

IV	Medical Cannabis Program Update		
	<p>Kenny Vigil introduced himself as the new program director for the medical cannabis program and announced the resignation of Ken Groggel from the position of compliance manager. Mr. Vigil stated the number of active patients is 32,840 and the programs average processing time was 23 days in the month of October. Mr. Vigil stated the program is filling many new positions and will be implementing many changes to improve the application process and processing times. This includes possible modifications to the application and the exploration of electronic application submission. The program has also hired licensing and compliance staff and are implementing more processes for inspections of licensed producers.</p>		
V	Secretaries Decision on Previous Recommendations		
	<p>Program Director Kenny Vigil provided the Secretaries Decision on the previous recommendations of the Advisory Board to extend the expiration date of cards by 90 days to allow for processing of renewal applications. Secretary Gallagher initial decided not to grant extensions on patient cards because current law and regulations do not grant the department the authority to extend expirations. However, in August 2016 the Secretary did extend the expiration date for any person whose cards expired between June 15, 2016 and December 31, 2016 by 60 days to ensure the processing of applications did not impact patients access to product. Director Vigil was also asked how many applications were denied during the past month. Mr. Vigil informed the group that the Department makes every effort to work with applicants to complete the application.</p>		
VI	Hearing on Petition Three to Add Opiate Addiction as an approved condition		
	<p>The Medical Advisory recommended heard testimony from Anita Briscoe on adding opiate addiction as a condition accepted into the program. This petition had strong support from various members of the community including a letter of support from Bryan Krumm, Representative Deborah Armstrong, Dr. Bruce Trigg, Dr. Steve Jenison, and Senator Ortiz y Pino. Anita Briscoe stated 25% of her patients have effectively used cannabis to kick their addiction to opiates. Between Ms. Briscoe and some other providers, she stated they have over 400 patients who have kicked opiate use with the use of cannabis, Anita Briscoe brought up two people one person named Tony who successfully used cannabis to address his opiate dependence and Lisa Chavez a Psychiatric Nurse Practitioner who works with those living with addiction. Dr. Brown, spoke about her work with people with addiction and that she fully supports adding Opiate Dependence as a condition. Dr. Brown recommended the condition be listed as Opioid Use Dependence. Dr. Schwartz asked how the Board would recommend diagnosing the condition. Dr. Simson asked if</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD Tim Lopez, MD Jeff Nelson, MD</p>	<p>Aye Aye Aye No Aye Aye Absent</p>

	<p>we were potentially exchanging one addiction for another. There was discussion with the Board members about using cannabis as a harm reduction tool and as a tool that can help with relief of withdraw symptoms. Dr. Brown recommended the use of DSM V criteria for Opiate Use Disorder definition or anybody who has been using opiates for more than six months. Dr. Simson also expressed his concern that diagnosis can be difficult and if cannabis use is used to primarily treat physiological withdraw symptoms, those are often time limited and can be treated with other medications. Dr. Brown stated that opiate dependence would be an umbrella term to meet tis with dependence and addiction. Dr. Schwartz views the use of cannabis as a harm reduction tool. Dr. Goodman stated that she believes the use of cannabis would serve as a reduction to the use of opiates, including heroine. Dr. Goodman shared her personal experience of patients overdosing in the hospital when heroine was provided to the patient. Dr. Simson shared his ongoing concern of how the diagnosis would occur I based on DSM V criteria. Would it be 3 of 11 symptoms, or five of 11. Dr. Simson stated he would need more information on how this would go forward. Dr, Dr. Brown suggested the use of prescription monitoring system to see if there has been opiate use for more than six months. Dr. Simson further pointed out that physical withdraw is generally time limited. Dependence would need to identified through specific criteria. Dr. Lopez stated that not every patient has disorder, but they may have dependence. If we get to specific we may be doing a disservice to those we are seeking to help. Dr. Johnson informed that group that in the DSM V criteria for Opiate Use Disorder withdraw is not very specific. Dr. Brown asked if we are saying anybody who would qualify under DSM V for Opiate Use Disorder, mild, moderate or severe would qualify? Motion by Dr, Brown to add Opiate Use Disorder as outlined in DSM V. Dr. Nelson was not present however he did provide a response stating that he felt most people could qualify under chronic pain and that he we need more evidence to cast a vote. This ultimately led to a discussion on proxy votes and if they could be accepted. They have been submitted in the past but it was unclear if they were accepted in the vote. Chris Woodard informed the Board that they could establish protocols for proxy votes, but generally it is not recommended because the member is missing testimony that could potentially impact their vote. Due to time limitations, Drug Policy Alliance could not present technical evidence they turned into the Board Members the day of the hearing.</p>		
		<p>Motion Passes five in favor one opposed to recommend adding Opiate Use Disorder to the list of condition accepted for enrollment in the medical cannabis program.</p>	
VII	<p>Hearing of Petition Seven to Add Alzheimer’s Disease</p>		
	<p>The Medical Advisory Board heard the petition filed by Leigh Jenke to add Alzheimer’s Disease as a condition accepted into the medical cannabis program. A petition was heard on April 23, 2014 by the Medical Advisory Board to add Alzheimer’s disease as a condition accepted into the program. At that time the Board recommended adding</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD</p>	<p>Aye Aye Aye</p>

