

# Medical Cannabis Policy Advisory Board Meeting Minutes

Tuesday, August 19, 2025, 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/pmnn/>). Visit the board's website for more information on past meeting minutes and agendas (<https://medicalcannabis.utah.gov/>).

## Attendees

**Board members attending:** Kent Andersen, Nanette Berezhnyy, Cami Clark, CMHC, Desiree Hennessy, Jimmy Higgs, J. D. Lauritzen, Chris Morgan, APRN, Matthew Page, and Misty Smith, PhD.

**DHHS/UDAF staff attending:** Shannon Thoman-Black, Richard Oborn, Trevor Eckhoff, Jeremiah Sniffin, Dr. Brandon Forsyth, and Cody James.

## Agenda

### 1. Welcome

Ms. Hennessy acknowledged that there was a quorum so the meeting could proceed at approximately 2:02 pm and read the [introduction script](#).

### 2. Board approval of [July 2025 minutes](#)

Ms. Hennessy asked the board if there were any proposed changes to the July 15, 2025 minutes. There were no changes proposed. Mr. Page motioned to approve the minutes and Ms. Hennessy seconded the motion. The board voted unanimously to approve the July minutes.

### 3. Administrative business

Ms. Hennessy discussed a letter the Department of Health and Human Services (DHHS) provided in response to a July 2025 letter from DrugSafe Utah. Ms. Hennessy expressed disapproval of parts of the DHHS response letter.

Mr. Andersen commented that the response letter could have included more education about the medical cannabis program and its successes.

Mr. Lauritzen noted that the letter from DrugSafe Utah did not contain data specific to Utah, made unfounded claims of diversion, and did not warrant a response from DHHS. He challenged DrugSafe Utah to provide evidence for the claims in its letter.

Ms. Thoman-Black expressed appreciation for the feedback on behalf of DHHS.

#### **4. DHHS and UDAF update**

- DHHS updates:
  - Mr. Oborn [presented redesigns](#) of medical cannabis patient, non-resident, caregiver, and guardian cards. The redesigned cards will launch on September 8, 2025. Mr. Oborn said that existing cards will continue to be valid even after the launch of the redesigned cards.
  - Ms. Berezhnyy asked if individuals who are both patients and caregivers will continue to have two separate cards. Mr. Oborn said yes.
  - Ms. Hennessy asked if the redesigned cards would impact patient purchasing. Mr. Oborn said that medical cannabis pharmacies will be informed of the launch on August 25, reaffirming that existing cards will continue to be valid.
  - Mr. Page asked why the caregiver card continues to have the address listed. Mr. Oborn answered that the statute continues to require addresses on caregiver cards, despite being removed from other cards.
- UDAF updates:
  - Dr. Forsyth stated that there is not a date for the launch of the new inventory control system (ICS). It may happen in a couple of months, but could take until January of 2026.
  - Mr. Page asked when the use of MJFreeway under existing contracts will expire. Dr. Forsyth said the existing contract lasts until February 2026 and can be extended. Mr. Page explained that licensee contracts with MJFreeway generally last one year and will expire before the end of the year. He expressed hope that if renewal is necessary, MJFreeway would void contracts with licensees once the new ICS is live.
  - Ms. Hennessy asked what the original launch date for the ICS was. Dr. Forsyth said it has been about a year. Ms. Hennessy followed up by asking what the delay in the launch of the new ICS is costing the Utah Department

of Agriculture and Food (UDAF). Dr. Forsyth said the cost has been significant, particularly in part due to data migration issues.

#### **5. Draft rules: R383 Center for Medical Cannabis**

Mr. Oborn discussed multiple changes to administrative rules, walking the board through a [combined document](#) detailing the changes. He said that R383-3 and 4 are being repealed and reenacted into a combined rule governing the registration process for all individuals that DHHS registers. Mr. Oborn also said that R383-10 is being repealed due to its underlying law being removed from statute during the 2025 legislative session. There were no questions from the board.

