STATE OF NEVADA SUBSTANCE ABUSE WORKING GROUP

MINUTES OF MEETING

February 19, 2014

Office of the Attorney General
Mock Courtroom
100 N. Carson Street
Carson City, NV 89701

VIDEOCONFERENCE TO:

Office of the Attorney General
Grant Sawyer Building
Room 4500
555 E. Washington Ave.
Las Vegas, NV 89101

1. Call to order and roll call of members.

Chairperson Catherine Cortez Masto called the meeting of the Substance Abuse Working Group to order at 2:00 p.m. Senior Deputy Attorney Henna Rasul called the roll.

Members Present:
Catherine Cortez Masto, Attorney General – Chair
David Marlon, President, Solutions Recovery
Richard Varner, Washoe Tribe Chief of Police
Linda Lang, Nevada Statewide Coalition Partnership, EUDL Program
Rory Planeta, Chief, Carson City Alternative Sentencing (Retired)
Mark Jackson, Douglas County District Attorney
Richard Whitley, Administrator DHHS, Behavioral and Public Health

Members appearing via video conference:
Peter Mansky, M.D., Director Nevada Professionals Assistance Program
Kent Bitsko, Dir. NV HIDTA

Members Absent
Kevin Gehman, Chief, Fallon Police Department

Others Present
Linda Fitzgerald, Executive Assistant to the Attorney General
Henna Rasul, Senior Deputy Attorney General, Office of the Attorney General
Heather Cooney, Legal Secretary, Office of the Attorney General
Dr. Tracey Greene, State Health Officer, Department of Health and Human Services, Nevada Division of Public and Behavioral Health
Marti Washington, Grants and Projects Analyst, Attorney General's Office

Liz MacMenamin, Director of Government Affairs, Pharmacy and Healthcare, Retail Association of Nevada
Brett Kandt, Special Deputy Attorney General, Executive Director NVPAC
Chris Ferrari, Consumer Healthcare Products Association
Larry Pinson, Executive Director, Nevada State Board of Pharmacy
Paul Edwards, Nevada State Board of Pharmacy
Stacy Woodbury, Director, Nevada State Medical Association
Erin Albright, General Counsel, Nevada State Board of Medical Examiners

2. Comments from the public

Chairperson Masto opened the floor for public comment.

Marti Washington, Grants and Projects Analyst, Office of the Attorney General presented an update of the Drug Endangered Children (DEC) initiative

The DECSYS program is a web based application that allows law enforcement to report any drug arrest which then sends an automated email to Child Protective Services. This program was launched on June 10, 2013. Since then 37 children have been identified that would have gone unnoticed but for the DECSYS program. 14 of those children were last month, so it is picking up. The program is being piloted in Carson, Douglas and the Washoe Tribal Police. At the last Coalition meeting five different areas indicated they might be ready so we are definitely going to be expanding soon. We have found out that 308 babies have been born in Nevada with drugs in their system so there is a need to educate the medical community. These children are just the substantiated cases through CPS. Hospitals do not keep track of this data, so the actual number is probably higher. There will trainings on May 30th in Winnemucca, June 27th in Las Vegas, July 31st in Reno for medical personnel. The July training will be filmed for the UNLV School of Medicine for Project ECHO which will distribute the film to medical personnel throughout the state. There are also trainings scheduled for law enforcement and child protective services on April 29th in Reno and May 1st in Las Vegas.

Protocols are almost all the way across the state. They are missing in Eureka and White Pine counties although Allison Smith, the NV Statewide DEC Coordinator has meeting set up. Protocols are also missing in Washoe County. Washoe County is opening a child advocacy center and they've asked that a DEC representative be on the planning committee, Allison Smith has been invited to be on the fatality review team and they also have a DEC officer, Eric Ramos.

Chris Ferrari gave a presentation on behalf of the Consumer Healthcare Products Association.

An issue that the Association is looking at for the upcoming legislative session involves the use of dextromethoraphan. It is being used in a process called sizzurp where cough syrup is mixed with fruit juice and jolly rancher and used to get high.

We have reached out to the Retail Association and their members already have internal policies and are compliant with asking for identification to confirm that the purchaser is over 18 years of age.

3. Approval of November 12, 2013 minutes.

Mark Jackson moved to approve the minutes. The motion was seconded by Rory Planeta.

Dr. Mansky made a correction to Agenda Item 2, paragraph 2, line 6 from "discussion on child abuse" to discussion on alcohol related to child abuse.