	Neurodegenerative Dementia to include Alzheimer's as a condition. A motion was made Dr. Johnson to add Neurodegenerative Dementias to include Alzheimer's as a condition. Dr, Simson second.	Mitch Simson, MD Belyn Schwartz, MD Tim Lopez, MD Jeff Nelson, MD	Aye Aye Abstain Absent
		Motion passes with one abstaining, to add Neurodegenerative Disease to include Alzheimer's Disease.	
VIII	Petition Six to add Autism as an accepted condition		
	The Medical Advisory Board went into Executive Session for hearing, Since the petition was solely PHI the Board went into Executive Session. The Board members deeply empathized with the parent who provided testimony. Dr. Johnson commented that while he recognized the current treatments create burdensome side effects, it may difficult to approve cannabis use with children. One major concern is related to studies that demonstrate accumulating diminishment of IQ with continued use. Dr. Johnson stated that about 3% of children fall within the autism spectrum disorder. Dr. Brown felt the Board needs more information before deciding on the petition. While there has been efficacy for children with seizure disorders, she as Board members needs more information before deciding on adding Autism Spectrum Disorder. Delaware and Pennsylvania has added Autism as an accepted diagnosis. Tony Moran addresses the Board stating that research is very limited and only addresses white males as subjects. Motion made to table for next meeting, seconded by Dr. Laura Brown.	Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD Tim Lopez, MD Jeff Nelson, MD	Aye Aye Aye Aye Aye Aye Absent
		Motion Passes, to table decision until more information is brought forward.	
IX	Petition Five to add ADD/ADHD to the accepted conditions		
	The person submitting the petition did not attend the hearing. The Board discussed that the Board had previously considered adding ADD/ADHD at the October 30, 2015 as a condition and ultimately recommend not adding the condition. Dr. Lopez made a motion to not add ADD/ADHD as a condition, seconded by Dr. Johnson.	Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD Tim Lopez, MD Jeff Nelson, MD	<u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Absent</u>

		Motion made and passed to Not recommend adding ADD/ADHD. As a condition.	
X	Discussion on receipt of Telemedicine and Plant Increase Petitions		
	<p>The Board hear the petitions for adding telemedicine and increasing producer plant count.</p> <p>Dr. Birkmayer spoke on the importance of telemedicine and it's acceptance by the Medical Board and the Department of Health. Dr. Brown, pointed out that UNM Project Echo which is nationally recognized tele-medicine. Dr. Lopez asked for clarification on the fact that Project Echo is Physician to Physician to provider and not physician to patient. Dr, Johnson pointed out that tele-psychiatry has been successful on a provider to patient basis with a responsible party present with the patient.</p> <p>Dr. Birkmayer stated he would like permission to do develop project for telemedicine. Use a gradual implementation approach and develop guidelines with DOH. Start with provider to provider with patient present and eventually do visits form patients home.</p> <p>Dr. Brown stated she supports the ideal of telemedicine but unclear how it would work.</p> <p>Dr. Lopez clarified his understanding that it would start off as an office setting. Confirmed with Dr. Birkmayer that he has currently done this type of service.</p> <p>Dr. Lopez made motion to offer telemedicine on a physician to provider basis where patient and provider are present.</p> <p>This would include all providers and not solely a medical provider.</p> <p>Dr. Brown, seconded</p> <p>Dr. Goodman asked for clarification from petitioner that he is only seeking provider to provider.</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD Tim Lopez, MD Jeff Nelson, MD</p>	

	<p>Dr. Birkmayer, would like Provider to patient via telemedicine to ensure full access and limit liability for providers using Skype or other digital means without a provider.</p> <p>Dr. Brown is concerned about validating identity of applicant.</p> <p>The petitioner Dr. Birkmeyer recommended having another person like a dispensary employee or other person to confirm the identity.</p> <p>Dr. Simson requested that DOH look at what would be required form a HIPPA and DOH perspective to do this type of services.</p> <p>Motion modified to request that DOH consider the possibility of conducting this type of service and report back to advisory board on what would be necessary within the next four months. The MAB is in support of the use of telemedicine.</p>		
		Motion made to request DOH provide the Board with criteria of how this would be conducted.	
	Plant Count Discussion		
	<p>First petition submitted by Victoria Bruce, per her calculations patients have access to 36 grams per quarter. Feels there is a deficit of product.</p> <p>Leonard Salgado, Ultra Health claims that plants limits are arbitrary and need more plants for new product development. The former Board chair recommended a petition be filed to address the plant count.</p> <p>Motion made to request DOH consider allowing an increase of plants. Seconded by Dr. Johnson.</p> <p>The Board does not have a recommendation on the number of plants, but feel there should be an increase.</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD Tim Lopez, MD Jeff Nelson, MD</p>	<p>Aye Aye Aye Aye Aye Aye Absent</p>

	<p>Petitioners had suggested Co-ops for PPL's.</p> <p>Dr. Brown acknowledged that she feels there is a shortage and it should be addressed.</p> <p>Dr. Simson also recommended looking into testing of PPL product to ensure safe product.</p>		
		<p>Motion made to request DOH modify regulations to increase Producer Plant Count and consider allowing Co-op's for PPL's.</p>	
Public Comment			

Andrea Sundberg, Patient Services Program Manager

Dr. Mitch Simson, Chair

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