



Utah Cannabis Research Review Board

Tuesday, January 10, 2023
9:00-11:00 am

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 Cannabis Research Review 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/>)

Attendees

Board members attending: Katherine Carlson, Matt McIlff, Jennifer Norris, Mike Moss, Perry Fine

DHHS staff attending: Rich Oborn, Danielle Conlon, Sarah Ponce, Sara Lealos, Jeremiah Sniffin, Jesse Hawkey, Lauren Heath

Agenda

1. Welcome – Dr. Carlson

At 9:01am, Dr. Carlson acknowledged there was a quorum so the meeting could proceed with actions from the board.

2. Approval of November 2022 minutes – Dr. Carlson

The meeting minutes will be edited to remove that the November 2022 meeting was held in-person.

Dr. Moss motioned to approve the minutes. Dr. McIlff seconded. The minutes were approved.

3. Cannabis exposures– Dr. Moss

Dr. Moss presented about cannabis exposures within poison control centers. This presentation included current trends in Utah, other states, the U.S., and Canada; and recommendations to reduce unintentional cannabis exposures.

Dr. Moss addressed the following questions from Board members:

- What types of adverse effects from CBD are being reported?
- Is CBD exposure self-reported or is there a confirmation via a test?
- What is the explanation for the different reactions between kids and adults, specifically the sedation response?
- Are there states that deviate from the national trend in unintentional cannabis exposures?
- For the data on Utah exposures, was there a breakdown based on the type of product used?

The board discussion included an emphasis on the importance of providing education and safety guidelines to reduce unintentional cannabis exposures.

4. Dosage guideline discussion – Sarah Ponce, MS, RN, and Dr. Norris

A new literature search was completed to update the guidance documents. The research has been gathered and reviewed, and Ms. Ponce and Dr. Norris are planning to create a crosswalk of the current research. Their timeline is 3-6 months before the crosswalk is finished.

Dr. Fine recommended that 1 research paper is used as a general guideline for all dosing guidelines and that other recommendations for dosing guidelines are provided as research is available and when the crosswalk from Ms. Ponce and Dr. Norris is complete.

Dr. Fine made a motion for the board to accept the proposed research paper as the guiding document for the CRRB dosing guidelines. Dr. McIlff seconded. The motion was approved.

5. Product list discussion - Sarah Ponce, MS, RN and Dr. McIlff

The database is currently being reorganized and standardized. Once the reorganization/standardization is complete, creating the formulary can begin. A high-priority need within the reorganized database is the ability to categorize different products. This needs to be done in collaboration with stakeholders including UDAF, medical cannabis pharmacies, and PMPs.

6. DHHS updates – Rich Oborn, CMC Director

Mr. Oborn discussed the following DHHS updates:

- HB72 Medical cannabis governance revisions bill was approved by the HHS interim committee in November 2022. If passed in the current legislative session, this bill moves the oversight and regulation of medical cannabis pharmacies and couriers from DHHS to UDAF. It will also create a 9-member Medical Cannabis Policy Advisory Board that DHHS will support administratively. The potential Medical Cannabis Policy Advisory has a position designated for a medical research professional.
- The 2023 legislative session starts next week. A staff member from DHHS will stay informed about cannabis-related bills and meetings and communicate updates to the CRRB.
- Medical cannabis card verification has been incorporated into the controlled substance database (CSD) so providers can verify if patients have an active medical cannabis card. Additional work needs to be done before the CSD is modified to include patient purchase history. Currently, DHHS is collaborating with DOPL to determine how other states have integrated medical cannabis purchases into their CSDs. Once the evaluation with DOPL is complete, DHHS will work with UDAF and processors to determine how to collect the appropriate data.
- DHHS is in the final phase of finalizing the contract with the U of U to conduct a medical cannabis patient experience study.
- 2022 statistics include that medical cannabis cardholders increased by 45%, QMPS increased by 6%, and home deliveries to rural areas increased by 462%. Additionally, LMPs submitted 365 card applications and 145 card renewals.