Minutes were unanimously approved with the correction made by Dr. Mansky.

4. Overview of DEA's efforts to combat prescription drug abuse. Special Agent in Charge Paul Rozario.

SAC Paul Rozario stated prescription drug use is the Nation's fastest growing drug problem and has been classified as an epidemic with drug overdose rates more than tripling since 1990 and opioid pain relievers involved in more overdose deaths than cocaine and heroin combined.

Prescription drugs have a closed system of distribution from the manufacturer through the patient. DEA controls distribution from the manufacturer through the registrar through the Automation of Reports and Consolidated Orders System (ARCOS) and all registrars are required to use the system. However PMPs vary state by state and the system is exploited at points along the way by various groups.

Methods of diversion include customers/drug seekers, employee pilferage, practitioners/pharmacists, pharmacy/other theft, paint clinics and the internet. Doctors and pharmacists make up a small percentage.

Tactical Diversion Squads: The DEA has been using TDS (tactical diversion squads) since the late 1970's. The TDS program was established in 1996 and is funded by the Diversion Control Fee Account. Fees are paid by the registering parties. TDS combine DEA resources with those of federal, state and local law enforcement agencies in an innovative effort to investigate, disrupt and dismantle those suspected of violating the Controlled Substances Act or other federal, state or local statutes pertaining to the diversion of licit pharmaceuticals and/or chemicals.

All TDS are administered by DEA and require participating agencies to enter into a Task Force Agreement. TDS allows for the unification of separate and sometimes disparate, federal, state and local information, authorities and enforcement programs.

TDS help coordinate various judicial districts to maximize the effectiveness of multiple investigations and prosecutions of those involved in the diversion of pharmaceuticals and/or chemicals. TDS supports Diversion Groups where law enforcement authority is required. There are over 45 TDS locations throughout the United States.

Pain Management Clinics: Pain management clinics are opening and operating throughout the United States. Many of these clinics however are acting outside the scope of professional practice and for no legitimate medical purposes.

The DEA has identified three major hubs across the United States: Houston, Texas; Los Angeles, California; and the Tri-county area of South Florida: Broward, Miami-Dade and Palm Beach.

Over Recent years, South Florida became the "pill-mill" capital of the United States, being the chief supplier of oxycodone that hastened the epidemic of illegal use throughout the United States.

Office of Diversion Control: The investigators at the Office of Diversion Control, within the DEA are responsible for criminal, civil and administrative actions against registrants and non-registrants who divert controlled substances from the legitimate market.

Cyclic work plans are utilized to ensure registrants are following Title 21 Code of Federal Regulations and Title 21 of the United States Code. These investigations result in civil fines and administrative actions against registrants. The DEA has 1,520,855 registrations in the United States and 10,568 are located in Nevada of which 471 are pharmacies.

Diversion Investigators work closely with state and local law enforcement agencies, regulatory agencies and pharmaceutical and chemical industries.

Numbers gathered from ARCOS having to do with Oxycodone and Hydrocodone use show when compared with four other states (New Mexico, Utah and Kansas), having a similar total population, Nevada ranks first by a large margin in 2012 and through September of 2013.

Mark Jackson asked why the numbers showed a reduction in 2013 of Oxycodone and Hydrocodone provided by practitioners. SAC Rozario stated that three months of 2013 were not included in the report but that perhaps word was getting out to practitioners through public education.

Mark Jackson asked if anything SAWG could do to assist with the problem of pain management clinics. SAC Rozario recommended changes in the law regarding PMP and added that this is a public health issue and reporting should not be impacted by the issue of doctor confidentiality.

Mark Jackson added that in a prior presentation Larry Pinson stated that approximately 30% of Nevada pharmacies voluntarily participated in PMP. Mr. Jackson asked if it would be helpful to require 100% participation. SAC Rozario responded that it would be helpful for doctors as well and added that a doctor cannot know if another physician has previously prescribed the same medication without PMP.

David Marlon asked if it were correct that the figures provided by SAC Rozario showed that over 300,000,000 pills were dispensed in Nevada in 2012. SAC Rozario confirmed that number.

Richard Whitley asked if there had been any analysis as to why Nevada had dispensed so much more than other similarly populated states. SAC Rozario stated that a minority but significant number of doctors are in league with pharmacies for financial gain and the system allows it.

