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Draft Notes

Iowa Medical Cannabidiol Advisory Board Meeting

August 3, 2018

10:00 a.m. – 3:00 p.m.

Iowa Laboratory Facility – DMACC Campus

2240 DMACC Blvd., Ankeny, IA

1. **Call to Order** **Mike McKelvey, Chair**
 The August 3, 2018, Iowa Medical Cannabidiol Advisory Board Meeting was officially called to order at 10:02 a.m.

2. **Roll Call** **Mike McKelvey, Chair**

Present	Absent
Dr. Ken Cheyne	Dr. Stephen Richards
Dr. Jill Liesveld	
Capt. Mike McKelvey	
Dr. Lonny Miller	
Dr. Bob Shreck - via conference call	
Dr. Jacqueline Stoken	
Dr. Wendy Zadeh	
Staff	
Heather Adams – Assistant Attorney General	
Sarah Reisetter – Deputy Director	
Randy Mayer – Program Director	
Owen Parker – Program Manager	
Jennifer Caskey – Executive Officer	

3. **Approval of Minutes** **Mike McKelvey, Chair**
 a. **May 4, 2018, Medical MEDICAL CANNABIDIOL Advisory Board Mtg.**
 A motion to approve minutes the minutes from the May 4, 2018, Iowa

Medical Cannabidiol Advisory Board Meeting was made by Dr. Stoken, seconded by Dr. Miller.

A verbal vote was taken. All members voted in favor. Motion Carried.

4. **MEDICAL CANNABIDIOL: Legality and Liability for Physicians** **Heather Adams, AG**

Heather Adams, Assistant Attorney General and legal counsel for the board provided an overview of Chapter 124E – Medical Cannabidiol Act. Highlights included the duties and obligations of the health care practitioner, including providing patient guidance documents developed by the Iowa Dept. of Public Health (IDPH). Information regarding personal liability and malpractice, as well as other various concerns and questions were shared and discussed by the board members. Questions on the contents of the educational materials were also fielded.

5. **MEDICAL CANNABIDIOL in Practice, Iowa Physician’s Perspective** **Dr. Jolene Smith, DO**

Dr. Jolene Smith, practicing Iowa physician in the area of pain management, provided a presentation to the board. Dr. Smith provided an overview of her education and history, sharing how she developed her interest in the use of medical cannabidiol in relation to her pain management practice. Discussion points shared in Dr. Smith’s presentation included information on cannabinoids, the pharmacology of cannabinoids as well as dosing, safety, and benefits. Dr. Smith shared dosage examples for several medications on the market globally. Safety in the use of medical cannabidiol, including adverse effects, as recorded by recreational cannabis users were included in the presentation.

6. **Break**

7. **Alliance of Coalitions for Change (AC4C)** **AC4C Representative**

Representatives from the Alliance of Coalitions for Change addressed the board to share their concerns with THC levels, potential program expansion and to share substance abuse prevention messaging. The biggest concerns expressed related to the use of THC and potential effects on developing brains in children and adolescents.

Peter Komendowski, President of the Partnership for a Drug Free Iowa,

expressed desire for healthy outcomes in patients related to substance abuse prevention and treatment of addiction. Concerns regarding limited medical trial research, lacking evidence of medical cannabidiol benefits, concerns about adverse effects, and risk of addiction was shared.

Jennifer Husmann, Area Substance Abuse Council, expressed the importance of double blind studies, concern that once available, Epidiolex could be used for off label conditions and shared a March 2017 memo from Office of Drug Control Policy entitled, “Research Recap: Potential Cannabis-Based Medicines”. Ms. Husmann also shared her personal story of family struggle with substance abuse and mental health.

Lynda O’Hara, a nurse with over 30 years’ experience, shared her own personal story and professional experience with substance abuse. Ms. O’Hara shared her concern with children’s safety, ability of patients to purchase a 90-day supply, and the potential of small children being able to get into their parents’ medical cannabidiol products.

