

Medical Cannabis Program Medical Advisory Board

Meeting Minutes

November 07, 2017

<i>Members</i> <input checked="" type="checkbox"/> = Present	
<input checked="" type="checkbox"/> Dr. Rachel Goodman	X Dr. Belyn Schwartz
<input checked="" type="checkbox"/> Dr. Laura Brown	X Dr. Mitch Simson
	X 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, Chair 10:09 a.m.	
<i>TOPIC</i>	<i>DISCUSSION</i>
A	WELCOME AND CALL TO ORDER
	<p>General Introductions of Board Members</p> <p>Chair Dr. Simson, reviewed agenda</p> <p>Staff present from the Department of Health were: Andrea Sundberg Medical Cannabis Program, Kenny Vigil Medical Cannabis Program, Martinik Gonzales Program Manager, Chris Woodward Office of General Counsel. Dr. Leah Roberts Medical Cannabis Program, Jenna Burt Medical Cannabis Program,</p> <p>There are currently three open positions on the MAB: Oncology, Infectious Disease, and Neurology</p>
B	Comments from outgoing Chair Dr. Mitch Simson
	<p>Dr. Simson discussed concerns with the number of petitions the Medical Advisory Board is receiving and the fact that the first 10 pages of each petition is the same material that appears to be more politically based rather than based on medical conditions. Dr. Simson reminded the public that petitions should include all research cited and should be focused on the medical condition being considered</p>
	No Vote
C	Election of New Chair

	Election of Chair moved to end of meeting	Dr. Johnson made motion to move Chair vote until end of meeting Dr. Schwartz, seconded motion.
D Medical Cannabis Program Update		
	<p>Program Director Kenny Vigil updated the Medical Advisory Board. The MCP is increasing their staff from 18 full time employees to 28 full time staff. Positions were created for the licensing and compliance side and a new customer service section within the patient services side. One of the new positions for licensing and compliance is an Environmental Scientist who will work closely with labs and ensure labels are accurate. In addition, a State Investigator will be hired for the licensing ad compliance division. Mr. Vigil introduced the new Medical Director Dr. Leah Roberts, and the new Health Educator Jenna Burt. Mr. Vigil also announced that Dr. Small had resigned as Medical Director and her last day would be November 15, 2017.</p> <p>Mr. Vigil noted at the end of September the program had 48,000 active enrollees. The program has not released numbers for October as staff is doing data clean-up to ensure the accuracy of the numbers. Despite the increase in applications Mr. Vigil commended the Santa Fe staff for continuing to be well under the 30-day processing time for applications. He pointed out that staff worked overtime on weekends and worked extra hours during the week to ensure the program remained in compliance.</p> <p>Dr. Johnson asked if Law Enforcement had expressed any concerns about enrollees. Mr. Vigil responded that the bulk of inquiries from law enforcement were confirmation of enrollments and questions about personal production licenses.</p> <p>Jacob Vigil stated that he operates a lab that had entered failures into the system but that those failures had been deleted or removed from system. Kenny Vigil informed Jacob Vigil that the department cannot delete records and he was recently made aware of this and was following up with BioTrack.</p> <p>Stephen Costick with SWOP, stated that quality assurance results disappear, and calculations of derived products were not accurate.</p>	<p>For Follow up the Medical Advisory Board would like at update at the next meeting on lab reports being allegedly removed from the system.</p>

Mr. Vigil stated that he would be happy to work with Mr. Costick on this and arrange a call with BioTrack.

John McCall asked if Mr. Vigil felt there was an adequate supply. Mr. Vigil confirmed based on our records there is an adequate supply of product.

Dr. Steve Jenison asked if there were any reports of adverse events. Ms. Sundberg stated that there had been two over the past five years from medical providers who felt their patient had an adverse event related to cannabis use. However, neither of those cases had been reported in writing and the calling providers were not the certifying providers.

Cody from Grow for Vets, asked if the new Health Educator would be reaching out to Law enforcement, public or other groups. Mr. Vigil stated the Health educator would be providing outreach to many different groups.

Patricia Monaghan stated that she is getting feedback that there is a shortage and the Department should open it up to more producers.

