New Hampshire
Therapeutic Cannabis Medical Oversight Board
Annual Report 2024

Membership[1]

Heather Brown, Qualifying Patient (alternate chair)
Corey Burchman, MD, Alternative Treatment Center Clinical Representative (GraniteLeaf Cannabis)
Jerry Knirk, MD, Physiatry/Orthopedics (chair)
Nadine Laughlin, APRN, Obstetrics and Gynecology
Jill MacGregor, APRN, Addiction
Richard Morse, MD, Neurology
David Nagel, MD, Pain Management
Patricia Tilley, Associate Commissioner, NH Department of Health and Human Services, designated by Jonathan Ballard, MD, Medical Director, NH DHHS
Lisa Withrow, APRN, FNP-C, ACHPN, Palliative Care

Charge

The Board's charge, pursuant to RSA 126-X:12, IV, is to "monitor and contribute to the oversight of the clinical, quality, and public health related matters of therapeutic cannabis under this chapter by:

(a) Reviewing medical and scientific evidence pertaining to currently approved and additional qualifying conditions.

(b) Reviewing laboratory results of required testing of cannabis cultivated and/or processed by an alternative treatment center and the use of pesticides on products under RSA 126-X:6, III(a)(16).

(c) Monitoring clinical outcomes.

(d) Reviewing training protocols for dispensary staff based on models from other states.

(e) Receiving updates from alternative treatment centers on effectiveness of various strains, types of cannabinoids, and different routes of administration for specific conditions.

(f) Reviewing best practices for medical providers regarding provider education, certification of patients, and patient access to the program.

(g) Reviewing any other clinical, quality, and public health related matter relative to use of cannabis under this chapter."

In addition, the Board may make recommendations to the Commissioner of DHHS to add or remove qualifying medical conditions under RSA 126-X:1, IX, based on its findings and after receiving input from the public through a public hearing process.

Lastly, the Board shall make an annual report to the president of the senate, the speaker of the house of representatives, the oversight committee on health and human services established under RSA 126-A:13, the NH Board of Medicine, and the NH Board of Nursing.

[1] Four vacancies in 2024, representing family/internal medicine, oncology, pediatrics, and psychiatry.

Meetings

The Therapeutic Cannabis Medical Oversight Board (TCMOB; Board) convened 3 times, at the offices of DHHS and remotely via Teams. Meetings were noticed on a webpage maintained by DHHS, and meeting minutes were posted at the same webpage

Activities

Legislation

The Board reviewed and provided clinical expertise and guidance on proposed legislation in the 2024 session, and it reviewed available LSRs in advance of the 2025 session.

2024 Bills

HB 431, permitting qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.

- The Board voted 6-0 to support the concept of the bill to allow patients and caregivers to cultivate cannabis, to address accessibility, cost, and availability issues The Board did not review every technical aspect of the proposed legislation.
- The Board chair provided testimony to the Legislature.
- The bill did not pass.

HB 1240, relative to eating disorders as a qualifying medical condition for the therapeutic cannabis program

- Following a scientific literature review, the Board voted 6-1 that there was not enough evidence to take a position on this bill at this time.
- The Board chair provided testimony to the Legislature
- This bill did not pass.

HB 1278, relative to qualifying medical conditions for purposes of therapeutic cannabis

- This bill would offer an alternative process for patient certification by allowing a provider to certify a patient as having either a medical condition or symptom, for which, in their clinical opinion, the benefits of using therapeutic cannabis outweigh the risks. This would allow providers with more knowledge of therapeutic cannabis, who feel they can make an appropriate clinical decision related to the risks and benefits of the use of cannabis, to certify a patient without using the existing statutory guidelines and list of medical conditions. This would be analogous to the provider making decisions of the risks and benefits of the use of any other medication, including off-label use of FDA approved medication.
- The Board voted 7-1 to support the bill.
- The Board chair provided testimony to the Legislature.
- The bill was signed into law, effective October 1, 2024.

HB 1349, relative to generalized anxiety disorder as a qualifying medical condition for the therapeutic cannabis program

- Following a scientific literature review, the Board voted 7-1 to support the bill as a stand-alone qualifying condition.
- The Board chair provided testimony to the Legislature.
- This bill was signed into law, effective September 10, 2024.

SB 418, relative to THC concentrations for driving offenses.

- The Board reviewed the literature, noting that numerous studies and organizations, including federal organizations have shown no correlation between THC levels and impairment. The Board believed that this bill would harm TCP patients in particular due to residual blood levels of THC even when there is no impairment.
- The Board voted 8-0 to strongly oppose the bill due to a lack of scientific support.
- The Board chair provided testimony to the Legislature.
- The bill did not pass.

SB 419, relative to THC limits in cannabis and reporting.

- This bill, in part, would have placed a cap on THC concentrations and products sold at the NH alternative treatment centers (ATCs). The Board believed that this would place an undue burden on patients who need higher THC doses, such as oncology patients.
- The Board voted 7-0, with one abstention, to oppose this portion of the bill.
- The Board chair provided testimony to the Legislature.
- The bill did not pass.

