

Medical Cannabis Program Medical Advisory Board

Meeting Minutes

March 29, 2019

Members = *Present*

<input checked="" type="checkbox"/> Dr. Rachel Goodman	<input checked="" type="checkbox"/> Dr. Belyn Schwartz	<input 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 type="checkbox"/> Dr. Annette Fontaine	<input type="checkbox"/> Vacant (Psychiatry)

Venue: Harold Runnels Building Auditorium 1190 St. Francis Drive Santa Fe, NM

Call to Order: Dr. Laura Brown, Chair 10:10 a.m.

<i>TOPIC</i>	<i>DISCUSSION</i>		
A	WELCOME AND CALL TO ORDER		
	<p>General Introductions of Board Members</p> <p>Chair Dr. Brown, reviewed agenda</p> <p>Staff present from the Department of Health: Andrea Sundberg Medical Cannabis Program, Kenny Vigil Medical Cannabis Program, Martinik Gonzales Medical Cannabis Program, Shelly Strong Office of General Counsel, Matthew Peralta Medical Cannabis Program, Anne Montoya Medical Cannabis Program, Darren Casados Staff Manager</p> <p>There are currently two open positions for the Medical Advisory Board: Infectious Disease and Psychiatry</p>		
B	Action of the Secretary of Health on Previously Submitted MCAB		
	<p>The Medical Advisory Board is awaiting decisions on recommendations from meetings held on September 07, 2018 and December 07, 2018. There were no recommendations made by Secretary Gallagher prior to leaving.</p> <p>Secretary Kunkel reached out to Board Chair Dr. Brown, to discuss recommendations made at previous meetings. Dr. Brown was excited to speak with Secretary Kunkel and appreciated the discussion and Dr. Brown also expressed pleasure about changes made this past legislative season. Dr. Brown and Board members are excited about new relationship with Secretary Kunkel.</p> <p>Governor Lujan Grisham wanted to add Opioid Use Disorder and did not want to wait until meeting in May, so the meeting was scheduled to be held in March rather than waiting.</p>		<p>No Vote</p>

Dr. Brown then provided an update on Senate Bill 406 (SB 406) which was passed during the 2019 Legislative Session. SB 406 included many of the recommendations made in the report that resulted from the task force that was created in the prior legislative season.

Bryan Krumm asked if Veterinarians would be allowed to sign medical certifications?

Dr. Brown stated that based on current law she is not sure, but they may be able to sign.

Dr. Brown - SB 406 has passed both House and Senate is awaiting the Governor's signature.

Jessica Gelay, Drug Policy Alliance, stated that fact sheet the Dr. Brown read from was based on original bill, but a few items were removed during the legislative process. Ms. Gelay emphasized the expansion of conditions was removed and only those previously approved by the Medical Advisory Board (MAB) and the Secretary were added to the bill and they removed allowing a medical provider to decide if cannabis would be appropriate for any condition, so a condition must be approved by the MAB and the Secretary. The law also removed presumptive eligibility and removed the patient and caregiver advisory board, instead requiring an assessment and an annual report from the Medical Cannabis Program (MCP).

Larry Love asked about applications being expedited for certain conditions.

Kenny Vigil stated that the MCP does handle some applications as time sensitive (Hospice, Cancer, Hep C, and Minors) The Medical Director will decide if the applications should be considered time sensitive based on medical condition. Mr. Vigil explained the process was implemented about two years ago and that timeframe was confirmed with Ms. Sundberg. Mr. Love then questioned why he was informed something different in the past. Ms. Sundberg disputed that statement but offered to follow-up with Mr. Love after the meeting.

David White asked if this was a written policy.

Mr. Vigil confirmed it was a written policy.

Dr. Woog asked where the final version of the legislation could be obtained.

Ms. Gelay confirmed that she could send the Board Chair the final version fact sheet.