Michele Zano stated there is still a shortage of product in the south and in rural areas and more producers should be allowed to open in these areas,

Joe Darren was very concerned about the report of test being lost. Mr. Vigil stated that he would be looking into this issue.

Anthony Tower – stated that all responsibility for safe product should not be put on the department that Licensed Producers need to be accountable for ensuring safe product and that materials being used for extraction are safe for consumption.

Susan Gabaldon asked if it was correct that at the time the regulations were put in place New Mexico had the highest testing standards of all States. Mr. Vigil confirmed that at the time of implementation it was stated that New Mexico had high standards for testing.

Dr. Simson expressed concern about the lab test results being removed from the system and asked Mr. Vigil to report on that at the next meeting.

E	Actions of the Secretary of the Department of Health on prior recommendations from meeting on April 07, 2017 and November 2016.	
	<p>The Secretary did not accept the Medical Advisory Board recommendations to add Opiate Use Disorder and also denied the addition of other petitions. The Secretary stated that some of the petitions did not fall under the duties of the Medical Advisory Board, specifically those petitions related to the producer plant count. The Secretaries Decision is attached to these minutes.</p> <p>Dr. Simson suggested that if people want a rule change that does not fall under current Medical Advisory Board responsibilities people should suggest changes to the Department of Health or contact their legislators for changes to the Law.</p> <p>Dr. Simson discussed the fact that many of the conditions being applied for fall under current diagnosis. In addition Dr. Simson asked petitioners to focus on condition rather than including extraneous material that are more political statements than evidence related to the diagnosis. In addition, any materials referenced should be included with petitions.</p> <p>Dr. Brown stated that she did not agree that Producer Plant Count does not fall under the medical advisory board responsibilities as it relates to adequate supply. She also felt the Board may want to consider limiting the number of petitions they hear at each meeting which will allow Board members to focus on issue.</p> <p>Dr. Goodman asked petitioners to focus on topic in petitions. The petition would be more effective and reduce confusion.</p>	
F	Old Business – Petitions Tabled at last meeting	
	<p>Petition 2017-20 Substance Use Disorder will be heard later in the meeting as a new petition was submitted, and petition 2017-015 Concussions, CTE, and TBI will be discussed later as it was resubmitted without the CTE.</p>	
G	Petitions Not Being Heard	

	<p>Dr. Simson stated that some petitions submitted would not be considered as they are beyond the scope of the Medical Advisory Board. The following petitions were not considered:</p> <p>2017-29 LNPP Plant Count Increase 2017-31 Medical Cannabis Registry Cards Presumptive eligibility and Qualified Patients to reapply every three years for registry card. 2017-30 Acceptance of nonresident cards 2017-32 Seeks to change Part B Line 8 Section 3 definitions as used in the Lynn and Erin Compassionate Use Act 2017-34 Medical Cannabis Program research and MCP certification and Education Standards established fro State Industry Employment. 2017-35 Increase of MCAB membership 2017-36 Adding Veteran Status as a Medical Condition.</p>		
H	Petition for New Diagnosis – 2017-24 Eczema and Psoriasis		
	<p>Dr. Brown thanked Dr. Simson for submitting article, "The Risks and Benefits of Cannabis in a Dermatological Clinic" to Board Members.</p> <p>Dr. Simson felt there was strong support for topical use of cannabis as it reduces Histamines which inhibited skin thickening and irritation and topical cannabinoids suppress symptoms. Dr. Simson asked if there was any way to allow only for topical use. Program staff responded the system has no way of allowing a purchase of one type of product.</p> <p>Dr. Schwartz indicated the article provided pointed to adverse effects and felt the article was not supportive,</p> <p>Dr. Brown agreed that the article did show adverse effects for psoriasis but not eczema.</p> <p>Dr. Schwartz stated that she would not support the petition for systemic relief, but it did appear to support symptom relief.</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>No</u></p>

