

Medical Cannabis Advisory Board Meeting Minutes

November 16, 2020

I. Introductory Remarks and Call to Order

Stephanie Richmond PA-C adjourned the meeting at 11:52 a.m. called to order the regular meeting of the Medical Cannabis Advisory Board (MCAB) at 9:02 a.m. on November 15, 2020, using a WebEx Events Platform. General Instructions were given to panelist and attendees.

II. Roll call

Stephanie Richmond conducted a roll call. The following persons were present:

Ariele Bauers	<u>present</u>
Kenneth Corazza	(arrived late)
Jean-Paul Dedam	<u>present</u>
Rachel Goodman	<u>present</u>
Courtney Marquez	<u>present</u>
Allen Plymale	(arrived late)
Davin Quinn	<u>present</u>
Stephanie Richmond	<u>present</u>
Traci White	<u>present</u>

Seven of nine Medical Cannabis Advisory Board Members were present at this time, so quorum was met, and the meeting started.

III. Nomination and Election of New Chairperson by Medical Cannabis Advisory Board

Nominations and self-nominations for the position of new Chairperson of the Medical Cannabis Advisory Board were taken from the floor. Stephanie Richmond made a motion to nominate herself for the Chairperson role and her motion was seconded by Ariele Bauers. No individual was in opposition, so Stephanie Richmond was adopted by consensus as the new Chairperson for the MCAB.

IV. Nominations and Election of a New Alternate Chairperson by the Medical Cannabis Advisory Board

Nominations and self-nominations for the position of new Chairperson of the Medical Cannabis Advisory Board were taken from the floor. Jean-Paul Dedam made a motion to nominate himself for the Alternate Chairperson role and his motion was seconded by Stephanie Richmond. No individual was in opposition, so Jean-Paul Dedam was adopted by consensus as the new Alternate Chairperson for the MCAB.

V. Medical Cannabis Program Update

Program Director Dominick V. Zurlo, Ph.D. updated the Medical Cannabis Advisory Board and thanked those in attendance for taking the time to be present virtually today. Despite the impact of COVID-19, the NMDOH and the MCP along with the many Licensed Non-profit Producers have continued to provide service to New Mexicans in the best ways possible.

Dr. Zurlo noted that as recently as of October 31, 2020 that there were now 100,021 patients enrolled in the program. In addition, he noted statistics related to the current supply of Cannabis:

Supply (for the quarter ending September 30, 2020):

Plants licensed to grow: 51,250

Mature plants in production: 30,264

Plants harvested during the quarter: 21,279 (40% increase over 3Q 2019 when 15,145 plants were harvested)

This indicated there is the possibility for the Licensed Non-Profit Producers to grow approximately 21,000 more plants than currently in production. This is the same amount of plants harvested during the quarter, and when grown, would represent an approximate increase of 69% over the current production.

With this potential yet to be realized, the Licensed Non-Profit Producers have reported as of the end of the third quarter (September 30, 2020), there was a total of 5,774,625 grams of Flower and Bud in stock and an additional 3,617,266 units of Cannabis derived products.

As a comparison, for the amount of medical cannabis in stock, at the end of the third quarter in 2019, there was a total of 3,888,271 grams of Flower and Bud in stock (Cannabis Derived Products were not accounted in this amount). The amount of

medical cannabis currently in-stock represents a 48.5% increase (1,886,354 grams) over the same time-period last year in just flower and bud.

While state offices have been closed to the public since the implementation of the Public Health Orders due to the Covid-19 pandemic, the program has continued to process applications and meet the statutory requirements of 30 days for approving or denying a completed application and mailing the card within an additional 5 days.

Accordingly, the License and Compliance section has continued work through the pandemic to re-license the Licensed Non-Profit Producers, review amendments, and conduct site visits via virtual means - and when safe and appropriate to do so, in-person.

In addition, the MCP has been working with BioTrack to implement a patient portal where patients and providers will be able to submit applications online. This has been delayed due to the impact of COVID-19 but is anticipated to be available to patients and providers soon.

