Therapeutic Cannabis Medical Oversight Board
August 5, 2020, Remote Meeting (Zoom)
Meeting Minutes

Members Present: Virginia Brack, Jonathan Ballard, Corey Burchman, Jerry Knirk, Richard Morse, Molly Rossignol, Lisa Withrow

Members Absent: Heather Brown, Bert Fichman, Seddon Savage, Cornel Stanciu

DHHS Staff: Michael Holt, DHHS Program Administrator

Meeting convened at 5:35 p.m.

Board Membership
- Dennis Thapa (representing Pain Management) resigned by email effective August 5, 2020.
- Board members offered suggestions for replacement, and were asked to reach out to potential members and contact Knirk (chair) and Ballard (DHHS medical director) with leads.
- Member representing OB/GYN is still vacant; another name was suggested.
- It was suggested that a provider closer to Concord be considered for ease of access and greater participation potential, especially when in-person (non-remote) meetings resume.
- Holt acknowledged that provider type diversity may be a consideration for new members; there is only one APRN currently serving on the Board.

Minutes
Meeting minutes from 7/1/20 were approved.
Motion: Withrow; Second: Burchman; Vote: 5-0 (Ballard abstained; Morse not yet present)

2020 Workplan
Educational Resources
- DC Department of Health
  o Rossignol called them about any updates to outdated materials; had not heard back by time of meeting
- Annotations
  o Knirk presented draft of annotations for educational resources, asked for feedback
  o One member suggested MCI resource should be listed first, and be described as the better of the two resources listed on the board’s website
  o Knirk asked for further review and feedback prior to the next meeting
**Board’s Therapeutic Cannabis 101 Slide Deck**
- Burchman to provide slides used for recent lectures in Florida, for template example, presentation of information, and detailed notes. [Note: Slides forwarded to Board on August 6.]
- Rossignol asked to be listed as a contributor to the special population slide for substance use disorder
- One member wondered if the Board was concerned, or had other thoughts about using the cannabis leaf as in image in the slide deck, either prominently or in the background.
  - Holt reminded the Board that this slide deck was not a DHHS document, but due to web hosting, would confirm with DHHS web team if any issues with this.
  - Holt also said that cannabis images were prohibited from use by the state licensed Alternative Treatment Centers.
- Slide format
  - Members like the “section slides” used to separate slides containing substantive information; section slides could be more colorful, designed, and include images
  - Relative consensus about the following format considerations:
    - Simple, minimal design
    - Minimal images, and only if they are educational
    - White background, dark print (for ease of printing, not necessarily ease of presenting in a public space)
    - Should be able to convert to pdf without embedded backgrounds being an issue
  - Board was asked to continue considering design and format for slides, and send “final” template within a week

**Pregnancy/Breastfeeding**
- Holt updated Board on Community Health Institute work on the topic
  - Focus is on training of ATC agents, and secondarily a brochure to make available at ATCs. Next step is to meet with the ATCs to discuss what kind of training and information they would be interested in
- It was asked if this work should be expanded beyond therapeutic use into recreational use
  - Brack stated that her draft documents were not specifically targeted at either audience, and could be used interchangeably
  - This question is more about dissemination instead of content
- It was asked if CBD should be a stand-alone topic in the Board’s document.
  - Burchman will forward his testimony to the US FDA, from May, on CBD for the Board to review. [Note: Document forwarded to Board on August 6.]
  - There is little evidence on CBD as distinct from cannabis in general on this topic
  - CBD is common in the public space, is commonly used, and may be of concern on this topic, so mention may be appropriate
- Content comments on the documents for consideration:
  - Suggest “cannabis” throughout, rather than “marijuana”
- Patient document: suggest “may” instead of “will” with regard to school performance
- Suggest adding a CBD bullet. Not a recommendation per se, but that CBD is in the public space and is largely unregulated.
- Suggest adding “known”, as in “no known safe amount of cannabis”
- Suggest adding possible need for lead-time to stop use due to cannabis use disorder; and including this idea as a screening recommendation for providers

**Behavioral Health Summit Panel Discussion**
- Rossignol provided background
  - She was asked to present at the next Behavioral Health Summit in December on cannabis use in women of child-bearing age
  - Suggested a panel approach, made up of Board Members
  - Panel members to include Rossingnol, Knirk, Brack, Savage
  - Application has been sent for review and approval; copy sent to Board on 8/4
- Discussion
  - The summit does not attract many providers (physicians/APRNs). This topic may attract more providers
  - Should the panel officially represent the Board, or just its members as individuals? Consensus that panel should represent the Board
  - Would the panel presentation be recorded, and if so, could it be used as a Board resource? Molly will confirm as it gets closer (and if approved)

**Member Update**
- Holt described upcoming Department rulemaking on the Therapeutic Cannabis Registry Rules (He-C 401).
  - Holt will send draft proposal to the Board for individual member comment.
  - Department is not asking for a Board discussion, opinion, or vote on the rule as a whole or on individual topics, nor is it asking for a dedicated agenda item at a subsequent meeting. However, the Board may choose to bring the rule, or a topic therein, for Board discussion at a subsequent meeting.
- Withrow raised clinical care issues related to a specific rule
  - ATCs are prohibited from using commercial strain names, but are allowed to use acronyms and abbreviations for the strain names with patients and caregivers.
  - Asked if providers could be given access to this “key” information so that they can provide better follow-up care to patients by knowing what strains are being used.
  - DHHS will review the question and provide follow-up.

Next meeting September 2, 2020.

Meeting adjourned at 7:23 p.m.
Motion: Withrow; Second: Morse. All in favor, by voice vote