DHHS Therapeutic Cannabis Medical Oversight Board Meeting
June 5, 2019, DHHS Offices, 29 Hazen Drive

Members Present: Jonathan Ballard, Bert Fichman, Jerry Knirk, Richard Morse, Molly Rossignol, Seddon Savage, Cornel Stanciu, Dennis Thapa, Lisa Withrow
Members Absent: Gil Fanciullo, David Conway
Other DHHS Staff Present: Michael Holt, DHHS Program Administrator

Meeting opened at 5:36

Two sets of minutes from the last meeting (3/22/19) were accepted, submitted by Jerry Knirk and by Jonathan Ballard respectively. Motion: Withrow; Second: Thapa; all approve.

Leadership decisions from the first meeting were reviewed.

- Dr. Ballard was elected to chair the Board for 6 meetings at which time the Board will reconsider leadership.
- Dr. Knirk will serve as an alternate chairman.

There was discussion of two Board vacancies.

- A "qualifying patient" is required under statute to be appointed by the Commissioner of DHHS. Dr. Ballard has had three inquiries from candidates: Ryan Fowler, Heather Brown, and Dennis Acton.
    - There was discussion about whether the Board should define the qualities or experience sought in appointees in order to make a recommendation; it was pointed out that no similar qualities or experience existed for current Board members. The group elected not to do this.
    - Board members will send names of potential candidates, including justification for membership, to Dr. Ballard or Mr. Holt for consideration by the Commissioner. Deadline for recommendations established as 6/14.
- Pediatric member: Virginia Brack, a pediatrician at Dartmouth who works with college students has indicated willingness to accept an appointment to represent pediatrics. Dr. Ballard will recommend her to the Commissioner for appointment.

A legislative update was provided by provided by Michael Holt, Administrator, Therapeutic Cannabis Program.

- Two bills from the 2019 legislative session related to adding new qualifying conditions for the Therapeutic Cannabis Program were retained in Committee to see if this Board could make recommendations:
    - HB 366, relative to opioid addiction, misuse, and abuse (aka opioid use disorder (OUD))
    - HB 461, relative to anxiety, insomnia, and Lyme disease
- HB 350 allows Physician Assistants to certify qualifying patients for the TCP, in addition to physicians and APRNs.
- Other bills:
    - SB 88. Removes the photo ID requirements for cannabis cards, and removes the three-month relationship for the provider-patient relationship. Has passed both houses and is expected to go into effect. Intent of the bill was to remove a barrier to access to the program.

        - Question was posed how the Board would suggest notifying clinicians of the changes in the program. Suggestions:
            - Have a recorded phone message for updates at DHHS cannabis program.
            - Have an update section on the website.
            - Ask New Hampshire Medical Society to include in weekly e-newsletter and/or bimonthly print newsletter.
            - Ask Licensing Boards to send letter with updates to licensees.
    - HB 174 would have added a fifth Alternative Treatment Center (ATC) license; not passed.
    - HB 335 would authorize satellite dispensary locations for existing ATC licenses, has passed both houses.
    - SB 145 would allow ATCs to transition from non-profit to for-profit entities; has passed both houses.
    - HB 364 would allow patients and their caregiver to cultivate limited amounts of cannabis.

There was discussion of how the Board should proceed in accomplishing its charge of adding or removing qualifying conditions for certification in the Therapeutic Cannabis Program.

- The criteria for determination of inclusion of an analogous state designated Board was mentioned as a model for the type of criteria the Board might try to develop, the neonatal testing program methodology. Their inclusions:
    - Disorder needs to be well defined with known incidence
    - Associated with significant morbidity or mortality
    - Can be detected with a screening test
    - Effective treatment exists for the disorder that can be implemented before clinical diagnosis.
- Some thoughts on challenges and possibilities
    - Evidence in cannabis is scant and mixed for many conditions
    - Qualifying conditions are diverse in different states
    - Much of what we do in medicine has little evidence or proof of effect.
    - What is our threshold for recommending if there is no data, maybe won't recommend. If there is moderate evidence, we might recommend.
    - Must weigh potential benefits against risks for the specific diagnosis and co-occurring disorders
    - Exclusionary criteria, what has evidence for harm.
        - American Academy of Addiction Psychiatry guidelines are an example, state
            - No use in persons in addictive disorders
            - No use for anyone under the age of 21
    - Could we put stepped therapy requirements; eg must have tried psychotherapy for anxiety prior to trying?
    - Need to distinguish use of CBD versus THC.
    - There is a huge need for education of providers due to lack of knowledge and misperceptions
        - Some states have educational requirements for certifiers.
        - It was suggested the dispensaries might provide this. Mr. Holt was asked to review for the group the professional qualifications, education, and training