Allen Plymale has now joined the meeting and provided short introduction as previous MCAB Members had done earlier.

VI. Review of proposed Reciprocity Rule Change and Notification of Rule Hearing scheduled 12-4-2020.

Dr. Dominick Zurlo also presented information with regards to the upcoming Rules Hearing to discussed proposed Rule Changes proposed by the NMDOH as it pertain to Reciprocal Patients. Dominick related that the NMDOH wants to ensure that residents of New Mexico are seeking the medical attention needed to be enrolled in the program while under the medical care of providers in New Mexico. The proposed rules help to ensure this is occurring and thus help to improve the health outcomes of New Mexicans enrolled in the program. This is important, so medical providers can ensure patient are not experiencing negative outcomes and/or masking more serious medical situations by temporary relief of symptoms by use on medical cannabis.

The prosed amendment would seek to do the following:

- 1) Clarify the residency requirements an individual who is now a resident of NM may participate in the reciprocal participant program provided the reciprocal participants place of residence is consistent with the place of enrollment.
- 2) Ensure that the purpose of reciprocity which is to allow individuals who travel from their home state to obtain medical cannabis during their visit can do so
- 3) When purchasing medical cannabis, the individual would need to verify the person is actually participating in the medial cannabis in which they are enrolled.

- 4) Clarify the exception for New Mexico residents who are members of a New Mexico Indian nation, tribe or pueblo medical cannabis program and their ability to participate as a reciprocal participant in the NMDOH Medical Cannabis Program
- 5) Modify the reciprocal limit to 230 units for one year, which would allow for individuals traveling to New Mexico have access to their medicine during their travels through the state.
- 6) Modify the requirement and requires the LNPP selling an individual medical cannabis as a reciprocal participant to verify the proof of authorization with individuals place of residence, ensuring the individual meets the qualifications of the reciprocal program and to record this information in the registration and verification tracking system.
- 7) Ensure the reciprocal participant is enrolled in a medical cannabis program from the originating state or governmental entity by providing proof from the governmental agency of the participant's enrollment. This helps to ensure the medical practitioners in good standing with their licensing body and that the reciprocal participant has met the eligibility requirements of the originating jurisdiction

The proposed rule change was now put before the MCAB for discussion:

Rachel Goodman asked how participation is verified. She was curious if the verification takes place at the point of sale and who is the individual responsible for signing up reciprocal patients. Dr. Goodman was also interested how many other states currently use reciprocity as part of their Medical Cannabis Programs. She agreed that the rule change as it related to the definition of a reciprocal patient..." made sense".

Stephanie Richmond questioned how the program came up with the amount of cannabis that would be accessible to the reciprocal participant.

Dominick Zurlo replied that the determination for rec was made ...looked at ideas that those traveling would have access 230 units per 90-day period ...if person is to stay greater than 90 days, they should register with the program

Rachel Goodman suggests that the amount be discussed later in the meeting and therefore discuss reciprocity latter as well

Davin Quinn asked if there are downsides to implementing

Dominick Zurlo responded that the only downside would be that patients would need to be residents of the jurisdiction they are representing. Part of the reason for this was because individuals were applying to be reciprocal participants from states they had never visited and did not reside. Therefore, these patients are not receiving the medical follow-up or care they need to be utilizing medical cannabis in a safe way.

Kenneth Corazza joined the meeting.

Ariele Bauers asked if residents of New Mexico can be participants of both the MCP as a resident and a reciprocal participant.

Dominick Zurlo clarified that patients participating in the program that reside in New Mexico would need to apply for the MCP as a qualified patient and follow the current enrollment criteria and could not be a part of the reciprocal program as well.

Ariele Bauers asked what happens to the reciprocal patient who resides in the state greater than 90 days and exceeds the 230-unit amount.

Dominick Zurlo responded that if the patient had not enrolled in the New Mexico Program, that they would not be allowed to purchase more medical cannabis until their full year of registration had expired.

Ariele Bauers was concerned that individuals displaced due to COVID-19 and visiting college students that the 230 unit may not be adequate and asks if the amount for reciprocity can be adjusted.