Rory Planeta asked if the transient population contributes to the problem. SAC Rozario responded that he did not believe that it did but rather that people were coming to Nevada specifically for the drugs.

Kent Bitsko asked what unforeseen effects have been noticed from the increase in pharmaceutical abuse. SAC Rozario responded that seizures of heroin have increased by 300 to 400 percent because it is so much cheaper than synthetic opiates.

5. Presentation by Liz Macmenamin, Executive Director, Retail Association of Nevada, "Medical Community Response to Prescription Drug Abuse."

Liz Macmenamin presented a report on the first meeting of the Industry Coalition on Rx Abuse which took place on January 29, 2014. She stated that various Medical Boards, the Pharmacy Board, and the Attorney General were in attendance and added that the DEA and SAFTA have been invited to participate and she hopes they will be in attendance at the next meeting. Chairperson Masto added that legislators were in attendance as well. Ms. Macmenamin stated that she would also like to have the VA 's participation.

Some of the topics discussed were addressing the needs of the addicted person, expanding education of the PMP, making the PMP more user friendly, possible changes to the Good Samaritan Law so that people would be more willing to report drug abuse, possible mandatory physician participation in the PMP, and the issue of dispensing practitioners.

The Dental Board reported that 80% of its practitioners were using the PMP due to the Board's education efforts. They added that the dentists are required to run their profiles twice a year so that they can verify how many prescriptions have been written within their office.

Ms. Macmenamin stated that one issue that stood out to her was the lack of regulatory processes in place over pain management clinics. She stated that only Texas, Louisiana and Florida have implemented strong regulations and statutes governing pain management clinics.

The next meeting will be scheduled soon.

Chairperson Masto invited Ms. Macmenamin to the next SAWG meeting to present an update.

6. Presentation by Larry Pinson, Executive Director, Nevada Board of Pharmacy, "Board of Pharmacy update on Substance Abuse".

Larry Pinson made the following presentation.

I. Trends

- Cocaine use fell by approximately 40% between 2006 and 2007 although it continues to grow in China and Hong Kong.

- Amphetamine seizures rose by 66% in 2011. Extasy use is declining globally, however it is on the increase in Europe, particularly in countries that were behind the iron curtain.

- There are approximately 243 different compounds of synthetic cannabinoids (Spice type drugs) and substituted cathinones (bath salts) circulating in the U.S., about twice as many as in Europe.

- Heroin and opium use remains steady worldwide, however it is on the increase in the U.S. with approximately 16.4 million users. Most heroin comes in the form of black tar from Mexico through "regional managers" in Northern California with local "dispatchers" who orchestrate "runners" who deliver locally. The average first time heroin user is 23 and about half start with prescription drugs. Reno police seized 6.4 grams in 2006 and 2,439 grams in 2011. Treated heroin addicts in Nevada have increased from 607 in 2006 to 931 in 2012.

- Fewer teens and young adults are abusing prescription painkillers (SAMJSA data). In 2011 the numbers were 8.7%/9.8% and in 2007 9.2%/12%. 22,000 people died in 2010 from drug overdoses involving prescription drugs (60% of all over doses) with opioid analgesics involved in 3 out of 4 (NSDUH).

- Fewer teens are smoking cigarettes with 6.6% in 2013 down from 9.2% in 2008. Teen marijuana use has been rising since 2008 primarily due to medical marijuana and legalization campaigns which deem it a benign substance with no ill effects.

II. Methamphetamine

AB39 mandates that pharmacies adopt a meth precursor tracking system. This system, NPLEx, is sponsored by the manufacturers of over the counter drugs and provides a real time sales reporting system that blocks sales that exceed the legal limit. The system is interconnected nationwide at no cost to the pharmacies or state government..

There is currently in the U.S. Congress some legislation (PACT Act [H.R. 3969 & S. 644]) about curbing underage use of dextromethorphan.

III. Synthetic Cannabinoids (spice, K2 and synthetic marijuana & Substituted Cathinones (bath salts)

Teens are shunning synthetic marijuana and bath salts and going back to using regular marijuana.

The Pharmacy Board has been working closely with the crime labs and law enforcement to identify the synthetic drugs in Nevada as they surface so that they can be scheduled.

Almost all of these compounds have come out of research at major universities in search of useful drugs. One of the reasons we do not want to pass legislation that schedules all of these drugs is that these researchers are working on drugs that may cure diseases like Alzheimer's.

