



DRAFT Notes

Iowa Medical Cannabidiol Advisory Board
November 2, 2018
9:00 a.m. – 3:00 p.m.
Iowa Laboratory Facility – DMACC Campus
2240 DMACC Blvd.
Ankeny, IA

1. Call to Order

Mike McKelvey, Chair

The November 2, 2018, Iowa Medical Cannabidiol Advisory Board Meeting was officially called to order at 9:01 a.m.

2. Roll Call

Mike McKelvey, Chair

Present	Absent
Dr. Ken Cheyne	Vacant - Gastroenterologist
Dr. Jill Liesveld	
Capt. Mike McKelvey	
Dr. Lonny Miller	
Dr. Steven Richards	
Dr. Bob Shreck	
Dr. Jacqueline Stoken	
Dr. Wendy Zadeh	
Staff	
Heather Adams – Asst. Attorney General	
Sarah Reisetter – Deputy Director	
Randy Mayer – Program Director	
Jennifer Caskey – Executive Officer	

3. Approval of Minutes

Mike McKelvey, Chair

a. August 3, 2018, Medical CBD Advisory Board Mtg.

A motion to approve the minutes of the August 3, 2018, Iowa Medical Cannabidiol Advisory Board Meeting was made by Dr. Stoken, seconded by Dr. Cheney.

A verbal vote was taken.

Motion carried unanimously.

4. Petition Related Public Comment Period

Mike McKelvey, Chair

- Lindsay Gaunt spoke to the board on behalf of her petitions to add Autism and ADHD to the list of approved conditions for the use of cannabidiol. Ms. Gaunt shared her personal experiences associated with her daughter's conditions. Ms. Gaunt requested the board approve the addition of both Autism Spectrum Disorder and Attention-deficit Hyperactivity Disorder to the list of debilitating medical conditions for which medical cannabidiol may be used in Iowa.
- David Barnett addressed the board in support of the petitions to add Bipolar disorder, sharing his family's personal experience of dealing with this disorder and benefits observed upon use of CBD.

5. Petitions to Add Qualifying Conditions

Sarah Reisetter, Deputy Director

Sarah Reisetter, Deputy Director for the Iowa Dept. of Public Health led the discussion regarding the five petitions received for the board's consideration to add as approved conditions for the Iowa Medical Cannabidiol Program. Sarah shared that all petitions reviewed by the Advisory Board will be made available to the public through the department's website.

a. Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD). The Board had a discussion about the lack of scientific evidence supporting the addition of PTSD as a qualifying debilitating medical condition. It was noted that the Veterans Administration had studied cannabis use for PTSD on two occasions, most recently in 2017. Their conclusion was that evidence of benefit that exceeds harm is lacking and recommended withholding use awaiting further research. Board members also commented on the lack of scientific evidence supporting inclusion of the conditions enumerated by the Legislature in Iowa Code section 124E.2 and encouraged colleagues to defer to compassionate care principles by voting to recommend addition of this condition on that basis.

A motion has been made by Dr. Miller, seconded by Dr. Cheyne to add PTSD as an approved debilitating medical condition. A verbal vote was taken:

Cheyne – aye
Liesveld – aye
Miller – aye
Richards – aye
Shreck – oppose
Stoken – oppose
Zadeh – oppose
McKelvey – oppose

Motion failed with four in favor and four opposed votes.

b. Bipolar Disorder

The Board discussed the lack of scientific evidence supporting the addition of bipolar disorder as a qualifying debilitating medical condition.

A motion has been made by Dr. Shreck, seconded by Dr. Richards to deny the petition to add Bipolar Disorder. A verbal vote was taken:

Cheyne – yes
Liesveld – yes
Miller – yes
Richards – yes
Shreck – yes
Stoken – yes
Zadeh – yes
McKelvey - yes

Motion carried unanimously.

c. Autism Spectrum Disorder

The Board discussed autism spectrum disorder, and its wide range of symptoms and severity of those symptoms. Concerns about deleterious effects of *Cannabis*, specifically THC, on the developing brain were raised. Board members opined that concerns about negative effects on the developing brain were not necessarily applicable to pediatric patients with the most severe forms of autism.

Dr. Miller made a motion to recommend the addition of severe, intractable pediatric autism with self-injurious or aggressive behavior, seconded by Dr. Liesveld. A verbal vote was taken:

Cheyne – no
Liesveld – yes
Miller – yes
Richards – yes
Shreck – yes
Stoken – yes
Zadeh – yes
McKelvey – yes.