<p>Dr. Johnson made a motion to add as a qualifying condition Dr. Brown Seconded the motion</p> <p>Vote 4- 1 to add as a condition.</p>		
	<p>Motion made and passed by a vote of 4-1 to add psoriasis and eczema as qualifying condition.</p>	
<p>Petition 2017- 25 Muscular Dystrophy</p>		
<p>Bryan Krumm – shared a story of a person who he acted as a caregiver and the administration of medical cannabis helped this person.</p> <p>Dr. Brown pointed out that Illinois, Louisiana, New Hampshire and New Jersey all have MD as a qualifying condition.</p> <p>Dr. Johnson stated that material submitted did not show any adverse effect from use of medical cannabis.</p> <p>Dr. Simson pointed out that symptoms related to condition could be covered under current conditions of chronic pain.</p> <p>Dr. Johnson expressed concern that expanding definition of diagnosis to state chronic pain may make some practitioners uncomfortable.</p> <p>Dr. Schwartz stated that like other petitions the use of cannabis addressed symptoms but not the systemic issues.</p> <p>Dr. Brown made a motion to add Muscular Dystrophy as a qualifying condition Dr. Goodman seconded</p> <p>Motion passes by a vote of 3-2</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p>Yes Yes Yes No No</p>

		Motion passes by a vote of 3-2 to add Muscular Dystrophy as a qualifying condition.	
	Petition 2017-26 Polymyalgia Rheumatica		
<p>Dr. Brown felt this condition is adequately covered under severe chronic pain</p> <p>Dr. Simson agreed it would be sufficiently covered under sever chronic pain</p> <p>Dr. Johnson stated he was inclined to decline petition to add Polymyalgia Rheumatice as a qualifying condition</p> <p>Tori Brooks – provided public comment that is hard to get a provider to sign off on chronic pain as it is often dismissed as being in your head.</p> <p>Dr. Goodman stated while chronic pain may have a psychological component to it, it is important for medical providers to acknowledge pain is real.</p> <p>Dr. Simson made a motion to deny adding Polymyalgia Rheumatica as a qualifying condition.</p> <p>Dr. Schwartz seconded</p> <p>Motion passes by a vote of 5-0 to deny the petition.</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>Aye</p> <p>Aye</p> <p>Aye</p> <p>Aye</p> <p>Aye</p>	
		Motion made to deny petition to not add Polymyalgia Rheumatica as a qualified condition passed unanimously.	
	Petition 2017-28 Petition to add Seizures as a Qualifying Condition		
<p>Trish Lozano – spouse encountered seizures and went on seizures medications, however he stopped taking those meds and after one week of using CBD seizures stopped.</p> <p>Dr. Schwartz noted petition did not contain any phrasing around refractory, or drug resistant, seizures and was</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>wondering if that should be added and do we need to add each seizure disorder. Dr. Brown stated she did not believe there was a need to add refractory or the need to specify each disorder is necessary.</p> <p>Dr. Johnson asked if the application could be modified to state seizure disorder/epilepsy</p> <p>Chris Woodward stated since Epilepsy is a statutory approved condition it may be clearer to add seizure disorder as a separate condition.</p> <p>Dr. Brown felt it should appear on application somewhere that we accept seizure disorder as a condition under epilepsy.</p> <p>Dr. Johnson made a motion to have program staff clarify on medical certification that epilepsy includes seizure disorders.</p> <p>Dr. Brown Second</p> <p>Vote 5-0 to add a clarification on application that seizure disorder is included under epilepsy.</p>	<p>Belyn Schwartz, MD</p>	<p><u>Aye</u></p>
	<p>Motion made and passed to modify medical certification to add seizure disorder under epilepsy.</p>	
<p>Petition 2017-033 Petition to add Pediatric Oncology and Cannabis Use for Antiemetic in State Hospitals</p>		
<p>Dr. Simson stated the petition was unclear regarding the specification of allowing use in State Hospitals.</p> <p>Dr. Goodman expressed concerns over the use of cannabis with pediatric patients.</p> <p>Dr. Johnson stated that an individual medical provider could allow use of medical cannabis and that is currently done under current practice within the medical cannabis program.</p> <p>Dr. Schwartz was not understanding why in state hospitals was added.</p> <p>Jason Barker = public comment that hospitals needed to know they have State support to allow use in facilities.</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>Aye</u></p>