	<p>Bryan Krumm stated that the bill could be obtained from the New Mexico Legislature website. In addition, the bill did provide a level of employment protection and would also not allow medical providers to deny treatment based on enrollment in the MCP. This is to ensure medical providers would not refuse to prescribe pain medications to a person solely because they are enrolled in the MCP.</p> <p>Ginger Grider asked who processes time sensitive applications.</p> <p>Mr. Vigil confirmed time sensitive applications are reviewed by Medical Director, Dr. Leah Roberts.</p> <p>Dr. Brown commented that Dr. Roberts usually attends the meeting but was unable to attend today but she has heard very positive feedback about processing and thanked the Staff for their hard work.</p> <p>Ginger Grider also asked if Jessica Gelay could clarify since the patient advisory board was removed in the final version of SB406, was there any provision that required patient feedback.</p> <p>Jessica Gelay stated that it will be the responsibility of the Department of Health to get input from patients around accessibility of products and publish an annual report. Ms. Gelay is aware that the Department is currently conducting a patient survey to obtain some of that information.</p>	
C	Medical Cannabis Program Update	
	<p>Kenny Vigil provided the following program update.</p> <p>As of February 2019, there were approximately 70,000 active patients.</p> <p>On March 01, 2019 the MCP implemented an emergency rule change increasing producer plant count to 2,500 from the old limit of 450. The Department has 180 days to adopt a final rule. Regulation changes will be discussed in upcoming public hearings. The Department is still trying to determine the best way to identify plant count, if it is based on canopy size, or patient enrollment. The Department will meet with licensed producers and the MAB to discuss proposals and the draft rules will be published and hearings held prior to implementation.</p>	No Vote

Larry Love asked if fee will be per license held or location.

Mr. Vigil confirmed that fee would be per license, so if a company has a management agreement with four agencies they would have to pay for four licenses.

At this point 25 of the 35 licensed producers have requested a plant increase to 2500. Based on the current numbers there will 62000 plants in production. For those producers who requested an increase the Department did a pro-rated fee for the year.

Mr. Vigil also announced the Department has launched a patient and producer survey which is being conducted by Research and Polling out of Albuquerque.

Mr. Vigil commented there are currently 91 dispensaries in 20 counties. Mr. Vigil also let the MAB know that we have 250 minors enrolled in the program.

The MCP currently has five vacancies down from nine. They have filled the Environmental Scientist position, two Info and Record Clerk positions and the Budget Analyst positions.

Ginger Grider stated she would like to see DOH meet with parents to discuss pediatric cases and working to make product more accessible to pediatric patients and identify issues parents are facing. The parents' groups represent a large number of people who could be impacted by conditions that may be added to the program.

Dr. Brown commented that she believes it always helpful when the Secretary and MAB are considering petitions that they know the number of New Mexicans who would potentially be affected by petitions. These numbers will also help identify staffing needs.

Ginger Grider stated she could get numbers of children with autism.

Mr. Vigil provided more updates stating that the RFP that was issued in November 2018 has been cancelled. The Department felt that due to potential legislative changes the RFP would no longer meet all the needs to the program. In addition, it allowed the program to review the concerns brought up at the prior meeting about law enforcement access and compliance with HIPAA.

Dr. Brown asked about law enforcement calls and how many we receive and what are some of the major issues.

Mr. Vigil responded that calls remain steady and we have noted an increase in the number of calls with patients and others with product purchased from out of state.

Dr. Brown responded this is of course an area of concern that could possibly be related to a lack of product,

Larry Love asked what happens when a patient enrolled has out of State product and they are stopped by law enforcement.

Andrea Sundberg responded that it is at the discretion of the officer. Law states product must be from an intrastate source, so it is up to law enforcement on how to handle those situations.

Larry Love also indicated that he feels product from other states may be linked to the current limit of 70% THC content.

Dr. Goodman asked if there any consequences if a person has product, but they are not enrolled in New Mexico program but may be enrolled in another state program.

Mr. Vigil responded that this is left at the discretion of officers because right now New Mexico does not have reciprocity with other states.

Wendy Linscott commented that this is medicine, and nobody should have the right to limit a patient's possession or use.

Tara Burnheisel asked if product can be taken from an enrolled patient, specifically asking if law enforcement or hospital staff can take product.

Mr. Vigil commented that New Mexico does not allow reciprocity for possession or purchases at this time. Some states will allow patients enrolled in one state to purchase in another; however, product cannot be transferred from one state to another. Hospitals may have their own internal policies about possession and use of cannabis in a facility.

