STATE OF IOWA DEPARTMENT OF

Health AND Human SERVICES

Medical Cannabidiol Board

ANNUAL REPORT TO THE IOWA GENERAL ASSEMBLY

December 2023

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Medical Cannabidiol Board

2023 ANNUAL REPORT TO THE IOWA GENERAL ASSEMBLY

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ACKNOWLEDGMENTS:

Iowa Medical Cannabidiol Board Members – Captain Mike McKelvey, Chair; Dr. Robert Shreck, MD; Dr. Stephen Richards, DO; Dr. Andrea Weber, MD; Dr. Michael Colburn, MD; Dr. Mohamad Mokadem, MD.

IOWA HHS

Table of Contents

IOWA HHS

List of Figures

IOWA HHS

Executive Summary

Iowa Code chapter 124E was enacted on May 12, 2017. This code chapter established the Medical Cannabidiol Board (Board). The Board is tasked with the following responsibilities:

- Accepting and reviewing petitions to add medical conditions, medical treatments or debilitating diseases to the list of debilitating medical conditions for which the medical use of cannabidiol would be medically beneficial under this chapter.
- Making recommendations relating to the removal or addition of debilitating medical conditions to the list of allowable debilitating medical conditions for which the medical use of cannabidiol under this chapter would be medically beneficial.
- Working with the department regarding the requirements for the licensure of medical cannabidiol manufacturers and medical cannabidiol dispensaries, including licensure procedures.
- Advising the department regarding the location of medical cannabidiol manufacturers and medical cannabidiol dispensaries throughout the state.
- Making recommendations related to the form and quantity of allowable medical uses of cannabidiol.

The Board also has the authority to make a recommendation for a statutory revision to the definition of medical cannabidiol to increase the allowable tetrahydrocannabinol (THC) level in medical cannabidiol products manufactured and sold in the state of Iowa.

This report summarizes the Board's activities, recommendations for improvement, program highlights, and program data during calendar year 2023. The data within the following figures and tables for this report were obtained through November 2023, from the Patient Registry and Secure Sales-and-Inventory-Tracking-System. The Board recommendations highlighted in this report were developed to improve Iowa's Medical Cannabidiol Program.

The vision for the medical cannabidiol program for Bureau of Cannabis Regulation (BCR) at the Iowa Department of Health and Human Services (HHS) is to have a high-quality, effective, and compliant program for Iowa residents with qualifying medical conditions. The BCR works to balance a patient's access to treatment of their qualifying condition, while also ensuring the safety and quality of the products. The BCR oversees the registration of patients and caregivers, as well as the manufacture, testing, and dispensing of medical cannabidiol products. The BCR places focus on IT automation and quality improvement to meet program and stakeholder needs as volume increases, in order to meet these needs with limited expenditures and personnel.

On July 1, 2023, in agency consolidation pursuant to Senate File 514, Iowa's Consumable Hemp program was absorbed into HHS from the Department of Inspections and Appeals (DIA). Within HHS, this created a Bureau of Cannabis Regulation, which regulates both "Medical Cannabis" and "Consumable Hemp;" representing regulatory consolidation of cannabis products for human consumption in Iowa.

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Report on Activities of the Board

I. BOARD MEETINGS

The Board held four meetings during calendar year 2023.

- February 10, 2023
- February 27, 2023
- June 16, 2023
- September 15, 2023

FEBRUARY 10, 2023

At its February meeting, the Board considered a petition to add vaporizable flower as an approved form in Iowa's program. The Board motioned to form a subcommittee and provide a report and recommendation on the petition to the full Board. The impending agency alignment bill was also discussed, proposing consolidation of Iowa's Consumable Hemp program with Iowa's Medical Cannabis program at HHS. The Board reviewed recommendations from a subcommittee formed after the November 2022 meeting to make recommendations on improving the patient-provider relationship in the program. The recommendations included working with licensees on compliant marketing, creating education for providers on the program's 4.5g THC per 90-day purchase limit, and rulemaking to allow more clarity around marketing and advertising. The Board also received a data update from 2022, which saw more than 300 new certifying providers, and more than 15,000 new patient applications.

FEBRUARY 27, 2023

This meeting was scheduled following the February 10, 2023 meeting in order to provide a formal report and decision on the petition to add vaporizable flower as an allowed form. The subcommittee of the Board consisted of Drs. Shreck, Stoken, and Richards. The Board unanimously denied the petition, and its formal report is attached as an appendix.

JUNE 16, 2023

At its June meeting, the Board did not consider any petitions for new qualifying conditions. The Board received an update on the migration of the consumable hemp program into HHS on July 1. The Board received an update on the changes to administrative rule in accordance with a statewide Red Tape Review. HHS communicated to the Board that many of the Board's concerns around advertising and marketing were going to be addressed. The Board gave a warm send-off to Dr. Stoken, as this was her last meeting with the Board and opted to not seek reappointment of her seat for pain management.

September 15, 2023

At its September meeting, the Board did not consider any petitions for new qualifying conditions. The Board received an update on the timely launch of the consumable hemp program in new

Bureau of Cannabis Regulation within HHS. The program also communicated it had submitted its Red Tape Review in late July, with the first public hearings to be held in November. As there were no program bills that passed during the 2023 session, the Board motioned to re-adopt the recommendations from the 2022 annual report for the 2023 report.

II. MAKING RECOMMENDATIONS FOR ADDING OR REMOVING MEDICAL CONDITIONS

In the calendar year 2023, there were no petitions for new qualifying debilitating medical conditions submitted by the public for the Board's consideration.

III. 2023 RECOMMENDATIONS OF THE BOARD TO THE IOWA GENERAL ASSEMBLY

1. AMENDING THE NAME OF CHAPTER 124E TO "THE IOWA MEDICAL CANNABIS ACT"

The Board recommends renaming Chapter 124E to be the "The Iowa Medical Cannabis Act" to accurately reflect that products containing THC are authorized to be sold and manufactured by the current law, to acknowledge the inclusion of all cannabinoids in Iowa medical cannabis products, mitigate confusion among program stakeholders, and improve program education.

The term "medical cannabidiol" may have been relevant prior to HF2589 and Iowa using a 3% THC limit on products, but Iowa remains the only state using this language to describe its medical cannabis program. As Iowa allows product formulations similar to those allowed by other medical cannabis programs, it would be congruent with the rest of the country to update the name of the program in Iowa statute. Additionally, the proliferation of intoxicating products in the consumable hemp program further exacerbates this messaging issue. Continued use term "medical cannabidiol" is contributing to a knowledge and communication barrier, and causes confusion among the general public, law enforcement and many other stakeholders who are otherwise unaware that high-THC products are legally available in Iowa.

2. ADDITIONAL MEDICAL CANNABIDIOL DISPENSARIES

The Board recommends that HHS be allowed to license dispensaries additional to the number prescribed by Iowa Code chapter 124E, in an effort to provide Iowans with greater geographical access to medical cannabis products. Currently, chapter 124E limits the number of dispensaries to five. This could be accomplished by removing the prescribed number of licenses, and giving the Department authority to issue additional licenses based on evidenced-based demand analysis.

3. REMOVING SALES TAX FROM PATIENT PURCHASES AT A DISPENSARY

In an effort to reduce the cost burden of medical cannabidiol products on patients, the Board recommends that the sale of medical cannabidiol products be exempt from sales tax, as is the case for traditional prescribed medications. **Senate File 2157** was introduced in 2022 and provides a template pathway.

4. INCLUSION OF PHSYICIAN ASSISTANTS(PA) AND/OR ADVANCED REGISTERED NURSE PRACTITIONERS(ARNP) IN THE MEDICAL CANNABIDIOL BOARD

In an effort to be inclusive of the disciplines allowed to certify patients for the use of medical cannabidiol, the Board recommends expanding the nine-member Board to allow PAs and ARNPs to be Board Members. The current licensure requirements for Board members are not afforded to PAs and ARNPs, therefore, Chapter 124E would need to be amended to allow dedicated seats for a PA and/or ARNP.

5. IOWA TAX STATUS: LICENSEE EQUALITY WITH TRADITIONAL BUSINESSES

In an effort to reduce the tax burden placed on plant-touching cannabis operators in light of the Federal schedule I status of cannabis, the Board recommends decoupling Iowa's tax code from Section 280E of the federal tax code for individual and corporate tax purposes. Iowa's tax code "couples" or matches the federal tax code unless the state actively decouples it. **Senate File 2157** was introduced in 2022 and provides a template pathway.

6. PROVIDE A MECHANISM FOR CERTIFYING PRACTITIONERS TO RECEIVE PATIENT PURCHASING DATA UPON REQUEST TO THE DEPARTMENT

Chapter 124E does not authorize the Department to provide patient purchasing information back to a certifying provider, as is the case with the traditional Prescription Drug Monitoring Program (PDMP). The Board recommends that authority be given to the Department to provide patient purchasing information to providers for patients they have certified.