Allen Plymale raised issue with snowbirds visiting for extended periods of time and if they would need to change their residency.

Dominick Zurlo responded that the amount is 8 ounces for the entire year.

Ariele Bauers asked if patients currently in the program have the option to ask for a unit increase at some point in time.

Dominick Zurlo responded that qualified patients registered in the program with the consultation of their medical provider can receive up to an additional 4 ounces over a 90-day period.

Ariele Bauers asked if reciprocity participants can also participate in the unit increase program.

Dominick Zurlo responded that reciprocity patients were not eligible for the unit increase at this time.

JP Dedam raised concern that after 90 days, the reciprocal patients would be “cut-off”.

Dominick Zurlo responded that after 90 days that the reciprocal participant would not be able to purchase, but that this is not the typical reciprocal participant. Reciprocity was created for people “visiting” the state.

Rachel Goodman suggested that reciprocal and qualified patients should have access to the same amount of medical cannabis.

Dominick Zurlo responded that the reciprocal patient would therefore have access to the same amount of cannabis without the evaluation or input of a medical provider. Patients would have access to same amount of medical cannabis, but without any medical oversight. The reason for the limit is so that patients receive a least some standard of medical care and do not seek to bypass enrolling in the program. If they are visiting, they have some access and that individuals staying for a longer period of time can enroll in the program and therefore have access to the same amount of medical cannabis accessible to New Mexico patients.

Rachel Goodman acknowledged that the rule is to close a loophole that allows New Mexico residents to avoid enrolling in the New Mexico Medical Cannabis Program so as to avoid seeing their medical provider.

Stephanie Richmond agreed that rule change appears to close a loophole as it relates to medical oversight, but that quantity allowed to reciprocal participants may be an issue.

Kenneth Corazza joined the meeting and introduced himself.

Stephanie Richmond asked board members how they wish to proceed with the

Kenneth Corazza motioned to adopt proposed rule change, but address the amount allowed the reciprocal participant at a later time.

Allen Plymale seconded motion if it is to adopt rule in its entirety at this time

Stephanie Richmond was concerned that it would be problematic to adopt rule change without first discussing the amounts allowed to current qualified patients.

Ariele Bauers proposed to wait on adopting the proposed rule change until further conversation about the amount.

Allen Plymale withdrew his motion.

Kenneth Corazza also withdrew his motion.

Stephanie Richmond at this point suggested that the MCAB wait to vote on the proposed rule amendment and table the motion until more details on the amount

VII. Review of Petitions

Petition 2019-008 Add ADHD, ADD, Anxiety Disorder, and Tourette's Syndrome to list of Qualifying Conditions.

The Medical Advisory Board heard the petition filed by Mr. Jason Barker stated he had new information to provide the MCAB as it relates to the medical conditions he wants added to the list of qualifying conditions. Mr. Barker stated that due to COVID-19, that ADD, ADHD, Anxiety Disorder and Tourette's Syndrome are all "on the rise" and that studies were being done by Italian researchers. Mr. Barker also provided a list of states already including the above diagnoses in the list of qualifying conditions.

Stephanie Richmond reminded MCAB Members that the MCAB had been in recent of a letter from the New Mexico Chapter of the Academy of Pediatrics. As no one from the Academy of pediatrics, Stephanie Richmond asked MCAB members their feelings n the topic of this petition being approved.

Davin Quinn asked the petitioner if the use medical cannabis was for patient with all of the listed conditions or only exclusively one of the conditions.

Mr. Barker responded that each of these conditions had been recommended by the MCAB as separate conditions in the past but had been rejected by the previous administration. Mr. Barker chose to include them all at once.

Davin Quinn then wanted to ask if the MCAB was to treat the petition as a single condition consisting of all 4 components or each component as a separate qualifying condition.

Mr. Barker reminded the MCAB that in the past multiple conditions had been listed and accepted by the MCAB for recommendation in the past.

Davin Quinn asked the petitioner to clarify how the use of medical cannabis would benefit ADD and ADHD. Was the cannabis to help with attention, because some resources mention that cannabis may affect cognition.