Jason Barker commented that is not true because New Mexico only provides protection within New Mexico, so

	<p>patients cannot purchase from other states.</p> <p>Jessica Gelay commented that states can create their own rules, so a state can allow out-of-state card holders to purchase.</p> <p>Dr. Brown commented that in the past the MAB approved sending a letter of support to hospitals allowing patients to use product in facilities and the Board may want to work on sending that letter.</p> <p>Jason Barker commented that he believes a petition for reciprocity could not be heard as this would require a statutory change not just a rule change.</p> <p>Dr. Goodman asked if product purchased in New Mexico can only be used in New Mexico.</p> <p>Jason Barker confirmed that product can only be consumed in New Mexico.</p> <p>Bryan Krumm – other states may have reciprocity, if Senate Bill 406 is signed the state would develop reciprocity standards for those enrolled in other state programs and allow for purchases in New Mexico. In addition, he stated hospitals and law enforcement can take property and keep it safe and hospitals will generally not allow you to bring in medicine.</p> <p>Jeremy Griego asked about law enforcement taking product that is not in packaging. This has become an issue for people with PPL’s who have their product in their vehicle.</p> <p>Mr. Vigil stated they should let law enforcement know they have a PPL, so the packaging requirement would not apply.</p> <p>Dr. Brown then reminded the audience we have five petitions to hear today and she would like to move forward on the agenda to begin petition discussions.</p>	
D	Petition 2019-001 Opiate Dependence	
	<p>Dr. Brown spoke about how she evaluates a petition. Dr. Brown looks at the overall quality of petitions does it contain relevant research, has condition been added in other States, is it relevant to the Lynn and Erin Compassionate Use Act, and evaluates risk versus benefit.</p>	<p>Dr. Laura Brown Yes Dr. Belyn Schwartz Yes Dr. Rachel Goodman Yes Dr. Annette Fontaine Not Present</p>

<p>Dr. Woog stated he uses the same approach.</p> <p>Dr. Brown confirmed that opiate dependence has been submitted twice before and both times the MAB has approved adding Opioid Use Disorder as qualifying condition, but the Secretary of Health rejected the recommendations. Dr. Brown asked if the petitioner was here and would like to speak.</p> <p>Bryan Krumm spoke on the petition, which he submitted. Mr. Krumm believes that adding this condition is line with the law and is feels prior decisions to not approve was cruel and did not protect residents. The petition is the same petition that was previously submitted. Mr. Krumm stated that he feels there needs to be more clinical studies focused on cannabis use and benefits. While New Mexico has conducted those studies in the past, we need more studies and New Mexico has lost its way in terms of conducting research. Recent changes on federal requirements would allow more studies to be conducted so there is no reason to deny research. Studies need to focus on using cannabis alone or with other treatments to determine the most effective use. Mr. Krumm now believes we have an administration that will approve the petition.</p> <p>Jessica Gelay, Drug Policy Alliance provided technical evidence in support of petition. Ms. Gelay stated cannabis use would be an important tool in addressing the opiate crisis. Feels that many people do not have access to use because the condition of opiate dependence is not a qualifying condition and they may not qualify under other conditions. Expanding access to cannabis for those struggling with opiate dependence would be an important harm reduction tool and provide those with limited access to treatments options in their community with anther choice. Cannabis can be used as an effective exit drug that reduces severity of symptoms. Ms. Gelay cited one study that showed states with medical cannabis laws have seen a decrease in deaths related to opiate use. Ms. Gelay also cited a local study that showed 25% of patients using cannabis have been able to completely eliminate opiate use.</p> <p>Dr. Woog asked if opiate addiction and opiate use disorder mean the same thing.</p> <p>Dr. Brown commented that language is important, and we should avoid using the terms addict or addiction as it can stigmatize, the correct term is opioid use disorder. This is in line with what is currently in the DSM V.</p> <p>Dr. Brown further noted that cannabis use is used to relieve symptoms and suffering in compliance with the Lynn and Erin Compassionate Use Act. Dr Brown cited research that showed there were 305 Overdoes Deaths in 2017, which may be an underestimate. There are additional studies that look at the sparing effects, people who use medical cannabis use less opiates.</p>	<p>Dr. Chris Calder Dr. David Woog</p> <p>Not Present Yes</p>
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	<p>Dr. Brown further stated it can be easy to get lost in the statistics, but there are many anecdotal stories of those using cannabis to stop the use of opiates. With the person's permission Dr. Brown read a letter from Dr. Lopresti. Dr. Lopresti spoke about how he was able to use cannabis to detox from opiate use.</p> <p>Dr. Goodman made a motion to add Opioid Use Disorder as an approved condition in the Medical Cannabis Program.</p> <p>Motion was seconded by Dr. Brown</p> <p>Motion passed by a vote of 4-0.</p>		
		Motion Passed 4-0 to add Opioid Use Disorder as a Qualifying Condition	
E	Petition 2019-002 add 65+ as a Qualifying Condition		
	<p>Petitioner, Michael Robbins is present and would like to speak. Mr. Robbins spoke about difficulty in obtaining card and thought about those that may give up because it is so hard. The spirit of the petition is to address the fact that many people who are over 65 and have a condition will not improve and it should be easier to obtain the card for those over age 65.</p> <p>Dr. Woog asked if any other state has a condition where those in a specific age group are approved for a card.</p> <p>Dr. Brown confirmed she is not aware of any other state with age as a qualifier for enrollment.</p> <p>Dr. Goodman asked if approved, would age bypass the medical certification requirement because it is not a medical condition making it unclear what condition the medical provider would approve.</p> <p>Mr. Robbins stated that he felt adding this would be a compassionate decision because it would make it easier for those who are in declining health.</p> <p>Dr. Goodman stated that many of the condition's petitioner referenced in petition are already approved for program enrollment.</p>	<p>Dr. Laura Brown Dr. Belyn Schwartz Dr. Rachel Goodman Dr. Annette Fontaine Dr. Chris Calder Dr. David Woog</p>	<p>No No No N/A N/A No</p>

