DHHS Therapeutic Cannabis Medical Oversight Board Meeting
September 4, 2019, DHHS Offices, 29 Hazen Drive
Meeting Minutes

Members Present: Jonathan Ballard, Virginia Brack (via phone), Heather Brown, David Conway, Jerry Knirk, Richard Morse, Molly Rossignol, Seddon Savage, Cornel Stanciu, Lisa Withrow

Members Absent: Bert Fichman, Dennis Thapa

DHHS Staff P: Michael Holt, DHHS Program Administrator; Patricia Tilley, DPHS Deputy Director

Meeting convened at 5:37 p.m.

Introductions
Board member introductions were made.

Board Membership Update
List of candidates for the vacant board position, clinical representative of an ATC, are with the DHHS commissioner for review.

Minutes
Minutes from July 17, 2019 were approved. Motion: Knirk; second: Brown; all approve.

Announcement
Dr. Ballard announced, relative to HB 350 passing and becoming effective on August 20, 2019, which allows Physician Assistants to certifying patients for the therapeutic cannabis program, that the NH Board of Medicine approved sending notice of the law change to all licensed PAs in the state.

Rule Review – Draft rule on Board's public hearing process (He-C 403)
Mr. Holt presented the Department's draft rule on the Board's public hearing process and asked for comments from Board members.

- Hearing is required if board is making a recommendation regarding qualifying medical conditions to the Commissioner of DHHS.
- A hearing is not required by law if making a recommendation to the Legislature; this is to allow rapid response to changing political situations.
    - Comment: might be best to specify in the rule that not holding a public hearing should only be in time-sensitive situations
- However, a public hearing is recommended as best practice in any event.
- Any recommendation by the Board, whether to add, remove, or to not take a position on a qualifying medical condition should be based in part on public opinion.
- DHHS has authority to regulate the conduct of the public hearing
- The draft rule would require a verbatim record of every public hearing.
- The rule includes a written comment period for 5 business days after the hearing

Holt asked members to submit any final comments on the rule by Friday, September 6.

Qualifying Medical Conditions – Discussion

- Discussion on whether this Board should make recommendations to the Commissioner or to the Legislature
    - Based on statute, this board would make a recommendation to the DHHS Commissioner
    - However, qualifying conditions are already being heard by the Legislature and they are expecting a recommendation from the Board.
- Jerry Knirk will serve as liaison to the Legislature. Heather Brown offered to assist in the event he is not available as she is there spending most of her time advocating on these issues.
- Board agreed that it should schedule a public hearing between now and its next meeting on October 9 so that the board might make timely recommendations regarding new qualifying conditions to the Legislature (ie, House Health and Human Services & Elderly Affairs Committee).
- Making recommendations will be difficult as the literature is voluminous and it is beyond the Board's capacity to do a thorough review of each topic.
- There is expectation that different experts know and/or can review qualifications in their area of expertise.
- There was comment on the value of patient experience as a form of evidence.
- Levels of evidence were discussed in terms of scientific procedures and traditions; it was noted that experiential and anecdotal report is a valid form of evidence to consider but is not generally considered scientific.
- It was suggested that the Board needs to consider where in the algorithm of treatment cannabis might fall.
- It was suggested that the Board indicate quality and level of evidence, but this would be difficult and likely beyond the capacity of the group.
- It was suggested that perhaps the Board should talk about best practices in management of therapeutic cannabis.
    - Some doctors follow their patients very closely and gradually decrease visits as people become stable
    - Others certify, conduct no follow-up, and see them in a year.
- It was noted that the NH law was crafted to distance certifying providers from a requirement to make recommendations and follow patients since it was felt there is not enough evidence, consistency of products, or other variables to guide patients.
    - Rather the law intended that providers certify a condition/symptom that the Legislature and many patients believed could be treated with cannabis and let patients be responsible for their choice to use unregulated and uncertain products.
    - However, it was noted that certifying medical providers are required by rule to conduct clinical follow-up with their patients regarding their use of cannabis at appropriate intervals at the provider's discretion.
- In terms of this Board making recommendations, a suggestion was made that one member provide an overview of the literature on a specific diagnosis requested by the

