

**Medical Cannabis Program Medical Advisory Board  
Meeting Minutes  
December 07, 2018**

<i>Members</i> <input checked="" type="checkbox"/> = <i>Present</i>			
<input checked="" type="checkbox"/> Dr. Rachel Goodman	<input checked="" type="checkbox"/> Dr. Belyn Schwartz	<input checked="" type="checkbox"/> Dr. Chris Calder	<input type="checkbox"/> Vacant (Infectious Disease)
<input checked="" type="checkbox"/> Dr. Laura Brown	<input checked="" type="checkbox"/> Dr. David Woog	<input checked="" type="checkbox"/> Dr. Annette Fontaine	<input type="checkbox"/> Vacant (Psychiatry)
<b>Venue:</b> Harold Runnels Building Auditorium 1190 St. Francis Drive Santa Fe, NM			
<b>Call to Order:</b> Dr. Laura Brown, Chair 10:07 a.m.			
<b>TOPIC</b>	<b>DISCUSSION</b>		
<b>A</b>	<b>WELCOME AND CALL TO ORDER</b>		
	<p>General Introductions of Board Members</p> <p>Chair Dr. Brown, reviewed agenda adding a discussion on the report created by Senate Memorial 105 Task Force.</p> <p>Staff present from the Department of Health: Andrea Sundberg Medical Cannabis Program, Kenny Vigil Medical Cannabis Program, Martinik Gonzales Medical Cannabis Program, Chris Woodward Office of General Counsel. Dr. Leah Roberts Medical Cannabis Program, and Jenna Burt Medical Cannabis Program.</p> <p>There are currently two open positions for the Medical Advisory Board: Infectious Disease and Psychiatry</p>		
<b>B</b>	<b>Action of the Secretary of Health on Previously Submitted MCAB</b>		
	<p>Dr. Brown announced the final report from the Medical Advisory Board was submitted on December 06, 2018 so the Secretary has not had time to decide on the recommendations made by the Medical Advisory Board at the September 07, 2018 meeting.</p>	<b>No Vote</b>	
<b>C</b>	<b>Medical Cannabis Program Update</b>		

<p>Kenny Vigil provided the following program update.</p> <p>Program is currently at 66725 active patients. There was an error in the October 2018 statistics report and the program is working with the vendor to resolve the issue.</p> <p>Program staff has been working overtime on weekends and throughout the week to keep up with demand. With their hard work the program has been able to remain in compliance. The program currently has nine vacancies with one person on FMLA. The program continues to hold interviews for positions. Current open positions are as follows: Santa Fe Positions Date Entry, (2) Info and Records Clerks, Business Operations, Mail and File Clerk, Customer Service Supervisor Albuquerque Positions Health and Safety Compliance Officer, Environmental Scientist</p> <p>The program has conducted interviews and three people have declined positions.</p> <p>Dr. Brown commented that she is hoping with the new administration that the hiring process will open and make hiring more efficient.</p> <p>Mr. Vigil announced we have hired a new staff manager, Darren Casados.</p> <p>Program Update for Licensing and Compliance</p> <p>Currently have 86 licensed dispensary locations and there are multiple amendments submitted for new locations. Licensing and compliance are working diligently to review and approve those locations.</p> <p>A Request for Proposals (RFP) for a new program database and tracking system was released on November 30, 2018.</p> <p>Dr. Brown asked how many people enrolled are under the age of 18.</p> <p>Mr. Vigil did not have an answer but would get the number for the Chair.</p> <p>Dr. Brown also asked if there were any specific concerns from law enforcement about the program.</p>	<p><b>No Vote</b></p>
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Mr. Vigil informed Dr. Brown that we continue to receive law enforcement calls but there were no specific concerns.

Dr. Brown asked if we kept a log on law enforcement calls to determine the number of calls.

Mr. Vigil responded that we do not keep a log, so we do not have a specific number of calls, but that the number of calls vary.

Dr. Brown asked who handles the calls from law enforcement.

Mr. Vigil responded that calls are handled by himself, Martinik Gonzales, or Andrea Sundberg and that the on-call is rotated between these staff members.

Dr. Goodman asked if with the new RFP we would continue to accept paper applications.

Mr. Vigil responded that yes, we would continue to accept paper applications.

Dr. Brown asked what the expected time frame is for completion of the RFP.