Mr. Barker responded that medical cannabis would simply be an option for the provider and that at this point many of the current pharmaceuticals pose the same problem to the patient.

Dr. Dedam weighed in that cannabis would not be the "ideal" treatment for someone with ADD, ADHD, but that there was some evidence that anandamide does decrease dopamine transport which is what other ADHD medications attempt to do. He went on to share some information about a study in mice which did reduce hyperactivity. Dr. Dedam went on to explain that ADHD is likely a syndrome made up of multiple different conditions some of which may benefit from the use of medical cannabis. At least in adults it seems that cannabis may be useful. Dr. Dedam went on to share his concerns with using cannabis in children

and recommended that a modification be made to only use in the “adult population” and not in children.

Dr. Quinn echoed Dr. Dedam’s concerns about using cannabis in the non-adult pediatric population. Dr. Quinn relayed information about ADHD in the pediatric population and how the symptoms seemed to disappear in approximately 30 to 50 percent of children previously diagnosed as having ADHD or ADD when they are admitted to psychiatric facilities. Furthermore, given the risk to neurodevelopment and the emergence of psychosis he was definitely in favor of a modification to avoid its use in the pediatric populations.

Ariele Bauers agreed that medical cannabis may be a tool for the adult population but should not be used in kids.

Rachel Goodman wanted to know if it was the petitioner’s intent that cannabis be used in the pediatric population as part of the petition or if it was simply his intent for it to be used in the adult population and specifically which conditions.

Dr. Dedam made the motion to approve all 3 conditions but modify for adult use only.

Rachel Goodman seconded this motion.

Davin Quinn asked the petitioner how the diagnosis of PTSD would be addressed as a separate condition of if they would now fall under anxiety disorder.

Mr. Barker responded that is was his intent for anyone who could obtain a medical cannabis card should have the ability to use cannabis for any approved condition whether they are a child or an adult. He was concerned that limiting medical cannabis use to “adult only” is contrary to how other conditions have been addressed in the past and that limiting it to adults would create a problematic precedent.

Davin Quinn moved to modify petition for “adults only” use for all of the conditions listed in the petition.

Rachel Goodman seconds motion to modify the petition for “adults only” use for all of the conditions considered in the petition.

A roll call vote was then held to vote “aye” or “no” on the modified version of the petition which would add ADD, ADHD, Anxiety Disorder, and Tourette’s Syndrome to the list of qualifying conditions, but for use only in the adult population and not in the pediatric population.

Stephanie Richmond called for a roll call vote yielding the following responses:

Ariele Bauers	<u>aye</u>
Kenneth Corazza	<u>aye</u>
Jean-Paul Dedam	<u>aye</u>
Rachel Goodman	<u>aye</u>
Courtney Marquez	<u>aye</u>
Allen Plymale	<u>aye</u>
Davin Quinn	<u>aye</u>
Stephanie Richmond	<u>aye</u>
Traci White	<u>aye</u>

Motion to include ADD, ADHD, Anxiety Disorder and Tourette’s Syndrome with the modification that it *only be used in the adult population* approved by unanimous vote.

Petition 2019-009 Add Substance Use Disorder

The next business item discussed was petition 2019-009 which sought to add Substance Use Disorder to the list of qualifying Medical Conditions eligible under the Medical Cannabis Program.

Mr. Jason Barker began his presentation by highlighting a history of Substance abuse in the state of New Mexico. It was his hope that medical cannabis use could help patient suffering from all forms of use disorder, much as it had helped those individuals suffering from opioid use disorder.

Ariele Bauers was concerned that the term “Substance Use Disorder” was perhaps too broad as it also included cannabis use disorder and caffeine use disorder.

Mr. Barker responded that the component of the “Use Disorder” being treated by medical cannabis was not related to the specific substance being abused, but the “addictive behavior” elicited. He continued by sharing information about a sobriety clinic in California that currently uses medical cannabis as one of its tools to help patients.