7. IMPROVEMENTS IN THE PATIENT PROVIDER RELATIONSHIP, AND OVERSIGHT OF TELEHEALTH CONSULTATIONS

The Board has expressed concern with telehealth providers who may not be maintaining patient-provider relationships with patients they are certifying, or do not establish care with patients in the traditional sense. The Board recommends the citation of the Board of Medicine's rules around standards of practice for telemedicine (**653 IAC 13.11(7)**) in Chapter 124E.

8. SEEK A FEDERAL EXEMPTION FOR IOWA'S PROGRAM

The Board recommends that a task force of legal experts be authorized, similar to the current board of medical experts, to assist the Department in navigating the legal issues involved with requesting an exemption for Iowa's program from necessary Federal agencies. This is related to a recommendation in the Board's 2019 Annual Report and the passage of **HF2589** in June 2020.

IV. MANUFACTURER AND DISPENSARY LICENSING

MANUFACTURING

On September 8, 2020 the Department posted an RFP to license a second manufacturer. On December 22, 2020 the Department posted a Notice of Intent to Award this license to ICC MFG Holdings, LLC for Cedar Rapids, and issued this license on February 17, 2021. A formal request was made, and approved by the Department, to extend the operational timeline of the manufacturing facility to June 1, 2022. An additional request was made to relocate the location of the manufacturing facility from Cedar Rapids to Iowa City, and a new operational timeline of May 1, 2023 was approved by the Department. At the time of publication of this report, ICC's facility is operational, and intends to deliver products to Iowa dispensaries in Q1 of 2024.

DISPENSING

As of October, 2021, all five available dispensary licenses have been operational and dispensing to patients. MedPharm Iowa, LLC (dba Bud & Mary's) maintain licenses in Windsor Heights (Des Moines) and Sioux City. Iowa Cannabis Company maintains licenses in Iowa City, Waterloo, and Council Bluffs.

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2023 Program Data

The data for this report, unless otherwise noted, comes from the Department's Secure Sales and Inventory Tracking System and Patient Registry, a secure, web-based application system.

I. HEALTHCARE PRACTITIONERS

Healthcare practitioners are not required to complete specific training on medical cannabis prior to certifying a patient for the Iowa Medical Cannabidiol Program. A healthcare practitioner is defined as a physician (MD/DO), physician assistant (PA), advanced registered nurse practitioner (ARNP), or a podiatrist (DPM). Figure 1 depicts the number of healthcare practitioners (HCPs) in a month who have certified their first unique patient, as well as the cumulative number of HCPs who have certified at least one patient since the beginning of the program.

FIGURE 1.

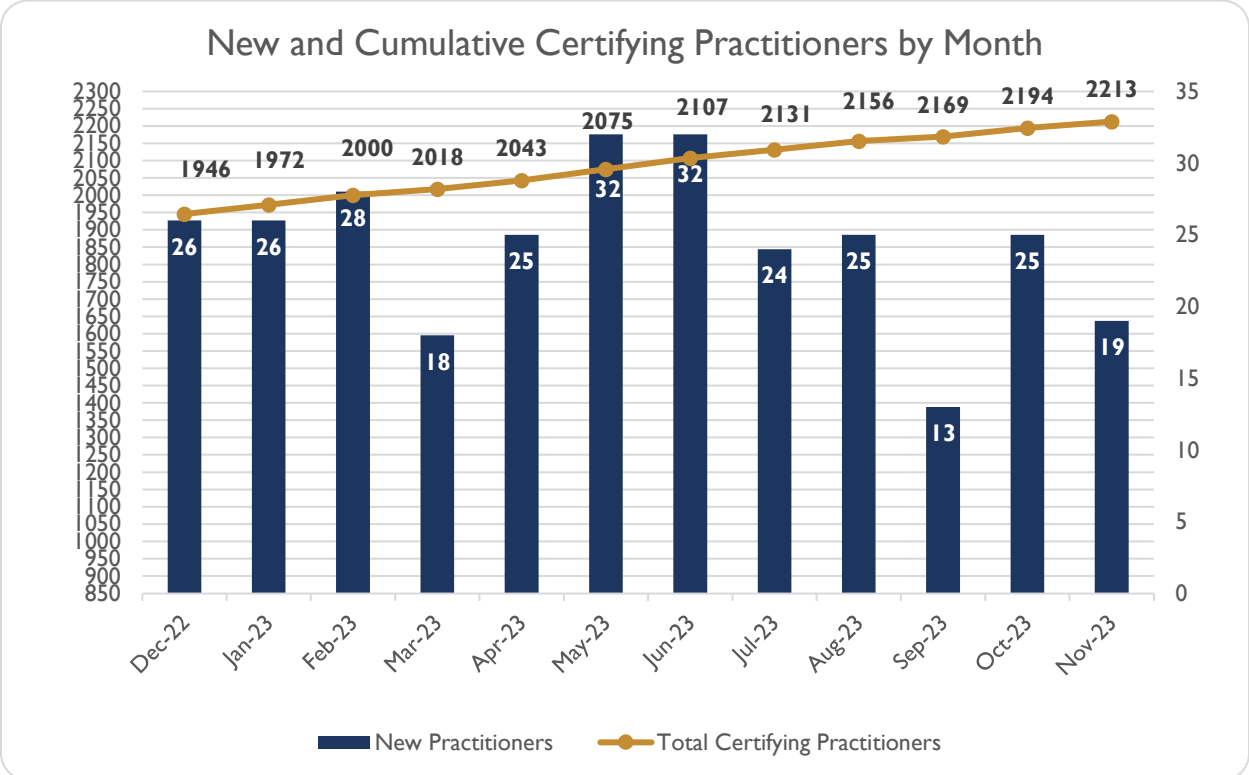
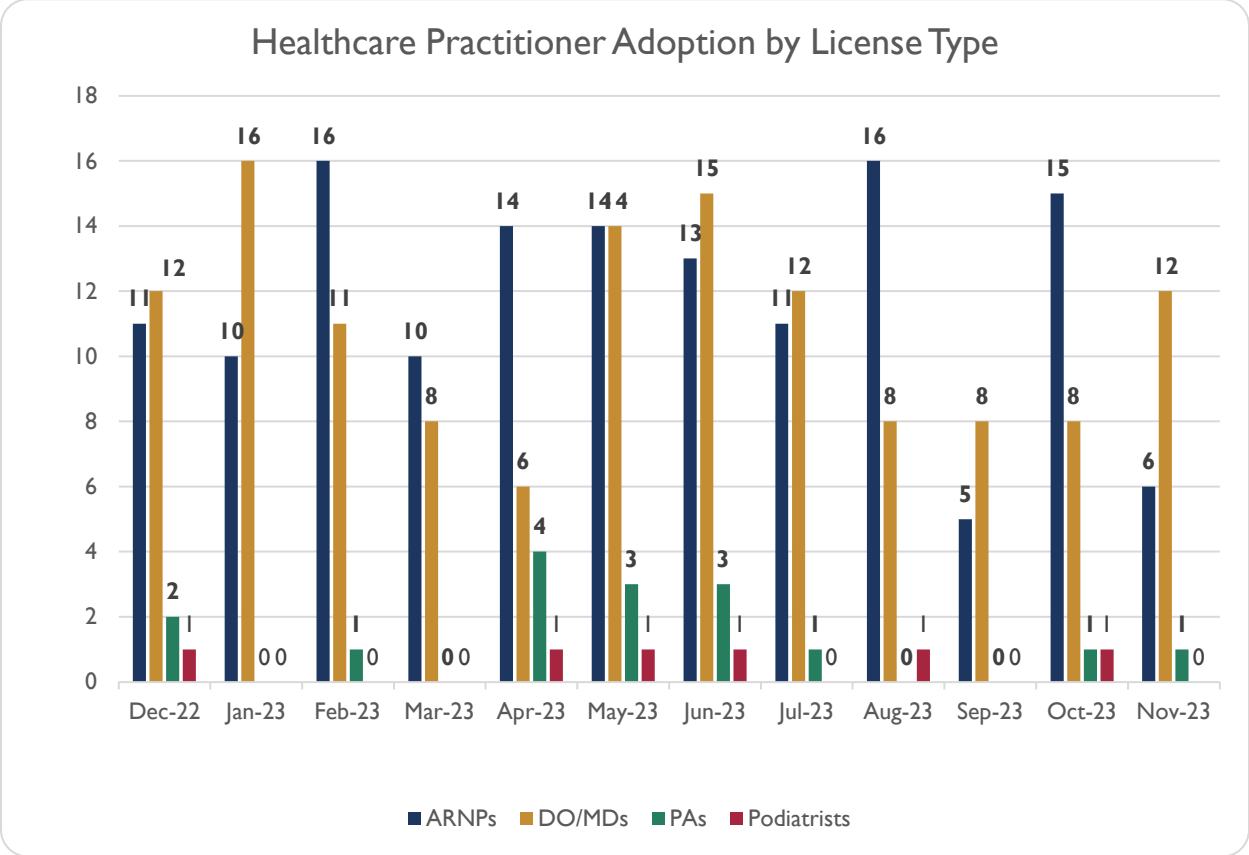


Figure 2 depicts the number of ARNPs, DO/MDs, PAs and podiatrists who have certified their first unique patient in the last year. Prior to July 1, 2020, ARNPs, PAs and podiatrists were not authorized to certify patients.

