

Medical Cannabis Program Medical Advisory Board

Meeting Minutes

April 7, 2017

<i>Members</i> <input checked="" type="checkbox"/> = Present		
<input checked="" type="checkbox"/> Dr. Rachel Goodman <input checked="" type="checkbox"/> Dr. Laura Brown	<input type="checkbox"/> Dr. Belyn Schwartz <input checked="" type="checkbox"/> Dr. Mitch Simson	<input checked="" type="checkbox"/> Dr. William Johnson <input type="checkbox"/> Vacant (Oncology)
<input type="checkbox"/> Vacant (Infectious Disease) <input type="checkbox"/> Vacant (Neurology)		
Venue: Harold Runnels Building Auditorium 1190 St. Francis Drive Santa Fe, NM		
Call To Order: Dr. Mitch Simson, Acting Chair 10:06 a.m.		
TOPIC	DISCUSSION	
I	WELCOME AND CALL TO ORDER	
	<p>General Introductions of Board Members and acknowledgement of absence of Dr. Belyn Schwartz and Dr. Rachel Goodman is delayed</p> <p>Chair Dr. Simson, reviewed agenda and explained that upon consultation with legal counsel and based on statutory responsibilities the Medical Advisory Board (MAB) would be hearing petitions related to conditions, limits, and adequate supply. No other petitions would be heard as they are outside the scope of the work of the MAB.</p> <p>Staff present from the Department of Health were: Andrea Sundberg Medical Cannabis Program, Kenny Vigil Medical Cannabis Program, Chris Woodward Office of General Counsel</p> <p>There are current three open positions on the MAB: Oncology, Infectious Disease, and Neurology</p>	
II	Medical Cannabis Program Update	
	<p>Kenny Vigil provided an update on the medical cannabis program. Processing time has significantly improved being under two weeks from receipt to mail. The program currently has over 35,000 active enrollees and are processing about 4500 applications per month. There are currently two vacancies, the Medical Director positions and Health Educator. There is currently a hiring freeze that may prevent these positions from being filled. The program continues to conduct trainings for law enforcement and medical providers throughout the State of New Mexico.</p>	No Vote on Any Issues

III	Actions of the Secretary of Health on prior recommendation from November 4, 2016 meeting	
	<p>Dr. Simson stated there is no response from Secretary Gallagher regarding prior recommendations from the November 4, 2016 meeting. Dr. Simson stated this could be due to HB0527 which included Opiate Use Dependence as a new condition Dr. Johnson stated he feels the delay seems unnecessary. Dr. Brown agreed and stated she finds this delay unacceptable and disappointing.</p>	No Vote
IV	Discussion on Petition Submission	
	<p>Dr. Simson informed those in attendance that the program received a large number of applications in the last day of submission. Upon consultation with legal counsel and review the Chair determined that the following petitions would either require legislative changes or were outside the scope of work of the Medical Advisory Board.:</p> <ul style="list-style-type: none"> 2017-001 Add veteran status as w qualifying condition 2017-002 Allow any chronic condition to be a qualified condition 2017-003 Change LECUA to give MAB more authority 2017-004 Change LECUA to make renewals every three years 2017-006 Allow PPL holders to use manufacturers for conversion of product 2017-008 Remove CBD from producer plant counts 2017-010 Increase plants for licensed producers 2017-011 Add definition of medical treatment to LECUA and add definition of adequate supply 2017-023 Develop MCP education and research components <p>Dr. Johnson commented allowing PPL holders to use manufacturers seems reasonable, As a certifying practitioner it would help enrollees get product in a friendly form without having the costs of purchasing product from producers. Dr. Johnson did feel removing CBD plants from plant count is a challenging idea.</p> <p>Dr. Simson did remind the Board that there was a recommendation to increase producer plant counts at last meeting but the Board members did not provide a specific number regarding the plant count increase.</p> <p>Dr. Johnson pointed out the addition of an education and/or research component has been endorsed in the past. Given the ongoing rapid growth of the program and comments regarding lack of data collection the addition of education and research would be beneficial.</p>	