SB 426, relative to possession of controlled drugs in motor vehicles.

- The bill would apply the same "open container" provisions for alcohol to cannabis, when in a motor vehicle. The Therapeutic Cannabis Program strongly encourages secure and safe transport of therapeutic cannabis, including the storage of cannabis in locked container or in the trunk or cargo portion of a vehicle. The Board believed that therapeutic cannabis should be treated the same as any prescribed medication, for which there are not similar transportation restrictions. There were also many vague, undefined words in the bill.
- The Board voted 6-0, with one abstention to oppose the bill.
- The Board chair provided testimony to the Legislature.
- The bill was amended to exempt therapeutic cannabis from the proposed law, and the bill passed as amended, effective January 1, 2025.

2025 Bills

The board reviewed available LSRs for the 2025 session.

LSR 25-0010 (HB 54), allowing alternative treatment centers to operate for-profit.

- No relevance to medical issues. The Board took no position.

LSR 25-0003 (HB 51), relative to hemp-derived cannabinoids and the definition of cannabis in therapeutic cannabis.

- The legislation would permit alternative treatment centers to purchase and use non-intoxicating hemp cannabinoids for use in their products.
- The Board believed that this would facilitate having more CBD products available to patients and voted to support the bill 7-0.

LSR 25-0006 (HB 53), permitting qualifying patients and designated caregivers to cultivate cannabis for therapeutic use.

- This is the same bill as 2024's HB 1231 (and from prior years). The Board maintained its support from prior years.

Risks of Cannabis Use in Adolescence

RSA 126-X:8, XVI(c)(9), requires the Board to identify the risks of cannabis use in adolescence, to be incorporated into educational material to be made available at and provided to patients by the ATCs. The material (poster and brochure) is intended to be distributed by the ATCs, not by certifying providers, but providers may use the documents to comply with a separate statutory and rule requirement (RSA 126-X:6, VI) to counsel their patients, and their parent or legal guardian if a minor, about the risk of cannabis use in adolescence. The law requires the Board to establish the risks of cannabis use, but does not require the Board to recommend or not recommend the use of cannabis by adolescents. Based on a literature review, a draft document was reviewed and discussed at both the March and October meetings, the substance of which was accepted by a vote of 6-1. The Therapeutic Cannabis Program will work with the Department's Bureau of Drug and Alcohol Services to develop and format the final educational materials for distribution. (See Appendix 1.)

Membership

There was some turnover of the Board in 2024. Seddon Savage, representing pain management, resigned from the Board prior to the January 2024 meeting. David Nagel, MD, was appointed to the Board in January 2024, representing pain management.

Conclusion

In summary, the Therapeutic Cannabis Medical Oversight Board continues to be a high-functioning Board providing medical oversight to the Department's Therapeutic Cannabis Program. Its members are engaged, committed, and appreciative that the NH Legislature is respectful of the Board's expertise, efforts, and advice.

APPPENDIX 1

RISKS OF THERAPEUTIC CANNABIS USE BY PEOPLE UNDER AGE 25

You, or your minor child, have been certified by your healthcare provider to use cannabis to treat a medical condition and/or symptom.

Therapeutic cannabis, in particular THC, like many prescribed medications, has risks and benefits. If you have questions, ask your healthcare provider.

The brain develops rapidly during childhood and adolescence, and during that time the brain may be particularly vulnerable to the negative effects of cannabis use. No known amount of cannabis use during adolescence is known to be completely safe or free from risk. Additional research is ongoing to understand how the use of different cannabis products, dosing, and routes of administration may impact brain development. The potential impacts of cannabis use are greater the younger you start using cannabis, the more cannabis you use, and the higher the potency of the cannabis you use.

The use of cannabis in children, adolescents, and young adults under age 25 may increase the risk of the following short-term and long-term impacts:

- Impaired memory, attention, and problem-solving, which may impact learning with a decrease in IQ with heavy use. These cognitive deficits can extend into adulthood, and may persist, even after discontinuation of cannabis.[1,2,3]
- Following use, alterations in coordination, reaction time, and judgment, which may contribute to decreased athletic performance and unintentional injuries and deaths, especially with regard to driving.[1,4]
- Negative health effects on lung function with smoking and vaping.
- Increased risk of depression and anxiety.[5]
- Increased risk of short and/or long-term psychosis.[2,6] This risk increases further with frequent and higher potency use.[7]
- Increased risk of cannabis use disorder in adolescent users.[8]

Additional Information (search for the citation if the link is non-functional)

U.S. Surgeon General's Advisory: Marijuana Use and the Developing Brain, 2019

https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-marijuana-use-and-developing-brain/index.html

CDC Fact Sheet: Marijuana Use and Teens, 2021

https://www.cdc.gov/overdose-resources/pdf/marijuanafactsheets-teens-508.pdf

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4. Compton, R. (2017, July). Marijuana-Impaired Driving - A Report to Congress. (DOT HS 812 440). Washington, DC: National Highway Traffic Safety Administration. https://www.nhtsa.gov/sites/nhtsa.gov/files/documents/812440-marijuana-impaired-driving-report-to-congress.pdf

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