FIGURE 2

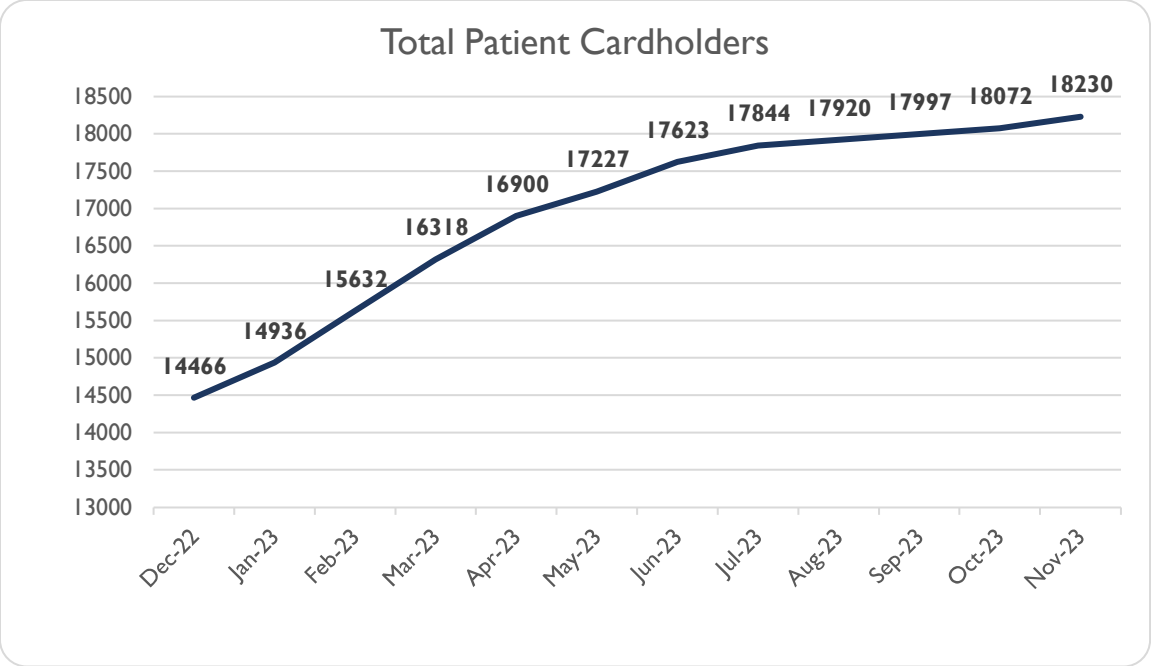


II. PATIENTS AND CAREGIVERS

In order to purchase medical cannabis products from Iowa's licensed dispensaries, patients must have their qualifying medical condition certified by a healthcare practitioner. Once certified, a patient can apply for a registration card that is valid for one year.

Figure 3 depicts the number of patients with active registration cards in each month of 2023. Prior to July 1, 2020 registration cards were issued by the Iowa Department of Transportation. Iowa Department of Public Health began issuing cards on July 1, 2020.

FIGURE 3



Designated caregivers are individuals who are certified by a patient's healthcare practitioner to purchase and possess medical cannabis products on behalf of a patient. A caregiver is designated if a patient is too ill, immobilized or otherwise unable to visit a dispensary. Figure 4 depicts the number of caregiver registration cards issued in each month of 2023. The cumulative number of caregiver cards issued since the beginning of the program is also depicted as a trend line.

FIGURE 4

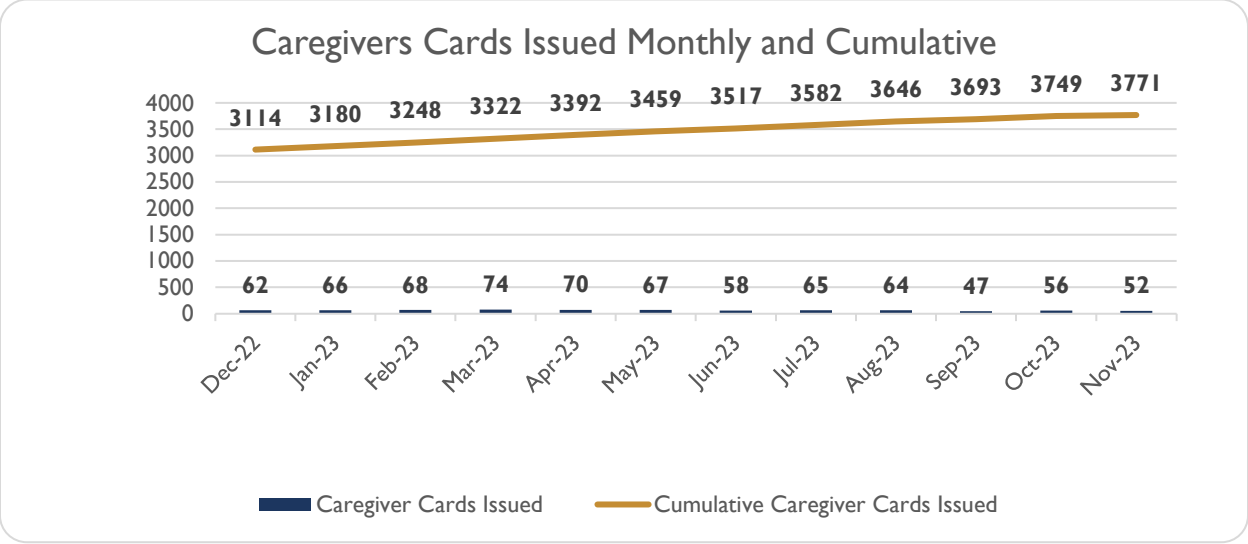


Figure 5 depicts the number of registration cards issued to patients in each month of 2023. The monthly patient cards issued includes new patients, as well as patients who may have renewed their registration card. The cumulative numbers of patient cards issued since the beginning of the program are displayed using a trend line.

FIGURE 5

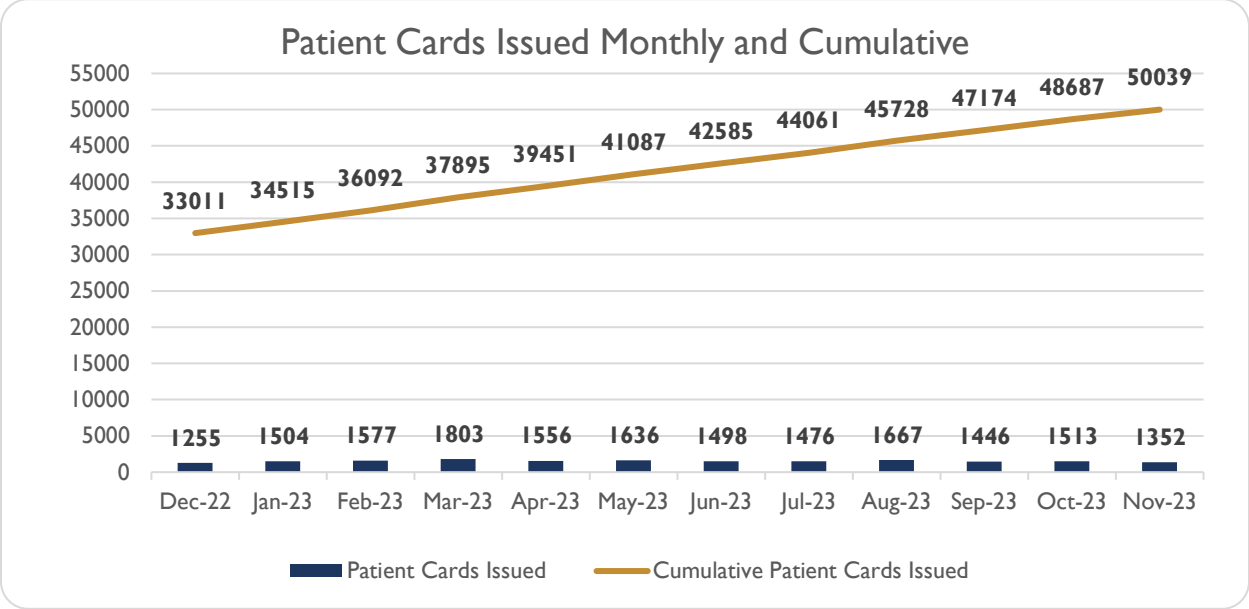


Figure 6 depicts the certifications by age bracket for each qualifying debilitating medical condition for all active patient cardholders.