	Dr. Brown pointed out that legislation regarding research had passed one house this recent legislative session.		
V	Petition 2017-012 Add autism as a condition, Also tabled from last meeting		
	<p>The Medical Advisory heard a previous petition related to Autism and had tabled the petition at that time. This condition has been previously petitioned for in the State of New Mexico. Two other States added Autism as a condition. Delaware added Autism with self-injurious aggressive behavior. Pennsylvania will be adding; however their program is still in development. Dr. Simson spoke with both States and said Delaware was apprehensive about adding as a condition however they had tremendous pressure from those working with people who have Autism to add as an approved condition. Dr. Brown asked if self-injurious is defined in Delaware, an Dr. Simson said it was not defined.</p> <p>Dr. Johnson stated that they had a petition for Autism in 2010 that passed but was not approved by the Secretary of the Department. He further went on to say, that we hobbled by a lack of good science. We do know Autism is difficult for the persona and the caregiver. Petition was interesting and material demonstrated that there were neuro-protective protections and neuro-modulators. However, a lot of the information is speculative with lots of unknowns. Dr. Johnson spoke of how much of the material is anecdotal reports based in pre-clinical interviews, however later in the research it states pre-clinical studies is insufficient. There are a lot of unknown effects and deficits are hard to analyze. Dr. Johnson did feel medical providers and their patients should have a right to explore as an option Dr. Johnson did question if there should be an age limit.</p> <p>Dr. Brown stated she approaches this from a harm reduction perspective. Current medications are much worse and have potential of causing more harm. When making these types of decisions we should keep harm reduction front and center.</p> <p>Dr. Simson discussed an article from the Journal of pediatrics from 2015, the end conclusion was conservative regarding use. The research leaned toward a combination of CBD and THC, however it was important to note that there remains a major concern regarding unknown impact on developmental issues.</p> <p>Dr. Johnson noted all parties should be aware of hazard, however side effects that were heightened by research may not be reflective of impact on long term users. Dr. Johnson also asked if any members had any thoughts on age limits for users.</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p>Absent Aye Aye Aye Absent</p>

<p>Dr. Brown asked how many people in New Mexico have a diagnosis of autism?</p> <p>Dr. Johnson stated the nation rate is one in 68 have a diagnosis on the autism spectrum. The actual numbers vary depending on the specific diagnosis.</p> <p>Dr. Simson asked if we should consider using behavioral disturbance like they use in Delaware and Dr. Brown asked how that would be defined.</p> <p>There was a public comment that cannabis is less dangerous than other medications and not all people with Autism are self injurious.</p> <p>Dr. Johnson made a motion to approve Autism Spectrum as defined in the DSM V</p> <p>Dr. Brown – seconded</p> <p>Passed</p>		
	<p>Passed with three approving after Motion to approve Autism Spectrum as defined by DSMV</p>	
<p>ADHD Tabled from November 4, 2016 meeting</p>		
<p>Dr. Johnson reread petition, and once again felt we are dealing with a petition trying to establish rational literature when the information in incomplete and possibly inadequate. Petitioner used antidotal information. Dr. Johnson stated as a practitioner he prescribes many stimulants that carry side effects burden however based on his experience cannabis is not an effective treatment. Many times, the diagnosis first appears in elementary school age. Due to concern of impact on development it is important to be conservative. However when dealing with adults, we know they can make their own decision s and they have completed neuro-development, We could possibly set an age limit or should we allow anybody defined as an adult.</p> <p>Dr. Brown felt adding ADHD for adults will keep focus on harm reduction, and it is a safer option.</p> <p>At this point Dr. Goodman joined the meeting.</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p>Aye Aye Aye Aye Absent</p>