Davin Quinn agreed with Ariel Bauers that lumping all use disorders together was problematic. He explained that even though alcohol cravings could be addressed with medical cannabis, that relying solely on cannabis as a perceived treatment for a patient in “full alcohol withdrawal” could be life threatening.

Ariele Bauers reiterated that the scientific data for use disorder other than opioids, was minimal.

Jean-Paul Dedam suggested that from a harm reduction standpoint, that medical cannabis may offer some benefit, but perhaps in the setting of other services such as counseling and other therapies. He finished by highlighting his concerns that a patient may seek to resolve their addiction “at home” without medical oversight and perhaps place themselves at risk.

Davin Quinn drew a clear distinction with regards to the issue of alcohol use disorder and the other substances being discussed. He did not feel that lumping all use disorders together would be appropriate due to the potential risk of alcohol withdrawal in particular.

Mr. Barker suggested that maybe the petition be modified to include medical consultation (i.e. addiction nurse) if medical cannabis was to be used as a potential therapy.

A motion was made by Davin Quinn to modify the petition and limit the use of medical cannabis for the following three substance use disorders only: Tobacco Use Disorder, Stimulant Use Disorder, and Hallucinogen Use Disorder. This modification was seconded by Jean-Paul Dedam.

The petition with the modification to add Tobacco Use Disorder, Stimulant Use Disorder and Hallucinogen Use Disorder to the list of qualifying conditions was put before the Board for a vote with the following result.

Ariele Bauers	<u>aye</u>
Kenneth Corazza	<u>aye</u>
Jean-Paul Dedam	<u>aye</u>
Rachel Goodman	<u>aye</u>
Courtney Marquez	<u>aye</u>
Allen Plymale	<u>aye</u>
Davin Quinn	<u>aye</u>

Stephanie Richmond aye

Traci White aye

The petition to add Tobacco Use Disorder, Stimulant Use Disorder and Hallucinogen Use Disorder to the list of qualifying condition was approved by unanimous vote.

Petition 2019-010 Add Medical Cannabis Therapy for Seizures in Animals

The next petition discussed was petition 2019-10 which sought to add the use of cannabis to treat Seizures in Animals.

Mr. Barker initiated discussion by discussing the medical history of his dog. He suggested that by allowing a caregiver card for pets, that cannabis used be used to prevent the toxicities that

Concerns were raised that by approving cannabis for the use of seizures in animals, that this step would open the door to potentially approving other therapies in animals as well.

Dr. Goodman asked why the Veterinary Board had not addressed this issue and already allowed veterinarians to recommend cannabis.

Tracie White voiced concern that there was no way to guarantee that the cannabis would solely being used for the animals and if diverted to humans, what type of legal liabilities may be raised.

Rachel Goodman again raised her concerns over how allowing animals access to medical cannabis may affect an adequate supply.

Stephanie Richmond made a motion to table the petition the until further information from the Veterinary Board was obtained. The motion was seconded by Rachel Goodman.

The motion to table the petition was put to the Board for a vote.

Ariele Bauers aye

Kenneth Corazza aye

Jean-Paul Dedam aye

Rachel Goodman aye

Courtney Marquez	<u>aye</u>
Allen Plymale	<u>aye</u>
Davin Quinn	<u>aye</u>
Stephanie Richmond	<u>aye</u>
Traci White	<u>aye</u>

The motion to table Petition 2019-010 was approved by a unanimous vote.

Petition 2020-002 MCAB Petition to Raise Patient Purchase Limits

The next petition discussed was petition 2020-001, but the petitioner asked if another petition from Ultra Health could be considered first. Duke Rodriguez asked if the MCAB would take up the issue of Patient Purchase Limits first and then consider the issue of adequate supply afterwards.

Stephanie Richmond agreed with the request and moved that petition 2020-002 be heard next followed by petition 2020-001.

Kylie Safa summarized information found in the petition reiterating her stance that the purchase limits in the state of New Mexico were too restrictive. Kylie shared data from surrounding states as the basis for her conclusion.