#### **6. Draft rules: R66-6, 7, 8, and 29**

- Mr. James explained the four drafts rules, [R66-6 Home Delivery and Courier](#), [R66-7 Educational Event and Educational Material Rules](#), [R66-8 Academic Medical Cannabis Research](#), and [R66-29 Compliance Procedures](#) provided to the board. He reiterated that UDAF is continuing to remove duplicative language in its administrative rules that is expressly stated in statute. Mr. James inadvertently left out subsections pertaining to R66-6-4(7) and said he would email the missing language to the board.
- Mr. Lauritzen and Mr. James discussed verifying identity through photo identification, patient cards, and signature at the point of delivery of a medical cannabis order. Mr. Lauritzen expressed concern that requiring signature at the point of delivery does not seem to assist in verifying someone's identity and is an additional requirement for a patient to receive an order.
- Dr. Smith recommended that R66-8 Academic Medical Cannabis Research include language regarding tax exemption to reduce cost of researchers. She explained that the Utah Division of Professional Licensing's (DOPL) controlled substance handler licenses and the US Drug Enforcement Administration license the University of Utah has are fee-exempt due to tax-exempt status as a public university. Dr. Smith also mentioned a fellow researcher who had an application negatively affected due to listing UDAF as a source of legal cannabis instead of a DEA-registered bulk manufacturer.

#### **7. Patient purchasing limit expansion by recommending medical provider, cont.**

Mr. Morgan reintroduced [his proposal](#) after its tabling at the July 15, 2025 meeting and discussed the outstanding question the board had about the proper amount of medical cannabis that should be allowed beyond the legal dosage limit.

- Ms. Hennessy reinforced this question, expressing concern that a one-and-a-half times increase in the legal dosage limit may be arbitrary and nonscientific. She also mentioned allowing a recommending medical provider to engage a “toggle” in EVS that would increase a patient’s limit rather than a pre-approval process.
- Mr. Lauritzen questioned imposing any limit beyond the legal dosage limit, comparing the proposal with conventional prescription medications. He advocated that recommending medical providers should have discretion to suspend the legal dosage limit in consultation with their patient, adding that DOPL can take action against a provider who abuses this mechanism.
- Dr. Smith explained that all compounds have toxicity limits that can drive a cap in what an individual can consume, stating that there must be a rationale with dosing paradigms that approach a maximum tolerated dose.
- Mr. Page reaffirmed Mr. Lauritzen’s concern about arbitrarily choosing a ceiling for the limit increase and added that previous data the board reviewed showed that a small amount of patients hit the current purchasing limits. He advocated leaving the suspension of the purchasing limit open ended but with a time-bound limitation that would return the patient’s purchasing limit back to the legal purchasing limit if that patient did not exceed the legal purchasing limit in the suspension time frame.
- Ms. Hennessy expressed concern that the proposal would fail to be adopted by the legislature if the board recommended no limits or DHHS evaluation. Mr. Lauritzen restated his question if other medications have limits like medical cannabis.
- Ms. Hennessy asked Mr. Eckhoff how many states have purchasing limits. He responded that 14 of 17 medical-only states have some type of purchasing limit.
- Mr. Oborn asked if a recommending medical provider would need to state the amount they want their patient to be able to purchase above the purchasing limit. The board discussed this possibility.
- Mr. Eckhoff said that the two other medical-only states that allow expectations to their respective legal purchasing limits, Iowa and Florida, require a provider to state how much more they would like their patient to buy in grams.
- Mr. Morgan stated that as a recommending medical provider, it would be impossible to know if a new patient needs more than the legal purchasing limit with some exceptions. On renewal, he said a provider can review the patient’s purchasing history and make a more informed decision on whether to increase their legal purchasing limit and how much.

