

Medical Cannabis Policy Advisory Board Meeting Minutes

Tuesday, January 16, 2024, 2:00 pm-5:00 pm

This meeting was held in person and virtually.

This meeting was recorded. An audio copy of this recording can be found on the Utah Public Notice Website (<https://www.utah.gov/pmnl/>).

Visit the Board's website for more information on past meeting minutes and agendas (<https://medicalcannabis.utah.gov/>).

Attendees

Board members attending: JD Lauritzen, Matthew Page, Nanette Berezny, Desiree Hennessy, Misty Smith, PhD, Kent Andersen, Jimmy Higgs, and Chris Morgan, APRN

DHHS/UDAF staff attending: Richard Oborn, Abigail Hodgson, Trevor Eckhoff, Jeremiah Sniffin, Brandon Forsyth, PhD, Cody James, Dr. Michelle Hofmann, Aimee Isom, Amber Brown, Anna Ferrin, Ashley Moretz, Kaira Bird, Mark Fitu, and Sarah Dash

Agenda

1. Welcome

Mr. Lauritzen acknowledged that there was a quorum so the meeting could proceed at approximately 2:00pm.

2. Board approval of December 2023 minutes

Mr. Lauritzen asked the board if there were any proposed changes to the December 2023 minutes. There were no changes proposed. Dr. Smith motioned to approve the December 2023 minutes and Ms. Berezny seconded the motion. The board voted unanimously to approve the minutes.

3. Board administrative business

A new board member, Chris Morgan, APRN was sworn in as a member of the Medical Cannabis Policy Advisory Board (MCPAB). He will fulfill the qualified medical provider (QMP) position on the board. Mr. Morgan introduced himself to board members.

Mr. Lauritzen gave an update on the Utah legislative session and the relevant bills being discussed by lawmakers.

Mr. Oborn gave an update on the vacancy of the mental health specialist position on the MCPAB and noted that the position should be filled by the February 2024 board meeting.

4. DHHS and UDAF update

DHHS updates:

- Mr. Oborn gave an update on the Utah legislative session and the relevant bills being discussed by lawmakers.
- Mr. Oborn shared updated statistics with board members on the current medical cannabis program in Utah, and shared updates on partnerships of the Department of Health and Human Services (DHHS).
- Mr. Oborn also gave an update on the Cannabis Research Review Board (CRRB) meeting held in January.

UDAF updates:

- Dr. Forsyth and Mr. James shared updates on changes to current Utah Department of Agriculture & Food (UDAF) administrative rules and processes.

5. Capping medical cannabis processor licenses

Mr. Eckhoff gave a [presentation](#) to the board which addressed issues discussed in the [MCPAB memo](#). The presentation included the following:

- Background
- Concerns about the market with no processor license cap
- Processor caps in other states
- Arguments for a cannabis processor license cap
- Arguments against a cannabis processor license cap
- Tying license issuances to program growth
- Recommendation options

The board discussed the following about the presentation:

- The difference in standards held for cannabis processors at the start of the program versus the current standards set for processors in the program.
- The concern around out of state multistate operators (MSOs) gaining a cannabis processor license and driving out existing licensees.
- Processors' concerns with getting their products into medical cannabis pharmacies.
- The possibility of a more robust vetting process before approval for businesses to gain a processor license.
- The difference between a soft cap and a hard cap on licenses.
- How implementing a processor license cap would benefit or hurt cannabis patients.
- The results of a 2022 market analysis survey conducted by DHHS.
- The possibility of conducting a survey of patients who have left the medical cannabis program to understand what causes patients to not renew their medical cannabis card.
- The legislature's original intent to not place a cap on processors.
- Ms. Hennessy commented that she has had more positive experiences overall working with locally owned medical cannabis companies as opposed to MSOs.

UDAF staff clarified the following for the board:

- Mr. James noted that UDAF conducts quarterly follow up meetings with businesses who were approved for a processor license but never began operations.
- Dr. Forsyth commented that it would be difficult for regulators to create a more stringent application process for processors than what is already in place.

