Act 65 (2023), Sec. 21 – Meeting 2

Thursday, September 28, 2023

VERMONT
CANNABIS CONTROL BOARD

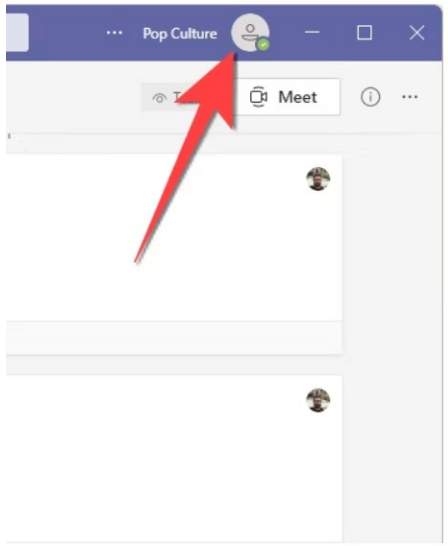
Agenda

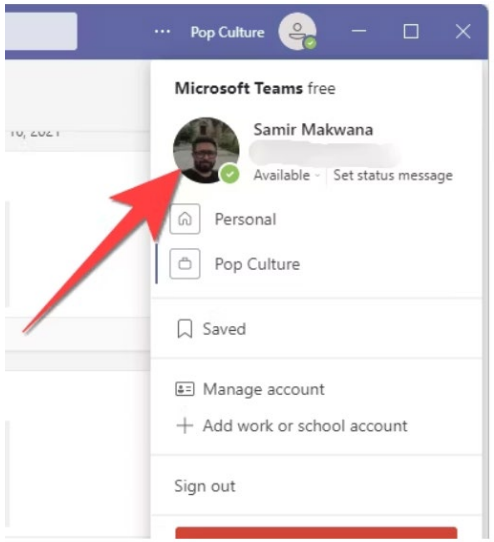
- *Introduction*
- *Review Act 65 (2023) Sec. 21*
  - *Illnesses or symptoms most appropriately treated by cannabis*
  - *Treatment protocols for patients*
  - *How the use of cannabis is communicated to patients and patients' providers*
- *Next Steps*
- *Public Comment*

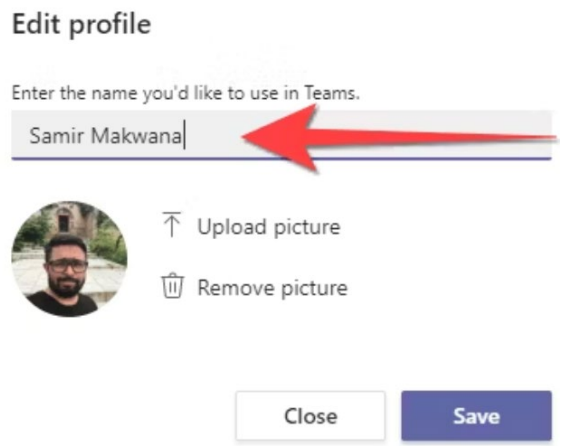
Introduction

Introduction

- Public Meeting
- Ground rules
- Etiquette







Review Act 65 (2023) Sec. 21

Review Act 65 (2023) Sec. 21

CANNABIS CONTROL BOARD REPORTING; MEDICAL CANNABIS REGISTRY

(a) The Cannabis Control Board shall work with the **Vermont Academic Detailing Program**, **Registry patients and caregivers**, **licensed medical cannabis dispensaries**, and **medical professional stakeholders** to review the Medical Cannabis Registry. The review shall include:

(1) an assessment of the illnesses or symptoms most appropriately treated by cannabis;

(2) the strains of cannabis recommended for such treatment;

(3) the doses of active chemicals recommended for treatment;

(4) appropriate treatment protocols for patients, including whether ongoing medical oversight such as counseling or other services is needed for each condition being treated;

(5) how the use of cannabis is communicated to patients and patients' providers; and

(6) any other issues that will improve the Registry.

(b) The Board shall convene the working group not less than **four times** to complete its work.

(c) The Board shall provide recommendations for improvement to the Medical Cannabis Registry to the **Senate Committee on Health** and Welfare and the **House Committees on Human Services** and on **Health Care** on or before **January 15, 2024**.

Illnesses and symptoms most appropriately treated by cannabis

Illnesses and symptoms most appropriately treated by cannabis

Schedule I: **high potential for abuse** with **no currently accepted medical use** in treatment in the United States. Examples: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

FDA has approved one (1) cannabis-derived drug product:

Epidiolex (cannabidiol) for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients 2 years of age and older

FDA has approved three (3) synthetic cannabis-related drug products:

Marinol (dronabinol) and Syndros (dronabinol) for therapeutic uses, including for nausea associated with cancer chemotherapy and for the treatment of anorexia associated with weight loss in AIDS patients.
Cesamet (nabilone) for nausea associated with cancer chemotherapy

Illnesses and symptoms most appropriately treated by cannabis

The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda.