8. Public Comment Period

Mike McKelvey, Chair

- David Barnett, patient and advocate shared his personal medical condition and health issues, as well as those of his spouse. Mr. Barnett shared that he supports the addition of new debilitating medical conditions as well as his desire as a veteran to have Veterans Affairs certify his condition.
- State Senator Joe Bolkcom expressed his thanks to the department in its efforts to implement the current medical cannabidiol law, as well as to the board members for their service in helping Iowans. Senator Bolkcom shared that in his position as a strong advocate, he has spent hundreds of hours and talked with many patients who have struggled with other methods and medications that are ineffective, as well as talked with hundreds of patients that are being left out of the compassionate use of medical cannabidiol in Iowa. In his statement, he noted his dissatisfaction with Iowa’s current law, advocated for the removal THC content restrictions, and expressed support to add more conditions. Senator Bolkcom further noted the need for more convenient access to medical cannabidiol products by increasing the number of dispensaries, development of more affordable and cost effective forms, including the use of the flower portion of the plant which is considered the most effective part of the plant.
- Kymm Loeffler, the Loeffler Group and Cornerstone Apothecary addressed

the board, asking for the addition of more conditions, sharing her knowledge of the need for patients to be helped. Ms. Loeffler stated the need to look at the quality of life of patients, the need for education, and expansion of the use of medical cannabidiol.

- Philip Dawdy, registered lobbyist for Have a Heart and long-time medical cannabis patient in Washington State shared a personal story on his history of medical cannabis use, forms and quantity, and his support of the removal of THC cap. In addition, Mr. Dawdy expressed support for adding PTSD as a condition, noting the need to give relief to pain patients, the need to allow inhalable fast acting forms, as well as his support for child resistant packaging.
- Dylan, master's student in psychology and a current cannabis user addressed the board with his support of the addition of ulcerative colitis to the approved conditions. Dylan shared his personal experience as an ulcerative colitis patient/sufferer, as well as his experience of being a cannabis user and the effects he has personally experienced with its use.
- Lorelle Muetting, Prevention Program Director from Progress Means Prevention of Council Bluffs completed the Alliance of Coalitions for Change's prevention messaging and concerns associated with the use of medical cannabidiol.

9. Petitions to Add/Remove Qualifying Conditions Sarah Reisetter, Deputy Director

Sarah Reisetter provided an overview of the petition process, the petition forms, and the next steps. If the recommendation is to approve a petition, the petition then moves to the Iowa Board of Medicine for consideration. Should the petition be approved by the Board of Medicine, changes are then handled through their administrative rule making process. On each petition submitted, any personal identifiable information is removed, however, the petitioner is provided the opportunity to address the board regarding their petition should they choose. In order for a petition to receive approval a motion, second, and majority approval vote are required.

a. Trigeminal Neuralgia

- The question was raised on how this condition may differ from chronic pain, as well as if staff have knowledge on how other states may be handling this condition. This particular condition has not readily been specifically noted in other states. It was opined that this condition would fall under untreatable pain.

- A motion was made by Dr. Cheyne to recommend the addition of Trigeminal Neuralgia to the qualifying medical conditions list. Seconded by Dr. Stoken.

Dr. Liesveld and Dr. Miller both expressed the opinion that this condition would already fall under untreatable pain.

Cheyne – aye

Stoken – aye

McKelvey – no

Shreck – aye

Liesveld – no

Miller – no

Motion failed.

- Dr. Stoken motioned to deny the petition to add Trigeminal Neuralgia because it already qualifies as untreatable pain, which is a debilitating medical condition enumerated in Iowa Code section 124E.2. Dr. Miller seconded the motion.

Cheyne – aye

Liesveld – aye

Shreck – aye

Stoken - aye

McKelvey – aye

Miller - aye

Motion to deny the petition carried.

b. PTSD/Bipolar Disorder

- Dr. Shreck recommended that this petition be handled as two separate conditions.
- Discussion was held on how to handle the proposal as the conditions were submitted together. Consensus concluded that Post Traumatic Stress Disorder (PTSD) and Bipolar Disorder are clearly two separate conditions. Questions and concerns

with the board's ability to split a petition containing multiple disorders were shared and the statute was reviewed. It was determined that the Board has the authority to consider addition of new conditions independent of the receipt of a petition, thus splitting the conditions for consideration was allowable.