The public gave the following comments about this agenda item:

- Narith Pahn of Dragonfly Wellness commented that he did not see a need for a cap on processor licenses, and that states who have the most open licensing have the cheapest cannabis products for patients. He also noted that any bad actors within the state of Utah could cause the medical cannabis program to lose credibility with patients.
- Justin Arriolla of Life Elevated commented that there is not an opportunity for processors to specialize in any products as they are all attempting to produce similar cannabis products. He also discussed the issue of supply and demand and that processors have that certain processors' products are being granted limited shelf space within pharmacies. Mr. Arriolla stated he is in favor of a processor cap so patients can be protected against predatory businesses, major MSOs, and outside companies. Finally, he stated that the potential reclassification of cannabis by the

Federal Drug Administration (FDA) should be considered as a factor for future decision making for Utah businesses.

- Bijan Sakaki of Beehive Farmacy commented that he believes placing a cap on processor licenses will protect medical cannabis patients. He noted that as a pharmacy operator, he prioritizes getting as many companies' products into his pharmacies as possible to support local businesses. Finally, he stated that if there are more processor licenses, all businesses will be affected because there is a limited number of patients in Utah and limited shelf space in medical cannabis pharmacies.
- Frank Morris of Life Elevated commented that as the CEO of an independently owned processor, his company is stuck in the middle of cultivators and pharmacies. He stated that he believes processors should be capped to protect both patients and the current processors' business interests. Finally, he noted that capping medical cannabis processors would fall in-line with what the legislature's original intent when creating the medical cannabis program in Utah.

The board took the following action on this agenda item:

- Vote: recommending that a "soft" cap on cannabis processing facilities be added to statute, asking that the legislature choose a maximum number of cannabis processing facility licenses and to allow the Utah Department of Agriculture and Food to issue additional processor licenses beyond the maximum after conducting a market analysis on an annual or more frequent basis.
 - Motioned: Ms. Hennessy
 - 2nd: Dr. Smith
 - Roll call vote:
 - Kent Andersen: Yea
 - Nannette Berezhnyy: Yea
 - Desiree Hennessy: Yea
 - Jimmy Higgs: Yea
 - JD Lauritzen: Yea
 - Chris Morgan: Nay
 - Matthew Page: Nay
 - Misty Smith: Yea

6. Medical cannabis dosage forms, cont.

Mr. Eckhoff gave a [presentation](#) to the board which addressed issues discussed in the [MCPAB memo](#). The presentation included the following:

- Background
- Medical cannabis dosage forms allowed in other medical-only states
- Edibles in the Utah medical cannabis market
- Infused chocolate
- What are the arguments for infused chocolate?
- Studies on medical cannabis dosage forms
- Concerns with adding additional dosage forms – appealing to children
- Edible cannabis product exposure to children
- Medical cannabis pharmacy pharmacist in charge (PIC) thoughts on infused chocolate
- Recommendation options

The board discussed the following about the presentation:

- Strategies for discussing policy items with lawmakers.
- Research literature on proposed dosage forms.
- The advantage of ingesting fatty foods with cannabis.
- The preference of chocolate as a dosage forms by some caregivers and patients .
- Distinguishing medical dosage forms from recreational dosage forms.
- The importance of not advertising medical cannabis products to children and how to define what is appealing to children.
- Dr. Smith mentioned a study done by the University of Massachusetts in 2019 and requested a more in depth analysis of the study.

The public gave the following comments about this agenda item:

- Tim Pickett of KindlyMD commented that as a part of patient education he tells patients that cannabinoids are lipophilic and to consume cannabis with fatty foods., He stated that he does not believe that infused chocolate inherently adds medical value, as patients can take chocolate with cannabis already. However, chocolate can be a good alternative to gelatinous cubes for patients with Alzheimers. He expressed support for adding chocolate as a dosage form.
- Narith Pahn of Dragonfly Wellness commented that in general, he is in favor of nearly every dosage form. He also stated that the goal of the medical cannabis program is to protect, serve, and advocate for patients, and that he believes industry members have to jump through hoops to justify cannabis and specific dosage forms as medical instead of recreational.
- Mindy Madeo of Beehive Farmacy commented that edible dosage forms are an important dosage form for patients. Because of this, she expressed a need for

lipid-containing edible products which have a greater absorption rate than gelatinous products. She also supported keeping new edible dosage forms homogeneous in order to avoid products like cookies and brownies. She added that flavorings should be allowed. Finally, she noted that the word “chews” should be allowed in packaging and that packaging for chocolates should be packaged the same as gummies.

