

**DRAFT Minutes
Iowa Medical Cannabidiol Board
February 14, 2020**

10:00 a.m.

**Iowa Laboratory Facility – DMACC Campus 2240 DMACC Blvd.
Ankeny, IA**

- 1. Call to Order** **Mike McKelvey, Chair**
The February 14, 2020 Iowa Medical Cannabidiol Board meeting was officially called to order at **10:00 a.m.**

- 2. Roll Call** **Mike McKelvey, Chair**

Members Present	Members Absent
Dr. Jill Leisveld – Psychiatrist	Dr. Ken Cheyne – Pediatrician
Capt. Mike McKelvey – Law Enforcement	Dr. Stephen Richards – Pharmacist
Dr. Lonny Miller (by phone) – Family Medicine	Vacant – Gastroenterologist
Dr. Bob Shreck – Oncology	Vacant - Neurologist
Dr. Jacqueline Stoken – Pain Mgmt.	
Staff	
Sarah Reisetter – Deputy Director	
Owen Parker – Program Manager	
Jennifer Caskey – Recording Officer	

- 3. Approval of Minutes** **Mike McKelvey, Chair**
a. November 11, 2019 Medical Cannabidiol Board Meeting
 Dr. Shreck made a motion to approve the November 11, 2019 minutes, with a second by Dr. Stoken.

A verbal vote was taken. Motion carried unanimously.

- 4. Public Comment Period (3 minutes each)** **Mike McKelvey, Chair**
- **John Fenner, Program Patient** – Mr. Fenner addressed the Board seeking to increase the THC levels, expressing that the current amount available through the program is inadequate for him. Mr. Fenner shared his personal experience with chronic pain and pain medications and that he doesn't like the side effects of traditional medications. He expressed that the low amounts of THC currently available put him in a position to break the law in order to get the medication he desires.
 - **Hannah Van Houten, Pharmacy Technician** – Ms. Van Houten is a pharmacy technician, and her father has found benefit from medical cannabis after a disabling accident. She shared her personal experience with family member who had become addicted to other medications because of his disability, but medical cannabis helped him stop those medications. She urged the Board to provide more effective doses and more access for people like her father.
 - **Dave Van Houten, Program Patient** – Mr. Van Houten shared his personal experience as a patient who was involved in a serious car accident, and became addicted to opiates and alcohol to treat chronic pain. He is a current patient in the program, and has found some benefit, but requires higher doses of THC to treat his injuries. He urged the Board to allow higher doses of THC.

- **Travis Lloyd** – Mr. Lloyd has a background in mental health treatment, but moved on to become an advocate for mental health education in-general in other states and abroad. He has found that outcomes improve when panels and boards listen to patients and their experiences, and urged the Board to continue to listen to patients.
- **Rebecca Lucas, MedPharm Iowa** – Ms. Lucas addressed the board regarding the process discussion related to the Board of Medicine’s denial of multiple petitions. She indicated the denial was due to the Board of Medicine’s desire for language that treatment with medical cannabidiol is for conditions refractory to standard treatment. Ms. Lucas requested that the Board amend the board’s orders recommending addition of PTSD and Chronic Pain to include the refractory to standard treatment language and resubmit the recommendations to the Board of Medicine following this meeting. She also expressed concern with implementing a timeline for the resubmission of a petition for previously considered conditions, as research is constantly changing in medical cannabis.
- **Michelle Servadio, Program Patient**– Ms. Servadio expressed that a 4.5g THC limit would be detrimental to her and her medical condition, and that she currently needs more THC than that. She also questioned how a 4.5g THC limit is considered therapeutic to patients. She mentioned vaping, and suggested that medical cannabidiol is exempt from any vaping policies that are being proposed in the legislature.
- **Carl Olsen** – Mr. Olsen shared a handout in reference to a petition he submitted and the Board acted on in August, which requested the Department to seek an exemption from federal drug law from the DEA to protect Iowa’s Medical Cannabidiol Program. He noted the growing inconsistencies with state and federal law controlled substance regulations, and said that the Department should seek a blanket federal exception for Iowa’s program.
- **Flora Schmidt, Iowa Behavioral Health Association** – IBHA has registered in support of HSB653. Ms. Schmidt expressed that it contains many of the Board’s recommendations. She expressed approval of expanding certifying health care practitioners and access in-general, and said they are supportive of the 4.5g THC limit. She expressed that higher amounts of THC are not a positive for public health, and that they watch the Board and its recommendations closely.
- **Mike Nixon** – Mr. Nixon addressed the board as an ex-military service member who has extensive service experience, and currently suffers from PTSD. He shared his experience with the negative side effects of the medications he takes for his condition. Mr. Nixon also shared the terrible effects of his condition when does not take the prescribed medications, and indicated he had found relief from CBD. His employer recently banned the use of CBD, and he urged the Board to provide access and protections for employees and veterans.

