Connecticut Department of Consumer Protection

Medical Marijuana Program - Public Act 12-55

Board of Physicians

Minutes

January 9, 2013

Members Present:	William M. Rubenstein	Commissioner
	Dr. Jonathan Kost	
	Dr. Robert Siegel	
	Dr. Godfrey Pearlson	(Absent)
	Dr. Deepak Cyril D'Souza	(Skype)
	Dr. David Greco	(Skype)

DCP Staff Present:	Michelle Seagull	Deputy Commissioner
	Claudette Carveth	Director of Communications
	Elisa Nahas	Legal Director
	Gerry Garcia	Chief of Operations
	Xaviel Soto	Health Program Associate
	Peter Krzykowski	Health Program Assistant
	Maritsa Morales	Licensing and Applications Analyst

Call to Order:

Commissioner Rubenstein called the meeting to order of the Board of Physicians for Connecticut's Medical Marijuana Program at 8:39am at the Department of Consumer Protection, 165 Capitol Avenue, Hartford, Room 119.

Approval of Prior Meeting Minutes

Commissioner Rubenstein requested to postpone the approval of the November 16, 2012 minutes to the next meeting.

Status Report on Program Implementation

The department has been busy drafting comprehensive regulations that deal with everything they are required to deal with under the statutes; petition process for a debilitating condition, how patients register, how physicians interact with patients, how producers will be licensed, the requirements of producers for assuring a pharmaceutical grade product, safety and security of the product and dispensing to dispensaries who dispense to the patients with all the rules and regulations that will govern the conduct of both producers and dispensers. The deadline to have

these regulations to the General Assembly is no later than July 1, 2013. In order to make this happen, they want to have a public publication and public hearing going sometime during the first quarter of this year. The Commissioner is hopeful that they will submit the proposed regulations no later than the middle of February.

About 250 patients have been certified by physicians for the medical use of marijuana and 140 have been through the process and issued registration cards. Others are still in the process of getting all the documentation in place and being approved. There are a little over 50 physicians who have taken the appropriate steps to enable themselves to certify patients. The certifications continue to span across all the debilitating conditions with the bulk of the certifications in four areas: MS, PTSD, damage to the spinal cord and cancer.

Discussion of Board Tasks

a. Protocols for Reviewing Debilitating Condition Petitions

Commissioner Rubenstein forwarded to the committee Dr. Pearlson's response he received from the National Council on Complementary and Alternative Medicine (NCCAM) who referred him to their strategic plan which outlines different ways they have looked at evaluating scientific evidence regarding alternative and complimentary medicines. Commissioner Rubenstein stated that he thought it would be instructive for the board, to see how others are evaluating emerging treatments.

It was noted that historically the largest bulk of the scientific studies of marijuana have concentrated on the detrimental effects of use as opposed to the specific beneficial effects. Therefore, the best information available on beneficial effects may be less robust than is available in evaluating other treatments. There was concern expressed that the extent of traditional scientific studies should not lead to lowering standards for making a rational decision about whether additional debilitating conditions should approved. There was acknowledgement that the mission was to determine acceptable standards within the context of the statutorily directed mission. This may require considering evidence and studies beyond traditional double blind clinical studies appearing in peer-reviewed journals. In the first instance, however, the board would like to evaluate the existing studies from peer-reviewed journals before determining whether additional evidence and studies should be considered. The board asked the Department staff to begin to gather such studies for their review.

In the petition process, the board will be presented with specific questions about a very specific debilitating condition and some of that evidence that will be presented, will be specific to the condition and some will be presented as analogues to the condition. The board will have discussions on what it will take to convince the majority of the board that additional conditions should be added. The board is not the only pathway for a people who would like a condition to be added to the list. The legislature can independently add or subtract conditions.

b. Laboratory Analysis of Medical Marijuana

One item that is being drafted in the regulations is a provision for laboratory analysis of the ingredients in the marijuana products. This should provide information about the specific type and amount of active ingredients in each product. The current concept is to have the analysis done by independent labs in Connecticut. The testing would be done on homogenized batches of product. When tested, the product would be labeled and tracked. Such information could begin to differentiate different strains or different products in a way that ultimately permits tracking of the effectiveness of various products for different purposes or in different circumstances.

c. Data Collection Issues

Commissioner Rubenstein stated that we are not sure what the data collection possibilities are given the overlay of federal law and state law structure regarding who has immunity under the act. At the least, what we would like to do is collect patient feedback and align the patient feedback with different ingredient mixes in the strains.

Testing and data collection in other states is driven by marketing objectives rather than regulatory requirement and are, therefore, sporadic and inconsistent. We are hoping to require creating a consistent data set that could be put to scientific use at some point.

One goal would be to get feedback from the patient and from the dispensary about what kinds of patients, with which kinds of conditions, are selecting what products. It then would be possible to get additional patient feedback about what working for them and whether or not they are changing over time to a different set of products that seem to help them better. If we could figure out the right feedback loop to the physician, we could also have the physician in a position to advise the patient. We should also have the opportunity to start using registered patients who volunteer for studies.

Commissioner Rubenstein indicated that the next steps to be taken are to roll out the proposed regulations, having both the board and the public as a whole, have input in terms of what the final regulations that we will be presenting to the General Assembly in July are. He would expect this to happen before the next Board of Physicians meeting.

Adjournment:

Commissioner Rubenstein adjourned the meeting at approximately 9:29am.

Next Meeting:

Scheduled for Wednesday, March 13, 2013 @ 8:30am, Room TBA.