Kylie again summarized information found in the petition taken from a patient questionnaire. Kylie interpreted the data to suggest that patients in New Mexico wanted more cannabis and that their medical needs mirrored those of patients in surrounding states, thereby necessitating an increase in the access limit. Kylie continued that due to COVID-19, those suffering from many of the anxiety disorders were going to need greater amounts of cannabis and should be allowed to stockpile cannabis in order to avoid going to the dispensary.

At this point Ms. Safa chose to discuss the issue of reciprocity but it was unclear how her comments related to the discussion of Patient Purchase Limits and Stephanie Richmond had to re-direct the petitioner to focus her discussion to the issue of increasing Patient Purchase Limits.

Rachel Goodman voiced her concerns that if the Medical Cannabis Program did not meet the needs of the patients, that patients would simply seek to purchase cannabis in a recreational fashion and the MCP would lose several its patients.

She suggested that by increasing the access to medical cannabis, that patients would more likely remain with the Medical Cannabis Program.

Allen Plymale asked if there was any data to suggest what the new limit should be.

Stephanie Richmond reiterated, that the petition was seeking to increase the purchase limit to 15 ounces over a 90-day period.

Kylie Safa responded that this amount was determined based upon the “patient limits” in the surrounding states.

Dr. Dedam shared that in some “high use” patients, that 15 ounces is what they may use in one month.

Kylie Safa at this point suggested that an “ounce a day” or 90 ounces perhaps would be a more appropriate purchase limit.

Davin Quinn asked the MCP how many patients are actually hitting the current purchase limit.

Dr. Zurlo responded that only 50 patients hit their purchase limit and that only 500 patients came within 5 grams of their purchase limit. Dr. Zurlo continued that for those patients that do hit their purchase limit, that a mechanism by which the patient can access an extra 4 ounces of medical cannabis over a 90-day period, already exists. Dr. Zurlo reminded the MCAB that the greatest impediment identified by patients in the questionnaire in regard to accessing more cannabis, was not the “purchase limit”, but actually the “cost” of the medical cannabis. He continued to explain that without adequate control of cost, it would be difficult to know exactly how much cannabis patients would actually access.

Dr. Quinn asked how many patients were asking for the “unit increase”

Gary French responded that approximately 40 unit increase letters are submitted each month for a “varying amount” of increase.

Rachel Goodman suggested that in order to address the needs of those 50 patients hitting their purchase limit, that the purchase limits should be raised. In her opinion, cannabis users are good at “self-dosing” and therefore don’t need a purchase limit. She felt that submitting a unit increase letter may create a barrier to patients desiring more cannabis and that if the supply of medical cannabis was increased, that this may drive down the price of cannabis for those patients who are limited by the cost.

Dominick Zurlo raised the concern that removing the purchase limit could potentially lead to some cases of diversion, but also lead to “high use” patients consuming large amounts of cannabis without consulting with their medical provider and mask other underlying medical conditions.

Dr. Goodman suggested that it might be useful to follow how many patients request an increase in access over the next few years, especially given the likelihood of a “recreational” cannabis program. She continued that with the addition of a recreational cannabis program that diversion would likely not be an issue, but still felt that in order to maintain a robust medical cannabis program, that it was important to make sure “patients can obtain what they need”.

Jean-Paul agreed that it was likely “cost” and not the “purchase limit” that diminished a patient’s ability to access medical cannabis that in most cases was inferior to cannabis in other states as well.

Kylie Safa agreed that the cost of cannabis in the state of New Mexico was elevated... “New Mexico has an average gram cost of \$10.00, while in Colorado have an average gram cost of \$3.35”, but this was due to a lack of supply. Ms. Safa continued to suggest that the lack of supply also diminished the “variety” of cannabis available for patients and for research.

Ariele Bauers suggested that in addition to cost, that many patients may not be hitting their purchase limits because they do not find medical cannabis beneficial due to the lack of therapeutic varieties which is likely due to a lack of supply.

Davin Quinn felt that in order to maintain adequate regulation and oversight as well as to provide greater access to medical cannabis, that increasing the patient purchase limit was reasonable and he motioned to adopt the petition and to raise the purchase limit for patients to 15 ounces over a 90-day period of time.