FIGURE 6

Age	AIDS/HIV	ALS	Autism	Cancer	Chronic Pain	Crohn's	MS	Parkinson's	PTSD	Seizures	Terminal Illness	Ulcerative Colitis	Total	% of Total
10 or Under	0	0	42	0	3	0	0	0	3	6	0	1	55	0.30%
11 - 17	0	0	42	3	17	2	0	0	10	8	1	1	84	0.46%
18 - 30	3	1	33	17	1305	35	4	2	890	60	0	16	2366	12.97%
31 - 40	10	0	6	64	2716	48	44	4	1360	76	0	29	4357	23.88%
41 - 50	16	1	6	105	3001	37	66	8	853	66	1	35	4195	22.99%
51 - 60	19	3	2	176	2340	20	41	24	360	23	1	14	3023	16.57%
61 - 70	14	5	1	235	2249	15	39	36	188	18	3	13	2816	15.43%
71 - 80	3	1	0	131	854	8	4	45	36	7	2	4	1095	6.00%
81 - 90	1	0	2	20	163	0	4	18	2	0	0	1	211	1.16%
Over 90	0	0	0	7	38	0	0	1	0	0	0	0	46	0.25%
Grand Total	66	11	134	758	12686	165	202	138	3702	264	8	114	18248	100.00%
% of Total	0.36%	0.06%	0.73%	4.15%	69.52%	0.90%	1.11%	0.76%	20.29%	1.45%	0.04%	0.62%	100.00%	

Figure 7 represents the patient population percentage by gender.

FIGURE 7

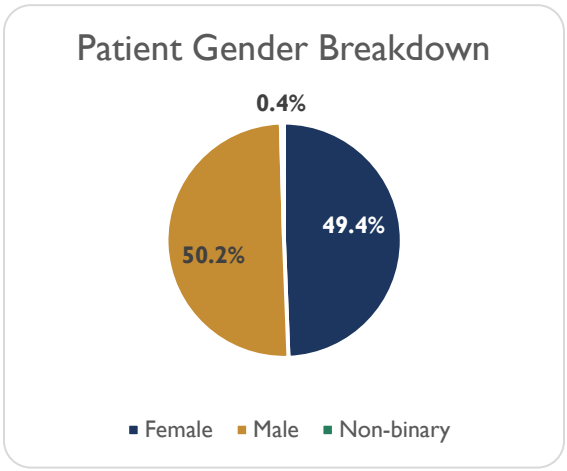
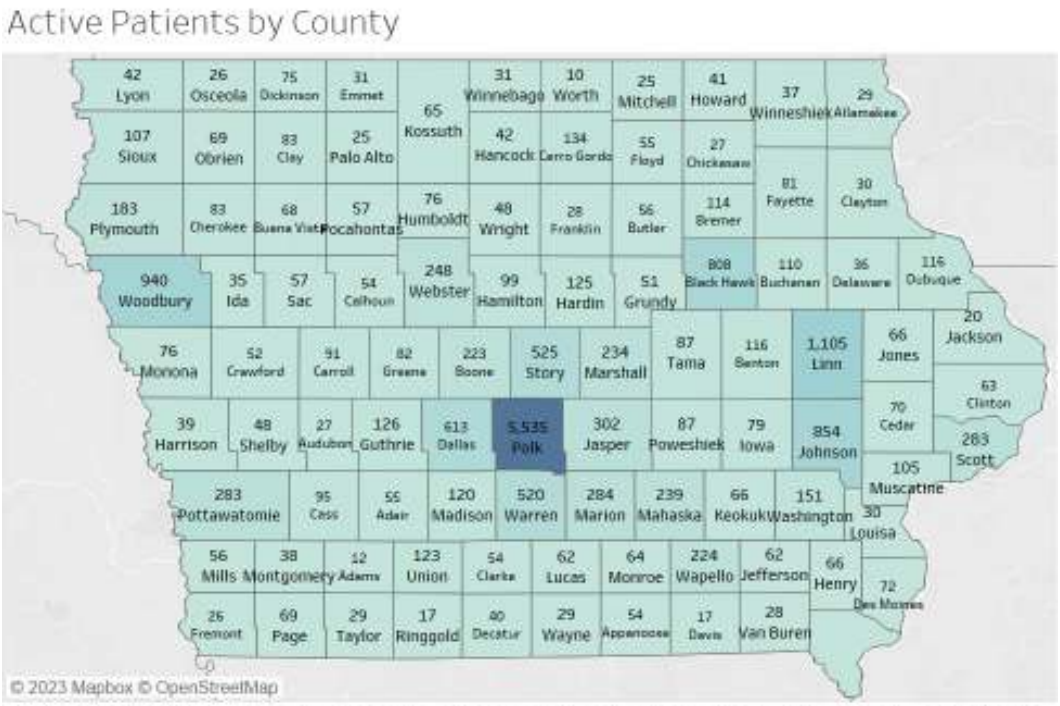


Figure 8 represents the density of active registration card-holders by county in Iowa.

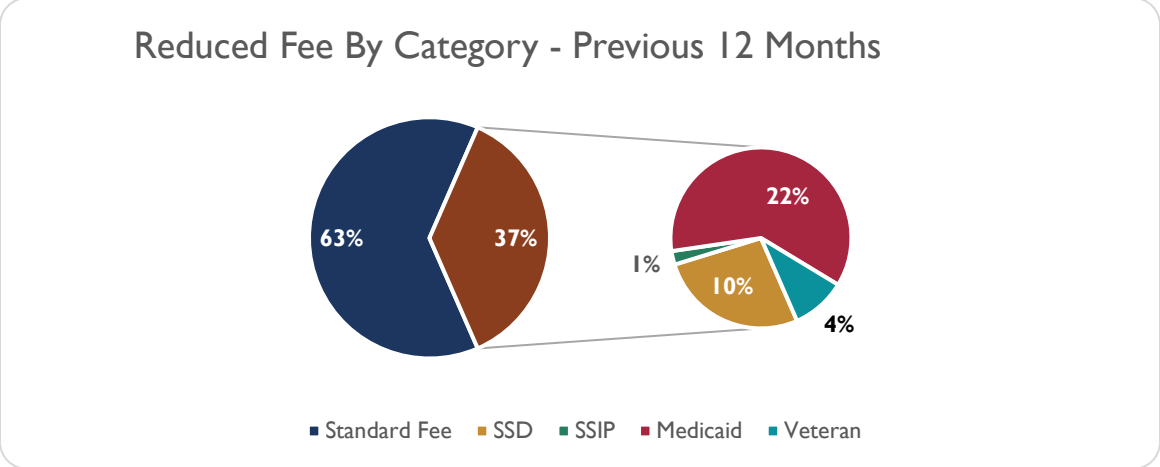
FIGURE 8.



Map based on Longitude (generated) and Latitude (generated). Color shows Number of Records - Supressed. Size shows details about County (group). The marks are labeled by Number of Records - Supressed and County (group). The data is filtered on Record Type Name and Application Status. The Record Type Name filter keeps Minor_Patient and State_Patient_Record. The Application Status filter keeps Approved, Issued and Minor. The view is filtered on Longitude (generated), which keeps non-Null values only.

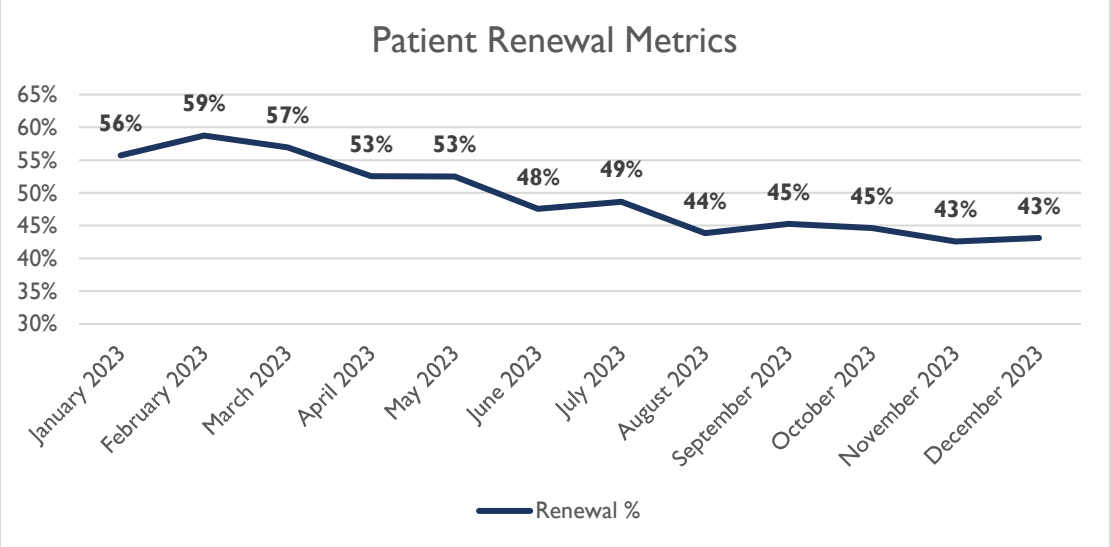
Patients in Iowa are eligible for a reduced fee when applying for their medical cannabis registration card. If a patient can provide proof of Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or Medicaid, they are eligible for a reduced fee. In 2023, via updates to administrative rule, proof of Veterans status became eligible for the reduced application fee. Figure 9 depicts the percentage of standard ($100) or reduced ($25) fee applications, as well as the percentage of each reduced fee type.