There is conclusive or substantial evidence that cannabis or cannabinoids are effective:

- For the treatment of chronic pain in adults
- As antiemetics in the treatment of chemotherapy-induced nausea and vomiting
- For improving patient-reported multiple sclerosis spasticity symptoms

There is moderate evidence that cannabis or cannabinoids are effective for:

- Improving short-term sleep outcomes in individuals with sleep disturbance associated with obstructive sleep apnea syndrome, fibromyalgia, chronic pain, and multiple sclerosis

There is limited evidence that cannabis or cannabinoids are effective for:

- Increasing appetite and decreasing weight loss associated with HIV/AIDS
- Improving clinician-measured multiple sclerosis spasticity symptoms (oral cannabinoids)
- Improving symptoms of Tourette syndrome
- Improving anxiety symptoms, as assessed by a public speaking test, in individuals with social anxiety disorders
- Improving symptoms of posttraumatic stress disorder

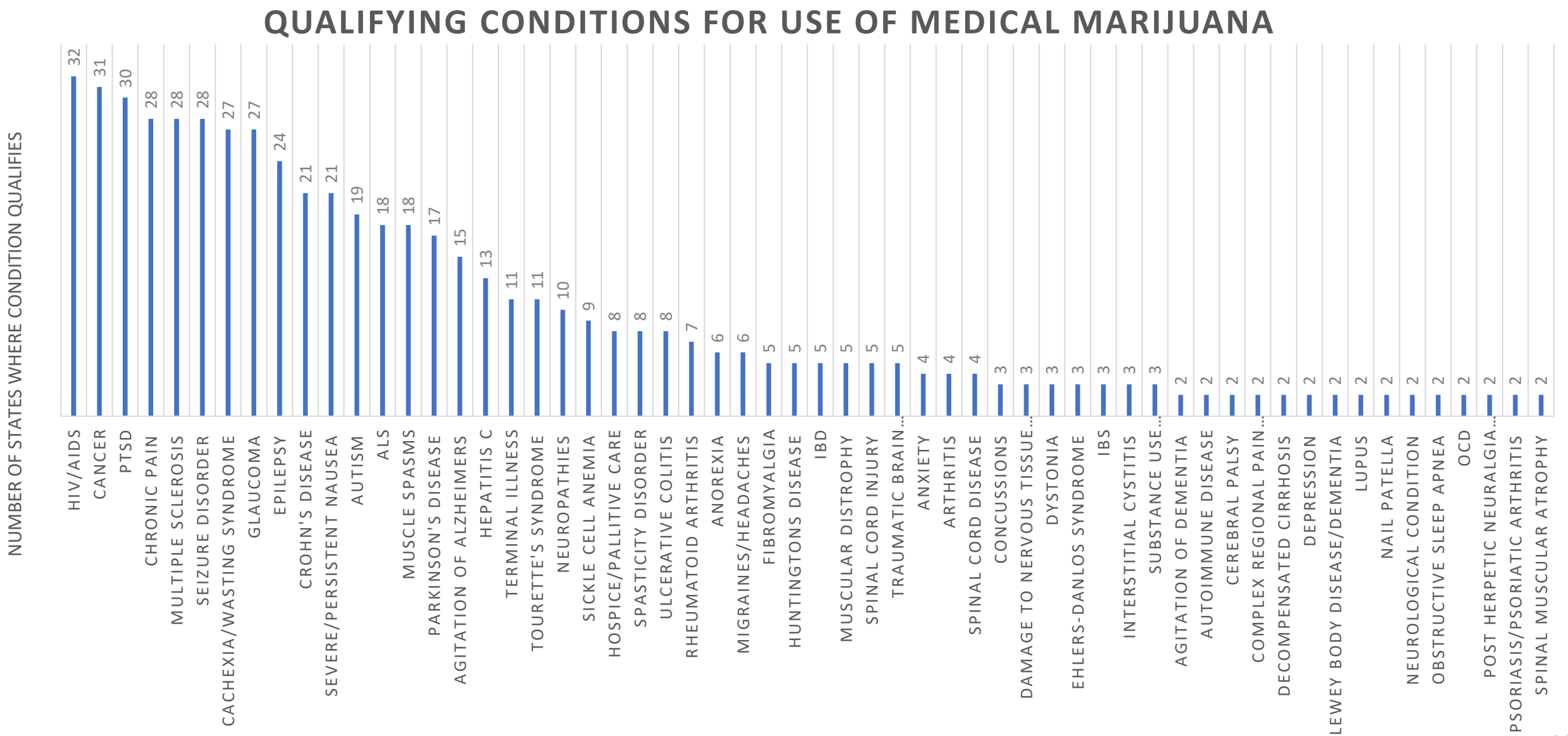
Illnesses and symptoms most appropriately treated by cannabis