Motion carried with seven in favor and one opposed votes.

d. Attention Deficit Hyperactivity Disorder (ADHD)

The Board discussed the lack of scientific evidence supporting the addition of ADHD as a qualifying debilitating medical condition. Concerns about deleterious effects of *Cannabis*, specifically THC, on the developing brain were raised

A motion has been made by Dr. Richards, seconded by Dr. Shreck to deny the petition. A verbal vote was taken:

Cheyne – yes
Liesveld – yes
Miller – yes
Richards – yes
Stoken – yes
Zadeh – yes
McKelvey – yes

Motion carried unanimously.

e. Ganglioglioma

The Board could find no evidence in the medical literature that cannabis would treat this benign brain tumor. The Board determined that patients with this condition may already be eligible for participation in Iowa’s medical cannabidiol patient registry because the petition focused on pain caused by Ganglioglioma and untreatable pain is already a qualifying condition enumerated in Iowa Code section 124E.2.

A motion has been made by Dr. Shrek, seconded by Dr. Zadeh, to deny this petition. A verbal vote was taken:

Cheyne- yes
Liesveld – yes
Miller – yes
Richards – yes
Shreck – yes
Stoken – yes
Zadeh – yes
McKelvey – yes

Motion carried unanimously.

6. Public Comment Period

Mike McKelvey, Chair

- Kymm Loeffler spoke to the board to share her personal family medical experience with the use of CBD oil and the positive effects they have experienced with its use. Ms. Loeffler inquired as to what the board and the department are doing in terms of educating the doctors and how to handle patients that report the use of CBD and THC. Another question raised related to the potential issue of out-of-state college student being registered users in their home states, what should physicians and student health centers be advising students in regards to their continued use as patients.
- Timothy McCullough addressed the board sharing his personal experiences with substance use addiction. Mr. McCullough shared his personal opinion regarding THC and concerns on the effects of THC on youth.

- Erin Bowman shared her son’s medical history and their personal experience with her son’s self-harming behaviors and their marked improvement with the use of CBD products containing increased levels of THC. Ms. Bowman shared her opinion that she would like the chance to get better relief for her son’s symptoms with the use of higher THC level products.
- Katie Krug thanked the board for the opportunity to speak sharing her experience as an ulcerative colitis patient. Ms. Krug explained that she is on her last attempt at using medication to control her disease and symptoms, noting that a series of three surgeries is her next treatment option. She further noted that she had to sign a series of waivers before she was allowed to begin the use the medication she is currently on. Ms. Krug would like to see the current THC limits be increased to higher than 3%, noting that other states have increased the THC levels and patients have received better relief from their symptoms. Ms. Krug further noted that medical cannabis does not have the risks or side effects that her current medication does.
- Maggie Ballard from the advocacy group, AC4C, addressed the board sharing her personal experience with alcohol abuse. Maggie shared her concerns with the increase in raising the THC levels, the possible misconceptions with the THC content, and the damage it may be causing.
- Cheryl Murray Powell, an attorney from Florida that represents many CBD companies, specifically Green Roads, shared information concerning clinical trials currently being conducted in New York, Jamaica, and Miami. Ms. Murray Powell shared comments on the differences between hemp products and CBD products, sharing that Green Roads is working on several studies with hemp pilot programs.

7. Draft Iowa Medical Cannabidiol Advisory Board Annual Report Sarah Reisetter

A draft annual report was distributed with the board materials. The draft includes a summarization of activities from this past year, as well as a review of the statutory duties of the board, board actions, and a summary of other actions that have transpired over the past year. A subcommittee of three members was appointed to finalize the report. Dr. Shreck, Dr. Liesveld, and Dr. Stoken volunteered to be members of this subcommittee.

8. Form Recommendations – Inhaled Forms Sarah Reisetter

The mCBD Advisory Board previously approved a recommendation to approve inhaled forms of CBD, including vaporized, that was not moved forward by the Iowa Board of Medicine. This board requested the opportunity to revisit the prior recommendation. A draft rule was developed for consideration and discussion to include nebulized, vaporizable, and powder inhaled forms.

A motion was made by Dr. Shreck to add vaporization as an approved form, limited to nebulized and vaporized forms. The motion was seconded Dr. Cheyne. A verbal vote was taken:

Cheyne – yes
Liesveld – yes

Miller – yes
Richards – yes
Shreck – yes
Stoken – yes
Zadeh – no
McKelvey – no

Motion carried with six in favor and two opposed votes.