FIGURE 9



Patients are eligible to renew their card as it comes to expiration one-year after issuance. Figure 10 represents renewal data during calendar year 2023.

FIGURE 10



III. DISPENSARY SALES

Iowa's licensed dispensaries are required to transmit their medical cannabis dispensing data to the state's Secure Sales and Inventory Tracking System on a real-time basis.

Figure 11 depicts the number of unique patients who visited a dispensary in a given month in 2023, as well as the total dispensary visits each month during 2023.

FIGURE 11

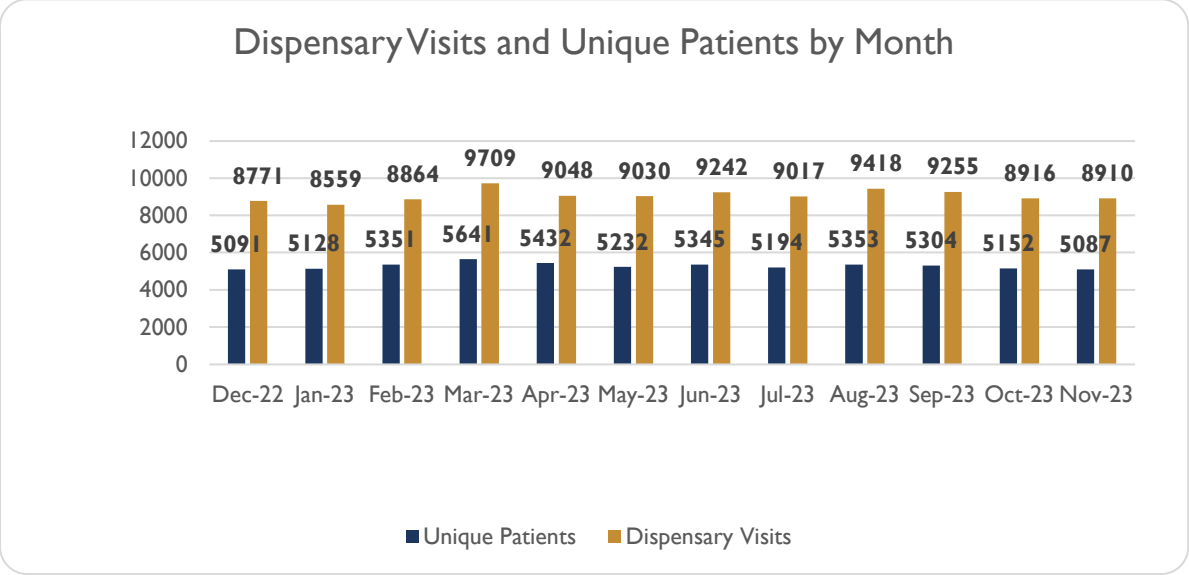


Figure 12 represents the average transaction price (excluding tax) amongst Iowa's licensed dispensaries during 2023.

FIGURE 12

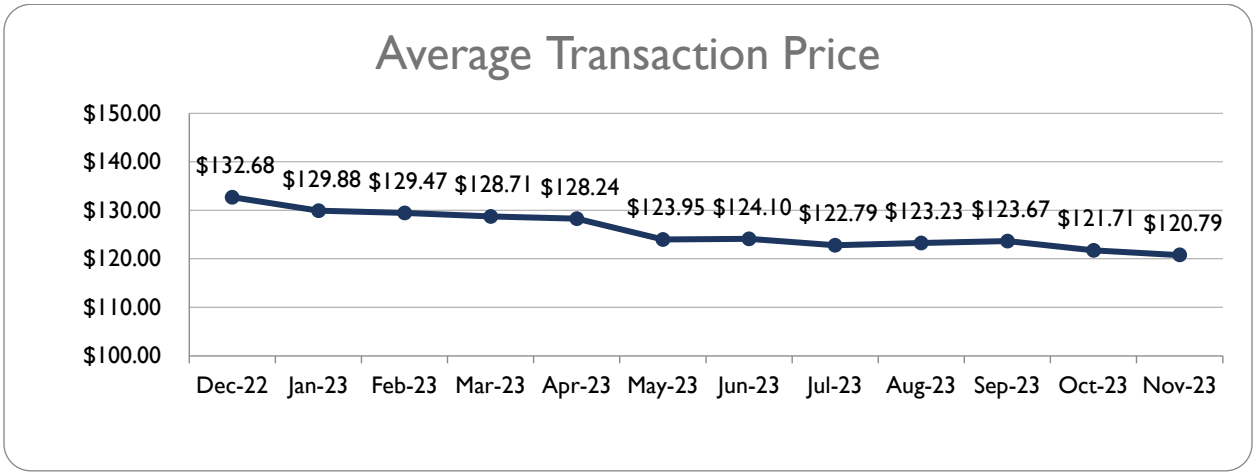
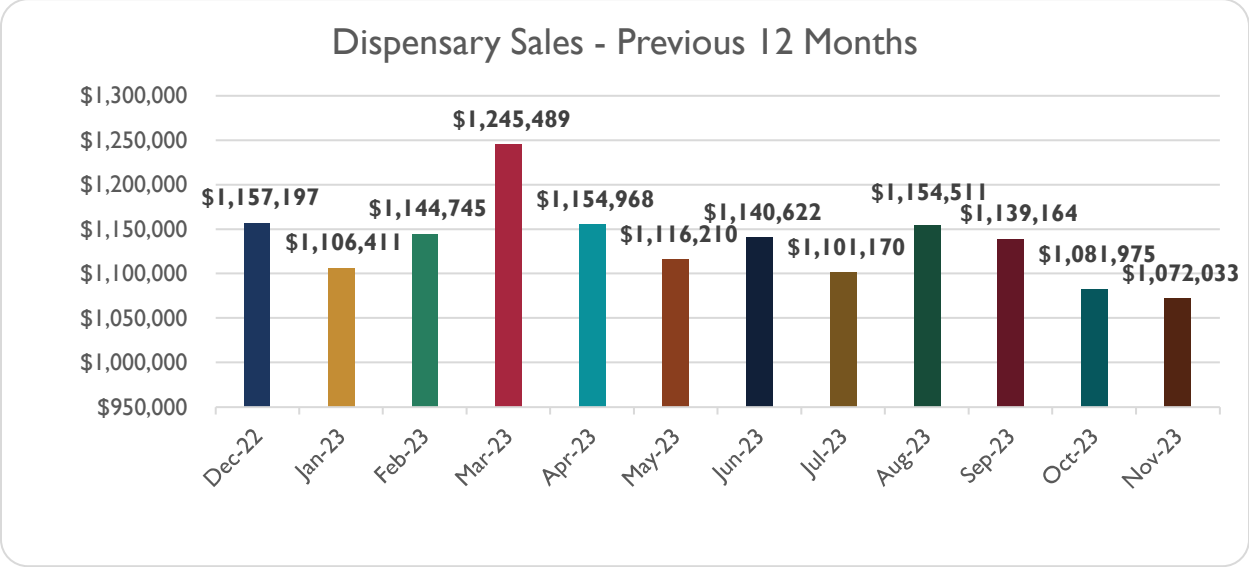


Figure 13 represents the total sales (excluding tax) in each month of 2023 among Iowa's five licensed dispensaries. In calendar year 2023, the program saw **$13,614, 495** in cumulative sales, an average of $1,134,541 per month. As compared to cumulative 2022 sales of $10,170,483, 2023 saw a 24% increase.

FIGURE 13



Chapter 124E allows Iowa's two licensed manufacturers to manufacture products in the following forms: oral forms (tinctures, capsules, tablets and sublingual forms), topical forms (gels, ointments, creams, lotions and transdermal patches), nebulizeable forms, suppository forms and vaporized forms (vaporized forms became available for sale on August 7, 2019). Figures 14 & 15 depict the percentage of product sales in 2023 by formulation and product type.