Cannabis Therapeutics and the Future of Neurology Ethan B. Russo

Neurological conditions for which cannabis-based treatments have been employed

Condition	Preparation	Level of evidence	Type of evidence
Multiple sclerosis (MS) spasticity	Nabiximols	Conclusive	Phase III RCTs, Regulatory approval
Epilepsy (Dravet and Lennox-Gastaut syndromes)	Cannabidiol (Epidiolex®)	Conclusive	Phase III RCTs, Regulatory approval
Chronic pain	THC, nabiximols	Substantial	Phase II RCTs
Schizophrenia, positive and negative symptoms	CBD	Substantial	Phase II RCTs
Sleep disturbance secondary to neurological symptoms	THC, nabilone, nabiximols	Moderate	Phase II–III RCTs
Glaucoma	THC, cannabis	Moderate	Phase II RCTs
Lower urinary tract symptoms (LUTS) in MS	Nabiximols	Moderate	Phase II RCTs
Tourette syndrome	THC, cannabis	Moderate	Phase II RCTs, observational studies
Dementia with agitation	THC, cannabis	Limited	Observational studies
Parkinson disease symptoms	THC, CBD, cannabis	Limited	Observational studies
Post-traumatic stress disorder	Cannabis	Limited	Observational studies
Social anxiety	CBD	Limited	Phase II RCT, observational studies

Illnesses and symptoms most appropriately treated by cannabis



Illnesses and symptoms most appropriately treated by cannabis

CONDITION	# of STATES
HIV/AIDS*	32
Cancer*	31
PTSD*	30
Chronic Pain*	28
Multiple Sclerosis*	28
Seizure Disorder*	28
Cachexia/Wasting Syndrome*	27
Glaucoma*	27
Epilepsy	24
Crohn's Disease*	21
Severe/Persistent Nausea*	21
Autism	19
ALS	18
Muscle Spasms	18
Parkinson's Disease*	17
Agitation of Alzheimer's	15
Hepatitis C	13
Terminal Illness	11
Tourette's Syndrome	11
Neuropathies	10

Illnesses and symptoms most appropriately treated by cannabis

Agency / Department / 3rd Party approval process: 13

Alaska, Arizona, Connecticut, Hawaii, Illinois, Maryland, Michigan, Minnesota, Nevada, New Jersey, New Mexico, South Dakota, Utah

Qualifying Provider discretion: 11

California, Maine, Massachusetts, Michigan, Missouri, New York, Oklahoma, Virginia, Guam, U.S. Virgin Islands, Washington D.C.

Substance use disorder / Alternative to an opioid: 7

Colorado, Nevada, New Jersey, New Mexico, New York, Utah, U.S. Virgin Islands

Illnesses and symptoms most appropriately treated by cannabis

Agency / Department / Non-legislative approval process

Deciding entity:

- Cannabis regulatory agency or parent agency
- Commissioner of Health
- Designated board, e.g., Board of Physicians (CT), Compassionate Use Board (UT)

Initiation:

- Petition from health care provider
- Petition from prospective patient
- Sua sponte

Standard of review:

- Maryland: the medical condition is debilitating; the pain, suffering, and disability of the medical condition can reasonably be expected to be relieved by medical cannabis; and other medical treatments have proven ineffective in providing relief
- Arizona: The specified medical condition or treatment of the medical condition impairs the ability of the individual to accomplish activities of daily living, and Marijuana usage provides a therapeutic or palliative benefit to an individual suffering from the medical condition or treatment of the medical condition

Legislative oversight:

- In many states, adoption of a new qualifying condition requires formal rulemaking including approval by a legislative committee on administrative rules

David Rak, MPH

Research Manager at Minnesota Department of Health - Office of Medical Cannabis

Master of Public Health – Maternal and Child Health / Epidemiology

Former Co-Chair CANNRA Subcommittee on Medical Use and Research

How the use of cannabis is communicated to patients and patients' providers / Treatment Protocols

Kalev Freeman, MD, PhD

MD, University of Colorado School of Medicine, Boulder, CO (2003)

PhD, Department of Molecular, Cellular and Developmental Biology, University of Colorado, Boulder, CO (2000)

Director, Trauma Physiology Laboratory, UVM Larner College of Medicine

Associate Professor of Emergency Medicine and Pharmacology, UVM

Attending Emergency Medicine Physician, UVMMC

Jessilyn Dolan, RN

American Nurses Association – Vermont, President

Vermont Cannabis Nurses Association, Founder

Next Steps / Public Comment

Next Steps

Scheduling next meetings

Meeting 3 – Active Chemicals / Ideas for improving the program

Meeting 4 – Review recommendations

Communications with CCB:

CCB.Med@vermont.gov

Subject: Stakeholder recommendations

Brainstorming topics for consideration

- Continued Access & Product Availability
- Remove the “bona fide health care professional-patient relationship” requirement
- ~~Remove the caregiver fingerprinting requirement~~
- Increase public awareness of the Medical Program
- Exempt chronic pain from annual renewal requirement
- ~~Increase plant counts and purchase caps~~
- Reciprocity for out of state patients
- Remove application fee for patients
- Reduce dispensary fee
- Expand list of qualifying conditions
- New process for adding qualifying conditions
- Consumption lounges for patients
- 3rd party testing / terpene testing
- Reconstitute a medical oversight committee
- ~~Eliminate PTSD counseling requirement~~
- Tax-free purchasing at retail for patients
- ~~Increase caregiver : patient ratios~~
- Education for patients and providers