

Connecticut Department of Consumer Protection

Medical Marijuana Program

Board of Physicians

Minutes

April 22, 2015

Members Present: Jonathan Harris Commissioner  
Dr. Vincent Carlesi  
Dr. Jonathan Kost  
Dr. Godfrey Pearlson  
Dr. Deepak Cyril D'Souza (Skype)

DCP Staff Present: Michelle Seagull Deputy Commissioner  
Elisa Nahas Director, Legal Division  
Claudette Carveth Director, Communication Office  
Gary Berner Legislative Program Director  
Xaviel Soto Health Program Supervisor  
Marguerite Poisson License and Applications Analyst

**Call to Order**

Commissioner Harris called the meeting to order of the Board of Physicians for Connecticut's Medical Marijuana Program at 8:37 A.M. at the Department of Consumer Protection, 165 Capitol Avenue, Hartford, room 126.

**Review and Approval of Prior Meeting Minutes**

After one correction was made to the draft minutes, on a motion made by Commissioner Harris and unanimously voted, the draft minutes of the March 11, 2015 meeting are accepted.

- On a motion made by Commissioner Harris and unanimously voted, the rules were suspended so topic five of the agenda could be presented first to accommodate Dr. Pearlson needing to take a phone call at approximately 9:00 A.M.

**Discussion and Vote on Petitions to Add Debilitating Medical Conditions**

On March 11, 2015, the Board heard testimony on three petitions to add debilitating medical conditions. At this meeting (April 22, 2015) the Board deliberated on the three petitions individually, applying the required criteria from the regulations to each. For each condition, the

three questions posed in the regulations were reviewed by the physicians individually. The three questions posed in the regulations are as follows:

1. Is the medical condition, medical treatment or disease debilitating?
  2. Is marijuana more likely than not to have the potential to be beneficial to treat or alleviate the debilitation associated with the medical condition, medical treatment or disease?
  3. Are there other matters that seem relevant to the approval or the denial of the petition?
- Discussion/vote on Amyotrophic Lateral Sclerosis:

Dr. D'Souza mentioned it may be helpful to reach out to physicians who have more expertise with certain conditions to get their written testimony on petitions that are being considered. Dr. D'Souza submitted testimonials on ALS just prior to this meeting; written by himself and another physician. Commissioner Harris reminded the physicians that these documents were submitted after the deadline and asked and received the board members' permission to enter them into the record.

    1. Is the medical condition, medical treatment or disease debilitating?
      - Vote on qualifying criteria #1:
        - Unanimous yes
    2. Is marijuana more likely than not to have the potential to be beneficial to treat or alleviate the debilitation associated with the medical condition, medical treatment or disease?
      - Vote on qualifying criteria #2:
        - Dr. Kost - yes
        - Dr. Carlesi - yes
        - Dr. Pearlson - yes
        - Dr. D'Souza - no
    3. Are there other matters that seem relevant to the approval or the denial of the petition?
      - Discussion:
        - It is important to take into consideration other cannabinoid levels aside from THC and in the future it would be important to analyze this information in the medical marijuana varieties available in Connecticut.
      - Vote on qualifying criteria #3:
        - Dr. Kost - no
        - Dr. Carlesi - no
        - Dr. Pearlson - no
        - Dr. D'Souza - It would be helpful to get testimony from someone with expertise in the field.

Vote to recommend to the Commissioner to add Amyotrophic Lateral Sclerosis to the list of debilitating medical conditions:

    - Dr. Kost - yes
    - Dr. Carlesi - yes
    - Dr. Pearlson - yes
    - Dr. D'Souza - no
    - 3:1 = recommend
  - Discussion/vote on Ulcerative Colitis:
    - In opposition:

There are some studies showing individual phytocannabinoids and synthetic cannabinoids showing some therapeutic benefit for inflammatory bowel disease in animal models, but there are no studies with a whole plant which is more comparable to medical marijuana. There are no randomized, controlled trials in humans with inflammatory bowel disease using either individual cannabinoids or the whole marijuana plant that would meet an average score using grade criteria. These studies on animals suggest individual cannabinoids have therapeutic benefits, and we already have individual cannabinoids such as dronabinol and marinol that can be used rather than the whole plant.

- Response:

The board members discussed the possibility of in the future removing conditions that they have previously voted for if evidence becomes available showing no benefit of using medical marijuana for that certain condition.

Q. What's the difference between ulcerative colitis and crohn's disease as they're both inflammatory bowel diseases?

A. The Board of Physicians did not approve the original list of medical conditions, rather the legislators did. There is still not enough evidence to show that whole plant marijuana can modify the disease process.