FIGURE 14

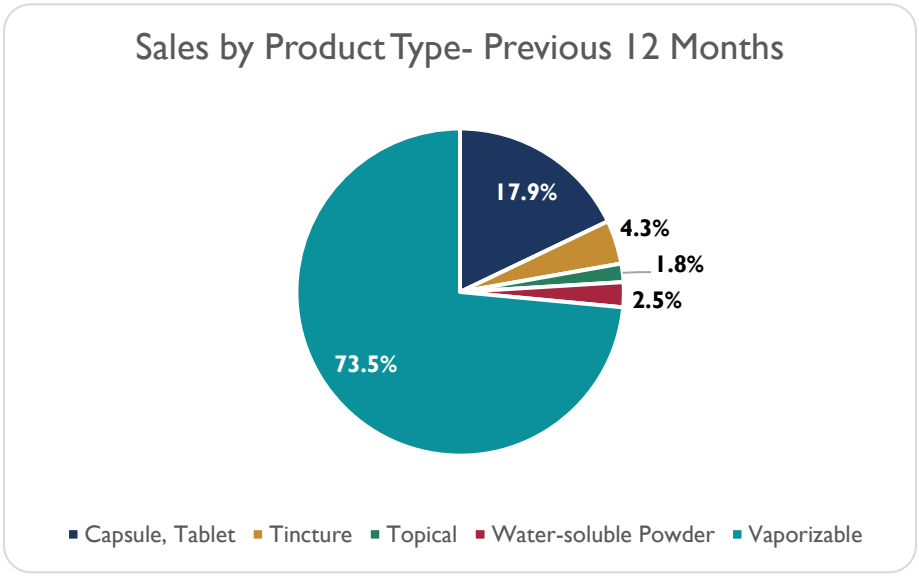


FIGURE 15

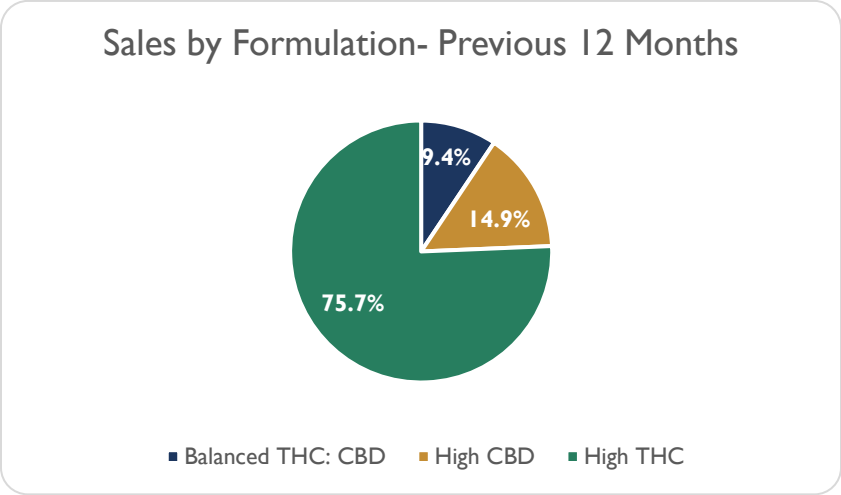
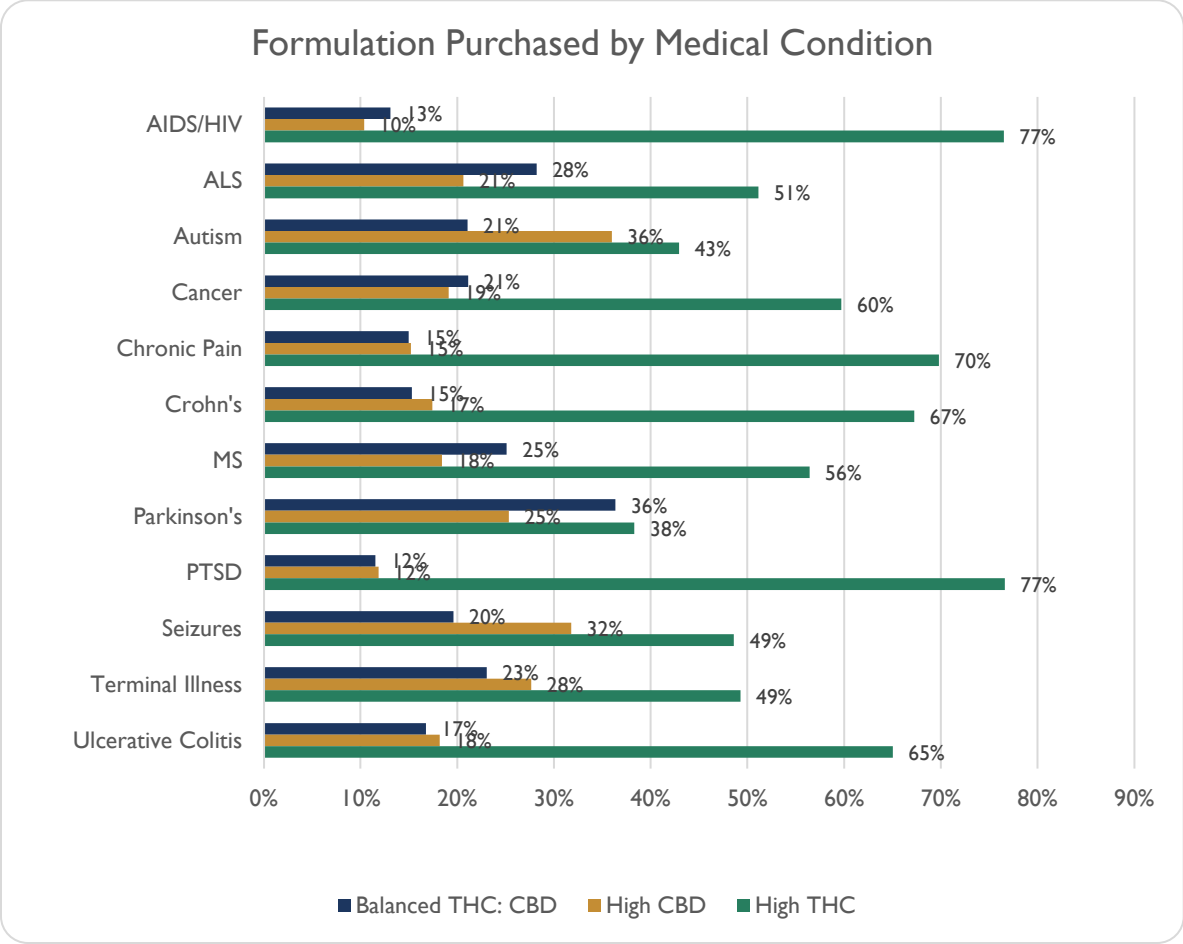


Figure 16 provides percentage-based purchasing behaviors for a given product formulation and qualifying condition.

FIGURE 16



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IV. THC WAIVERS

Patients are eligible for a waiver to purchase additional THC than the standard 4.5 g per 90-day limit, if: 1. They are certified for a terminal illness, or 2. If having participated in the program, their original certifying provider completes a waiver for a larger amount.

Figure 17 represents month-over-month (previous 12 months) waiver numbers as a percentage of the patient population with *active* registration cards using the blue trend line. The gold trend line represents the percent-change in that percentage month-over-month.

FIGURE 17

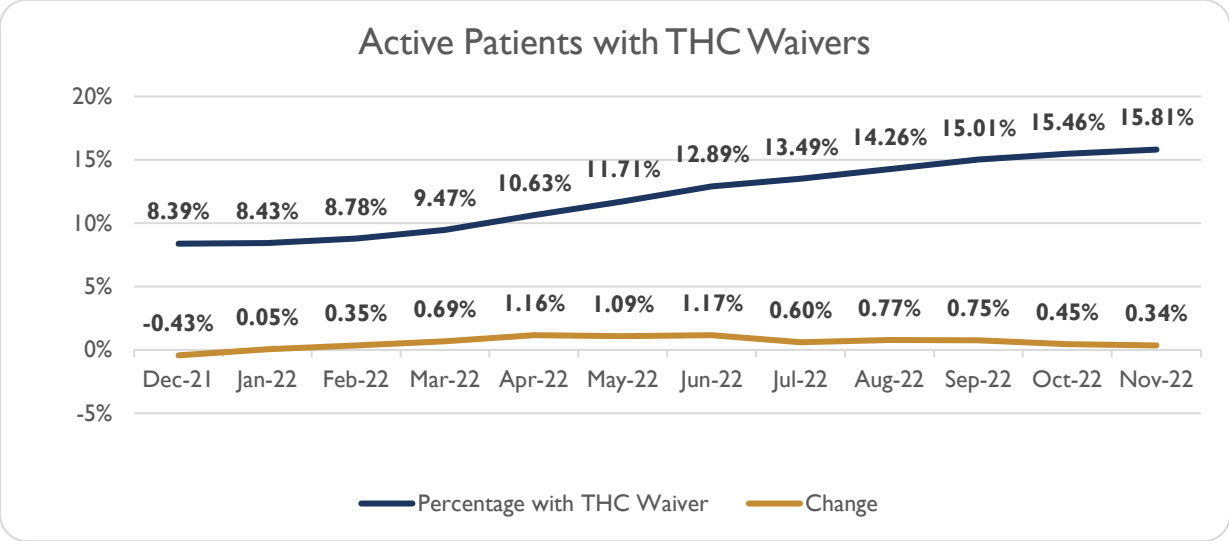


Figure 18 represents the aggregate number of waivers that have been issued for the defined THC-dose ranges for all patients (in g THC/90-days). The data represents all waivers since implementation in July, 2020.