His motion was seconded by Rachel Goodman and JP Dedam simultaneously.

Stephanie Richmond asked the MCAB to vote on adopting the petition.

Ariele Bauers aye

Kenneth Corazza no

Jean-Paul Dedam aye

Rachel Goodman aye

Courtney Marquez aye

Allen Plymale aye

Davin Quinn aye

Stephanie Richmond aye

Traci White aye

The petition was approved by a vote of 8 to 1.

Petition 2020-001 MCAB Petition in Connection with the Determination of an Adequate Supply

The next petition discussed was petition 2020-001 which sought to alter the current regulations that limit plant count as it relates to the Determination of an Adequate Supply.

Duke Rodriguez stated repeatedly that the intention of the Lynn and Erin Compassionate use act was to “allow” the use of medical cannabis in a regulated system. It was Mr. Rodriguez’s belief that “regulated system” simply meant that patients purchased medical cannabis in a commercial setting and not on the black market.

Mr. Rodriguez shared multiple excerpts from a 2016 court case which he believes demonstrates that a plant count limit is illegal and inappropriate because it impacts what is “an adequate supply”.

Mr. Rodriguez shared the examples of 5 states with less restrictive plant count limits than those found in New Mexico and contends that the sole factor in limiting a patient’s access to medical cannabis...”is the plant count”.

Mr. Rodriguez suggested that due to the COVID-19 pandemic that the current amount of medial cannabis was inadequate.

Allen Plymale asked if there was a limit to the number of possible growers.

Duke Rodriguez replied that there were “34 licensed growers”.

Allen Plymale suggested...” possibly there should be more”

Duke Rodriguez responded that it is NMDOH who is responsible for the number of licensees and that even though he agrees with the concept of increasing the number of licensees, that it would not have an immediate impact on the lack of supply and that removing the plant count limit was the “real answer”.

Rachel Goodman agreed that increasing the plant count would decrease cost, increase variety, and create employment opportunities and provide cannabis to meet the potential demands of the recently approved increase to patient purchase limit.

Allen Plymale asked how long it would take to feel the impact of additional plants to the supply of Cannabis.

Duke Rodriguez stated that it would be approximately 120 days before additional plants would have an impact on the supply.

Davin Quinn asked what the rationale was for keeping the limits on production.

Dominick Zurlo responded that despite the current limit of 59,000 plants, that 20,000 plants had not been grown. Even then, the amount of smokable cannabis available to patients had increased. Dr. Zurlo agreed that variety was an issue, as well as cost, but that if the 20,000 plants not being grown were utilized, New Mexico would likely see more variety and a decrease of cost.

Rachel Goodman wondered “why it was” that there were producers who failed to grow their allotted plants.

Dr. Zurlo could not explain why producers who had “paid for a plant had failed to grow it” but suggested that due to the sheer volume of plants not grown, that it was not a “limit” on the number of plants that caused “a few” producers not to grow their allotment of plants. He suggested that “ramping up production” on the large number plants already in circulation would have a more direct impact on the cannabis supply than simply raising the plant count limit.

Duke Rodriguez injected that he believes there “is a discrepancy” because the number of patients and transactions has increased over the last year and that demand has outpaced production. Mr. Rodriguez suggests that the Department of Health has relied on faulty data to limit the plant count while neglecting barriers such as access to capital and zoning requirements and construction time when considering the actual capacity of New Mexico producers.

Ariele Bauers asked the petitioner if there is a good reason to have a plant count.

Mr. Rodriguez responded that other states have essentially achieved a plant count by allowing unlimited licenses, but that he sees “no logical, rational reason for a plant count to exist”.

Stephanie Richmond asked Dr. Zurlo for his opinion as to how a plant count benefitted the Medical Cannabis Program.

Dominick Zurlo responded that the reasons for limiting the plant count and numbers of licenses was to ensure that there was adequate oversight of producers in order to ensure a supply of “safe medication” for patients. When production is increased, the number of inspectors and compliance officers also needs to be increased.

Duke Rodriguez again injected that since each plant is already electronically traced from seed to sale, that new inspectors are not necessary.