Mr. Vigil responded that the RFP as just released so it will be quite some time before system is implemented.

Dr. Woog asked if the new system would allow for tracking of specific strains so data can be collected on what strains people are using related to conditions.

Mr. Vigil responded that he does not believe the new system would be that specific, but he agrees we need better data collection processes.

Larry Love asked about HIPAA compliance.

Mr. Vigil ensured that new system would have to ensure compliance with HIPAA.

Ginger Grider commented that there is a meeting today for the Health and Human Services committee to discuss the Task Force report. She also asked about the law enforcement call process and what can be done about law enforcement taking product without calling.

Mr. Vigil commented that the law enforcement number is on the back of the card and program staff can confirm enrollment and answer basic questions about rules and regulations for law enforcement. We cannot speak to law enforcements actions.

Nat Dean commented that the hearing today was in room 322 at the Round House.

Dr. Caulder asked if calls come from all over or are there specific departments that are taking product.

Ginger Grider commented that the reports are from all around the State but that they have received the most calls concerning Albuquerque police department.

Dr. Goodman asked what outreach has been conducted with police departments.

Mr. Vigil responded that we have completed some training with Police Departments, and we do let them know we can do presentations. And can answer questions.

Jennifer Burt commented that there have been a few trainings with law enforcement completed and one is pending.

Mr. Vigil responded that we can do a memo to Departments and provide our FAQ sheet.

Alex Jones commented that he works for a producer and there is no way to track by condition in system.

Jolie Kleinheinz asked if program endorses or just enforces. If program endorsed the use of medical cannabis people would not be vilified.

Dr. Brown – as a Physician who works with people who have an addiction, she would like to see an endorsement message from the program which would help reduce stigma.

Dr. Goodman – asked if providing law enforcement access would be a HIPAA issue?

Mr. Vigil responded that access by law enforcement would be limited and they would not be able to see the persons diagnosis or medical provider information.

Joseph Gonzales commented that he was in an accident and when he told officer he was in medical cannabis

program he was arrested. Feels training should start in academy.

Dr. Brown – She is involved with LEAD training and feels that police training is an issue and is an important part of breaking down stigma.

Matt Vogel – RN, thanked members for speaking about stigma associated with cannabis use.

Gina Grider – spoke about a nursing student in her first year of school who was kicked out of program because of enrollment. Her group referred the person to an attorney.

Dr. Brown – commented this is another example of the State / Federal conflict.

Nat Dean commented that Albuquerque Police is starting LEAD training.

Dr. Brown – open to working with staff to get training for police set-up.

Dr. Valerie Gremillion – Has been conducted by senior administration to advise on opioid. Dr. Gremillion asked about group being open to dialogue saying there are limited materials on the issue of cannabis use. Nobody really knows how it works and she has a concern about inaccurate information being provided to patients. To address stigma, people need to be educated on how the use of cannabis impacts systems. This education is for the public and legislators, who should be educated prior to making decisions. Would like to see an education piece to legislators.

Dr. Brown – Explained to Dr. Gremillion that she has been on the Medical Cannabis Advisory Board for six years and feels she is knowledgeable on the subject and has voted twice to add opioid use as an approved condition. Would like to point out that Dr. Roberts and Jenna Burt have been doing education around the State. Agrees there should be more education in systems to help reduce stigma. Spoke about Senate Memorial 105 (SM105) created last legislative session to look at making medical cannabis more accessible to residents of New Mexico. Feels the information provided in the task force report is very beneficial to understanding cannabis. Encouraged everybody to read report which is available on the Drug Policy Alliance Website.

Ginger Grider – Cannabis Nurse's Association is very active on providing education and has worked with Jenna Burt to create a train the trainer program. There needs to be more education to allow use of edibles and vaping in hospitals.

Dr. Valerie Germillion – Starting cannabis blog on neuroscience and the impact on cannabis on the body. Believe the problem is people are explaining issues but giving out inaccurate information and information that is not science based. From a scientific viewpoint little is known about, but little is known about impact on system. She has received inaccurate information about neuroscience impact. Believes there should be somebody on MAB who specializes in brain chemistry on MAB. Understands as Doctors members have that training, but they need more training and professionals who specialize in neurochemistry and biological impact.

Dr. Brown – Feels that is the job of the MAB members. They are all medical providers who have the skills and experience to evaluate petitions from multiple perspectives. Membership does not specify a member who has neuroscience background.