	<p>Chris Woodward commented that this would potentially require a legislative change to authorize State hospitals or thus type of action could interfere with hospitals federal funding.</p> <p>Bryan Krumm – feels this is important to accommodate for the use of cannabis in hospital</p> <p>Dr. Goodman suggested that medical provides could write an order that allows patients to use homed medications.</p> <p>Dr. Brown suggested that the Medical Advisory Board could write a statement supportive of patient to receive cannabis in hospital.</p> <p>Dr. Goodman made a motion to make a statement that the medical advisory board is in support of use of cannabis in a hospital setting,</p> <p>Dr. Brown seconded</p> <p>Vote 5-0 to creates statement supporting use of cannabis in hospital setting.</p>		
		<p>Motion made and passed to create statement in support of use of cannabis in hospital setting.</p>	
<p>Petition 2017-37 Petition to add Dysmenorrhea as a qualifying condition</p>			
	<p>Dr. Simson felt this is already covered under severe chronic pain.</p> <p>Dr. Johnson asked if sever chronic pain required objective proof of diagnosis? Upon review regulations require objective proof of the etiology of the pain.</p> <p>Dr. Goodman stated there a not a lot of studies related to condition.</p> <p>Dr. Goodman made a motion to not accept as a diagnosis.</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>Aye</u></p>

<p>Dr. Brown seconded motion adding that CBD products could potentially address these issues., Vote 5-0 to not add as a qualifying condition.</p>		
	<p>Motion passed to not add as a qualifying condition.</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 issue with sleep problems, may be related to other conditions that are already approved for example chronic pain.</p> <p>Ms. Sundberg added that many times the applications will cite sleep problems for those living with chronic pain and other conditions.</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 2017-039 Petition to add Degenerative Neurological Disorder and Neuroprotective</p>		
<p>Dr. Brown noted this has been requested to be added twice by the Medical Advisory Board and been declined by the Secretary. Dr. Brown has concerns about the Secretaries comment about there being a lack of research as Dr. Brown feels there is ample literature available.</p> <p>Dr. Simson – agrees that petition should be resubmitted for Degenerative Neurological Disorder but has concerns about the neuroprotective factor as this would be a proactive use however is concerned about going down the slope of proactive as there is no way to determine who may or may not be affected by diagnosis.</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p><u>Yes</u> <u>Yes</u> <u>Yes</u> <u>Yes</u> <u>Yes</u></p>

Bryan Krumm – stated his concern about the Secretaries denial of these petitions. His complaint was in two parts: 1. Mr. Krumm did not feel that the program is required to decide on an application within 30 days, but the Secretary has no time frame. 2. Bryan Krumm stated he is considering filing a complaint against the Secretary for practicing medicine without a license which is violation of law. Mr. Krumm further stated if there was not a decision made on these petitions within 30 days that he was going to take action against Secretary Gallagher.

Lee DeFrancesco – asked the Medical Advisory Board how they felt about the Secretary ignoring their recommendations.

Dr. Brown – thanked Mr. Krumm and Ms. DeFrancesco for their comments and stated that it is frustrating.

Dr. Johnson asked if the Secretary receives everything to which the program staff confirmed the Secretary receives all documents reviewed by the committee.

Dr. Steve Jenison – asked if the Secretary has ever reached out to speak with the Board Members.

Dr. Goodman stated she has not met with the Secretary since she was appointed to the Medical Advisory Board.

Ms. Sundberg asked for clarification if Medical Board's interaction with Secretary outside of meeting would potentially be a violation of the open meeting law.

Chris Woodward while the Medical Advisory Board adheres closely to the Open Meetings Act requirements as it is best practice, the MAB is not legally bound to adhere to standards. However, as an Advisory Board the members could meet with the Secretary but the Board should adhere to the Open Meetings Act as much as possible.

Dr. Schwartz asked how a medical provider would certify or support for neuroprotective factors.

Dr. Brown – suggested perhaps it could be for specific type of neuroprotective.

Dr. Brown then suggested tabling petition and the Board could look at previous neurodegenerative petitions.

Dr. Simson seconded motion to table.

Dr. Schwartz would also like clarification on what is meant by neurodegenerative.