Dr. Zurlo clarified that the role of new inspectors and compliance officers was not to “count” plants, but to ensure that safety standards are followed and met so that patients may access to safe medication.

Stephanie Richmond asked Dr. Zurlo if there had been increases to the plant limit in the past

Dominick Zurlo explained that most recent plant count increased had occurred last year at which time the current limits had been put in place.

Duke Rodriguez injected that the only reason the recent plant count limit increase had taken place was because the court had required it.

Rachel Goodman asked Dr. Zurlo what concerns or issues the Medical Cannabis Program might face if the MCAB recommended to eliminate the plant count.

Dominick Zurlo responded that maintaining the safety of the medical cannabis supply would be a concern unless the license and compliance infrastructure also increased.

Duke Rodriguez interrupted that the MCAB has the ability to recommend eliminating the plant count which Dr. Goodman was already aware of.

Dr. Goodman recommend that in order to eliminate the plant count limit that the issue of safety also be addressed.

Stephanie Richmond directed the board to focus on the language of the petition as it did not include any discussion of safety, but simply focused on the elimination of the plant count or to substantially increase it.

Mr. Rodriguez interrupted confirming that the petition indeed did not address safety but was limited just to plant count/plant materials and not “those side issues”.

Stephanie Richmond asked the MCAB how they wished to move forward.

Davin Quinn was interested in a middle path that allowed both an increase to plant count but maintained safety measure. Dr. Quinn wondered why plant count was not an item that should be discussed each year based upon perceived demand.

Stephanie Richmond recommended that in the interest of time that it may be necessary to table this item.

Rachel Goodman wishes to vote on the petition because she believes that eliminating the plant count would drive down prices and increase variety and perhaps even provide employment for potential compliance officers.

Davin Quinn again recommends incremental approach to plant count because establishing the regulatory framework to maintain safety, especially during the COVID-19 pandemic, would be difficult to accomplish.

Stephanie Richmond makes a motion to table this petition until the next meeting.

Kenneth Corazza seconded motion to table the petition.

The MCAB was asked to vote on the motion to table the motion.

Ariele Bauers aye

Kenneth Corazza aye

Jean-Paul Dedam aye

Rachel Goodman aye

Courtney Marquez aye

Allen Plymale aye

Davin Quinn aye

Stephanie Richmond aye

Traci White aye

The vote was unanimous to table the petition until the following meeting.

Dominick Zurlo reminded Ms. Richmond that the MCAB had not yet completed their discussion of the proposed reciprocity rule change.

Stephanie Richmond responded that due to time constraints that the proposed rule change would also be tabled.

VIII. Public comment

Stephanie Richmond made a motion to extend meeting until 12:30 p.m. to allow for greater public comment.

Jean-Paul Dedam seconded motion.

Jason Barker commented that purchasing products for animals would not affect adequate supply and shares his concerns that plant count will need to increase if patient purchase limits are also increased.

Craig Michaelis was concerned that more attention was not spent on the politics of the recent elections.

Kylie Safa had no more comments as it is her belief that she may have accidentally signed up for the public comment section rather than the petition presentation portion of the meeting.

Duke Rodriguez advocated that “any use of cannabis is a healthy use of cannabis”

Patricia Monahan was appreciative and thankful to program and what medical cannabis has done to help her alleviate chronic conditions.

Larry Love raised concerns that the medical cannabis program and associated medical cannabis products like suppositories may suffer once recreational cannabis is a reality. Larry suggested that producers be allowed to become either medicinal or recreational in order to maintain a supply of medically specific products.

Cullen Vujosevic voiced frustration over previous failed attempt to have the limit on his allowed units increased. Cullen uses cannabis as needed for a history of seizures.

Amanda Fratzola voiced concern that patient’s access to care may be affected if they don’t fully understand the Medical Cannabis Program application and re-certification process.

IX. Adjournment

Stephanie Richmond PA-C adjourned the meeting at 11:52 a.m.

Minutes submitted by: Gary J. French, MD/ Medical Director NMDOH MCP