Therapeutic Cannabis Medical Oversight Board
July 1, 2020, Remote Meeting (Zoom)
Meeting Minutes

Members Present: Virginia Brack, Heather Brown, Corey Burchman, Jerry Knirk, Richard Morse, Molly Rossignol, Seddon Savage, Lisa Withrow

Members Absent: Jonathan Ballard, Bert Fichman, Cornel Stanciu, Dennis Thapa

DHHS Staff: Michael Holt, DHHS Program Administrator

Meeting convened at 5:35

Minutes
Meeting minutes from 6/3/20 were approved.
Motion: Brown; Second: Burchman; Vote: 7-0 (Morse not yet in attendance)

2020 Workplan

- Online education opportunities were discussed
  - The Answer Page
    - Many did not like. Lots of science but inconsistent. Difficult to navigate. Poorly organized for learning and review. It was noted that many states have subscription to it, but that this may be due to a vacuum in quality products.
  - The Medical Cannabis Institute (TMCI)
    - Most agreed this provided good basic information, well organized. Some minor areas felt to be not ideal, but these might be offset by comments in the annotation/introduction.
  - Healer.com
    - Much good basic information but may stretch the evidence a bit. Possible bias. May be good for general, non-health professional audiences, though balance is a concern. Felt by some to be misleading on pregnancy and breast feeding. Could post clarification and note that NH DHHS advises against use in pregnancy.
    - It was noted that Healer did not provide CME so could be excluded on that basis for the provider audience. Can consider for other audiences. Since so many did not like The Answer Page and there was no need to post three CMEs. We may find another over time or create our own.
  - DC Dept of Health 3 slides sets
    - Well balanced, packed with information, generally well-organized. One person felt it jumped around a little too much and others that it seemed a little outdated based on reference dates and omission of mention Epidiolex. Again, could include updates or comments in the introduction. Price is good. $20 per unit for each of three units.
Motion: Include MCI and DC materials as CME resources to post.
  ▪ Motion: Withrow; Second: Brown. Vote: 8-0, roll call, unanimous.

• Work Plan was discussed
  o Goals
    ▪ Have achieved July 2020 goal of approving some basic CME education.
    ▪ By August aim to approve information on pregnancy and breast feeding.
    ▪ By September aim to have:
      • Approve slide deck of basics on the process of certification and basics of clinical management.
      • Clinical guidance on best practices underway.
  o Question: do we have age limits on cannabis use?
    ▪ It was noted that there were no limits under NH law but that added requirements for certification of children served as somewhat of a safeguard. It was noted that only 15 of 8000 certified patients in NH are minors (as of 2019 data). This is something we could revisit as we choose going forward, potentially to be included an a future workplan goal.
  o Discussion on pregnancy and breast-feeding materials
    ▪ Brack had circulated two documents, one intended for patients and one intended for providers, based on input from the literature and documents prepared by other states and organizations.
    ▪ The group agreed these were excellent, written at the appropriate level, and essentially ready for sharing, superb work by Brack. Brown asked for time to further review and the group agree VOTE could be deferred until next month.
    ▪ It was suggested that in particular the patient document might benefit from a more “user-friendly” presentation as a brochure. Holt and Brown offered to look into contacts who may be able to do this at no or low cost.
  o Knirk had sketched out possible structure (topics, approximate number of slides) and authors for a slide deck for providers. Some additions and revisions were suggested, ending with assignments as follows:
    ▪ Introduction (4-6 slides about NH TCP)
      • Eg, how long, numbers certified, age distribution, qualifying condition distribution, that providers certify for qualifying conditions and symptoms, how long certification is valid, ATCs, quality control
      • Note limitations on evidence, empirical nature of practice, follow science when possible etc.
      • Authors: Knirk and Holt
    ▪ Administration of TCP (3 slides)
      • Eg, DHHS, TC program, TCMOB
      • Authors: Knirk and Holt
▪ Educational resources available (1-2 slides)
  • Eg, board web page, links to CME or certification courses, links to other resources (IOM, Canadian book)
  • Authors: Knirk, Morse, Rossignol
▪ Certifying conditions/symptoms (2-3 slides)
  • Eg, need for both condition and symptom, and stand-alone conditions
  • Authors: Withrow
▪ Certifying process (3-4 slides)
  • Eg, what patient and certifying provider each do
  • Authors: Withrow and Brown
▪ ATC roll (3-4 slides)
  • Eg counseling on strain and dose, communication with certifying provider
  • Authors: Withrow, Brown, and Burchman
▪ Best practices and expectations (3-4 slides)
  • Eg, informed consent, follow patient (closer in some situations with increased potential for adverse effects)
  • Authors: Withrow, Savage, and Rossignol
▪ Special populations (1 slide/population)
  • Eg Perinatal, minors, people with SUDs or MH issues
  • Authors: Savage and Brack

  o It was noted that the Best Practices slide is actually part of a larger workplan goal for the Board to develop Best Practice recommendations for providers.
  ▪ It was suggested that the group assigned for the best practice slides above might sketch out a longer outline of proposed Best Practices as a starting place for discussion.
  ▪ Savage will send to the groups APS guidelines and some guidelines she and Gil Fanciullo put together in 2016 for some input. Updates and revisions needed, but some good material therein.
  ▪ Other members to send appropriate materials, guidelines, etc. related to best practices.
▪ Some Best Practice topics discussed:
  • Evaluation and screening
  o including special populations
  • Informed consent and goal setting
  • Certification process
  • Initiating use
  • Communication with dispensaries (ATCs)
  • Following the patient
  o Frequency
  o Assessment
• Continuing or discontinuing use
  o including recertification
• Medico-legal issues
• Referral to certifying providers

• Further thoughts on education:
  o Perhaps Board could have an “ask the doctor” service. Would need to frame carefully. DHHS raised questions about hosting, oversight, ownership. Will consider further over time.
  o Could post other resources and good review articles on specific cannabis issues. Strong agreement from the Board on this. Suggested we keep our eyes out for excellent articles.

• Summary of meeting accomplishments related to workplan
  o Voted on putting in 2 pieces of CME.
  o Looked at Pregnancy/Breastfeeding docs and will consider in more detail next month, on schedule.
  o Assigned tasks for TC 101 slide deck responsibilities.

Member Updates

• Legislative Update – Knirk. NH legislature reconvened on June 11. A goal was to extend legislative deadlines to be able to pass bills. There was not bipartisan agreement on this goal, so many bills died. Omnibus bills, containing many “priority” bills were created and voted on. Holt affirmed that it appears that no Cannabis-related bills were included in the omnibus bill, so no TCP related bills passed this year. So the Board’s recommendations did not go through. Many bills are expected to be refiled next year.

Public Comments

• Felicia McCowan shared many thoughts on cannabis and its diverse actions on her and other people. Key comments related to cannabis: for some people other pharmaceuticals do not work, have significant side effects, can even be frightening. For many cannabis feels safer and better than other medications and is more helpful. Mentioned her experiences with numerous problems that marijuana has helped. Commented on many challenges and difficult experiences she has faced.

Next meeting August 5th

Meeting adjourned at 7:21 pm
Motion: Morse; Second: Savage. All in favor, by voice vote.