

Minutes

DHHS Cannabis Medical Provider Quarterly Virtual Meeting

Jan 8, 2026 8:00 AM

1. Welcome - Sara Lealos

2. Program statistics update - Rich Oborn

- a. Current program stats:
 - i. Active patients: 107,890
 - ii. Current RMP patient limit: 1,618
 - iii. Registered recommending medical providers (RMP): 1028
 - iv. Paper-only recommending medical providers (RMPs): 210
 - v. Total PMPs: 93
- b. 2025 program milestones:
 - i. The number of active medical cannabis card holders increased by 13%.
 - ii. 35,188 new medical cannabis cardholders.
 - iii. The number of participating providers increased by 7%.
 - iv. 230 new participating providers.
 - v. On July 1, 2025, the DHHS CMC, the Utah Department of Technology Services (DTS), and the Utah Digital Experience Team (DXP) launched the new CMC website that aims to enhance the patient and provider experience. Improvements included:
 - 1. Simplifying navigation by reducing redundant links, improving website search methods, eliminating accordions.
 - 2. Enhancing mobile-friendliness.
 - 3. Reformatting and rewriting all content for clarity and conciseness, removing PDFs, and transferring information to webpages.
 - 4. Separating patient and provider information.
 - 5. Integrating a customized Service Navigator for the CMC website.

- vi. In 2025, the CMC updated the medical cannabis electronic verification software (EVS) system to be more user friendly and to comply with legislative changes.
 - 1. Updated the language in the EVS to match legislative changes (ex: changing qualified medical provider (QMP) to recommending medical provider (RMP).
 - 2. Removed the RMP fee and reduced the patient fee.
 - 3. Allowed RMPs to self-certify that they completed 4 hours of medical cannabis education.
 - 4. Updated the EVS homepage to be more mobile friendly.
 - 5. Redesigned the medical cannabis card to be easier to view on smartphones, have less personally identifiable information, match DHHS branding, increase readability, and include educational information related to safe medical cannabis use.
 - 6. Allowed patients to include multiple delivery addresses in their EVS account.
 - 7. Key successes:
 - a. Call volume reached an all-time low in May 2025, with only 1,053 calls.
 - b. Payments by phone dropped by more than half, from a monthly average of 155 in 2024 to just 76 this year.
- vii. The CMC participated in multiple education and outreach events in 2025:
 - 1. Presented information about the program to various groups, including the Utah Academy of Family Physicians, Rural Health Association of Utah, Utah Nurse Practitioner's Pharmacology Conference, and the Ogden Surgical Medical Society.
 - 2. Provided new resources to patients and providers such as the [University of Utah video series](#) on how to talk to a medical cannabis patient, provider, or pharmacist and the [American Medical Association podcast series](#) on cannabis. We continue to send out quarterly email newsletters to provide targeted information to medical providers more efficiently.
 - 3. Created process pages to assist patients and providers in navigating the online services offered by the CMC.

4. Created the [patient product information webpage](#) and printable one pager that is provided by medical cannabis pharmacies to patients when they buy medical cannabis.
5. Created the [how to recommend medical cannabis to patients](#) handout and the [basic information about the medical cannabis program](#).

3. DHHS legislative proposals - Rich Oborn

- a. DHHS has proposed a few changes to law to state lawmakers in preparation for the 2026 legislative session that begins on Jan. 20. These proposals are only suggestions. Lawmakers may choose to add these suggestions to their bills.
 - i. Technical changes:
 1. Change the term “qualified medical provider” to “recommending medical provider”.
 2. Remove some of the required fields that must print on the caregiver card.
 3. Clarify the statute to allow CMC to fund public education campaigns.
 4. Require RMPs to inform patients about potential effects associated with frequency, age, and high THC products.
 5. Allow a court ordered guardian of an adult who is incapacitated to apply on behalf of the patient.

4. Rule update - Sara Lealos

- a. The amended CMC rules have been approved and we did not receive any public comment. The rules will become effective within the next few days.

5. Continuing education updates - Sara Lealos

- a. The RMP proxy required training has been updated. The new course will be added to the proxy EVS application within the next few days. Any new or renewing proxy will need to take this new course after March 2, 2026.
- b. CMC is working on a PMP law course that will satisfy the ½ hour requirement that is part of the PMP’s continuing education requirement. A link will be added to the medicalcannabis.utah.gov webpage when it is ready.

6. Research opportunities - Sara Lealos

- a. The medical provider survey and the health facility survey were both completed last year. Our team is reviewing the survey results. The CMC will share the survey results once they have them.
- b. Email the CMC if you have any research ideas. The CMC can review deidentified data to find trends. We welcome any ideas from the industry of what items they would like us to research next.

7. EVS updates - Amanda Hovermale

- a. We are currently not making changes to the EVS as we wait for the Utah Department of Agriculture and Food to launch their new inventory control system (ICS) hub product. Once the system is launched we will again begin working on backlog items and EVS updates.
- b. Common issues within the EVS
 - i. Check and double check the date of birth and last 4 digits of the social security number when applying on behalf of a patient. If they are not correct the system will create a duplicate application which causes issues for the patient.
 - 1. To correct this: upload the patient's ID to the files in EVS and then email us to let us know.
 - ii. Can't sign in with UtahID. UtahID was recently updated to delete any account that was set up to login through other sources (i.e. log in with Google).
 - 1. To correct this: create a new account at id.utah.gov. If it does not link to your application, contact us so we can manually connect the new account to your application.
 - 2. Tip: When making changes to your account, it takes up to 10 minutes to sync. Do not sign into any State systems until you have waited those 10 minutes.

8. CMC visits to industry

- a. In 2026 we want to visit some of the different pharmacies and clinics to learn from the professionals who work there. This is a way for our team to interact with facilities and learn about their experiences with patients and cardholders.

9. Questions

- a. Q: Can an RMP see the new PMP law course? A: Yes, once it is made public anyone can access the training and take it. The CMC will also be creating an RMP law course in the future as well.
- b. Q: What should we be watching for as the legislative session begins? A: Reviewed legislative proposals in agenda item number 3. Some bills that are already posted that may have some impact on the medical cannabis program are SB66 and SB101. Review bills at [le.utah.gov](https://leg.utah.gov).
- c. Q: How would the federal reclassification of cannabis affect the Utah medical cannabis program? A: For now, it does not change the program. Patients still need to work with a medical provider and a licensed medical cannabis pharmacy to obtain medical cannabis.

The next meeting is scheduled for April 9, 2026 at 8am.