<p>There was a public comment from Meghan that anybody should be provided access to avoid potential addiction issues,</p> <p>Dr. Johnson maintained his concern about neuro-development and safety of use with children. Many people treat cannabis as a benign substance however studies have shown a decline in IQ</p> <p>Dr. Goodman noted there have been approved safe medications for use with those living with ADHD></p> <p>Dr. Johnson made a motion to approve ADHD for those over the age of 18</p> <p>Dr. Brown Second</p>		
		<p>Motion passes unanimously to add ADHD for those over the age of 18.</p>
<p>Petition 2017-013 to add Anxiety as a Condition</p>		
<p>There was a previous petition in 2011 to add anxiety as an approved condition. The Medical Advisory Board approved the addition however that condition was not approved by the Secretary of Health.</p> <p>Dr. Johnson, commented that in psychiatry anxiety is a broad diagnosis. There is some data to show CBD products can be helpful. If approved there is currently not a system in place to limit purchase to high CBD only. While producers could help guide enrollees with choice, only a minority of staff at the licensed producers have training in make recommendation. In Dr. Johnson's opinion is it a murky area.</p> <p>Dr. Simson commented that he found the petitions being submitted did not provide the articles or even abstracts but instead merely provided a reference list. Dr. Simson stated he spent hours retrieving and reviewing articles. The articles he located reflected that CBD is helpful in cases on anxiety and often referred to selective use of product. Based on review he is less likely to approve as a condition.</p> <p>Dr. Brown focused on the area of harm reduction, reducing the lethal overdoses.</p> <p>Dr. Johnson motioned to approve as a condition</p> <p>Dr. Goodman seconded the motion</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p>Aye Aye Aye No Absent</p>

	<p>At this point there were multiple comments from the public. Sarah D. commented it is often challenging for enrollees to find the right medication. Patricia McKay stated that anxiety combined with depression should not be limited to CBD only. Larry Love commented that dispensary dosage is important with anxiety.</p> <p>Dr. Johnson commented that there are no systemic side effects from use and Dr. Brown commented that using product bought from producer patients have much more of a guarantee of safe product rather than street purchases.</p>		
		<p>Motion Passes, to approve anxiety as condition by a vote of three in favor one opposed.</p>	
<p>Petition 2017-014 Petition to add Depression as an approved condition</p>			
	<p>Dr. Johnson made a motion to approve Depression as an approved condition</p> <p>Dr. Brown asked if it would be for all forms of depression.</p> <p>Dr. Johnson stated that Bipolar Depression was proposed in 2009, and that condition was not recommended, however in 2010 Depression was proposed and recommended but was not added as a condition. Dr. Johnson believes there are many categories under depression which cannabis treatment could be helpful.</p> <p>Dr. Brown seconded motion to approve</p> <p>Dr. Simson commented that a 2014 review, the endocannabinoid system help with serotonin signaling which is standard for other treatments for the diagnosis of depression.</p> <p>The motion to add depression as a condition passed unanimously.</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p><u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Absent</u></p>
		<p>Motion made and passed to Not recommend adding Depression as a condition qualifying condition.</p>	
<p>Petition 2017-15 to Add Concussion CTE, or TBU as a condition</p>			

	<p>Dr. Johnson stated he felt this was a broad petition.</p> <p>Dr. Simson stated that many of the articles cited provided mostly sports commentary and many were related to anti-doping. While there were animal studies, those studies tended to show that to be effective you would need to pre-treat with cannabis. Many spoke of CBD and the protection of the blood/brain barrier. Dr. Simson spoke about Chronic Traumatic Encephalopathy (CTE) which is a post traumatic neurodegenerative disease. Dr. Simson felt the addition of this condition paints a broad picture of what the petition wants to cover.</p> <p>Dr. Brown asked when traumatic brain injury came up as a condition.</p> <p>Jessica Gelay from Drug Police Alliance commented it was in November 2012.</p> <p>Public comment from Ginger stated that Sativex has been approved as standard treatment but must be used immediately and some people may have an allergic reaction.</p> <p>Dr. Brown commented there is potential for prevention, focusing on the harm reduction component.</p> <p>Dr. Johnson asked if repeated dosing would increase protective nature or could it cause more harm. The general response is it seems unclear.</p> <p>Dr. Goodman commented that research out of Israel shows effective in acute injury.</p> <p>Dr. Goodman made a motion to table decision as this could possibly be palliative care.</p> <p>Dr. Simson seconded the table and stated that there may be a need to divide out conditions to Concussions or TBI and CTE.</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	
		<p>Motion made to table for next meeting.</p>	