Oral form may be more effective than smoking, though it needs more research because of how the bowel absorbs it. The dosage form should not prevent recommending it for patients who could potentially benefit. Pharmacists at dispensary facilities are assessing the cannabinoids being dispensed to the patients. Regarding ulcerative colitis, there is extensive data showing the anti-inflammatory benefits of marijuana use which can possibly be applied to inflammatory bowel diseases.

The board members continued to discuss balancing anecdotal evidence and formal studies when deciding whether or not they should recommend a condition to be added to the existing list of approved medical conditions.

1. Is the medical condition, medical treatment or disease debilitating?
  - Discussion:
    - None
  - Vote on qualifying criteria #1:
    - Unanimous yes
2. Is marijuana more likely than not to have the potential to be beneficial to treat or alleviate the debilitation associated with the medical condition, medical treatment or disease?
  - Discussion:
    - None
  - Vote on qualifying criteria #2:
    - Dr. Kost - yes

- Dr. Carlesi - yes
  - Dr. Pearlson – yes (not present but record open)
  - Dr. D’Souza - no
3. Are there other matters that seem relevant to the approval or the denial of the petition?
- Discussion:
    - Dr. Carlesi - Oral versus smoking the formulation could be researched further.
    - Dr. Pearlson – no (not present but record open)
    - Dr. Kost - no
    - Dr. D’Souza - no

Vote to recommend to the Commissioner to add Ulcerative Colitis to the list of debilitating medical conditions:

- Dr. Kost - yes
  - Dr. Carlesi - yes
  - Dr. Pearlson - yes (not present but record open)
  - Dr. D’Souza - no
- 3:1 = recommend

### **Status Report on Program Implementation**

Currently, there are approximately 3,635 patients who have approved registrations. Commissioner Harris pointed out that there has been steady growth reporting that approximately eleven months ago the number of approved patients was 1,325 and six months ago the number was approximately 1,700. At the last meeting, there were approximately 187 physicians currently participating in the program and now there are approximately 200. Commissioner Harris explained that he has toured three of the dispensary facilities and three of the production facilities with Deputy Commissioner Seagull and the program manager, Xaviel Soto. The commissioner also discussed how DCP staff has been attending speaking engagements to educate the public on this program. A PSA program with physicians as the primary audience is also being developed. The production and dispensary facilities have also been increasing their marketing.

### **Discussion and Vote on Petitions to Add Debilitating Medical Conditions (cont.)**

- Discussion/vote on Fabry Disease:
  1. Is the medical condition, medical treatment or disease debilitating?
    - Discussion:
      - It was pointed out that Fabry Disease has pain which is neuropathic in nature and it is already know from other conditions with similar pain that the use medical marijuana can be helpful in treatment of this type of pain. This condition is relatively rare so it will be difficult to conduct studies to see how cannabinoids and whole marijuana can effect this condition.
    - Vote on qualifying criteria #1:
      - Unanimous yes

2. Is marijuana more likely than not to have the potential to be beneficial to treat or alleviate the debilitation associated with the medical condition, medical treatment or disease?
  - Vote on qualifying criteria #2:
    - Dr. Kost - yes
    - Dr. Carlesi - yes
    - Dr. Pearlson - no
    - Dr. D'Souza - no
3. Are there other matters that seem relevant to the approval or the denial of the petition?
  - Discussion:
    - Dr. Kost - no
    - Dr. Carlesi - no
    - Dr. Pearlson - no
    - Dr. D'Souza - There are other treatments available for neuropathic pain.

Vote to recommend to the Commissioner to add Fabry Disease to the list of debilitating medical conditions:

- Dr. Kost - yes
- Dr. Carlesi - yes
- Dr. Pearlson - no
- Dr. D'Souza - no
- 2:2 = split vote; Commissioner will decide

Review of voting results to recommend adding petitioned medical conditions:

Amyotrophic Lateral Sclerosis	3:1 = recommend
Ulcerative Colitis	3:1 = recommend
Fabry Disease	2:2 = split vote; Commissioner will decide

### **Discussion on criteria for board members to consider when reviewing Petitions to Add Debilitating Conditions**

Dr. D'Souza submitted a document to aid in how the physicians on the board review information when considering a petition to add a debilitating condition. It was discussed how board members review research available online in addition to what is presented by the petitioner. It was suggested that similar conditions be grouped in petitions because of how rare some conditions are and the likelihood of a petition being submitted for a rare individual condition; perhaps a group of disease entities can be submitted rather than an individual, specific disease on each petition. The commissioner agreed with the idea of looking at a group of diseases; however, he stated each individual disease should be discussed and there should be some evidence presented for each. Board members were reminded that they can also suggest conditions to be considered as additions to the existing list of debilitating conditions.

### **Adjournment**

Commissioner Harris held record open until 4:30 PM on April 22, 2015.

**Next Meeting**

No meeting scheduled at this time.

DRAFT