	<p>Gina Lucero – provided public comment that there is an Israel study that shows neurogenesis, an improvement in memory retention.</p> <p>Nat Dean – provided public comment that she feels the lack of the Secretaries involvement in meeting is dismissive of patients.</p> <p>Medical Advisory Board voted 5-0 to table petition and review previous petitions.</p>		
		<p>Motion made to table petition and review previous petitions for next meeting.</p>	
<p>Petition 2017-040 Petition to Add Cystic Fibrosis as a qualifying condition</p>			
	<p>Dr. Brown – believes that many patients could qualify under severe chronic pain or intractable nausea and vomiting.</p> <p>Dr. Simson – Cystic Fibrosis is a systemic disorder affecting multiple system and having multiple symptoms. Many of the symptoms related to Cystic Fibrosis are already covered under current conditions. Dr. Simson stated that reference five in the petition provides a good summary of symptoms and many of these are already covered.</p> <p>Dr. Simson motioned to deny petition as many of the symptoms are already covered</p> <p>Dr. Johnson expressed a concern that by looking at symptoms as a qualifying condition, physicians may be forced out of their comfort zone</p> <p>Dr. Schwartz – Data supported for symptom relief does not support treatment for condition.</p> <p>Dr. Johnson seconded motion to deny petition</p> <p>Board vote 4- 0 one abstention</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>Abstain</u></p>
		<p>Motion made to deny petition of Cystic Fibrosis as a qualifying condition.</p>	
<p>Petition 2017-42 Petition to add ADD/ADHD and Tourette’s as a Qualifying Condition</p>			

<p>Dr. Johnson - the MAB had previously approved ADD for those over age 18 years of age, however it was denied by the Secretary.</p> <p>Dr. Brown – Studies submitted supported use of medical cannabis for symptoms related to Tourette's.</p> <p>Dr. Johnson made a motion to approve the use of Medical Cannabis for Tourette's for those over the age of 18 and table ADD/ ADHD</p> <p>Dr. Brown Seconded the motion</p> <p>Board vote of 5-0 to add Tourette's as a qualifying condition and table ADD/ADHD</p> <p>Dr. Johnson – also stated that he is very pleased to see the new Medical Director is in attendance at today's meeting. He believes it is the first time the medical director has been present at the Medical Advisory Board Meeting.</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p><u>Yes</u> <u>Yes</u> <u>Yes</u> <u>Yes</u> <u>Yes</u></p>
		<p>Motion passed to approve Tourette's Syndrome as a qualifying condition, and to table ADD/ADHD</p>
Petition 2017-27 Post-Concussion Syndrome and TBI		
<p>Anthony Tower – supports diagnosis especially for Vets who have suffered TBI's and believes that a combination of CBD and THC help with condition.</p> <p>Steven Costick – feels there needs to be more research before this condition is approved.</p> <p>Cody Wheeler – suffered a TBU and believes that the use of cannabis has improved cognitive function.</p> <p>Jessica Gelay – Drug policy alliance submitted a petition for TBI in 2015.</p> <p>Tabina Maga – asked the Board to consider approval for TBI because there are people who cannot take other medications due to possible reactions.</p> <p>Dr. Simson – Research seems to indicate there is a protective effect, however there is not a clear way to determined how protective factors are determined, for whom, and for how long. There is also a difference between an acute</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>Aye</u></p>

injury and an older injury,

Dr. Schwartz - Symptoms of a concussion can be present for three months or more and it takes time for diagnosis and approval of application. Since this would require use of cannabis almost immediately after injury it would not work in acute cases.

Dr. Johnson – as a Child Psychiatrist he is very concerned about youth use related to injuries. Studies show chronic use for youth can be detrimental to cognitive development.

Jason Barker - stated that practitioners will have no problem prescribing opiates to a minor, which can be even more damaging.

Dr. Johnson pointed out that those are monitored and time limited, unlike cannabis.

Dr. Schwartz – asked what are we truly treating in post-concussion syndrome? This diagnosis can include many symptoms and cannabis can address some of the symptoms, but it is unclear what exactly would Cannabis be treating in these cases.