5. Petitions to Add Qualifying Conditions

Sarah Reisetter, Deputy Director

a. Panic Disorder

The petitioner was not present to speak for the petition. This petition was reviewed by the Medical Cannabidiol Petition Subcommittee. Dr. Shreck explained how the subcommittee was assembled to review the literature submitted by petitioners, review up-to-date medical literature, and make a recommendation to the full Board. He expressed that physicians only prescribe based on studies done on humans, and that the human studies referenced in the petition were not done on panic disorder and did not support THC as a treatment.

A motion was made by Dr. Shreck, with a second by Dr. Liesveld to deny the addition of Panic Disorder as an approved qualifying condition. A roll call vote was taken:

Liesveld – aye

Miller – aye

Stoken – aye

Shrek- aye

McKelvey – aye

Motion carried unanimously.

b. ADHD

The petitioner was not present to speak for the petition. Dr. Liesveld provided an overview of the subcommittee's review of this petition and their report. In review of the literature provided, as well as PubMed and other up-to-date resources, there is not conclusive evidence to support the addition of ADHD as a qualifying debilitating medical condition. As a psychiatrist, Dr. Liesveld expressed concern with treating ADHD with marijuana, as there is literature to show that THC may have negative impacts on attention, memory, and learning. The subcommittee's recommendation is to deny the addition of ADHD as a qualifying medical condition. Dr. Liesveld expressed that the petition subcommittee unanimously recommended denial of the petition.

A motion was made by Dr. Shreck, with a second by Dr. Miller to deny the addition of ADHD as an approved qualifying condition. A roll call vote was taken:

Liesveld – aye
Miller – aye
Shreck – aye
Stoken – aye
McKelvey - aye

Motion carried unanimously.

6. Manufacturer & Dispensary Updates

a. Dr. Corey Burchman MD, Iowa Relief (Acreage Holdings)

Dr. Burchman is a retired anesthesiologist and pain physician, and is the Chief Medical Officer of Acreage Holdings. Dr. Burchman shared his experience speaking with other states, being on the physician oversight committee in New Hampshire, and having treated many patients with medical cannabis. He spoke to the side effects of treating terminal patients with opiates, versus the quality of life terminally ill patients can have with medical cannabis. Dr. Burchman expressed that there is quality research available for medical cannabis, and although there are only around 100 randomized controlled trials, many approved and common medications have far fewer. Dr. Burchman discussed the complexities and variables involved in dosing cannabis, and that there is limited randomized controlled trial data for dosing; but spoke to implementing a limit that was inclusive of all patients. Dr. Stoken expressed that under the board's 4.5g THC/ 90 days recommendation to the legislature, patients would be allow to visit their doctor to have their limit raised above 4.5g. Dr. Burchman will be sharing the references he discussed with the Board.

7. Program Update and Review THC-Purchasing Data

Owen Parker, Program Manager

Owen discussed how the Department tracks THC purchased, and that there are patients currently purchasing more than 4.5g THC every 90 days. He also discussed the attributes and trends of patients purchasing more than 4.5g. He expressed how patients renewing their cards will be an important metric, and how the Department will be tracking renewals. He also discussed the Department's denial of a petition for agency action requesting that the Department to seek an exemption from federal drug law from the DEA for the Iowa Medical Cannabidiol program.

8. MedPharm THC Data & Purchase Cap Presentation

Lucas Nelson & Rebecca Lucas

Lucas shared information related to THC purchasing limitations, including other state's information, noting that the proposed legislation related to instituting purchasing limits would make Iowa the most conservative program in the country. A chart based on MedPharm patient data was shared to illustrate what MedPharm thinks could be ideal dosages for their patients. Limitations expressed for patients' ability to purchase therapeutic dosages include high costs, lack of cheaper product forms, and other factors. MedPharm requested support from the Medical Cannabidiol Board for their proposed compromise of 17 g of THC per 90 days. Lucas shared data from MN's program where pharmacists recommend doses, stating this compromise would include the majority of Iowa patients. In addition, he made a recommendation to allow healthcare providers to decertify patients from the program if they suspect abuse or other issues. MedPharm would like to see physicians receive access to patient purchasing data so they can decertify a patient if they would like, or have more dialogue with their patient about what they are taking. Dr. Shreck noted the Board's recommendation to allow a patient's certifying provider to certify a patient for more than 4.5g if they see fit, as well as waiving the 4.5g limit for the terminally ill. Cpt. McKelvey inquired about tolerance and if the cap would almost necessarily be requested to be increased at some future point in time. Ms. Lucas responded that patients develop a tolerance to side effects of higher doses, but not necessarily the therapeutic benefit of the dose.

9. Board of Medicine Request, Amended Autism Condition

Sarah Reisetter, Deputy Director

The Medical Cannabidiol board has recommended several conditions to the Board of Medicine to be added as qualifying debilitating medical conditions; some have been approved and some denied. This discussion was related to streamlining the petition process between the two Boards, and if rule clarifications can be made in regards to petitions to provide more guidance to physicians.

a. Board of Medicine denied petition for "Severe, Intractable Autism with Self-Injurious or Aggressive Behaviors."