required of the dispensary staff; there are no state-mandated training requirements.
    - Challenges of evaluating existing research
        - RCTs don't look at the entire condition, but one aspect of it
            - Eg MS spasticity, not MS per se.
            - Eg Social function in anxiety, not other aspects of anxiety.
        - Studies look variously at THC, CBD, or whole plant (of diverse strains and content)
- After discussion, it was decided that the Board break into sub-groups looking at each of the diagnoses under consideration by the Legislature, perform a focused and limited literature review for that topic and report back to the Board next meeting. Motion: Savage; Second: Thapa; Discussion: Morse suggested removing Lyme from current consideration and take it up later; Savage amended her motion to remove Lyme from current consideration.
    - The group voted 7/1 to proceed with review of anxiety, insomnia, and OUD this month and defer Lyme until the methodology was tested, understanding that Lyme may be more complicated. Lisa Withrow, opposed preferring to include Lyme in first round.
    - Suggestions for the reviews included
        - Using the National Academy of Science, Engineering and Medicine 2016 Cannabis report as a primary/foundational source as it involved extensive formal evidence rankings and decision making.
            - This is older in the context of burgeoning research, so supplementation with more recent information was recommended.
        - Supplemental evidence sources
            - Any relevant specialty organization reports, guidelines, position statements
            - Any meta-analysis or systematic review of the topic since the NASEM report
            - Scan of relevant animal and human studies since NASEM report and consideration of trends or important well-done studies.
        - Suggested group note in studies CBD vs THC vs whole plant considerations.
        - Noted that clinical experience and observation needs to factored in.
- Board members selected their groups
    - Insomnia: Knirk, Thapa, Fichman
    - Anxiety: Ballard, Stanciu, Morse, Withrow
    - OUD: Withrow, Rossignol, Savage
    - Absent members will be asked in which groups they would like to participate.
- There was discussion whether the sub-groups can discuss findings among themselves and develop recommendations for the Board since meetings and deliberations of the Board must be public under statute. Mr. Holt will confer with legal counsel on this and report back. on this.
- It was noted that questions are expected to come to the Legislative committee that has retained these bills, regarding the progress of the Committee. Members were aked if any wanted to be the designated liaison for this purpose. A decision on this question was tabled.

The meeting was opened to public comment.

- Paul Withrow, Palliativity Medical Group

    - Asked why the picture on the card was being eliminated, feels like this is eliminating a security step, and that security is going down not up. Response was that the photo was perceived to be a barrier.
    - Asked that the Board as clinicians not short their patients, who will tell you what is going on with them. Studies cannot tell you what is happening, patients can, see them at often as you need to.
- Heather Brown
    - Clarified earlier mention of "Charlotte's Web," noting it is both a strain of cannabis and a cannabis company
    - Submitted letter of interest to be the qualifying patient member of the Board. Discussed her background
        - Two years Cannabis certification for PTSD, anxiety, insomnia, and chronic pain. Prior to Cannabis wasn't able to leave her home for long periods of time. Life changed with therapeutic cannabis.
        - Background in early childhood education, working with low income families.
        - Has worked as a CNA with geriatric patients.
        - Has Board experience with non-profits.
        - Has been a strong advocate for therapeutic cannabis and in that context has worked collaboratively with diverse people and groups.
        - Participates with Americans for Safe Access and recently went to Washington DC to meet with others, including state Representatives, and get information with which to improve and inform NH's cannabis program.
- Other public member
    - Had a difficult journey through the medical system in the State this January and developed PTSD as result of these interactions. Now on Cannabis due to PTSD related to the medical system, something for the Board to consider.

Next meeting is scheduled for July 17th 5:30-7:30 pm.

A subsequent meeting date/time was identified as Wednesday, September 4th 5:30-7:30 pm.

Motion to adjourn. The meeting ended at 7:29 pm.