



## Utah Cannabis Research Review Board Meeting Minutes

July 12, 2022

9:00AM – 11:00AM

### Utah Department of Health and Human Services

This meeting was held virtually.

This meeting was recorded. An audio copy of this recording can be found on the Utah Public Notice Website (<https://www.utah.gov/pmn/>) and on the Cannabinoid Product Board YouTube <https://www.youtube.com/channel/UCJW8IN0h7wQ3ojY33gZC8cw>

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

Meeting minutes approved on: 9/13/22

### Attendees

- Board Members Attending:** Katherine Carlson, M.D., Brian Zehnder, M.D., Matthew McIff, M.D., Mike Moss, M.D., Misty Smith, PhD., Perry Fine, M.D.
- UDOH and AAG Staff Attending:** Richard Oborn, Sara Lealos, Danielle Canlon, Jesse Hawley, Marc Watterson, Lauren Heath, Sarah Ponce, Rachel Devine
- Members of the Public and UDAF Employees:** Alyssa Smailes, Beth, Christine Stenquist, Greg Hartley, Mark Viner, M.D., Olivia Kulark, Zac Navel King, Elisha Christenson, Nate Kizerian (Utah State)

### Minutes:

#### 1. Welcome and Work Plan

9:04 AM – Welcome by Dr. Carlson. Dr. Carlson stated the purpose of this board is to review available literature and assist the Dept. of Health and Human Services to provide relevant information to providers. Dr. Carlson reviewed key areas of focus with a slideshow on the CRRB

Work Plan. The CRRB's goal is to facilitate the development of a medical program that includes three elements: knowledge and ethics, education of practitioners, and quality improvement and research.

## **2. Approval of June CRRB Meeting Minutes**

Dr. Carlson asked for comments on the June 2022 CRRB meeting minutes. There were no comments. Misty Smith made a motion to approve the minutes and Brian Zehnder seconded. The vote was unanimous. The minutes were approved.

## **3. Provider Education Outreach Strategies**

Mr. Oborn highlighted that Center for Medical Cannabis (CMC) recently hired an Outreach Specialist, Danielle Conlon. One part of her job will be to help the CRRB compile brief messages in education materials that about responsible and evidence-based use of medical cannabis in educational educational materials. The content will be based on federally approved studies. The CMC will post the materials on its website and it will distribute them to stakeholders such as qualified medical providers (QMPs) who recommend medical cannabis to patients, medical clinics that offer medical cannabis recommendation services, medical cannabis pharmacies, patient advocacy groups, industry associations . CMC will be sharing these simple and concise messages taken from the longer CRRB guidance document The content may be five or six sentences that focus on main points from the guidance documents. This will help QMPs understand and use the guidelines as a resource. The CMC plans to focus on creating a brief fact sheet with educational information about pain management first. Once it is drafted, the CMC will request input from the CRRB and other parties. After input is obtained, the draft will be finalized.

Mr. Oborn summarized the changes that the CRRB members would like to make to each of the guidance documents. Each guidance document should include an executive summary at the top and the legalese content may be moved to the bottom. The most critical messages from the guidance document should be included in the executive summary. It is important to draft this executive summary carefully so as to highlight the most significant parts of the guidance document without including too much detail.

## **4. Chronic cancer pain guidance language approval**

Dr. Carlson requested input from the CRRB regarding the chronic cancer pain guidance document. The CRRB briefly discussed the document. Ms. Smith made a motion to approve the document and Dr. Moss seconded. The vote was unanimous. The chronic pain guidance document was approved.

## **5. Center for Medical Cannabis Updates**

Mr. Oborn summarized main points from a meeting of the Utah Legislature's Medical Cannabis Governance Structure Working Group, which occurred on Monday, July 11, 2022 at 2 PM. Presenters at the working group meeting included representatives of the Utah Cannabis

Association, Utah Cannabis Co-op, TRUCE (Together for Responsible Use and Cannabis Education), and the Utah Patients Coalition. The meeting was helpful to lawmakers and the industry and lawmakers consider making changes to the governance structure responsible for regulating cannabis in Utah.

One concern expressed by a patient advocate at the working group meeting was that many patients are unable to continue to use their regular physician to obtain a medical cannabis recommendation because their regular physician is not a qualified medical provider. Mr. Oborn explained that the limited medical provider program was created to address that concern but that this was not mentioned at the working group meeting. The limited medical provider program enables any one of the 21,000+ MDs, DO, APRN, PA with a controlled substance license in Utah to recommend medical cannabis to up to 15 of their patients. Mr. Oborn reported that one presenter at the workgroup meeting commented that the CRRB found no evidence that medical cannabis was effective treatment for epilepsy. The presenter's comment was inaccurate as the CRRB's epilepsy guidelines document cites multiple studies where certain dosage forms of medical cannabis were an effective treatment of epilepsy. The CRRB's suggested guidelines have dosing guidance for treatment of epilepsy in adults.

Mr. Oborn indicated that a presenter at the workgroup meeting expressed concern that the CRRB does not consider many non-FDA approved studies that suggest medical cannabis is an effective treatment for some medical conditions. In response to that concern, Mr. Oborn explained that UCA 26-61-202 establishes the scope of the CRRB's review. The statutory scope does not include non-FDA approved studies conducted in the United States. This law limits the CRRB's review to: (1) studies that were conducted or approved by the federal government; and (2) if the study was conducted in another country, it must demonstrate, as determined by the board, a sufficient level of scientific reliability and significance to merit the board's review.

It is also important to note that a study that has institutional review board (IRB) approval does not mean that it was conclusive, unbiased, and clinically relevant. The gold standard for research studies is a double-blind, randomized, placebo-controlled trial. These types of studies are expensive to conduct but they ensure unbiased quality research. Some non-FDA approved studies are methodologically sound but many are not.

Mr. Oborn announced that on July 12, 2022, the CMC's vendor is scheduled to launch Electronic Verification System (EVS) updates. One update will allow pharmacy agents to access the EVS to see full dosing guidelines and patient information. They will also be putting together a course on HIPAA and patient confidentiality for pharmacy agents to complete.

The first phase of integrating individual medical cannabis card status information from the EVS in the Utah Controlled Substance Database (CSD) will not be included in this update. It is expected launch in the CSD by the end of the summer.

## 6. Public comment

Christine Sternquist with TRUCE expressed she has no financial ties and attends this meeting as a patient advocate. Christine mentioned the Medical Cannabis Governance Structure Workgroup meeting. She stated that she is against the QMP program. She also expressed concern that studies approved by the FDA are such a high bar that many credible studies are not being considered because of the current process.

Dr. Mark Viner expressed that he has no financial ties. Mr. Viner asked if it would be possible to build direct bridges with providers, such as a 24-hour hotline where a prescriber can speak with a provider about the medical condition they are considering recommending medical cannabis to treat. He also agreed that the CRRB should disseminate the accurate information regarding treatment of medical conditions with medical cannabis and work with providers to ensure it is helpful.

The next CRRB meeting will be held August 9, 2022, 9 am – 11 am.

Mr. Moss motioned to adjourn. Dr. McIff seconded the motion. The meeting adjourned at 10:53 AM.