FIGURE 18

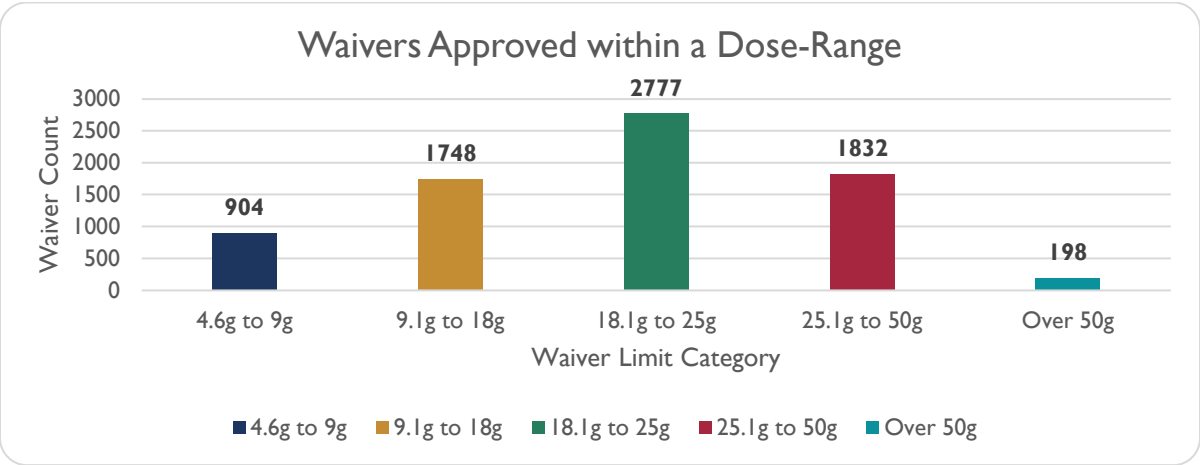


Figure 19 represents percentage-based aggregates of time that a patient participated in the program before being approved for a THC-waiver. The buckets of time defined on the x-axis represent the time spent participating in the program prior to a patient being issued their *first* THC-waiver. The data represents all waivers since implementation in July, 2020.

FIGURE 19

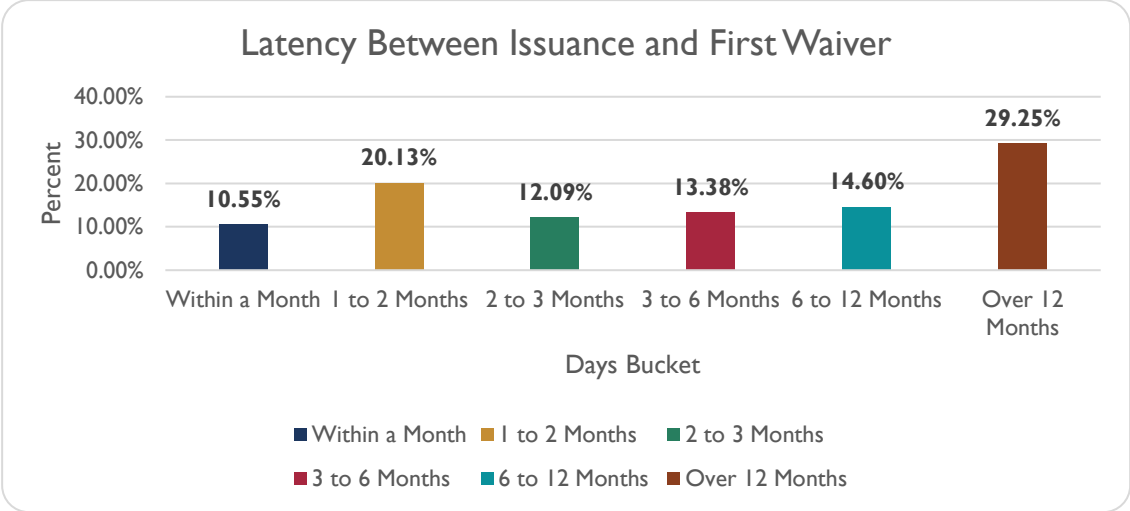


Figure 20 represents the maximum 90-day THC purchase behavior in g THC/90 days) in any given 90-day period that the patient has had a waiver. The data reflects all patients with waivers, regardless of the specific dose indicated on a patient's waiver. As follow-up to Figure 17, the data indicates that regardless of what dose a patient's waiver may be for, they are purchasing well below their limit. Indeed, some patients with waivers have made no purchases at all.

FIGURE 20

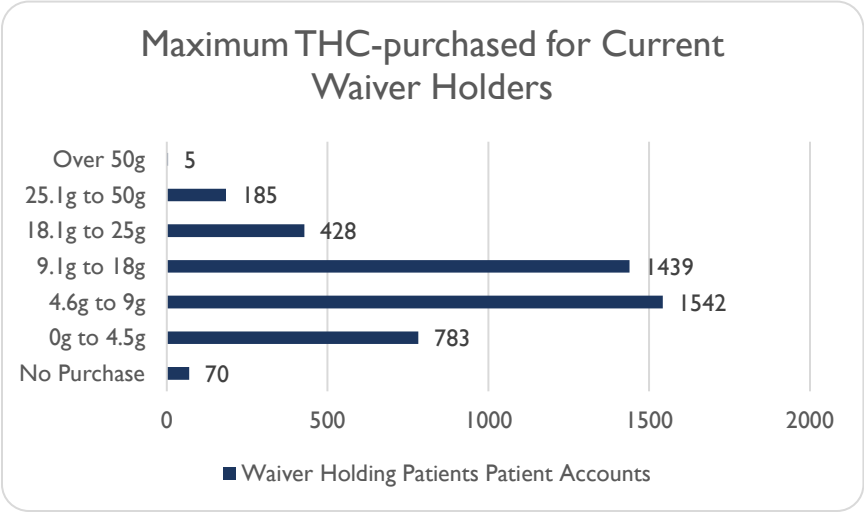


Figure 21 represents the aggregate numbers of waivers approved for a given qualifying condition. The data represents all waivers issued for *active* patients.

FIGURE 21

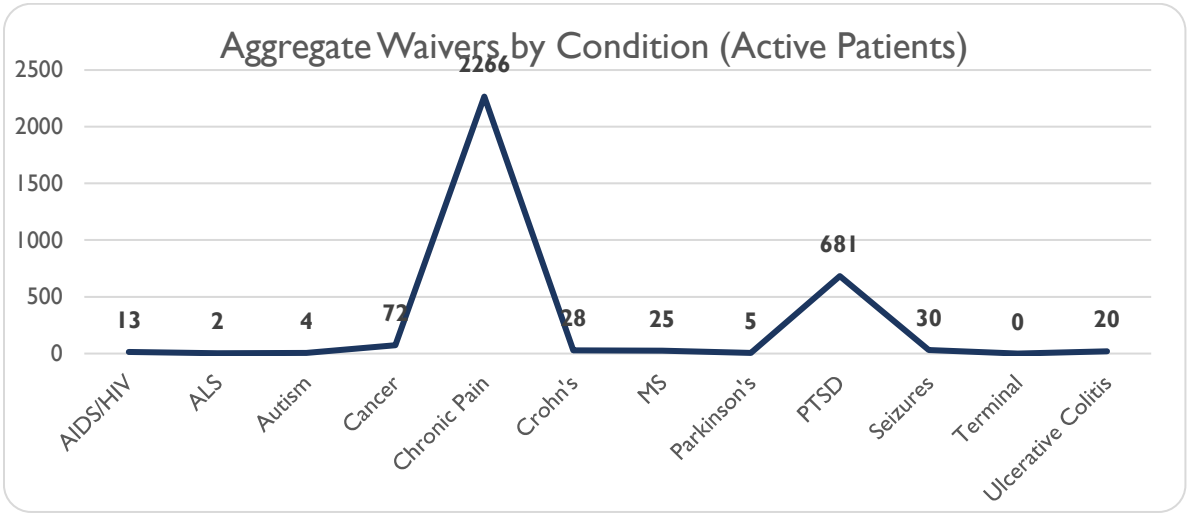
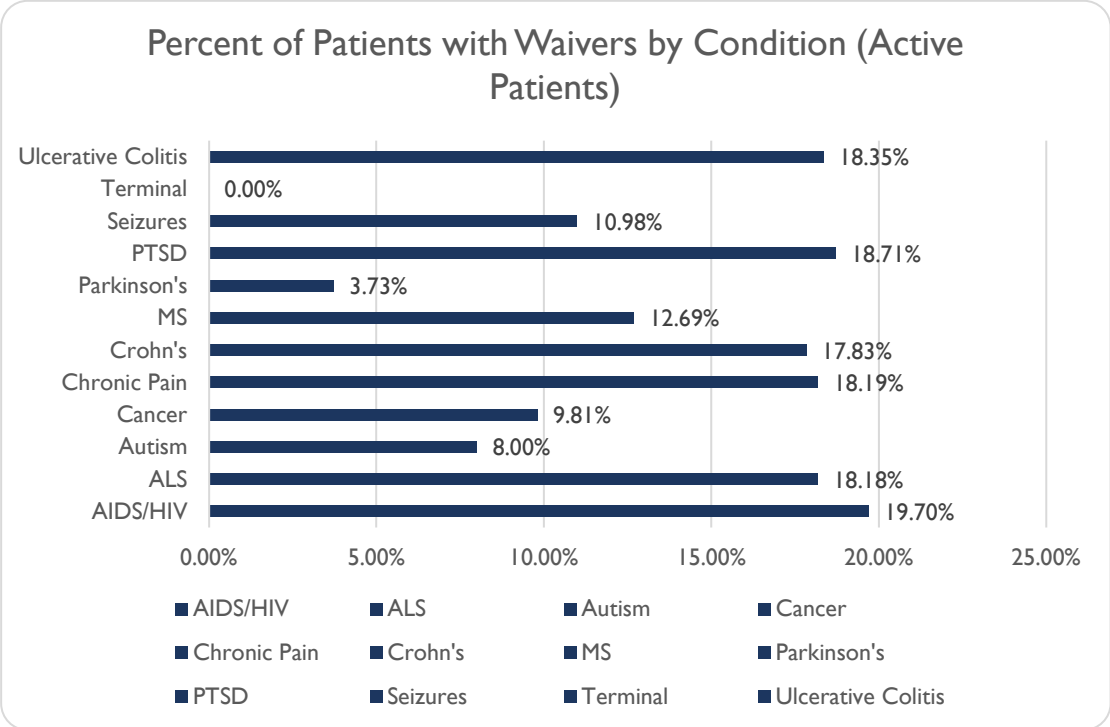