<p>Dr. Brown reminded everybody that if SB 406 is signed into law renewals would be every three years.</p> <p>Jessica Gelay from Drug Policy Alliance clarified that SB406 would streamline process and would require an annual certification that would be done during an annual visit</p> <p>Ginger Grider stated that there are some nursing homes that will take residents to locations for completion of applications to make it easier to enroll.</p> <p>Bryan Krumm stated that he would like to see cannabis used as preventative care, but not for a specific age group. There is some research showing that cannabis use helps reduction in plaque buildup which can affect some diagnoses associated with age.</p> <p>Dr. Brown stated at the last meeting there was a petition to add use of cannabis for neuroprotection and the MAB would of course hear a petition for that again.</p> <p>Mr. Robbins would like to see an open study of senior citizens to see how cannabis impacts their health and wellbeing.</p> <p>Dr. Brown stated she feels the idea of the petition is in spirit of LECUA.</p> <p>Dr. Schwartz appreciates the petition and respects concerns but feels there is no condition to approve.</p> <p>Dr. Schwartz made motion to deny petition.</p> <p>Dr. Woog, also appreciated and respects concerns addressed in the petition but feels it would go against the Act by not focusing on a condition.</p> <p>Dr. Brown, salutes petition but feels timing is premature. Would also have liked to see how many people are over age 65 and how many of them would already meet criteria for enrollment by having a qualifying condition.</p> <p>Dr. Goodman believes if approved for simply being in an age group that would be having a medication for life which is not a good practice and as medical provider is not best practice. People may have changes in diagnosis and in some cases, use of cannabis can have a negative effect.</p>		
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	<p>Dr. Goodman seconds motion to not approve petition.</p> <p>Motion to not add as an approved condition passed by a vote of 4-0. Dr. Brown thanked petitioner.</p> <p>Ginger Grider asked if MAB looks at co-morbidity.</p> <p>Dr. Brown confirmed that they do look at co-morbidity.</p>		
		<p>Motion passes 4-0 to a not add 65+ as a qualifying condition.</p>	
F	<p>Petition 2019-003 Substance Use Disorder to include Alcohol Use Disorder, Tobacco Use Disorder, Stimulant Use Disorder, Hallucinogen Use Disorder, and Opioid Use Disorder</p>		
	<p>Dr. Brown - Petitioner is not present to speak. The MAB has voted in the past to add substance use disorder on 12-03-2017 petition 2017-43 MAB voted 4-1 to add as an approved condition. Reviewed report related to petition 2017-043. One key reference in previous report, is cannabis use as a substitute for alcohol and other drugs has far fewer adverse effects compared to other treatments and cannabis is important in symptom reduction. Further references showed that the process of substituting cannabis for other substances represents harm reduction and references showed cannabis use did not compromise recovery. Further, medical cannabis has been effectively used as an exit drug rather than a gateway drug. Another reference stated that cannabis is safer and less addictive than benzodiazepines.</p> <p>Dr. Schwartz asked if there are protocols for use of cannabis in treatment for substance use disorder.</p> <p>Dr. Brown stated that Dr. Dustin Sulak has some protocols for use of cannabis that are available.</p> <p>Dr. Woog asked if there was enough information to support for use in all conditions cited in petition as there are studies lacking for all items listed in the petition.</p>	<p>Dr. Laura Brown Dr. Belyn Schwartz Dr. Rachel Goodman Dr. Annette Fontaine Dr. Chris Calder Dr. David Woog</p>	<p>Yes Yes Yes N/A N/A Yes</p>