Anthony Tower – Use of cannabis could be improving quality of life.

Dr. Brown – many of the symptoms related to diagnosis can be covered under other qualifying conditions.

Dr. Schwartz – still felt it was unclear what symptoms cannabis would be relieving in case of people with these conditions.

Dr. Goodman – pointed out that even current research addressing cases where cannabis is prescribed immediately after acute injury are still under study.

Gina Lucero – There is a Colorado study looking at use in case of acute injury that is showing promising results.

Dr. Goodman – The type of research referenced by the last speaker will be great when study comes out. Also, important to note that case studies are not as credible, we need true studies with larger selection of research subjects.

<p>Dr. Simson feels petition is still lacking information on symptom treatment and suggest resubmitting with more complete data. Motion made to deny petition.</p> <p>Dr. Schwartz – seconded motion</p> <p>Motion passed 5 - 0</p>		
<p>Motion passed to deny petition.</p>		
<p>Petition 2017-38 add Diabetes Melius as a Qualifying Condition</p>		
<p>Dr. Simson – petition had been denied in the past and data submitted is like previous petitions that use of cannabis does not improve control of diabetes and it appears it must be pre-emptive use and there is no clear way to identify how that is diagnosed.</p> <p>Dr. Simson motion to deny petition</p> <p>Dr. Johnson seconded motion</p> <p>Vote of 4 – 0 one abstention to deny petition</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p><u>Abstain</u> <u>Yes</u> <u>Yes</u> <u>Yes</u> <u>Yes</u></p>
<p>Motion passes to deny petition to add Diabetes.</p>		
<p>2017-41 Petition to add All forms of Arthritis as a qualifying condition</p>		
<p>Dr. Simson – petition previously submitted and was denied as Inflammatory Autoimmune Mediated Arthritis is already a qualifying condition. In addition, many people can qualify under severe chronic pain.</p> <p>Dr. Simson motion to deny petition</p> <p>Dr. Brown seconded motion</p> <p>Motion passes by a vote of 4 -0 to not add as a qualifying condition.</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p><u>Abstain</u> <u>Yes</u> <u>Yes</u> <u>Yes</u> <u>Yes</u></p>
<p><u>Motion passes to deny petition for all forms of Arthritis.</u></p>		

2017-43 Petition to Add Substance Use Disorder		
<p>Jessica Gelay, Drug Policy Alliance – Supports the addition of substance use disorder as a qualifying condition as benefits are like those they will outline in their technical evidence in support of opiate use disorder.</p> <p>Tori Brooks Melva – in cases of addiction in animals, lack of connection is a vital factor in success of separation from addiction. While this is a good step the State of New Mexico needs more safety nets for this in recovery including services. The use of a non-harmful item like cannabis is a good thing for those in recovery.</p> <p>Dr. Johnson motion to approve petition to add substance use disorder as a qualifying condition</p> <p>Dr. Brown seconded motion</p> <p>Dr. Simson – The use of cannabis can be great for withdrawal symptoms but has concerns about what you do after withdrawal symptoms subside. Data submitted did not clearly demonstrate an impact on another drug use. Agrees with use for withdrawal.</p> <p>Motion passes by a vote of 4 – 1 to add Substance Use disorder as a qualifying condition.</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p><u>Yes</u> <u>Yes</u> <u>Yes</u> <u>No</u> <u>Yes</u></p>
		<p><u>Motion passes by a vote of 4- 1 to add substance use disorder as a qualifying condition.</u></p>
Petition 2017-44 Petition to add Opiate Use Disorder		
<p>Anita Briscoe – previously submitted petition that was denied by the Secretary. Has attached more articles to support petition. Ms. Briscoe stated she did meet with Secretary Gallagher regarding her petition and Secretary Gallagher stated she is looking for more empirical evidence to show effect. Ms. Briscoe stated that at this time that type of research is simply not available due to limitations of human studies. Ms. Briscoe stated that New Mexico can be a leader in the use of cannabis to treat opiate use, which we can all agree is a national emergency. Ms. Briscoe stated there has been tremendous interest from around the country, including Dr. Sanjaya Gupta, to look at this issue closer.</p> <p>Dr. Steve Jenison – Previous served as Medical Director for the Medical Cannabis Program and Chair of the Medical</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p><u>Yes</u> <u>Yes</u> <u>Yes</u> <u>Yes</u> <u>Yes</u></p>