Figure 22 represents the percentage of *active* patients by qualifying condition that have received a waiver. The data represents *active* waivers and patients.

FIGURE 22



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Product Testing and Adverse Event Reporting

Product safety and consistency is a primary concern to the Department. All medical cannabis products sold at Iowa licensed dispensaries are tested by the University of Iowa State Hygienic Laboratory (SHL). At the time of this publication, the Department has not received any reports of adverse reactions or events related to products manufactured by our licensees, in 2023 or otherwise.

The protocol governing the testing of medical cannabis, as well as a testing process overview, can be found on the Bureau of Cannabis Regulation's website.

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Appendix I

Appendix I is the report of recommendations and considerations of the subcommittee assembled for the Board's consideration of the "vaporizable Flower" petition for its February 2023 meeting.

INTRODUCTION

At its February 2023 Board meeting, the Board discussed a petition to add "vaporizable flower" as an approved form for Iowa's Medical Cannabidiol Program. This petition, and supplementary materials, were delivered to the Board on December 28, 2022. The Board reviewed these materials, researched their own materials, and reviewed implementation strategies for this form from similar, conservative medical cannabis programs, mainly UT and OH. The Board has expressed support for the current prohibition of a flower (or potentially combustible) form of cannabis, and the intention of Iowa's medical program to be limited in scope and as medically defensible as possible. However, the Board also understands the ongoing requests and public comments from patients and the industry about the desire for a flower form, and the economic implications of allowing or prohibiting it.

In order to be thoughtful about this decision and do its due diligence, the Board assembled a subcommittee of members to properly articulate their concerns and recommendations to Legislators and interested stakeholders about the significant shift in program mechanics that a raw flower form of cannabis represents. Additionally, at a February 14, 2023 Subcommittee for **SSB1113** in which the bill passed, this subcommittee believes its intentions of this report were miscommunicated and represented inaccurately.

BACKGROUND

This is the second instance of a "vaporizable flower" petition that Board has seen. The Board unanimously denied a similar petition at their November 2019 Board meeting. Of the 37 commercial medical cannabis programs, Iowa and Texas are the only two programs that do not allow a flower form of some kind. Many states started their medical programs without a flower form, but have since added it to their program via legislative action or advisory board approval. Whether driven by science or passion, medical cannabis programs have a tendency to evolve.

It is important to understand the distinction between the terms "vaporizable" or "combustible." "Vaporization" refers to the heating of the flower to a specific temperature using a device, whereby patients receive a similar effect to combustion, but possibly without as many health consequences of combusting and inhaling the product. "Combustion" refers to the addition of a flame to burn the product for inhalation.

While there are obvious health and public health concerns with vaporizing or combusting cannabis, it is unknown if the safety profile of currently available vaporized concentrates is better. If used as intended, it is like that vaporized flower presents the greatest harm reduction profile of all "inhalable" forms; this is an aside from other consequences with a flower form.

The Board is well aware that if a flower form is added for vaporization, a portion of patients would certainly combust or smoke the product. The addition of the form would be a substantial shift in how Iowa's program operates, and the subcommittee has listed its relevant concerns below.

SUBCOMMITTEE CONCERNS, COMMENTS

1. "Combustible" or "Smokable" forms are prohibited by Chapter 124E. While the Board has the ability to recommend approval of this form, it would also be required to pass through the Board of Medicine and the HHS Council; an unlikely path. As the legislature specifically prohibited this form, the Board does not believe it is their place to add it themselves. The Subcommittee believes it to be incompatible with the origin and intent of Iowa's program, which is intended to be "limited" and tightly controlled. If that intent has changed, it is best determined by the legislature.
2. Flower may be "combusted" just as easily as it is "vaporized." The petitioner's own citations document persistent combustion by cannabis patients, and common "hybrid" use of both combustion and vaporization.
3. The optics of combustion, even inadvertently allowed by a medical board, normalizes such practice. The Board has particular concern with the normalization of a flower form on Iowa's youth.
4. The Board has raised concern, and it is actively seeking to correct, issues around telehealth certifications and the rise in THC waivers. In the current landscape, the Board does not have confidence in the intended patient-provider relationship, and has particular concern with how unscrupulous certifiers may grant access to this form.
5. The Board has raised concern, and is actively looking to correct, issues around licensee marketing and advertising. Indeed, one of Iowa's manufacturers transitioned their public and online presence in 2022 to that of a lifestyle or wellness brand, as opposed to a manufacturer of medical products. The Subcommittee has serious reservations with allowing this form in light of these marketing concerns, and the intention to normalize cannabis.
6. Metering of flower dose requires grinding to a powder then loading a vaporizer. The Subcommittee believes this to be more inaccurate as compared to currently available vaporizable concentrates.
7. The fact that Iowa is one of the only programs to not allow a flower form is not of particular concern to the Subcommittee. Iowa implemented a medical-based board that consults the evidence-based medical literature.
8. The "entourage effect," as described in anecdotes and mentioned in some studies, is a cultural/social phenomenon centered on cannabis and given scant credence in evidence-based medicine. The Subcommittee searched the term within the National Library of Medicine's website yields only observational and anecdotal articles; UpToDate yields nothing at all.
9. The Subcommittee is aware of the high cost of products and the more favorable economics of the flower form. Cost is a factor in all aspects of medicine and life, but for the Subcommittee, the social and public health implications, and lack of medical defensibility outweigh those cost considerations.
10. Based upon the review of the literature on cannabis (especially pertaining to mental health), a vaporized flower product may provide more balance of cannabinoid exposures (THC, CBD, etc.), especially compared to the refined and higher-potency products currently available. Vaporization itself, as it uses less heat compared to combustion, may make this balanced delivery more likely, but the studies around this are limited and inconclusive, as most studies tend to lump together various inhalable routes of administration together.

SUBCOMMITTEE RECOMMENDATIONS

In light of the limited intent and scope of the program, the construct and duties of this Board, and the series of concerns listed above, this Subcommittee cannot recommend the addition of flower for vaporization, or otherwise. Should the legislature ever consider unilaterally adding a flower form the Board requests that the legislature give thoughtful consideration to the public health and social impacts, the necessity of law enforcement and substance abuse collaboration, and grant the regulatory agency authority to implement robust mechanisms around access and the types of flower available, product testing and safety, prohibitions on social consumption, and advertising and marketing.

The Vaporizable Flower Subcommittee provides the following recommendation to the full Board:

- Dr. Robert Shreck (Oncology) – **Deny**
- Dr. Stephen Richards (Pharmacy) - **Deny**
- Dr. Jacqueline Stoken (Pain Management) - **Deny**

FULL BOARD VOTE – FEBRUARY 27, 2023 MEETING

On February 27, 2023, the Medical Cannabidiol Board held a meeting to review the Subcommittee's recommendations and make a full vote. There was Board consensus on the public health and optics concerns of a medical board allowing this form. The Board firmly believes that if the original intent of the program has changed, or there is broad support for the addition of a flower form, that the legislature makes that determination on its own.

A motion was made by Dr. Stoken, with a second from Dr. Shreck, to deny the petition for the addition of vaporized flower to Iowa's medical cannabidiol program. A roll call vote was taken:

- Cpt. Mike McKelvey (Chair, Law Enforcement) – **Deny**
- Dr. Robert Shreck (Oncology) – **Deny**
- Dr. Jacqueline Stoken (Pain Management) – **Deny**
- Dr. Stephen Richards (Pharmacy) – **Deny**
- Dr. Andrea Weber (Psychiatry) – **Deny**
- Dr. Mohamad Mokadem (Gastroenterology) – **Deny**
- Dr. Michael Colburn (Pediatrics) - **Absent**

The motion carried unanimously, and the petition is denied.