IV. Prescription Drug Abuse

- Environment:

The DEA is putting pressure on both supply and dispensing. They are very clear about the corresponding liability of the pharmacists to ensure that the prescription they are filling is for a legitimate benefit and purpose and are going so far as to shut down pharmacies for filling illegitimate prescriptions. The shut down a couple of CVS pharmacies. They also then shut down 6 or 7 Walgreens, shut down the distribution center and fined them $80,000,000. They have fined Lams Pharmacy in Las Vegas, one of the top ten dispensing pharmacies in the country over a billion dollars.

- Industry Reaction

The industry reaction is to tell the pharmacist that it is their responsibility to make sure that the prescription is legitimate. The pharmacists then have to call the physician, obtain an ICD-9 code, attempting to ascertain when the patient was last seen to attempt to curtail prescription drug abuse. CVS has created a "black list" identifying doctors that they think overprescribe and whose prescriptions they will not fill. Purdue, a manufacturer of long acting opiates has a "Region Zero" list identifying doctors who use too much of their product.

- End Result

The consequence is that as it gets increasingly difficult to fill these prescriptions the users turn to heroin. In 2010 there were 566,00 oxycontin abusers and 239,00 heroin abusers. In 2012 there were 358,000 oxycontin abusers and 335,000 heroin abusers.

- Positives:

New prescription monitoring software links with 17 other states currently (NABP estimating 30 states by the end of 2014.) Our law required weekly reporting.

The board requested that the industry report daily so as to have up to date data and the industry voluntarily complied. Training is available. Cooperation with law enforcement has been great. Programs have taken place with Reno Police and Metro in Las Vegas.

DEA is proposing more relaxed rules governing drug disposal. Currently disposal must occur through law enforcement.

- Wrap up

The DEA is in the final stages of making Hydrocodone CII.

SB 220 which passed last session gives the Licensing Board cite and fine authority for unlicensed activity.

SB 140 which also passed removes the restrictions on the sale of hypodermic devices in the interest of prevention of AIDS; Hepatitis and other communicable diseases.

Finally, the challenge is how do we educate the public and make a cultural change? We cannot legislate or incarcerate our way out of this problem.

Liz MacMenamin asked if the PMP is not made mandatory what the alternative might be. Larry Pinson responded that making monitoring mandatory was not the solution but perhaps making it a requirement for anyone with a controlled substance registration to at least sign up for PMP, and/or require each practitioner to run their profile at least twice per year.

Mr. Pinson stated that all pharmacies are participating in PMP as itis in statute that every pharmacy must report any controlled substance prescription that is filled. However, only 35% are actually utilizing PMP.

Mark Jackson added that if we required 100% registration from practitioners, we would know within a year how many practitioners were actually utilizing PMP. Mr. Pinson stated that another aspect is how is a pharmacy that is filling 300-400 prescriptions per day going to physically evaluate every prescription so you will have to limit it to those that are suspicious.

Lesley Dixon from the Center for Behavioral Health stated they have veterans coming to us for methadone but have no way to check if they if they are also receiving treatment from the VA they do not participate in the prescription monitoring program. Mr. Pinson noted that the VA is seriously looking at reporting to PMP.

Chairperson Masto asked if there were any states that had mandatory PMP and if every state had a PMP in place. Mr. Pinson did not know if there were any states in which PMP was mandatory but added that Missouri does not have a PMP.

7. Discussion regarding Nevada's State Prescription Monitoring System. Dr. Peter Mansky, Director, Nevada Professionals Assistance Program.

Dr Mansky stated he appreciated the new system in terms of operation and stated he can download it to Excel so that so that if he is treating a person for addiction or a physician might come into the program, he can separate out drugs and prescribers. He noted that one problem how long it takes to get registered. Once one registers you have to sign a statement that you will consider the downloads as part of the patients chart. While this is valuable for patient care, it completely ignores the public safety

issue. Without the patient's consent you could not contact other physicians who are prescribing or any regulatory agency.

Another problem is that because Tramadol is not scheduled nationally, it is not included and there are a number of addicts addicted to this substance. He suggested presenting legislation to allow the physician to react to public safety issues if they see that and to encourage the Pharmacy Division to include Tramadol in the system even though it is not included nationally.

Mr. Pinson stated that he attempted to schedule Tramadol ten years ago but was unsuccessful suggested another attempt. Chairperson Masto clarified that the process for scheduling Tramadol would be for the Pharmacy Board to give a presentation on whether Tramadol should be scheduled or not.