7. Public comment

Zac Newel King is a patient with TRUCE. Mr. King emphasized that education about cannabis is important because cannabis is safer than other drugs that are available over the counter. Mr. King encouraged the board to focus on looking at organic cannabis and to improve access to cannabis throughout the state instead of working on a product formulary.

Mark Viner is a psychiatrist in Nevada. Dr. Viner expressed that he enjoyed the

discussion about CBD, but it's important to recognize that there adverse effects to CBD, too. He emphasized the importance of a formulary database to help patients and providers know the amounts of CBD they are consuming in products. He also recommended making COAs of products available in the formulary. Dr. Viner expressed concerns with the article approved by the Board for dosing guidelines, saying that the article doesn't take all factors into consideration, such as age and medical condition.

Zachary Chase is a patient with TRUCE. He expressed appreciation for the discussion on how to keep cannabis and patients safe. He expressed concerns that it is difficult to find product types and amounts that are needed in medical cannabis pharmacies, but also because of regulations limiting what types of products are legal in Utah. He encouraged continuing to expand the program to better meet the needs of patients.

Christine Stenquist is the president of TRUCE. Ms. Stenquist expressed concerns that CBD isn't regulated or available in pharmacies. She stated that recommendations discussed by the board would need new laws and rules passed. Ms. Stenquist also expressed concerns that topics from previous meetings hadn't been followed up on, specifically the authority of DHHS to make rule changes that ban ingredients in cannabis products. She asked to hear the current position of DHHS and the Board on these rule changes.

Angel Perez is affiliated with the BLOC medical cannabis pharmacy and is a patient. Mr. Perez echoed concerns about the lack of follow-up on questions and issues from previous CRRB meetings. Mr. Perez discussed that he would like to see a product formulary from DHHS and would like to see COAs for each product included in the formulary.

Blake Smith is the CEO and Chief Science Officer at Zion Pharmaceuticals. Mr. Smith shared that medical cannabis pharmacies have vaults full of products and that it is up to them what products and the amounts they sell. He shared concerns about synthetic/derivative cannabinoids in products and stated that even though these ingredients aren't shown to cause harm, it doesn't mean that they're safe, either. He also expressed that he would like to see more quantitative studies done by DHHS rather than qualitative studies.

Kyle E. is a patient with TRUCE. Mr. E expressed that patient dosing guidelines should be discussed in the new patient consultation with a medical cannabis pharmacist and should be individual, based on the patient's experience with cannabis, current medical condition, and medications.

8. Board response to public comment

Rich Oborn shared information about following up with the assistant attorney general (AAG) and interpreting the current law regarding the banning of ingredients in cannabis products. Mr. Oborn shared that the law places the authority to regulate the contents of medical cannabis with UDAF if the ingredient is poisonous and has evidence of being poisonous. He explained that currently there is no evidence of synthetic/derivative cannabinoids being poisonous, so they cannot be banned at this time. He encouraged patient advocates to continue contacting their legislators and sharing their concerns since legislators have the authority to change the Utah medical cannabis law. Mr. Oborn then addressed concerns about COAs. He shared that COAs are available from pharmacies upon request, and some pharmacies post them on their websites. He stated that if a patient is unable to obtain a COA from a pharmacy, they should submit a complaint to UDAF.

Dr. Fine shared addressed concerns about DHHS conducting a qualitative study by sharing that the legislature requested a qualitative study and provided funding for it. He validated the concerns about synthetic/derivative cannabinoids. He also shared that the goal of the CRRB is not to prohibit or limit the program, but instead to provide recommendations for using cannabis safely, effectively, and in an evidence-based way. Dr. Fine then reminded attendees that the CRRB is not a regulatory body, but instead provides recommendations to regulatory bodies about medical cannabis. He thanked the public for sharing their comments.

9. Adjourn - 11:00 AM

At 10:59am Dr. Carlson asked the board for a motion to end meeting. Dr. Fine motioned to adjourn and Dr. McIlff seconded.