Legislature and draft a recommendation based on their research as the basis for discussion and debate.
    - It was commented that there are many sources of information so this might be beyond one person's capacity.
    - Others commented that review of the medical literature is doable by one person.
    - It was noted that the Board has done a lot of work already, and reviewed much literature, so this may not be as difficult as suggested.
- It was noted that some of this is simply unknowable, and as such, it forces consideration and action outside providers' usual frames of reference.
- November 14th is the deadline for Legislative Committee action on any recommendations, but subcommittees meet throughout October and will need any recommendations well before the Committee's deadline to act.
- Suggestion:
    - Schedule a public hearing the qualifying medical conditions
    - Appoint one Board member to represent each topic in order to conduct a literature review and draft a recommendation.
- It was noted that Board actions might include:
    - Make a recommendation yea or nay.
    - Can choose to not make a recommendation.
    - Specify management options or arrangements for different diagnoses.
- Ms. Brown moved that the Board schedule a public hearing:
    - Discussion
        - Not all members need be present but they are encouraged to be
        - There will be a verbatim record for review.
    - Ms. Withrow seconded.
    - Unanimous by voice vote of individuals.
- There was discussion about which qualifying conditions should be included as the subject of the public hearing, specifically whether to include Lyme disease or not, considering that a literature review for this condition had not yet been conducted.
- There was a question about the intent of Lyme disease condition. The bill appears to aim to treat Lyme disease and/or symptoms of Lyme disease.
    - Representative Thomas, who was a sponsor of the bill and a public attendee at the meeting, was recognized and explained the intent of the bill.
    - She stated sleep is usually the first thing to be improved which helps healing.
    - Anxiety is often part of chronic disease experience and cannabis helps that as well.
    - Also shooting pains, joint pains, muscle spasms are other symptoms responding to cannabis.
    - Would like to now change bill from Lyme to Tick Born illnesses since others have similarly diverse symptoms.

    - It was noted that it is not clear that Lyme needs to be considered a stand-alone condition since it appears to be the symptoms of the underlying disease that are the target of treatment.
- There was discussion how to orchestrate the public hearing.
    - Dr. Knirk moved that the hearing cover all four proposed qualifying conditions and that "Lyme disease" be changed to "Tick Born Illnesses."
        - Ms. Withrow seconded the motion.
        - Approved. Morse, Ballard, and Brack were opposed.
    - Agreed to have a two-hour public hearing with one half hour devoted to each proposed qualifying condition.
- Dr. Ballard moved that a Board member be appointed to represent each topic in order to conduct a literature review and draft a recommendation. Rep. Knirk seconded.
    - All approved
    - Drs. Savage and Rossignol will each review opioid use disorder literature and draft a position for discussion.
    - Dr. Stanciu will review anxiety literature and draft a position for discussion.
    - Dr. Morse will review insomnia literature and draft a position for discussion.
    - Ms. Withrow will review tick-borne illness literature and draft a position for discussion.
- Board was reminded that if materials are sent out via email, those materials cannot be discussed outside of a public meeting.

<u>Member Updates</u>
None

<u>Public Comments</u>
Public in attendance was invited to comment

There was a request for clarification of meeting announcements including the public hearing.

- Board meetings are announced on the Therapeutic Cannabis Medical Oversight Board web page
- Notice of public hearings will be posted on the same, as well as on the Department's Therapeutic Cannabis Program web page and on DHHS social media
- It was suggested the public hearing notice be posted in the dispensaries so patients can come. It was confirmed that the Alternative Treatment Centers would be informed of the hearings but not required to publicize them.

Keenan Blum, Administrator for Prime ATC:

- During the last Board meeting, there was a discussion that suggested that scientific evidence being considered was limited to American sources. The Board clarified that literature review includes global scientific literature.
- Raised concern that the bar seems to be overly high for patients to access cannabis when the risks of use are relatively low. He rarely sees bad side effects.

There was the suggestion that in view of recent US Surgeon General's report that the Board begin process of informing the public, including posting in dispensaries etc., about the risks of using cannabis during pregnancy or while breastfeeding.

- DHHS commented that this is under review.

Next Meetings

Public Hearing: Sept 25th (place TBD)
Board Meeting: October 9th (same time/place)
Board Meeting: November 13th (same time/place)