

DHHS Therapeutic Cannabis Medical Oversight Board Meeting  
February 5, 2020, DHHS Offices, 29 Hazen Drive  
Meeting Minutes

*Members Present:* Virginia Brack, Heather Brown, Corey Burchman, Jerry Knirk, Molly Rossignol, Seddon Savage, Cornel Stanciu, Tricia Tilley (for Jonathan Ballard), Lisa Withrow

*Members Absent:* Bert Fichman, Richard Morse, Dennis Thapa

*DHHS Staff:* Michael Holt, DHHS Program Administrator

Meeting convened at 5:40 p.m. (after the conclusion of the Board's Public Hearing on adding Autism Spectrum Disorder to the list of qualifying medical conditions).

### Minutes

Meeting minutes from 1/08/20 were approved.

Motion: Brown; Second: Brack; Vote: 9-0

### Board Membership

Dr. David Conway, representing obstetrics and gynecology, resigned from the Board. Suggestions for a new member were solicited, including Oge Young, Ellen Joyce, Hajish Tauterie.

### Qualifying Medical Condition Discussion – Autism Spectrum Disorder

Ginny Brack presented her recommendation report on autism spectrum disorder (ASD). Summary: while there is evidence of some promise, there is no clear evidence of efficacy and there is some evidence of risk, especially in the developing brain. Her initial recommendation is not to recommend adding this condition.

### Key discussion points

- It was noted that the testimonial heard at the public hearing was about persons aged 27 and 35. Should the Board consider in its recommendation the adult population separately from child population?
- It was noted that many FDA approved drugs have major side effects and few long-term studies to understand the long term effects. Is the Board holding cannabis to a higher standard?
- It was noted that many drugs used in pediatrics have only been studied in adults and have not been studied in the pediatric population.
- This is a particularly difficult determination. ASD is a spectrum of disorders. And cannabis has a spectrum of active constituents. So many different things going on neurobiologically and poorly understood in ASD. We have a constellation of diseases and we are considering to treat it with a constellation of therapies (ie cannabis with all its many biologically active constituents). This combination does not lend itself to the scientific method.

- Possible risks of cannabis in children generally: evolution of psychosis, behavioral worsening, delay or impairment in learning, memory, and attention.
- It was noted that it is unclear whether the vulnerability of the brains of people with autism are greater, lesser, or the same. May be better to err on the side of doing no harm.
- It was noted that many autism advocacy groups are aggregating the community experience and saying yes, cannabis can be a valuable tool when all else fails.
- If the majority of patients are going to receive their cannabis through a caregiver (ie, all minor patients), this provides a measure of safety.
- Is this going to help more people than it hurts? Many felt that the risk of harm was less than the likelihood of helping.
- Requirements for a minor to get on the TCP program are very high. Only 15 minor patients out of 8200 patients (as of June 30, 2019). Two doctors must issue a Written Certification, one of whom must be a pediatrician, a parent/guardian must be the minor patient's Designated Caregiver, and parents/guardians must control access to the cannabis itself.
- Have to appreciate the impact of untreated agitation/behavior on families as well as affected individuals.
- Need to factor in the risks and side effects of drugs currently used to treat ASD.
- Need to keep in mind the potential for use of cannabis (and other drugs) to be used to control behavior in the absence of improvement in quality of life or function, ie sedating vulnerable patients to ease the work of care providers (think Laconia State School/Lakeview debacles, nursing home over-sedation of Alzheimer's patients, psychiatric hospital warehousing over medicated patients).
- It was noted that the Board needs to balance scientific evidence with anecdotal/clinical evidence.
- An alternative approach might be to recommend removing the Alzheimer's disease qualifier from the existing qualifying symptom of "agitation from Alzheimer's disease" so that patients with ASD might be certified for the program on the basis of their "agitation."
- Brack noted that her report's recommendation not to add ASD as a qualifying condition was primarily based on her concern about cannabis use by children, and not necessarily based on use by an adult population.

It was noted that the Board needs to wait five days for written public testimony to come in before voting, so vote on autism will be at the next meeting.

#### Member Updates / Other Issues

- Discussion about Alzheimer's disease as a qualifying medical condition and agitation from Alzheimer's disease as a qualifying symptom.
  - Noted that dementia and agitation (without the qualifier) are not conditions or symptoms in law

- A physician wanted to certify a patient for cannabis for another type of dementia but could not due to this specification. This would require a regulatory change.
- Need to inventory changes Board might want to consider in regulation, for discussion:
  - Removing seizures now that Epidiolex is available
  - Broadening to dementia from Alzheimer's disease
  - Removing the qualifier from "agitation from Alzheimer's disease"
  - Glaucoma
- Bill 1591, relative to cannabis use during pregnancy and while breastfeeding.
  - Knirk reminded Board that it voted 9:1 in support of the bill and to recommend adding a counseling/education requirement to the bill.
  - DHHS concerns with a counseling requirement:
    - Concerns about ATC staff qualifications to provide such counseling.
    - Concerns about gender determinations, and profiling of women of childbearing age.
  - Discussion about whether counseling is necessary for all? Do pharmacies do this with other drugs. (Again higher standard issue?)
  - Board agreed that poster and brochure available to all clients was appropriate. Counseling belongs in the certifying provider's office.
  - Board chose not to vote to change their original recommendation.

### 2020 Workplan Discussion

- What education do we need?
  - Burchman noted that he has developed a number of educational modules for providers for his work. He will make these available to the group.
  - Savage mentioned she had done surveys regarding physician understanding of cannabis for the NH Medical Society and could make that available. They identify some, not all educational gaps.
  - Noted lots of resources online or otherwise available already
- Potential topics
  - Basics of cannabis
    - Endocannabinoid system
    - Cannabis botany
    - Pharmaceutical cannabinoids
  - Benefits and risks
  - Dosing
  - Pregnancy and lactation
  - Further resources
  - Mechanics of how to certify a patient (Written Certification, follow-up, guidelines for conditions)
- How to disseminate information and education?
  - TCMOB webpage that could be used to post links to educational opportunities, clinical tools, guidelines, fact sheets, etc.

- The Answer Page posts the NY and MJ required Cannabis course for certifiers, available to all.
  - Burchman's presentations
  - Others
- Need to define target audience
  - Physicians, APRN. and PAs
  - Work with relevant professional organizations: NH Medical Society, NH Nurse Practitioners Association, etc.
- Steps to developing education
  - Gather/create; for example, groups asked to send links to education, links to slide decks, survey, clinical tools, etc.
    - Question of whether we might have some branded materials
  - Post
  - Disseminate
  - Referral network
  - Could kick off with a conference (or not)

Meeting adjourned at 7:30.