- Justin Ariolla of Life Elevated commented that gelatinous cubes are difficult to add fats to without disrupting the integrity of the product. He also stated additional benefits that cocoa has in general and when added to cannabis concentrate.
- Bijan Sakaki of Beehive Farmacy commented that packaging chocolates individually would cause an increase in production cost for processors. He also stated that there should be more patient education about safely storing edible products to prevent accidental consumption.

The board took the following action on this agenda item:

- Vote: Recommend any homogeneous edible dosage form, including chocolate, chew, etc, be added to the list of acceptable edible dosage forms for oral administration.
 - Motioned: Mr. Lauritzen
 - 2nd: Ms. Hennessy
 - Roll call vote:
 - Kent Andersen: Yea
 - Nannette Berezhny: Yea
 - Desiree Hennessy: Yea
 - Chris Morgan: Yea
 - Matthew Page: Yea
 - Misty Smith: Yea
 - JD Lauritzen: Yea

7. Telehealth renewals for medical cannabis recommendations, cont.

Mr. Eckhoff gave a [presentation](#) to the board which addressed issues discussed in the [MCPAB memo](#). The presentation included the following:

- Background
- How many first-time renewals were with a different medical provider?
- Clarifying federal law on telehealth prescriptions
- Arguments for allowing patients to renew their card via telehealth with a different provider

- Arguments against allowing patients to renew their card via telehealth with a different provider
- Recommendation options

The board discussed the following about the presentation:

- Some patients leaving the medical cannabis program because they are not able to meet with their medical providers via telehealth.
- Dr. Smith noted that a concern with telehealth renewals is that a patient's medical records do not always transfer between doctors.
- Creating policy that allows doctors to choose for themselves whether they want to renew a patient's medical card via telehealth.
- Mr. Morgan stated that as a medical cannabis provider he would not be comfortable doing a telehealth renewal for a patient with whom he has never met without first obtaining access to and reviewing their medical records. He stated that he believes these types of patients should be referred by their previous medical provider.
- Guardrails for telehealth medical cannabis card renewals.
- What causes patients to leave the medical cannabis program.
- Mr. Morgan discussed his telehealth procedure in his personal medical practice.
- The need for QMPs to have a brick and mortar practice in Utah in order to conduct medical cannabis card renewals.
- What data is available on patients who have chosen not to renew their medical cannabis cards.
 - Dr. Forsyth stated that they believe twelve percent of patients are going out of state to purchase cannabis due to pricing concerns.
- The need to protect patients against predatory renewal practices.

The public gave the following comments about this agenda item:

- Tim Pickett with KindlyMD commented that he agreed with Mr. Morgan that cannabis is not an emergency treatment for any condition. He stated that he would be against renewals to be completed via telehealth, even with the proposed guardrails.
- Bijan Sakaki with Beehive Farmacy commented that he believes patients should have their QMPs' name printed on their medical cannabis card for their reference, as well as their caregivers. He also noted difficulties with the current renewal process and recommended easing the renewal process for patients while placing guardrails around predatory renewal practices. Finally, he stated that he believes cannabis can be an emergency medication and should be treated as such.

The board took the following action on this agenda item:

- Vote: allowing recommending medical providers to perform telehealth medical cannabis card renewals if meeting for the first time with a patient under the following conditions:
- I. Receipt of a referral from a medical provider who is treating the patients' qualifying condition;
- II. Receipt of recent medical records, with "recent" being defined as documents pertaining to the patient that are less than 6 months old, from the medical provider;
- III. The patient has seen any medical provider in person within the past year; and
- IV. The recommending medical provider conducting the renewal has a physical practice location in Utah.
 - Motioned: Mr. Morgan
 - 2nd: Ms. Hennessy
 - Roll call vote:
 - Kent Andersen: Yea
 - Nannette Berezhnyy: Yea
 - Desiree Hennessy: Yea
 - JD Lauritzen: Yea
 - Chris Morgan: Yea
 - Matthew Page: Yea
 - Misty Smith: Yea

8. Next meeting's agenda

Mr. Lauritzen reminded board members to reach out to board leadership and DHHS staff with any agenda items they wish to bring before the board.

9. Adjourn

Dr. Smith motioned to adjourn the meeting and Mr. Page seconded the motion. The board voted unanimously to end the meeting, and the meeting ended at approximately 5:19pm.