members had) or a cultivation facility.

Cannabis Testing

Discussion on the testing presentation from last month's meeting

- Presentation was noted to be excellent, with lots of good information
- What would the Board recommend for any changes in testing?
- For example, is it necessary to test for salmonella?
 - The Board agreed likely not for flower, possibly for edibles
- Do the ATCs know what pesticides will be tested for? If so, they could game the system and use others.
 - Holt answered no, they do not know
- ATCs have asked if organic pesticides could be permitted for use.
 - The rules don't permit it, so the answer has been no
 - Current rules are not entirely logical
 - Some natural products are allowed by regs, but they are known to have some level of toxicity.
 - Other organics that have no toxicity are not permitted.
 - Would be good to straighten this out since the goal is to have mold free and pest free. What in reality can safely be used to this end?

- Rules were written in 2014 and were copied from another state. Not necessarily an ideal process.
- Burchman was asked based on his multistate/national purview if there has been evolution in testing standards?
 - Burchman was not available to comment.
- Many rules seem to be written for outdoor cultivation, but NH requires indoor cultivation. ATCs do not use dirt or manure but rather inert growing media and add nutrients, essentially a hydroponic environment.
 - E Coli is therefore not as common as concern.
 - There was consideration of analogous industries such as indoor farming etc. It was generally believed that farmers are not held to the same intense standards.
 - It was noted that the industry seems to be being held to pharmaceutical rather than food industry standards.
- It was agreed that we need to look at this whole issue more broadly. It was suggested that we:
 - Ask Andy Nelson (from the testing lab) (for diverse industries) what he thinks should be tested for
 - Ask the ATCs the same
 - Perhaps look at farm industry standards
 - Consider other states' standards and any national standards
 - New Jersey, Connecticut and Illinois were suggested as having the most robust regulations.
 - Corey will look into testing standards in these states
 - Goal is to protect patients while doing away with unnecessary expense.

Member Updates

- Molly is President Elect of NNESAM. At a recent NNESAM meeting, Mark Publicker and someone from VT initially voiced concern by the Board's decision to support highly structured use of cannabis for OUD.
 - Based on some presentations of studies at ASAM weighing against use of cannabis for OUD
 - On later discussion, advocacy chair at ASAM was somewhat supportive.

Legislative updates

- HB 605, OUD bill, is making its way through the process.
- HB 89, Insomnia and ASD bill, passed the Senate but with lower than expected support. Does not have a veto-proof majority.
- HB 350, home grow bill
 - All the ATCs support home grow as being in the patient interest.
 - Acknowledge that there are transportation issues, some strains not available at dispensaries, access and price issues.
 - Dispensaries cannot grow all strains so this is an opportunity for patients to find the best match for themselves.

- It was noted that the Board has not really had a discussion regarding home cultivation.
 - The bill will be coming up again next year so it was agreed it would be helpful to discuss it.
 - It was noted that the role of the Board does not need to be limited to specific medical issues but also ones that improve the programs for patients.
 - It was pointed out however that the charge from the legislature was fairly specifically targeted so we need to take care in expanding our purview.
 - Outcomes are something we need to address.
 - Efficiencies and streamlining of the program is important to outcomes for all patients.
- There was discussion that the Legislature generally respected the Board and felt we were doing focused and important work.
 - Knirk and Holt were complemented on their leadership style, keeping us laser focused on our achieving our goals.
 - It was noted that Brown provided great leadership last month and her voice has consistently been important

Next Meeting

There was discussion of next month's meeting. It will focus on dispensary services and education to patients, including

- Review of educational materials
- What intake consultations are like
- How ATCs inform their recommendations
- What longitudinal counseling takes place over time
 - Principles of further recommendations based on their experience of the products patients have used.

It was noted it will be important to have ATC educational materials to review in advance of the meeting in order for use to make best use of time. Holt agreed to ask ATCs for materials ASAP, and to invite the ATCs to the next meeting for presentations.

Meeting adjourned at 7:23 pm