- Mr. Eckhoff presented Florida and Iowa's forms for a provider to request an exception to their respective legal purchasing limits. The board discussed how the two states approach the subject.
- The following public members gave comments on this agenda item:
  - Rob Morris, a pharmacy medical provider with Beehive Farmacy.
  - Chase Angelo Giles, representing himself.
  - Blake Smith with Zion Pharmaceuticals.
    - Ms. Hennessy asked Mr. Smith if drugs with limits on the amount that can be prescribed have limits due to toxicity. Mr. Smith stated limits are almost always based on toxicity.

The board took the following action on this agenda item:

- Vote: Propose to allow recommending medical providers and pharmacy medical providers the discretion to increase a patient's medical cannabis purchasing limits by one-and-a-half times the current allowable limit based on their discretion of the evaluation of patient usage, while having an active medical card, and to provide a periodic review should such an increase be done, every six months.
- Mr. Andersen asked if Mr. Morgan would be amendable to a review every 90 days instead of every six months. Mr. Morgan accepted the amendment to his motion.
  - Motioned: Chris Morgan
  - Seconded: none
  - Motion failed
- Vote: Allow recommending medical providers and pharmacy medical providers the discretion to recommend to go beyond the limits that the medical cannabis program has set for medical cannabis purchasing, and to go above the limit with no further limit, and for that to be reevaluated every 90 days. Additionally, DHHS should be notified of any increase.
- Mr. Eckhoff asked Ms. Hennessy to clarify the meaning of "reevaluate." Ms. Hennessy considered if this should mean an automatic expiration of the increase or not on the 90th day. Ms. Thoman-Black recommended that Ms. Hennessy table the item until a more clear motion was in order.
- Mr. Morgan asked for the motion to be restated. Ms. Hennessy included the expiration of the increase in the motion.
- Motioned: Desiree Hennessy
- Seconded: Chris Morgan
- Roll call vote:

- Kent Andersen: No
  - Nanette Berezhnyy: No
  - Cami Clark: No
  - Desiree Hennessy: No
  - Jimmy Higgs: No
  - J. D. Lauritzen: No
  - Chris Morgan: No
  - Matthew Page: No
  - Misty Smith: No
- The board mutually agreed to revisit the proposal at its September meeting.

## **8. Medical cannabis pharmacy discounts**

Mr. Page presented [a dataset](#) provided by UDAF that shows medical cannabis pharmacy discounts by regions established in [R66-5-21](#). He explained that he has heard complaints about patients needing to shop around for discounts in order to afford products and highlighted which regions and products with higher and lower discount totals. He elaborated on potential recommendation options in [his memo](#), including oversight of competitive practices, enhancing access in rural areas, and patient education on product options.

Mr. Lauritzen said that the three recommendations from Mr. Page's memo already exist, explaining that anticompetitive business practice laws specific to medical cannabis are in statute, two new medical cannabis pharmacies will be issued in rural areas, and processors are allowed to have websites with information about their products and can engage in targeted marketing. He also pointed out that the dataset did not include product sizes. Mr. Lauritzen expressed support for medical cannabis pharmacies to have dynamic pricing based on their business model.

Mr. Page asked UDAF if their market analysis study will include discounts. Dr. Forsyth said the study will focus on whole pricing and nothing about discounts.

- The following public members gave comments on this agenda item:
  - Blake Smith with Zion Pharmaceuticals.

The board took no action on this agenda item.

## 9. Combustion of medical cannabis

Ms. Berezhnyy presented [her memo](#) and explained that Utah law allows the vaporization of cannabis flower but prohibits combustion. She explained the legal consequences of a medical cannabis patient smoking cannabis under [UCA 58-37-3.9](#). Ms. Berezhnyy noted the financial investment required to access means of vaporization, particularly for those who use more medical cannabis, and noted the inexpensive cost of rolling papers and pipes. She also mentioned that vaporizers use electricity which, during a power outage for example, could eliminate the ability to use a vaporizer. She emphasized that the proposal is to remove criminal penalties for smoking cannabis as an active medical cannabis patient, not to make smoking an approved dosage form or that she recommends smoking as a method of consumption.