Advisory Board, now serves as a paramedic for Dixon Fire Department. In his current employment he sees a lot of heroin overdoses and believes cannabis can be helpful in opioid reduction. Dr. Jenison provided a document on opioid dependency and how cannabis can be helpful in reduction of dependency and it's use from a harm reduction perspective. If Secretary Gallagher denies petition she should give members of the Board the right to speak with her about the denial and their reasoning in support of the petition.

Jessica Gelay, Drug Policy Alliance – there are currently 30 facilities in the State of New Mexico that will provide medical treatment for withdrawal from opiates. This limited number of facilities and the cost make treatment almost unattainable for most people. New Mexico should lead on this issue and look at cannabis use as a Harm Reduction. Studies have shown that States with medical cannabis have had a reduction in opiate related deaths.

Dr. DeBernardi, Life Link – Has seen the use of cannabis assist those with an opiate addiction reduce or cease use. There has been great improvement for these patients, and while many would qualify under PTSD, he feels that would be going through the back door for approval and not all would qualify under that diagnosis.

Dave Lozano – Spoke about losing daughter to an opioid addiction and something must be done. Many Doctor's, especially the VA just want to put people on opiates which is only increasing number of addicted.

Nat Dean- supports addition because Heroin deaths supersede the number of gun deaths and something needs to be done.

Gina Lucero, Grow for Vets – nurse who has seen struggle of patients and families dealing with opiate addiction. Works with vets to get off opioids and believes this is about patient autonomy and allowing patient to choose course of treatment.

John Gabaldon – Cancer survivor who had to overcome a morphine addiction. Cannabis helped with withdrawal symptoms and long-term pain control. Also noted that the drugs used to assist with withdrawal symptoms often affects other systems requiring more drugs. Cannabis does not affect other systems.

Andrew Harrison – recovering heroin addict, found that methadone was effective for a while, but cannabis really worked to help eliminate use.

Tara Johnson – son was addicted to heroin was on methadone, but cannabis really helped stop use.

	<p>Lee DeFrancesco – use of cannabis was more cost effective than other drugs.</p> <p>Dr. Brown – work with those impacted by opioid use and feels there is sufficient evidence to support petition. Evidence of opioid sparing effect exist, and we should bit need to wait for further evidence. Many people would not fit under another diagnosis. In response to the concern that this would be a substitution of one addictive item for another, only 9% of people develop cannabis use disorder. This is about harm reduction.</p> <p>Dr. Brown motion to approve petition</p> <p>Dr. Schwartz seconded</p> <p>Dr. Simson – highlighted Yasmine Heard article on CBD reducing queuing and craving “Since THC is not a suitable treatment option CBD is a good candidate”</p> <p>Vote 5 – 0 to add Opioid Use Disorder as a Qualifying Condition.</p>		
		<p>Motion passes to approve petition to add Opiate Use Disorder as a Qualifying Condition.</p>	
<p>C Election of New Chair</p>			
	<p>Dr. Johnson nominated Dr. Laura Brown and the Chair of the Medical Advisory Board</p> <p>Dr. Simson seconded motion</p> <p>Dr. Brown accepted nomination</p> <p>Board Vote 4 – 0 to elect Dr. Brown as the new Chair of the Medical Advisory Board</p>	<p>Rachel Goodman, MD Laura Brown, MD William Johnson, MD Mitch Simson, MD Belyn Schwartz, MD</p>	<p><u>Yes</u> <u>Abstain</u> <u>Yes</u> <u>Yes</u> <u>Yes</u></p>
		<p><u>Motion passes to elect Dr. Laura Brown as new Chair</u></p>	
<p>F Public Comments</p>			

	No Public Comments		
G	Meeting Adjourned		
	Meeting Adjourned at 1:10 p.m. Board members will be contacted to schedule new meeting.		

Andrea Sundberg, Patient Services Program Manager

Dr. Mitch Simson, Chair