Mr Pinson stated a person from the committee could appear before the Board and request the Board to make another attempt.

Paul Edwards, attorney for the Pharmacy Board, stated that as part of the process of obtaining new PMP software, they reviewed the statutes regarding who gets access and who doesn't and looked at the people who are signing up to make sure we are in compliance with the statutes which necessitated the changes that some law enforcement is seeing, changes in the statements practitioners are required to sign and what may be perceived as new limits. I followed up very quickly with if we need to change the statute then that is what needs to happen. Our main statute is NRS 453.1545. It states information gathered by the PMP is confidential. It then states that practitioners and pharmacies and NDI get access. It says patients and their attorneys can sign releases and then get access. It then states that if we suspect fraudulent or illegal activity involving controlled substances then we have to report that to law enforcement. It does not say that law enforcement can have access. We have interpreted this as broadly as we can and have come up with a form in which they tell us who they are, that they have to have an open investigation and give us a brief summary that will give us cause to suspect that there is illegal activity with controlled substances. Once we receive that, we review it, I personally approve them and we send them out. We have several law enforcement investigators that have used the new form and it seems to be working well.

Part of this change is driven by the abuses that were found. There was one agency that had a third party commercial vendor who had open internet access to PMP in clear violation of the statute. There were also some instances of law enforcement obtaining information and giving it to other agencies. There have also been some law suits. One which involved a police department that was sued for misuse of PMP information and I am currently defending our board against a DA who had access to that information, used it in open court and now we're being sued over it, for breach of confidentiality.

Chairperson Masto asked if the board wished to task Dr. Mansky to work with the Pharmacy board to look at the issue of scheduling Tramadol. A motion to that effect was made, seconded. Dr. Mansky recused himself. The motion was passed unanimously.

8. Discussion regarding 911 Good Samaritan Laws to Prevent Drug Overdose, Brett Kandt, Director, Prosecution Advisory Council.

Mr. Kandt directed the Board to the CDC 2013 Prevention Status Report, page 2 which showed charts through 2010 indicating that Nevada is using prescription pain relievers, abusing prescription pain relievers and people are dying all at a higher rate than the national average and in fact Nevada's average mortality rate in 2010 was 20.7 per hundred thousand population and the national average is 12.4.

Many states have looked at these 911 Good Samaritan Laws with the idea being that these deaths might have been prevented if emergency medical help would have been timely summoned. People who are at fault of using these drugs illegally fear police involvement.

14 states and the District of Columbia have enacted Good Samaritan Laws and approximately16 states are exploring similar laws. Mr. Kandt provided handouts of the two most recently enacted laws, from Florida and North Carolina. These laws are not intended to and do not protect people from arrest for other offenses, such as trafficking or selling drugs or driving under the influence but they are intended to protect the caller or the overdosed victim from arrest and/or prosecution for simple possession or being under the influence.

Mr. Kandt stated the Attorney General's Office is interested in this as a concept and if the working group believes there is some merit in exploring this further Mr. Kandt would approach the law enforcement community, the state prosecutor and some of the other stake holders and raise the issue with them.

Chairperson Masto added that the statistics show Clark County as number one in deaths from drug overdose. The goal is to insure that there is a first responder there as quickly as possible. She added that Narcon is a first responder drug that can save a person's life if ingested within seconds after the overdose. Chairperson Masto asked if the working group wanted to explore this issue for potential legislation.

Richard Varner asked whether the 14 states that have the Good Samaritan Law have seen a decrease in the number of deaths attributed to overdose. Mr. Kandt did not have the statistics to answer the question at the time. Mr. Kandt added that one issue would be how to spread the word to potential reporting parties that the law even exists.

Motion to further explore Good Samaritan Laws was made, seconded and passed unanimously.

9. Discussion regarding possible legislation during the 2015 Legislative Session.

Chairperson Masto commented that the Good Samaritan Law would be one and that Liz Macmenamin's group would be exploring potential legislation as well.

Richard Whitley brought up this issue of medical marijuana and dispensaries and noted that there has been an increase in the number of people applying for medical marijuana cards. Mr. Whitley stated that one area they do not have authority is any investigation of the referral from the physician for the use of medical marijuana. Aggregated data has

previously been presented showing that teenagers are and recently children have been referred. Especially because of the volume on this there is a concern about the referring physician particularly with teenagers.