9. THC Level Recommendations Discussion

Sarah Reisetter

The Board discussed the 3% THC cap specified in Iowa Code section 124E.2. Board members noted an existing capsule form contains 20 mg of THC, is compliant with the 3% THC cap, and is currently manufactured and available for distribution in licensed medical cannabidiol dispensaries. This 20 mg dose is well into the range considered psychoactive; i.e., creating a “high” for most persons. It also covers the majority of indications documented in the medical literature for which THC has been found to be beneficial. 20 mg of THC is twice the amount of THC in the largest dose of dronabinol, a synthetic THC preparation available only by prescription by a licensed medical provider.

A motion was made by Dr. Shreck, with a second from Dr. Richards to maintain current THC cap. A verbal vote was taken:

Cheyne – yes
Liesveld – yes
Miller – yes
Richards - yes
Shreck - yes
Stoken - yes
Zadeh - yes
McKelvey – yes

Motion carried unanimously.

10. Manufacturer & Dispensary Updates

a) Acreage Holdings/Iowa Relief

Patrick Doherty; Director, of New Development & Applications, along with John Tasker, RFP/Application Manager for Acreage Holdings attended the meeting to introduce Acreage Holdings and provide an overview of their company as well as an update on the progress the company has made after being licensed as the second manufacturer in Iowa in July 2018.

b) MedPharm Iowa

Lucas Nelson from MedPharm Iowa provided an update to the board on activities and progress made by the manufacturer and its licensed dispensaries.

c) Have A Heart Compassion Care

Xenia Kachur representing Have a Heart Compassion Care and its two licensed dispensaries provided an update on the preparations being made at both Have a Heart's Iowa locations.

11. Department Updates

Sarah Reisetter

Sarah provided an update of information and activities at the department since the last board meeting. Highlights included:

- Ulcerative Colitis as an added debilitating condition
 - Approved by this Advisory Board in August, the Board of Medicine agreed at their September meeting, developing and noticing an administrative rule adding this condition. The addition of Ulcerative Colitis should become effective early 2019.
- Cardholder Update
 - To date the DOT has issued 499 active cards, with an additional 363 approved patients that have not picked up their cards. The volume of unissued cards is a concern for the department. The department will work with the dispensaries to help them direct patients to the nearest driver license station to pick up their cards should they arrive at a dispensary without a medical cannabidiol card.
 - DOT Card Reissuance. The Department of Transportation has discovered a printing issue with the medical cannabidiol cards. The DOT is currently working with their vendor to correct the problem and reissue the affected cards.
 - Education sessions for several physician provider groups have been held and are going very well. The department will look into the possibility of offering remote webinars in the near future.
 - Physician Opt In. Healthcare practitioner certification forms have been updated to allow physicians to opt in to having the state add their contact information to a publically available list of certifying physicians. This list is not intended to be posted to a website, but rather provide patients with contact information for doctors who are certifying in their area. Approximately 275 physicians are currently certifying patients.
 - Dispensary & Manufacturing Inspections. IDPH staff are scheduled to travel across the state the first full week of November to begin dispensary inspections as well as training staff on the seed-to-sale tracking system. Routine meetings and calls have been done over the past several months in preparation of dispensary opening day scheduled for Dec. 1, 2018.
 - Seed-to-Sale tracking / Online Patient Registration. The electronic online registration is up and running. Paper applications are still also being accepted. This process will continue to be refined.

- Patient/Care-Giver education letter. Following a request last May, the department will be distributing a letter providing information on the dispensary locations and will include the department's position on the sale/use of outside CBD products.
- A media kit has been developed and will be shared to educate and update the media on the progress of the program.
- IDPH is in the process of hiring additional permanent staff

12. Future Meetings

2019 quarterly board meetings will Iowa Laboratory Facility in Ankeny, Iowa on the following dates:

- a. Friday Feb. 1, 2019
- b. Friday May 3, 2019
- c. Friday Aug. 2, 2019
- d. Friday Nov. 1, 2019

13. Adjourn

Mike McKelvey, Chair

A motion to adjourn was made by Dr. Cheyne, with a second by Dr. Miller. A verbal vote was taken.

Motion carried unanimously. The meeting officially adjourned at 1:02 p.m.