Ms. Hennessy said that many patients have asked for the legalization of combustion, particularly veterans, and that some patients find it more effective for reducing pain.

- The following public members gave comments on this agenda item:
  - Narith Panh, representing himself.
  - Chase Angelo Giles, representing himself.
  - Blake Smith with Zion Pharmaceuticals.
- Mr. Lauritzen reiterated that the proposal is not to legalize smoking as a dosage form, but to remove criminal penalties around flame to flower. He explained other states' decriminalization laws and how Utah law allows for the arrest of a medical cannabis patient who has been cited twice for smoking cannabis. Mr. Lauritzen stated two possible recommendations: one, to remove any misdemeanor charges at any point for smoking cannabis as a patient, or two, decriminalize smoking with no legal penalties. He advocated that the board recommend removing controlled substance charges associated with combustion by medical cannabis patients, regardless of how many times the patient is cited for smoking. Instead, a \$100 fine should apply, he said.
- Mr. Andersen asked how patients would be encouraged not to smoke. Mr. Lauritzen said an infraction with a \$100 fine is a strong method.
- Mr. Page asked if Ms. Berezhnyy had any information regarding patients who have been cited for smoking. Ms. Berezhnyy said that information is not readily available.

- Ms. Hennessy expressed support for Mr. Lauritzen's comments but was concerned that a \$100 fine would defeat the purpose of the proposal's hope to remove a financial barrier to cannabis inhalation access. The board continued to discuss financial and criminal penalties for smoking cannabis as a medical cannabis patient.
- Mr. Andersen expressed concern that the proposal could be viewed as making cannabis combustion a de facto dosage form. Ms. Berezhnyy and Ms. Hennessy clarified that the prohibition on using medical cannabis in public would still apply, except for medical emergencies, and patients would need to limit their use to inside the home.
- Mr. Page said that a non-monetary penalty should be explored, especially so that medical cannabis patients do not feel like they are engaging in criminal behavior.
- Mr. Higgs explained that law enforcement has not been involved in medical cannabis matters in some time and he could not state how officers would feel on this topic. He stated that no flame to flower was a selling point to law enforcement when medical cannabis was legalized.

The board took the following action on this agenda item:

- Vote: recommend statutory and administrative changes to decriminalize the combustion of cannabis flower by registered patients, consistent with the current program safeguards.
  - Motioned: Nanette Berezhnyy
  - Seconded: Desiree Hennessy
- Mr. Lauritzen made a substitute motion that the board recommend the removal of the potential for a controlled substance charge for a medical cannabis patient who combusts cannabis. Ms. Berezhnyy accepted the substitute motion.
- Vote: recommend the removal of the potential for a controlled substance charge for a medical cannabis patient who combusts cannabis.
  - Motioned: J. D. Lauritzen
  - Seconded: Ms. Berezhnyy
- Roll call vote:
  - Kent Andersen: Yes
  - Nanette Berezhnyy: Yes
  - Cami Clark: Yes
  - Desiree Hennessy: Yes
  - Jimmy Higgs: No
  - J. D. Lauritzen: Yes
  - Chris Morgan: Yes



- Matthew Page: Yes
- Misty Smith: Yes

#### **10. Next meeting's agenda**

Mr. Lauritzen expressed interest in talking about education at the next meeting, having a roundtable discussion on education topics for UDAF and DHHS.

Ms. Hennessy said that proposed language for the patient purchasing limit expansion by recommending medical provider agenda item can be circulated on email and brought back to the board at its next meeting.

#### **11. Adjourn**

Mr. Lauritzen motioned to adjourn the meeting and Ms. Berezhnyy seconded the motion. The board voted unanimously to end the meeting, and the meeting ended at approximately 4:40 pm.