Dr. Goodman - commented that education of medical providers is important, and we have discussed this issue with program staff and know they are committed to increasing education. Feels there is a disconnect on role of MAB members. MAB members cannot have outside discussion on petitions and feels it would be beneficial to have a journal club. Role of the MAB may not meet the needs of education, encourage Dr. Germillion to work with other groups and having Dr. Roberts do grand rounds at hospitals. MAB members cannot become lobbyist but encourages speaker to reach out and continue effort around education.

Dr. Brown – Job of MAB is to make recommendations to Secretary of Department of Health. Perhaps role can be expanded.

Dr. Woog – would welcome expanded role. Has taken concept of medical cannabis to administration at Christus and they have kept with primary care. There is disconnect between MAB and legislators would welcome this knowledge and education.

Dr. Caulder – Really speaking to larger issue of understanding and knowledge within scientific community of cannabis use and impact on neurochemistry. Need double blind, placebo controlled, studies which need to be handled by FDA which will remain an ongoing problem.

Emily Filomena – Feels there is a large amount of science out there and would encourage people look at literature review conducted by the American Academies of Sciences. More concerned about safe product not riddled with pesticides. Need community of people who grown safe product.

	<p>Dr. Brown – Hoping to have an Environmental Scientist present on current testing this meeting however, that did not work out but will keep on agenda for future meetings.</p> <p>Dr. Ben Presley – There is information and research available. Israel is dedicated to research and feels we need somebody to do research and have research that is evaluated. Need educational materials created by biologist. Patients are often forced to use opiates due to legal protection regarding use and employment that is not offered with the use of cannabis.</p> <p>Dr. Brown – Session is starting, little late in the game to get legislative changes. Encourage people to contact legislators for changes. Chance to expand role of MCP. Also, a chance to address staffing allowing staff to do more. Right now, program staff is working overtime to keep up with processing of applications.</p> <p>Ginger Grider - Encourages people to contact patient alliance for legislative concerns and other concerns about legal protection. Would encourage program staff to contact Families as Faculty at UNM. Which conducts education with new teachers on working with those living with special needs.</p> <p>Dr. Brown – Program staff is drowning right now. They are incredible, dedicated individuals but they need more staff so they can expand their roles.</p> <p>Christine Gayde – does the program drug test for positions.</p> <p>Kenny Vigil – no we do not</p>	
<b>D</b>	<b>Petition 2048-003</b>	
	<p>Petition to add pharmacist as a voting member of the MAB. This would require a legislative change. The Lynn and Erin Compassionate Use Act (LECUA) identifies specific practitioners for membership on the MAB. Question asked of Chris Woodward if practitioner is defined broad enough to allow other practitioners.</p> <p>Chris Woodward – Confirmed 26-2B-6 requires representation from specific fields. A pharmacist would have to meet the requirements outlined to serve and MAB.</p> <p>Dr. Brown – Pulled excerpt identifying what a practitioner is under LECUA. May be room for discussion going</p>	<p><b>Petition not heard as would require legislative change.</b></p>

