

Connecticut Department of Consumer Protection

Medical Marijuana Program

Board of Physicians

Minutes

June 6, 2016

Members Present: Michelle Seagull Deputy Commissioner
Dr. Jonathan Kost
Dr. Vincent Carlesi
Dr. Deepak Cyril D’Souza
Dr. Godfrey Pearlson

DCP Staff Present: Xaviel Soto Health Program Supervisor
Julianne Avallone Legal Director
Karen Semmelrock Board Administrator

Call to Order

Deputy Commissioner Seagull called the meeting to order of the Board of Physicians for Connecticut’s Medical Marijuana Program at 8:39 am at the Department of Consumer Protection, 165 Capitol Avenue, Hartford, room 126.

Due to the fact that there were a number of people from the public present, the order of the agenda was changed to move the Executive Session to the end.

Review and Approval of Prior Meeting Minutes

On a motion made by Deputy Commissioner Seagull and unanimously voted, the draft minutes of the August 5, 2015 meeting are accepted.

Program Update

The program has grown significantly and we now have over 10,000 patients registered. There are now over 450 physicians certifying patients, which is also a significant increase. Along with these increases in numbers, we are increasing the number of dispensaries to deal with the increased number of patients and to improve competition. Licenses have been approved for 3 new dispensaries and they will be opening in the near future. Two will be in Milford and one will be in Waterbury.

Legislative Updates

The bill that the Department proposed, 54-50, passed the House and Senate and has been signed into law. All the changes from this law will go into effect on October 1, 2016. This includes some significant changes to the Medical Marijuana Program.

One of the biggest ones is the ability of physicians to certify patients under the age of 18. It was written in a way so that it is very restrictive and will not be “pot for kids”. This is for minors who are suffering from severe medical conditions and is much more restrictive than what is allowed for adults.

The new law also makes significant changes which will advance our ability to do research. It will enable Connecticut based research programs as researches, laboratories and research subjects can be licensed and registered for conditions that may not be approved now but are being studied.

Another change is that delivery to in-patient care facilities, such as hospice will now be allowed. This has been a problem for patients who did not have a caregiver in the past.

There will now be immunity for nurses who administer medical marijuana to patients.

Also, although not part of our bill, but a broader effort to increase APRN ability to treat patients, APRNs will be able to certify patients just as they can prescribe medications. Question as to when APRN ability will go into effect. Michelle explained that this was not part of our bill, but a larger initiative that will take place in January.

Changes relevant to the Board of Physicians include specialty requirements to be on the Board being removed so that any physician who is knowledgeable about the use of medical marijuana could be considered for the Board. This will open up consideration to many physicians who were previously denied because of the lack of specialty. Also, because of the minor certification, one of the Board members will be a pediatrician. Discussion arose as to the number on the Board. Deputy Commissioner Seagull stated that we would like to get up to our full Board of 8 members.

Discussion arose about the changes. The Board discussed the research aspect. It was reiterated that, starting in October, research proposals will be accepted. If they are approved, researchers can be licensed by us and research subjects can be registered with us. This will allow immunity for those involved in the research programs. The research programs can be by health care facilities, higher education institutions or licensed medical marijuana producers or dispensary facilities. Question arose as to quality control, in regards to the percentages of THC or cannibal oil sold by the dispensaries. It was explained that all products are labeled with this information and patients have access to this. It was explained that the dispensaries are all very different but they are much more involved with their patients and the products they recommend to them. Price was discussed and it was explained that the Department does not get involved with price regulation. Discussion arose about which producers supply to which dispensaries. It was explained that the producers are not allowed to change their prices for specific dispensaries but dispensaries can chose not to purchase from growers if they don't want to pay their prices.

Question arose about whether Physician Assistants would be given the ability to certify as APRNs are. It was explained that the Department has no plans to do this. The Department did not initiate the APRN piece either; it was part of another initiative to increase the role of APRNs.

Discussion on Board Responsibilities

Michelle Seagull explained that sometimes there will be public hearings and petitions for new conditions. There have been 6 new conditions added by regulation following recommendations by the Board. One of the changes in the new law is that you can recommend removing a condition. It is

important for the Board to continue meeting, especially in regards to the research aspect because the Board will have an advisory role in the research part of the program..

Discussion on Increasing the Allowable Monthly Amount

Question about changing the monthly amount arose. Right now, the maximum allowed monthly amount is 2.5 ounces. There had been a small study done on cancer patients suggesting that in certain situations, higher amounts might be beneficial. The Board will have to, at some point, start thinking about raising the monthly amount, including whether to raise it across the board or to develop protocols for specific situations. Currently, it was agreed that the decision should be left up to the certifying physician, who can petition DCP if they believe a higher amount is appropriate. This will continue until it is formally changed by the Board.

Discussion arose because some dispensaries stated they want higher amounts because some patients are unable to get high enough levels of CBDs with the current limits. Question arose as to whether the producers can increase the level of CBD in the products. That information is not available at this time. Discussion continued that there are some reports of tumor suppression at very high levels. The 2.5 ounce limit is much too low for this kind of result. It was brought up that if research studies are run with very high amounts, are the research subjects going to be able to stay at the higher level when the research program ends. This is a process that would need to be worked out.

There was a discussion about how research programs would be accepted and approved. It was discussed that some parameters will be set up before proposals can be submitted in October. The research programs would go directly through DCP. Some of the record keeping details were discussed. It was thought that this might get somewhat overwhelming and additional staff may be necessary. Discussion came up about funding these research programs. It was reiterated that whoever is involved with the research program would be registered with us and would be provided state immunity.

It was brought up that the research aspect of the new law is huge. Question arose as to how academic and medical facilities will be notified about the ability to do research. Board members were reminded that they are all ambassadors and through their contacts, can spread the word. It was suggested that information could be spread through the state medical society.

Discussion about adding rare diagnoses as a part of a “global diagnosis” came up. Examples were given about a group of neuropathic conditions and how there are so many individual conditions. If each one needed to be approved individually, it would become prohibitive and difficult. The framework of approving conditions outside of the petition process was explained.

Schedule Next Meeting

As there are no new petitions and summer gets busy, it was suggested that the next meeting be scheduled in October, after the new laws go into effect. A tentative date was scheduled for October 17 with the understanding that if any new petitions come in, another meeting can be scheduled.

Adjourn

Meeting was adjourned at 9:25 am.