	<p>Dr. Brown stated, compared to other treatments, cannabis is safer and has fewer adverse effects than other treatments.</p> <p>Dr. Goodman asked if passed would it include all items listed in the petition.</p> <p>Dr. Brown confirmed petition does include all items listed.</p> <p>Jessica Gelay, in context of public health crisis of overdoses, stimulant use overdoses are increasing. Feels that all conditions are in the frame work of public health.</p> <p>Bryan Krumm feels it should be broadly defined as substance use disorder instead of specific items stated in petition.</p> <p>Jeremy Griego commented that cannabis helped him transition from benzodiazepines and it was very beneficial.</p> <p>Dr. Brown commented that most lethal overdoses are a combination of opioid and benzodiazepines. This combination can be very dangerous.</p> <p>Dr. Brown made motion to add substance use disorder as an approved condition.</p> <p>Dr Woog and Dr. Goodman seconded motion.</p> <p>Motion passed 4-0</p>		
		<p><u>Motion Passes 4-0 to add Substance Use Disorder as an approved condition.</u></p>	
G	<p>Petition 2019-004 Manufacturing for Patients with a PPL</p>		

<p>Petitioner Wendy Linscott is present to speak about petition. She thanked Board members for their work and commitment to the program. The purpose of petition is to ensure that patients have access to a manufacturer to convert usable cannabis into a cannabis-derived product. This is important because not everybody can smoke cannabis and they must have a way to ingest without smoking. Patients with a personal production license cannot currently take product to manufacturers for conversion of derived product. In the case of manufacturing of oils, it can be safer for a licensed location to convert product rather than have patients converting to oils at home.</p> <p>This petition would also create a process for storage and testing as well as manufacturing.</p> <p>Dr. Goodman asked for clarification on what specifically this would do for patients.</p> <p>Wendy Linscott – this would ensure patients can have access to manufacturing.</p> <p>Dr. Goodman asked is there would be a fee for this service.</p> <p>Ms. Linscott – yes but it would be reasonable. They have not worked out exact costs. Does not have a perfect plan just has this idea that needs to be worked out, really seeking permission to move forward. Would like to work with DOH to establish criteria.</p> <p>Dr. Woog asked about current regulations.</p> <p>Shelly Strong stated she would not be able to answer that at this time, but could get information.</p> <p>Dr. Goodman asked if there are any manufacturers in the audience and how they would feel about this type of process.</p> <p>Garth Wilson, Mr. Vigil has been denying the ability of Bhang Chocolates to process product from his PPL. Stated it has been requested every year and keeps getting denied.</p> <p>Jessica Gelay stated SB 406 would address this by changing definition of manufacturer to allow patients to take product to a manufacturer for processing and legalize transportation of crop.</p> <p>Dr. Brown - seems that SB 406 would support the MAB could issue a letter of support for allowing access to</p>	<p>Dr. Laura Brown Dr. Belyn Schwartz Dr. Rachel Goodman Dr. Annette Fontaine Dr. Chris Calder Dr. David Woog</p> <p>Motion passes 4-0 to support concept of people's manufacturing and table petition</p>	<p><u>Yea</u> <u>Yea</u> <u>Yea</u> <u>N/A</u> <u>N/A</u> <u>Yea</u></p>
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<p>manufacturers. Grateful to learn about process of manufacturing.</p> <p>Ginger Grider – co-petitioner, petition ties back to transportation of product. It is easier to access product by going across border to Colorado</p> <p>Dr. Brown – likes idea it addresses accessibility issue and NE region not having dispensaries, so patients would not have access to derived products.</p> <p>Alejandro Garcia - works with a manufacturer and has been developing business plan for manufacturers to sell product to other LNPP's can create unique formulas to patients.</p> <p>Dr. Goodman understand that it is hard to determine fees and believes fees would be set by market; however, would be concerned about ensuring fees are appropriate.</p> <p>Wendy Liscott felt Mr. Garcia's plan was deviating from what they were seeking to do with petition, but she would be happy to discuss. Wants to be clear that they want to ensure that product is safely produced and at a reasonable cost and eliminate greed.</p> <p>Dr. Woog asked about mobile extraction units and asked about safety of these types of businesses. Must be some melding of commercial and humanitarian to ensure safety.</p> <p>Dr. Goodman – Need education to patients about how much it takes to convert. It takes a lot of product to make derived products.</p> <p>Ms. Linscott - spoke about collectives pulling together product to make derived products that meet patient needs and holding classes.</p> <p>Dr. Brown – excited about idea as a concept and unsure if SB 406 will be signed, do we need motion to support idea as a concept.</p> <p>Dr. Woog more comfortable tabling until we know if SB 406 is signed.</p> <p>Dr. Goodman there are many unknown factors and is unsure about unilaterally supporting.</p>		