	Petition 2017-16 Diabetes		
	<p>Dr. Simson commented that use seems to decrease insulin and waist size, but no decrease in lipids not glucose. Effects seem to be similar to those obtained through current medications and does not seem to improve diabetes. Not specifically used to treat but may help with some regulation in CB 1 receptor. Dr. Simson further noted that painful peripheral neuropathy is an already approved condition. Dr. Simson further noted that one reference to a 2006, 15-year study showed an increase in caloric intake and alcohol use, increase in blood pressure, but no other changes. Another study showed that cannabis users were slightly less obese. While effects are interesting that are not specific to diabetes control.</p> <p>Dr. Brown reinforced that fact that PPN is already an approved condition so those with a diagnosis of diabetes could apply under that diagnosis.</p> <p>Dr. Simson made a motion to not approve as a qualified condition</p> <p>Dr. Johnson seconded the motion.</p> <p>Public Comment Sharon Jaramillo stated that this should be approved as a preventive not as a treatment.</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p>Aye Aye Aye Aye Absent</p>
		<p>Motion made to not approve Diabetes as a qualified condition passed unanimously.</p>	
Petition 2017-017 Petition to add Dystonia as an approved condition			
	<p>Dr. Brown stated that cervical dystonia is already an approved condition, however it si unclear on range of dystonia.</p> <p>Dr. Simson commented that adding Dystonia would create a broader spectrum.</p> <p>Dr. Simson made a motion to add Dystonia as an approved condition.</p> <p>Dr. Goodman seconded motion</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p><u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Absent</u></p>

		Motion made and passed to add Dystonia as an approved condition.	
Petition 2017-018 Petition to add Migraines as an approved condition			
<p>There was a split vote in the past to add Migraines as a qualifying condition, ultimately the Secretary of the Department of Health did not approve to add as a condition.</p> <p>Dr. Brown asked Department Staff if we receive applications for migraines.</p> <p>Andrea Sundberg informed Board members that we do receive applications for the condition of migraines however they are applied for under Severe Chronic Pain.</p> <p>Dr. Brown asked if we should make the condition Chronic Headaches to include migraines.</p> <p>Public Comment – Patricia Monaghan stated that many migraines manifest in nausea associated with migraines. Shannon Jaramillo likes the all-inclusive approach.</p> <p>Dr. Brown made a motion to add Chronic Headaches to include Migraines.</p> <p>Dr. Simson seconded the motion</p>	<p>Rachel Goodman, MD</p> <p>Laura Brown, MD</p> <p>William Johnson, MD</p> <p>Mitch Simson, MD</p> <p>Belyn Schwartz, MD</p>	<p><u>Aye</u></p> <p><u>Aye</u></p> <p><u>Aye</u></p> <p><u>Aye</u></p> <p><u>Absent</u></p>	
		Motion made and passed to add Chronic Headaches to Include Migraines as a Qualifying condition.	
Petition 2017-019 Petition to add Arthritis as an approved condition			
<p>Dr. Simson stated this is already covered in the current approved conditions.</p> <p>Public Comment Jason Butler asked that we include all arthritis.</p>	<p>Rachel Goodman, MD</p> <p>Laura Brown, MD</p> <p>William Johnson, MD</p> <p>Mitch Simson, MD</p>	<p><u>Aye</u></p> <p><u>Aye</u></p> <p><u>Aye</u></p> <p><u>Aye</u></p>	

<p>Dr. Simson stated that the current diagnosis does cover all cases of arthritis. Dr. Simson asked that the program modify the current application to reflect that fact.</p>	<p>Belyn Schwartz, MD</p>	<p><u>Absent</u></p>
	<p>No vote as this is an already covered diagnosis.</p>	
<p>Petition 2017-020 Petition to add Sleep Disorders as an approved condition</p>		
<p>Dr. Johnson commented that relief from insomnia is very helpful for those suffering with PTSD.</p> <p>Dr. Simson stated that the issuing with sleep, may be related to other conditions that are already approved.</p> <p>Dr. Johnson made a motion to approve sleep disorders as an approved condition.</p> <p>Dr. Goodman seconded motion</p> <p>Passes unanimously</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p><u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Absent</u></p>
	<p>Motion made and passed to add Sleep Disorders as an approved condition.</p>	
<p>Petition 2017-021 Petition to add Substance Abuse Disorder as an approved condition</p>		
<p>Dr. Johnson stated that a recent study stated there was a 31% reduction in opiate use.</p> <p>Dr. Brown provided a statement that many of her clients states that they are using cannabis to assist in their substance abuse disorder.</p> <p>Dr. Goodman stated that she knows last meeting the Medical Advisory Board approved Opiate Use Disorder.</p> <p>Kenny Vigil explained that we do not have a response from the Secretary of Heath related to adding Opiate Use Disorder as an approved condition. In addition there was a current bill HB529 that passed both houses that would</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	

