

Therapeutic Cannabis Medical Oversight Board

January 3, 2024, DHHS Offices, 29 Hazen Drive, Concord (with Remote Teams option)

DRAFT Meeting Minutes

Members Present: Heather Brown, Jerry Knirk (Chair), Nadine Laughlin, David Nagel, Jill MacGregor, Richard Morse, Tricia Tilley, Lisa Withrow

Members Absent: Corey Burchman,

DHHS Staff: Michael Holt, DPHS Program Administrator

Note: In-person quorum met

Convene: 5:34pm

Note from Chair

Change in law allows 1/3 of membership to constitute an in-person quorum

Minutes

Minutes from October 4, 2023, were approved.

Motion: Brown; Second: Tilley; Vote: 5-0 (1 abstention; 2 not yet present)

Membership

New member appointed by the DHHS Commissioner: David Nagel, MD, representing Pain Management

2024 Legislation

HB 1240, relative to eating disorders as a qualifying condition for the therapeutic cannabis program

- Literature review was conducted by Laughlin and Savage (prior to her resignation from Board).
 - General position was that there was not enough evidence to recommend adding the condition, particularly due to underlying psychiatric factors contributing to these diagnoses.
- One member noted, a lack of evidence does not necessarily mean a lack of efficacy.
- One member noted a lack of clinical experience with the diagnoses relative to cannabis.
- One member noted the primacy of the provider patient relationship in making determinations regarding certification
- Holt noted:
 - only 2 other states include anorexia on their lists of qualifying conditions, but not other eating disorder conditions
 - HB 1278 would allow any condition to be certified
 - The Board could change their position for any Senate testimony if more information was learned
- One member noted the science was inadequate to recommend adding the condition

- One member noted that the Board was missing a provider representing the Psychiatry specialty
- Motion to support the bill: Brown; no second
- Motion to not support the bill as written: Nagel; Second: Laughlin.
 - Discussion
 - One member asked if the position could be a bit more nuanced: eg, there is likely some clinical benefit; literature only tells us so much
 - One public member suggested “no position” rather than “does not support”
 - Revised motion: Not enough evidence to take a position on this bill at this time; Vote: 6-1

HB 1349, relative to generalized anxiety disorder as a qualifying condition for the therapeutic cannabis program.

- Literature review was conducted by Laughlin.
 - General position was that many patients are using cannabis for anxiety treatment; other treatment options are problematic or hard to access; the harm of using cannabis for this condition does not outweigh the benefits; it is a worthwhile option for treatment of anxiety
- One member noted surprise that it was not already an approved condition
- One member noted that the patient survey (administered by the Board last year) indicated that many patient are currently using cannabis to treat their anxiety
- One public member (ATC representative) noted that many recreational users are self-medicating with cannabis for anxiety but are not getting education provided by their providers or the ATCs.
- Motion to support the bill as a stand-alone condition: Brown; Second: Nagel; Vote: 7-1.

HB 1278, relative to qualifying medical conditions for purposes of therapeutic cannabis

- One member stated that this is an excellent bill due to emphasis on provider-patient relationship and provider discretion
- One member said “kudos to the drafters” due to balancing provider discretion with safeguards (eg, 21 or older, debilitating condition, benefits outweigh risks, must attest to opinion)
- One member questioned restriction to 21 and over
 - Answer: to safeguard children, both clinically and politically
- One member noted that this may provide too much discretion to certain providers (ie, over-certification)
- Motion to support bill: Brown; Second: Withdraw
 - Discussion:
 - Holt explains other section of bill relative to removing restrictions on ATC dispensations to visiting qualifying patients, due to parity

- One member noted that this bill would fundamentally change the program and the role of the TCMOB relative to reviewing qualifying medical conditions.
- Vote: 7-1

SB 418, relative to THC concentrations for driving offenses.

- Knirk conducted a literature review
 - Numerous studies and organizations, including federal) have shown no correlation between THC levels and impairment.
 - The bill would harm TCP patients in particular due to residual blood levels of THC even when there is no impairment.
- Holt noted that the program absolutely discourages impaired driving, noting that the TCP law prohibits this behavior, but that the bill would have a disproportionate impact on TCP patients, many of whom would have this blood level of THC even when not impaired.
- One member noted that the bill anticipates legalization of cannabis for adult use, so the focus should be on the disproportionate impact on TCP patients; unintended consequences; patients will not be able to drive, including to work.
- Motion to strongly oppose bill based on lack of scientific support: Knirk; Second: Withdraw
 - Discussion: a carve out for TCP patients is not adequate, nor is a higher blood concentration
 - Vote: 8-0

SB 419, relative to THC limits in cannabis and reporting.

- One member noted that this is a bad bill
- One member noted that this was similar to a proposed bill from 2021 (SB 60), that the Board opposed.
- Holt noted the health implications to patients of not being able to access their regular medications, as well as increased cost for forensic testing of cannabis to ensure compliance with proposed limit.
- One member noted the disproportionate impact to oncology patients who use higher potency products to relieve symptoms
- One public member (ATC representative) noted the harm to the program and the ATCs, in that patients will go out of state or to unregulated sources for products.
- Motion to oppose sections 1 and 2 of the bill (not the reporting sections): Nagel; Second: Brown; Vote 7-0 (one abstention)

SB 426, relative to the possession of controlled drugs in motor vehicles.

- One member noted the unclear language of “secure container” and “area...that is the least accessible to the driver.”
- Holt noted that TCP strongly encourages secure and safe transport of cannabis through educational documents, and that therapeutic cannabis is not an illicit drug and should

be treated the same as prescribed medication, for which there are not similar transportation restrictions. Also, the misdemeanor penalty is disproportionate to the behavior.

- Motion to oppose: Brown; Second; Withrow; Vote: 6-0 (1 abstention and 1 member had left the meeting)

Other Agenda Items

Due to time, other agenda items (risks of cannabis use during adolescence, membership, patient survey data) to be moved to the next meeting.

Public Comments

None

Adjourn: 7:44pm

DRAFT