

# DHHS Medical Cannabis Provider Quarterly Meeting Minutes

Thursday, October 10, 2024, 8:00am-9:00am

This meeting was held virtually.

## DHHS/UDAF staff attendees:

Richard Oborn, Sara Lealos, Rebecca Brown, Amanda Hovermale, Sarah Dash, Thomas Togisala, Kris Hardy, Kerissa Nau, and Cody James

## Agenda

### 1. Welcome

- a. This meeting will be a recurring meeting. It will be held virtually the 2nd Thursday of each quarter at 8am. Individuals can register for future meetings through [Zoom](#).
- b. If this time does not work for attendees, they can suggest alternate times to DHHS for consideration by emailing [medicalcannabis@utah.gov](mailto:medicalcannabis@utah.gov).
- c. A [Google Form](#) has been created to allow individuals to suggest topics to be discussed in future meetings.
- d. A [web page](#) has been created to provide information about these meetings and to post meeting minutes.

### 2. DHHS newsletter: need to re-sign up

- a. The quarterly newsletter format has been changed and has been separated into 2 newsletters: 1 for patients and 1 for providers.
- b. Anyone interested in receiving the newsletter(s) need to [re-subscribe](#) to receive the newsletter. You can subscribe to both newsletters.

### 3. Cannabis therapy assessment tool and presentation

- a. The Cannabis Research Review Board (CRRB) created a [Cannabis Therapy Assessment Tool](#) webpage. The one-page patient assessment checklist will be posted to the webpage once finalized.
- b. The tool can be used by providers when meeting with a patient to decide if medical cannabis is right for them.

#### 4. Compliance updates

- a. Reporting fees to the department
  - i. [26B-4-204](#)(10) requires that if a recommending medical provider (or clinic they are affiliated with) advertises that they offer medical cannabis recommendations, they need to report their fees to the department.
  - ii. Recent changes to the law require the fees to be reported quarterly.
  - iii. In the future this reporting will be incorporated into EVS.
  - iv. For last quarter, an email was sent out requesting all QMPs to review the [Utah Health Cost Compare site](#), if the information is incorrect or if the information is not listed they will need to complete a [REDCap survey](#) to update the information.
  - v. Patients use the Utah Health Cost Comparison site. Thousands of patients are using this each month. Between July 1, 2024 and August 30, 2024, there were 7,614 total views of the medical cannabis cost visit website and 4,985 users.
- b. PTSD Requirements
  - i. [26B-4-203](#)(2)(j) defines what is required when PTSD is the qualifying condition. A patient needs to be treated and monitored by a licensed mental health therapist and have had a diagnosis or had the diagnosis confirmed by certain types of providers (listed in law).
  - ii. Treating and monitored providers are defined in [58-60-102](#)(15).
  - iii. If the patient has been diagnosed by the VA, the VA medical records need to be saved in the recommending medical provider's records.
  - iv. [26B-4-204](#)(5) states that a provider needs to complete a thorough assessment of the patient and their medical history before recommending medical cannabis. The assessment needs to be documented in the provider's documentation. It is the provider's responsibility to ensure that the appropriate standard of care is given, this standard would vary depending on the patient and their condition.
  - v. How to verify the requirements is not in law (unless diagnosed by the VA) and recommending medical providers should evaluate each patient and situation to decide the best way to verify.
  - vi. The department will audit providers on this portion of the law. When auditing they currently ask for the name and credentials of the provider that is currently monitoring/treating the patient, and the

provider who diagnosed/confirmed the diagnosis. The department will then verify the names and credentials. Some of the sources that they use are [DOPL Licensing Lookup](#), [Certification Matters](#), and [National Commission of Certification of Physician Assistants](#).

- c. Year-to-date compliance rate for all audit types is 95.5%!

## **5. Program statistics update**

- a. Program statistics as of September 2024:
  - i. 89,505 patients with active cards
  - ii. 958 qualified medical providers
  - iii. 76 pharmacy medical providers
  - iv. Patient limit per QMP was updated to 1,346 on 10/1/2024.
- b. QMPs, PMPs, and QMP proxies are now able to apply on behalf of the patients. It is very important to verify the accuracy of information that is entered into EVS applications. 1,600+ patients have had their applications entered by QMPs, PMPs or QMP proxies since the launch of the new EVS.

## **6. EVS updates**

- a. PMPs, QMPs, and QMP proxies can pay the card application fee on behalf of the patient. After the certification has been entered the patient's payment can be entered while still logged in as the PMP/QMP/QMP proxy.
- b. EVS requires an exact match when searching for patients. The application should have the patient's legal name, but some patients have applied with a nickname. You may need to search for both to find the existing application. If a patient has had an application in the past it is very important to keep that application and not set up a new one.
- c. QR code on the patient's medical cannabis card can be used to access the patient's application in the EVS.
- d. Not all recommendations were transferred over to the new system. If you have a specific recommendation for a patient you will want to verify that it is in the new EVS.
- e. New "My Patient List" in the EVS will be available soon. This will allow providers to search, sort, and filter their patient list in many ways.
- f. Upcoming enhancements
  - i. PMP will be able to see a QMP's office details.
  - ii. PMPs will have the ability to create and edit recommendations.
  - iii. Patient's ability to enter multiple delivery addresses (home, work, and health care facility).

- g. If you see anything in the EVS that looks confusing or wrong, contact department staff.
- h. EVS does not allow patients or providers to update DOB after the application has been registered. They will need to request a change through EVS or contact the department. The department will then review and approve the change request.
- i. If a patient has created duplicate accounts the department can merge the account, not ideal but can be done if they did accidentally create more than 1 application.
- j. If a patient is updating their login information the system asks them to wait 15 minutes before logging back. Some patients are not waiting for the 15 minutes and setting up new applications. Please help spread the word that the system does need that 15 minutes.
- k. Current EVS does not email a card to the patient once they have completed their application. This is due to a security concern.

**7. DHHS Center for Medical Cannabis contact information:**

- a. Patient support: [medicalcannabis@utah.gov](mailto:medicalcannabis@utah.gov)
- b. QMP support: [qmpcmc@utah.gov](mailto:qmpcmc@utah.gov)
- c. Compassionate Use Board (CUB) support: [cubcmc@utah.gov](mailto:cubcmc@utah.gov)
- d. Medical Cannabis Policy Advisory Board (MCPAB) support: [mcpab@utah.gov](mailto:mcpab@utah.gov)
- e. Cannabis compliance team: [cannabiscompliance@utah.gov](mailto:cannabiscompliance@utah.gov)
- f. Cannabis pharmacy support: [mcpharmacy@utah.gov](mailto:mcpharmacy@utah.gov)

The next meeting is scheduled for Thursday, January 9, 2024 at 8am MST.