- Dr. Stoken expressed the desire to have additional time to review studies for PTSD as well as Bipolar Disorder.
- A motion was made by Dr. Stoken to defer a vote for both conditions, and to take them up for consideration as two separate conditions at the November 2, 2018 meeting.

Cheney – aye

Liesveld – aye

Miller – aye

Shreck – aye

Stoken – aye

McKelvey – aye

Motion to defer this petition until the November 2018 meeting carried.

- Board members requested the following information, if available, as part of their information review process.
 - Any studies from the Veterans Administration.
 - A list of what conditions have been approved in other states has been requested
 - Any data on how use of medical cannabidiol has been helpful in treating PTSD, as well as any adverse effects.
 - Dr. Stoken shared a link to a study related to PTSD^[SR1].

c. **Ulcerative Colitis**

- Discussion regarding this petition included an opinion that omission of Ulcerative Colitis had to be a legislative oversight as it is so close to the statutorily enumerated and approved

condition Crohn's disease.

- Notation was made that the submission, review and voting process for petitions to add conditions is rigorous and questions were raised about how the list of qualifying debilitating medical conditions listed in the statute was derived.
 - An opinion was shared that Ulcerative Colitis could also qualify under untreatable pain.
 - Motion was made by Dr. Miller to add Ulcerative Colitis as an approved condition, seconded by Dr. Shreck
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- Cheyne – aye
 - Lies – aye
 - Miller – aye
 - Shreck – aye
 - Stoken – aye
 - McKelvey – aye

Motion Carried. IDPH will document this recommendation and share with the Iowa Board of Medicine.

10. Department Update

Owen Parker, Program Manager

Owen Parker, Program Manager for the Office of Medical Cannabidiol shared a presentation of recent accomplishments and upcoming plans for the program. Highlights included:

- Licensing of second manufacturer – Iowa Relief, LLC
- Inspection of MedPharm security and cultivation infrastructure
- Nearing completion of sampling and testing protocols for products
- Development of informative, user-friendly OMC website
- Program education for Iowa's patients and providers
- Inspection of dispensary licensees

11. IT Tracking System Update

Doug Cretsinger, Program Consultant

Doug Cretsinger, consultant working on the IT Tracking System for the department shared a status report for the medical cannabidiol program.

Highlights included:

- Completion of the manufacturing and dispensary system modules

- First of its kind Mobile Transfer App for manufacture drivers
- Patient and Caregiver Registry near completion

12. Manufacturing Licensee Update (30 min each)

Lucas Nelson, General Manager for MedPharm Iowa Manufacturing shared an update the progress of their facility. Highlights included:

- Building progress update
- Employee recruitment and hiring progress
- Production update
- Introduction of product branding
- Community and physician education opportunities

13. Future Meetings

The next regularly scheduled meeting is set for Friday, Nov. 2, 2018.

14. Adjourn

Mike McKelvey, Chair

Additional comments shared by board members before the conclusion of this meeting included:

- Considering the suggestion to adjust the definition of untreatable pain.
- Physicians would ideally be working with their patients to determine what course of treatment is appropriate for the patient.
- The Medical Cannabidiol Board has previously recommended that vaporization should be acceptable form of medical cannabidiol product. Although this form was not approved by the Board of Medicine in February of 2018, it was suggested that the Medical Cannabidiol Board consider forwarding another recommendation to add a vaporizable form to the Board of Medicine for additional consideration. Board members suggested a presentation to the Board of Medicine by Dr. Smith may be helpful.

A motion to adjourn the meeting was made by Dr. Stoken and seconded by Dr. Miller.

A verbal vote was taken. Motion Carried. The meeting officially adjourned at 2:08 p.m.