Chairperson Masto asked with regard to legislation if this was something Mr. Whitley's agency would be exploring and asking for support through the governor. Mr. Whitley responded that if they did it would be fee funded like other industries they regulate. He added that there hasn't really been a forum to discuss this. If we do an agency BDR our timeline is coming up in May. Perhaps at the next meeting we could bring to this body some more analysis of the data we have in terms of the trend of whose being prescribed. We were petitioned to add another condition, post-traumatic stress disorder. There is a mechanism in the statute for Dr. Green as the state medical officer to add another condition, but there is no forum to provide that and again no board to go to in order to vet that.

Dr. Mansky asked about the process for a physician to refer a patient for medical marijuana. Richard Whitley responded there is an application and suggested that it might be helpful to present the process to this group. Particularly as we're seeing an increase in volume. But again, we don't have a forum and no one has asked the question in terms of the changing demographic being referred.

Chairperson Masto suggested that the next agenda should focus on medical marijuana, not only what we have discussed here but also a presentation on the new law and dispensaries. Chairperson Masto added that there is a mandate within the new medical marijuana dispensary law that a sub-committee be a part of the Advisory Commission on the Administration of Justice. This sub-committee, chaired by Tick Segerbloom, might be another forum to get this in front of a larger group of legislators and people who are looking at legislation as well.

Kent Bitsko stated he would like to see some legislation making the PMP more accessible to law enforcement. He stated that we should put legislation out there that requires doctors to use it considering how many people are dying in this state and the fact that we are becoming the distribution state for pharmaceuticals across the country.

Chairperson Masto stated that there are many people who feel the same way and added that Liz Macmenamin's group is working on this issue and will be reporting back to SAWG. Ms. Macmenamin will make sure that you will get an invitation to her next meeting.

10. Report from the Impaired Driving Sub-Committee, Linda Lang, Ex. Director, Nevada Statewide Coalitions.

Linda Lang stated that the sub-committee would be having their first meeting the second week of March. She asked to have this item put on the next agenda for a presentation.

11. Follow-up on video contest between High Schools to combat substance abuse.

Linda Lang stated that the contest is open to middle and high school students on school based or community based teams. There will be one winner from each school district except Clark which will have 5 and Washoe which will have 3. There will also be 3 winners from the Tribal Communities. The teams will create their own message regarding substance abuse with a minimum length of 30 seconds. There will be a team of people from the community to do the preliminary local level voting. The winning videos will then be sent to the state level. We are still working on what the prizes should be.

Chairperson Masto stated that when the state level winners are identified we will have to have a high level state wide group judging. She invited members of the working group to participate and that she will be inviting the Governor and some other high profile people to partner with the working group to be the judges. She asked the members to consider if they knew any celebrities or high profile people that might like to be involved.

There was discussion regarding appropriate prizes. Linda Lang stated she would like to see some sort of scholarship/monetary prize that would go to the group or the school.

Richard Whitely added that some of their grants allow for creating public service announcements. Linda Lange said there had been discussion about the state wide winner having the opportunity to work with a media group to get the PSA to other social media venues.

After discussion the group suggested the prizes should be $5,000, $2,500 and $1,000 for first, second and third prizes.

Ms. Lange explained that they are looking at mid-May for the state level voting and for the prize to be awarded before graduation.

A telephone meeting will take place the following week to firm up the details..

12. Comments from the Working Group

There were no additional comments.

13. Comments from the public.

Stacey Woodbury, Executive Director of the Nevada State Medical Association expressed concern about continuity of care, preservation of the doctor/patient relationship and the ability of the physician to make a medical judgment about a patient's condition and to prescribe that patient for acute care or a chronic condition an appropriate level of medication.

With regard to investigations the Board of Medical Examiners has a great investigations process in place and it involves peer review by a medical doctor in the same specialty or a physician who is familiar with treating the same condition. Perhaps medical marijuana regulations need to make a referral to the Medical Examiners Board instead of just referring for disciplinary action.

Regarding the PMP, as I've talked to the physicians I've learned that some of them were not aware of the program. Perhaps an annual renewal application that talks about signing up, providing them with their username and password, making the process easier would help. Doctors have said that the old system was not user friendly and took too long to access. I understand the new system is better but that it is still taking too long to sign up. There is definitely a public health issue here and it's one that we want to address.

There were no additional comments from the public.

14. Adjournment.

The meeting was adjourned at 2:53 p.m.