	<p>forward.</p> <p>Dr. Calder – may be a problem because it is expensive to maintaining DEA number, so that may prohibit retired professionals.</p> <p>Paul VanCleave – there is a designation in New Mexico for a clinical pharmacist who may meet requirements outlined in LECUA.</p> <p>Dr. Brown – In terms of addressing statutory change to make it broader, there is a recommendation to create a provider, patient and caregiver advisory board.</p> <p>Sarah Dolk – asked if MAB could add members.</p> <p>Chris Woodward – Statute identifies classification of members. Would require a change of definition of practitioner and change in who can be members.</p>			
<b>E</b>	<b>Petition 2017-039 Degenerative Neurological Disorder and Neuroprotective Applications</b>			
	<p>This petition was previously heard and tabled.</p> <p>Dr. Brown once again reminded those seeking petitions to submit streamlined petitions and to provide hard copies of references. Petition included a variety of conditions four of seven were already qualifying conditions in the program. There is a second petition to include the addition of Alzheimer’s Disease as a qualifying condition which will be discussed later in this meeting.</p> <p>Dr. Calder – This is a wide category that would encompass thousands of conditions. Perhaps we need an umbrella term that would encompass a large number of issues.</p> <p>Emily Filomena – How would that happen? Would we need petitions with umbrella terms so medical provider could determine use for their patient?</p> <p>Dr. Brown – The task force report suggest that changes should be to adopt a physician or health care provider recommendation, this would provide an umbrella term.</p>	<table border="1"> <tr> <td data-bbox="1537 841 1881 1062"> <p><b>Dr. Laura Brown</b>  <b>Dr. Belyn Schwartz</b>  <b>Dr. Rachel Goodman</b>  <b>Dr. Annette Fontaine</b>  <b>Dr. Chris Calder</b>  <b>Dr. David Woog</b></p> </td> <td data-bbox="1881 841 2028 1062"> <p><b>Yea</b>  <b>Yea</b>  <b>Yea</b>  <b>Yea</b>  <b>Yea</b>  <b>Yea</b></p> </td> </tr> </table>	<p><b>Dr. Laura Brown</b>  <b>Dr. Belyn Schwartz</b>  <b>Dr. Rachel Goodman</b>  <b>Dr. Annette Fontaine</b>  <b>Dr. Chris Calder</b>  <b>Dr. David Woog</b></p>	<p><b>Yea</b>  <b>Yea</b>  <b>Yea</b>  <b>Yea</b>  <b>Yea</b>  <b>Yea</b></p>
<p><b>Dr. Laura Brown</b>  <b>Dr. Belyn Schwartz</b>  <b>Dr. Rachel Goodman</b>  <b>Dr. Annette Fontaine</b>  <b>Dr. Chris Calder</b>  <b>Dr. David Woog</b></p>	<p><b>Yea</b>  <b>Yea</b>  <b>Yea</b>  <b>Yea</b>  <b>Yea</b>  <b>Yea</b></p>			

Dr. Calder – Concern about this petition is related to the neuroprotective protection issue. There is little evidence and the neuroprotective factor would be difficult to support.

Matt Fogel - Curious about categories, Dr. Calder suggested that petition covers 1000's of condition which would make it a broad category and wants to clarify if Dr. Calder supports the addition of broad categories. Speaker feels we already have broad categories like cancer and sever chronic pain.

Dr. Calder – Clarified he believes we should have a broader category to avoid trying to add every condition and also allows a medical provider to make the determination on use without forcing the patient into a specific category.

Dr. Goodman – Question about physician recommendation and how would that work?

Dr. Brown - Can be a petition for specific condition for an individual or it could be legislated to create a physician recommendation within the LECUA.

Dr. Gremillion – Question about petition process, how are they submitted? is there a literature review?

Andrea Sundberg – Petitions can be submitted at any time to the Medical Cannabis Program. Petition is redacted of all personal identifiers and sent to Board Members along with any supporting material provided by the petitioner. Petitions are reviewed by each Board Member individually and discussion about petition is held at the next Medical Advisory Board Meeting. Petitioner can speak with Board in a closed/executive session if they choose. The Board will then make a recommendation to the Secretary of the Department of Health to either accept the petition, deny, or they may table for further discussion.

Dr. Gremillion – So is it up to the petitioner to provide materials. Is there any effort to collect other materials?

Dr. Woog - Advisory Board members will do their own research and discuss that material at the Medical Advisory Board meeting.

Andrea Sundberg – Materials will be provided as references as part of the Medical Advisory Board report.