<p>add Opiate Use Disorder as an Approved condition.</p> <p>Dr. Brown focused on use of cannabis from a harm reduction perspective.</p> <p>Public Comment Larry Love Stated his sources state Governor vetoed HB529. Mr. Love further stated we need a Doctor as head of DOH to move more things forward.</p> <p>Dr. Simson stated this is a much broader that opiate use disorder as defined by the DSM V.</p> <p>Dr. Brown stated she has seen the benefits in opiate use disorders.</p> <p>Dr. Simson made a motion to table decision</p> <p>Public Comments – Sharon Jaramillo – this is such an important issue should not be tabled.</p> <p>Dr. Brown stated that she felt approving depression and anxiety will help.</p> <p>Public Comment – lives will be lost if we table decision and antidotal stories shows use of cannabis helps.</p> <p>Dr. Simson stated at previous meeting the Board recommended the addition of opiate use disorder and we should await that decision.</p>		
	<p>Motion made to table awaiting outcome of Secretary decision on Opiate Use Disorder.</p>	
<p>Petition 2017-022 Petition to allow Patient Collectives for growing cannabis</p>		
<p>Dr. Johnson stated this is allowed in Washington and Colorado and seems like a good idea.</p> <p>Dr. Browns feels this supports access and they are licensed.</p> <p>Dr. Brown made a motion to approve Licensed Patient Approved Collectives</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p><u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Absent</u></p>

Motion passes unanimously		
	Motion made and passed to allow patient collectives.	
Petition 2017-005 Petition to increase patient limit to 12-16 ounces		
<p>Dr. Brown asked how many exceptions does the program receive.</p> <p>Andrea Sundberg stated about three a week.</p> <p>Dr. Brown asked if the Board members felt it provides a barrier to have a medical exception.</p> <p>Dr. Johnson stated he would also approve reciprocity.</p> <p>Dr. Brown stated the current limit creates a challenge for those that have a personal production license and harvest once a year.</p> <p>Public Comment – current limit is not enough and also important to allow testing. In addition, Sarah commented that the use and creation of concentrates requires more flower product.</p> <p>Dr. Simson made a motion to increase adequate supply to 16 ounces</p> <p>Dr. Johnson seconded motion</p> <p>Dr. Goodman asked if this change would impact medical exception.</p> <p>Dr. Brown modified made a motion to allow for a medical exemption to increase up to 24 ounces.</p> <p>Dr. Goodman seconded motion.</p> <p>Passes unanimously</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p><u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Aye</u> <u>Absent</u></p>

		Motion made and passed to increase adequate supply to 16 ounces and allow for a medical exception to 24 Ounces.	
Petition 2017-009 Petition to Remove THC Limit			
Dr. Johnson stated the current 70% THC limit was created in regulation.		Rachel Goodman, MD	<u>Aye</u>
Dr. Brown stated the Medical Advisory Board had previously opposed that limit.		Laura Brown, MD	<u>Aye</u>
Dr. Johnson made a motion to remove limits		William Johnson, MD	<u>Aye</u>
Dr. Johnson seconded motion		Mitch Simson, MD	<u>Aye</u>
Passed unanimously.		Belyn Schwartz, MD	<u>Absent</u>
		Motion made and passed to remove 70% THC Limit	
Public Comment			
The MAB requested the Department send DMSO information to members.			
Next Meeting			
The next meeting was proposed for November 03, 2017 at 10:00 a.m.			

Andrea Sundberg. Patient Services Program Manager

Dr. Mitch Simson, Chair

DRAFT