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	<p>Dr. Schwartz would like more clarity on what is being sought. Likes idea of supporting concept.</p> <p>Ginger Grider, ok with motion to support concept and have group work with DOH on development of regulations.</p> <p>Dr. Brown makes motion to support concept of peoples' manufacturing, but table petition.</p> <p>Dr. Woog second</p> <p>Motion to support concept and table petition passes with a vote of 4-0</p>		
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H	Petition for Chemically Untainted (*Non-Toxic) Medical Cannabis Supply Chain
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<p>Dr. Lopresti present to speak on petition. Growing cannabis with pesticides is damaging and should not be called medicine. Would really like to see medical supply be kept separate from any recreational growth.</p> <p>Dr. Schwartz asked if he had comment on soil.</p> <p>Dr. Lopresti – thanked Dr. Schwartz for bringing up. Soil has a full spectrum of microorganisms, growing in natural media is safer and creates a better product.</p> <p>Dr. Brown – asked Matt Peralta if he knows current procedure is for monitoring for pesticides.</p> <p>Matt Peralta – First week on the job, his understanding is that we defer to the Department of Agriculture for pesticide use. We test for microbiological, moisture content etc.</p> <p>Kenny Vigil – testing for pesticides is challenging because there is no standard and there are no specific requirements for testing of pesticides. Lab say it is expensive and we need a spectrum of what we are testing for and looking at.</p> <p>Dr. Lopresti - Cost is a factor but we need to commit to safe product.</p> <p>Steven Brown – Washington and Oregon have some guidelines, have pesticide guidelines. Joke to say it is medicine without testing.</p> <p>Dr. Schwartz asked if organic growing qualifies and non-toxic.</p> <p>Dr. Lopresti – Absent testing, you do not know what is being used and there are items identified as organic that may still be dangerous to ingest after heated.</p> <p>Irene Garden – Nurse midwife extremely concerned about organic effect on embryo. Labs in California misrepresented what they tested and provide misleading information. She spoke with a lab in Las Cruces who stated they do not test for chemicals. Stated we also need to look down the road and see long-term impact.</p> <p>Heath Grider – Department of Agriculture if working on organics standards.</p> <p>Kenny Vigil – DOH has ongoing discussion with Department of Agriculture on these issues.</p>	<p>Dr. Laura Brown Dr. Belyn Schwartz Dr. Rachel Goodman Dr. Annette Fontaine Dr. Chris Calder Dr. David Woog</p> <p>Motion passes 4-0 to support concept of pesticide free product petition is tabled.</p>	<p><u>Yes</u> <u>Yes</u> <u>Yes</u> <u>N/A</u> <u>N/A</u> <u>Yes</u></p>
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	<p>Jessica Gelay – American Herbal Product Association has standards. There is a good model in California called the Clean Green Model modeled after organic certified process.</p> <p>Dr. Goodman – feels strongly about subject but not sure how to support but feels it is important to see state examples.</p> <p>Dr. Brown – could we handle like last petition, support concept and table petition.</p> <p>Dr. Woog – would like to review standards from other states to make recommendations.</p> <p>Dr Brown asked if SB 406 addresses this issue or would impact this issue.</p> <p>Jessica Gelay – SB 406 would require DOH to review and set Health and Safety Standards,</p> <p>Ginder Grider – stated that she would like to see medical and recreational supplies be kept separate.</p> <p>Mr. LopResti – this is the main thrust of petition.</p> <p>Dr. Brown commented that Governor Lujan Grisham is committed to maintaining the strength of MCP. Recreational will be introduced next session.</p> <p>Dr. Brown made a motion in support of concept and table petition.</p> <p>Dr. Woog Second</p> <p>Motion passes 4-0</p>		
I	Public Comment		
J	Next Meeting Date	Tentative End of June	

Andrea Sundberg, Health Program Manager

Dr. Laura Brown, Chair