Dr. Fontaine – Motion to add Degenerative Neurological Disorder as a condition

Dr. Woog – Seconds Motion

	<p>Dr. Calder – Can we leave off neuroprotective applications?  Chris Woodward – Confirmed that you can leave off neuroprotective factors, just make it part of motion.  Dr. Fontaine – Confirms her intent was to add Degenerative Neurological Disorder without the Neuroprotective applications as a condition.</p> <p>Motion Passes with unanimous vote to add Degenerative Neurological Disorder as an approved condition for enrollment in the Medical Cannabis Program.</p>		
		<p><b>Motion passed 6-0 to add Degenerative Neurological Disorder as a qualified condition.</b></p>	
F	<p><b>Petition to add Alzheimer’s Disease as a Qualified Condition</b></p>		
	<p>This condition has been previously requested to be added and was approved by the Medical Advisory Board twice prior to this submission but not accepted by the Secretary of the Department of Health.</p> <p>Petitioner is present and willing to take questions. Dr. Brown thanked the petitioner for a good petition, that provided good references.</p> <p>Dr. Brown – currently ten States have approved Alzheimer’ Disease as a qualifying condition so there is adequate national precedent. Petition included 2016 medical reference which states 38,000 New Mexicans have Alzheimer’s Disease. Treatment can be devastating and would be supported under the LECUA.</p> <p>Dr. Brown – Motion to approve Alzheimer’s Disease as a qualifying condition.</p> <p>Dr. Schwartz – Seconded</p> <p>Motion passes 6 – 0</p>	<p><b>Dr. Laura Brown</b>  <b>Dr. Belyn Schwartz</b>  <b>Dr. Rachel Goodman</b>  <b>Dr. Annette Fontaine</b>  <b>Dr. Chris Calder</b>  <b>Dr. David Woog</b></p>	<p><b>Yea</b>  <b>Yea</b>  <b>Yea</b>  <b>Yea</b>  <b>Yea</b>  <b>Yea</b></p>

	<p>Dr. Goodman – Which Secretary will be making decision?</p> <p>Dr. Brown – Depends on who Secretary is when report form MAB is submitted.</p> <p>Ginger Grider -Would like to know how new Secretary will be informed of previous decisions?</p> <p>Dr. Brown – As Chair, Dr. Brown always includes information on previous decisions of the MAB.</p> <p>Sarah Dolk – How soon is the report from the Medical Advisory Board completed?</p> <p>Dr. Brown – Time frame for completion varies. Legislation does not provide a specific time frame as confirmed by Chris Woodward.</p> <p>Question from audience is Secretary of Health a medical provider?</p> <p>Dr. Brown – Secretary of Health is an appointed position and is not required to be a medical provider, current Secretary of Health is an Attorney.</p>		
		<p><b><u>Motion Passes 6-0 to add Alzheimer's Disease as a qualifying condition.</u></b></p>	
G	<p><b>Petition 2018-022 Add Nystagmus as a Qualifying Condition</b></p>		
	<p>Dr. Brown – Asked if petitioner is present. There was no response.</p> <p>Dr. Woog – Of all petitions this petition has the least available research</p> <p>Dr. Culder – Most evidence provided with the petition is antidotal or from 20-30 years ago. People affected by a diagnosis are affected by nausea and often have other diagnosis. It is a broad category that would encompass many conditions. Patient may be able to qualify under other conditions.</p> <p>Dr. Woog - Is this considered a degenerative neurological disorder?</p> <p>Dr. Calder – No</p>	<p>Dr. Laura Brown Dr. Belyn Schwartz Dr. Rachel Goodman Dr. Annette Fontaine Dr. Chris Calder Dr. David Woog</p>	<p><u>Yea</u> <u>Yea</u> <u>Yea</u> <u>Yea</u> <u>No</u> <u>Yea</u></p>

<p>Dr. Brown – People who suffer from this often have MS, Glaucoma, nausea/Vomiting. Research is limited.</p> <p>Dr. Schwartz – Evidence is antidotal some even said it made condition worse. However, cannabis can help with headaches and neck strain related to nystagmus.</p> <p>Dr. Calder, motion to add nystagmus as a qualifying condition</p> <p>No second was made.</p> <p>Dr. Fontaine – Feels the lack of a second is due to lack of evidence to support nystagmus and how cannabis would benefit that specific condition and perhaps most people affected by this could qualify under another condition.</p> <p>Dr. Brown – Concerned that some information provided in petition actually indicates that cannabis made nystagmus worse.</p> <p>Dr. Goodman – Based on so little information and the fact it could make condition worse, she would vote no an adding nystagmus as an approved condition.</p> <p>Dr. Calder – Not sure if we can or will be able to get more evidence so seeking more data will not aid in a decision.</p> <p>Dr. Brown- Perhaps a broad category petition would more appropriate to address issues related to this diagnosis that are not currently met by other approved conditions.</p> <p>Dr. Brown – Motion to NOT add nystagmus as a qualifying condition</p> <p>Dr. Fontaine – Seconded</p> <p>Motion passes 5- 1</p>		
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		Motion passes 5- 1 to not add nystagmus as an approved condition.	
H	Public Comments		
I	Next Meeting Date	05-17-2019	

Andrea Sundberg, Health Program Manager

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Dr. Laura Brown, Chair

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