The Board of Medicine submitted a notice of intended action on this petition, but did not adopt the petition and definition.

b. Request of the Medical Cannabidiol Board to amend the definition to "Severe Autism with intractable irritability and aggression, refractory to applied behavioral analysis and prevailing acceptable standard pharmacological treatments."

The Board of Medicine has requested that the Medical Cannabidiol Board amend the definition for better clarification and guidance for physicians.

A motion was made by Dr. Miller, and seconded by Dr. Shreck to amend the definition to "severe autism with intractable irritability and aggression, refractory to acceptable standard treatments." A roll call vote was taken:

Liesveld – aye
Miller – aye
Shreck – aye
Stoken - aye
McKelvey – aye

Motion carried unanimously. The original order will be updated with the above definition and resubmitted to the Iowa Board of Medicine for consideration. The Board did not include the components of "applied behavior analysis," due to the scarcity of these services in rural areas. Chronic Pain and PTSD will be added to the May agenda for a similar discussion.

c. Process Discussion

In an attempt to more effectively manage the petitions submitted to the Medical Cannabidiol Board and its communications with the Board of Medicine, upon receipt of petitions to add conditions, OMC staff will provide copies of new petitions to both Boards. This will give the Board of Medicine an opportunity to comment on any issues the BOM members have with a petition before the Medical Cannabidiol Board makes its recommendation. In order to reflect that conditions added to the list of qualifying medical conditions are refractory to traditional treatments, the Board of Medicine may adopt rules to indicate this refractory component. Deputy Director Reisetter requested that the Medical Cannabidiol Board have the opportunity to review any proposed rule changes by the Board of Medicine. The OMC and the Board of Medicine will work together to streamline the petition process.

10. Considering a Rule for Timeline of Review for Repeat Petitions Sarah Reisetter, Deputy Director

Many states have timelines before a petition for the same condition can be resubmitted and evaluated. The Board is in favor of implementing a timeline for resubmission, with the caveat that if new research pertaining to the condition has become available in that timeline, that timeline would not apply and the condition would be considered if resubmitted.

11. Review of Pending Legislation

Sarah Reisetter, Deputy Director

Sarah provided a brief overview of the legislation that has been introduced to date during the 2020 Legislative Session. Sarah shared that several of these bills are unlikely to be considered, focusing on the bills that have subcommittee meetings scheduled.

- [SF2124](#)
- [SF2152](#)
- [SSB3136](#)
 - Subcommittee assigned, meeting scheduled for February 18
- [HF2044](#)
- [HF2086](#)
- [HSB653](#)
 - Subcommittee held February 10. Possible amendment and committee meeting anticipated next week.
- **Board Recommendations Noted to be Excluded from HSB653:**
 - Certifying practitioner approved waiver of the 4.5g THC per 90 days purchase limit for patients who are certified to be terminally ill with an estimated survival of less than one year. The board reiterated that the board does not need or want a role in approving these waivers.
 - Higher THC for patients participating in the program under the 4.5g THC purchase limit, the patient and certifying health care provider agree that 4.5g of THC over 90 days is not a sufficient amount of THC to treat the patient's debilitating medical condition. The board reiterated that the board does not need or want a role in approving these waivers.
 - Untreatable Pain changed to severe or chronic pain
 - Pharmacy technicians not recommended by the Board

Deputy Director Reisetter also noted that if the DOT is removed from the registration card issuance process, the Department will request to have the requirement for the patient or caregiver's photograph to be included on the registration card removed. The Department will also request an amendment to clarify how total THC is calculated.

Dr. Shreck asked how to communicate to the legislature on particular bills, as well as about speaking with individual legislators as board members, official representatives of this Advisory Board. Dr. Shreck would like to make sure the Board's recommended exceptions to the 4.5 gram limit are included in any bill. Cpt. McKelvey

asked if there is any appropriation planned to account for funding cuts and additional roles as proposed in some of these bills. Sarah expressed how the Department could issue registration cards and implement THC purchase limits through the state seed to sale tracking system, and indicated that reductions in license fees would be a concern with a program that is not yet stable. The Department will be reviewing renewal trends for the purpose of conducting forecasts for the program budget and annual fees charged to manufacturers and dispensaries.

Dr. Shreck expressed his desire for HSB653 to be the template moving forward, as it most closely aligns with the Board's recommendations. There was Board consensus to ask that the board's recommended exceptions to the 4.5g THC limit be included in any bill: allowing a patient's certifying provider to certify a patient for more than 4.5g THC if, after participating in the program with a 4.5g THC purchase cap/ 90 days, the healthcare practitioner thinks the patient could benefit from an increased purchase limit, as well as waiving the 4.5g THC purchase limit for the terminally ill.

Future Meetings

Mike McKelvey, Chair

a. Friday, May 15, 2020

IDPH will work to change the date of this meeting to be ahead of the Board of Medicine meeting, so that any petitions or decisions can be discussed at the Board of Medicine's May 15 meeting.

12. Adjourn

Mike McKelvey, Chair

A motion to adjourn the meeting was made by Dr. Miller, seconded by Dr. Stoken. A verbal vote was taken:

Motion carried unanimously. The meeting officially adjourned at **12:54** p.m.