

ADVISORY BOARD MEETING 10/7/2015

Page 1	Page 3
<p>1 ILLINOIS DEPARTMENT OF PUBLIC HEALTH</p> <p>2</p> <p>3 -----x</p> <p>4 In Re the Matter of: :</p> <p>5 Public hearing to review :</p> <p>6 petitions requesting the :</p> <p>7 addition of debilitating :</p> <p>8 conditions to the :</p> <p>9 medical cannabis :</p> <p>10 registry program. :</p> <p>11 -----x</p> <p>12</p> <p>13 ADVISORY BOARD MEETING</p> <p>14 Countryside, Illinois</p> <p>15 Wednesday, October 7, 2015</p> <p>16 9:13 a.m.</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24 Reported By: Paula Quetsch, CSR</p>	<p>1 A P P E A R A N C E S</p> <p>2 PRESENT:</p> <p>3 LESLIE MENDOZA TEMPLE, Chairperson</p> <p>4 MICHAEL FINE, Vice Chairman</p> <p>5 JAMES CHAMPION, Member</p> <p>6 ERIC CHRISTOFF, Member</p> <p>7 JACQUELINE LESKOVEC, Member</p> <p>8 DAVID MC CURDY, Member</p> <p>9 THERESA MILLER, Member</p> <p>10 JYOTIN PARIKH, Member</p> <p>11 NESTOR RAMIREZ, Member</p> <p>12 ALLISON WEATHERS, Member</p> <p>13</p> <p>14 ALSO PRESENT:</p> <p>15 CONNY MOODY</p> <p>16 MALLORY SINNER</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
Page 2	Page 4
<p>1 Report of Proceedings held at the location of:</p> <p>2</p> <p>3</p> <p>4</p> <p>5 HOLIDAY INN</p> <p>6 6201 Joliet Road</p> <p>7 Countryside, Illinois 60525</p> <p>8 (708) 354-4200</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13 Pursuant to notice, before Paula Quetsch, CSR,</p> <p>14 and Notary Public in and for the State of Illinois.</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p>1 C O N T E N T S</p> <p>2 PAGE</p> <p>3 Call to Order 5</p> <p>4 Housekeeping Matters 7</p> <p>5 Approval of May 4, 2015, Minutes 12</p> <p>6 Chronic Pain Due to Trauma 14</p> <p>7 Chronic Pain Syndrome 33</p> <p>8 Chronic Postoperative Pain 47</p> <p>9 Intractable Pain 51</p> <p>10 Osteoarthritis 68</p> <p>11 Irritable Bowel Syndrome 94</p> <p>12 Post-Traumatic Stress Disorder 126</p> <p>13 Autism 143</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

ADVISORY BOARD MEETING 10/7/2015

Page 5

1 PROCEEDINGS
2 CHAIRPERSON MENDOZA TEMPLE: I'd like to
3 call this meeting to order for the Illinois Department
4 of Public Health's public hearing to review petitions
5 requesting the addition of debilitating conditions to
6 the medical cannabis registry program.
7 So with that in mind, we open this meeting
8 and we'll start with introductions. Why don't we
9 start with and just go down the table with Conny.
10 MS. MOODY: And I'd also like to introduce
11 today our -- I'd also like to introduce our court
12 reporter Paula today. So I would ask everyone on our
13 Board and our speakers to speak very clearly and
14 slowly, and our speakers later, we'll ask them to
15 introduce themselves and spell their name.
16 My name is Conny Moody, and I'm the deputy
17 director for the Illinois Department of Public Health
18 Office of Health Promotion.
19 MEMBER LESKOVEC: Jacqueline Leskovec. I'm
20 here to represent the Board as a registered nurse, as
21 well as an information specialist.
22 MEMBER WEATHERS: Allison Weathers. I am an
23 academic general neurologist from Rush University
24 Medical Center in Chicago.

Page 6

1 VICE CHAIRMAN FINE: Michael Fine, F-i-n-e,
2 and I am a patient advocate.
3 CHAIRPERSON MENDOZA TEMPLE: Leslie Mendoza
4 Temple, MD. I'm a board-certified family physician
5 and a clinical assistant professor of family medicine
6 at the University of Chicago Pritzker School of
7 Medicine and medical director of the Integrative
8 Medicine program at the NorthShore University Health
9 System, and I'm the chairperson of this Board.
10 MEMBER MILLER: Theresa Miller and I'm an
11 associate professor, and I represent a registered
12 nurse.
13 MEMBER MC CURDY: I'm David McCurdy, a
14 retired health care ethicist and teaching as an
15 adjunct faculty member in religious studies. I teach
16 courses in ethics and healthcare at Elmhurst College.
17 MEMBER CHRISTOFF: Dr. Christoff. I
18 practice general internal medicine at Northwestern. I
19 also have an HIV practice, and I'm an appointed member
20 of this Board.
21 MEMBER RAMIREZ: Nestor Ramirez. I'm a
22 neonatologist here in Chicago, Illinois.
23 MEMBER CHAMPION: My name is Jim Champion.
24 I'm the veteran's rep on the Advisory Board. I'm a

Page 7

1 100 percent service-connected disabled veteran, and
2 I've had MS for 27 years.
3 CHAIRPERSON MENDOZA TEMPLE: Thank you
4 everyone for those introductions.
5 I have the list of also the housekeeping
6 things. I could go over some of that.
7 So we are convening this meeting, this
8 public hearing for the sole purpose of reviewing
9 petitions from the residents of Illinois for the
10 addition of debilitating conditions or diseases that
11 would benefit from the use of cannabis, and this Board
12 will make recommendations on each condition to the
13 director of the Department of Public Health based upon
14 the collective expertise of the members of this Board.
15 So, first of all, all persons must sign in
16 at the registration table at the entrance to the room.
17 So if you have not done that, please do so.
18 All participants shall refrain from
19 interrupting the proceedings of the Advisory Board and
20 conduct themselves in a civil and courteous manner,
21 and audience members should refrain if they can from
22 clapping, cheering, and other loud noises. Any
23 participant that disrupts the proceeding will be asked
24 to leave the hearing.

Page 8

1 For the presentation of technical evidence,
2 the persons who submitted an intent to present
3 technical evidence about a petition being reviewed
4 which was accepted by the Department will be
5 recognized to speak at the appropriate time. Persons
6 who have not filed a statement of intent will not be
7 able to present technical evidence at the hearing.
8 After being recognized to speak by the
9 Board, persons will begin by giving their first and
10 last names and, if applicable, identifying the
11 organization or group they're representing. Speakers
12 are asked to spell their first and last name so our
13 court reporter can make an accurate record of the
14 attendees and their questions.
15 Persons must limit their presentations to no
16 more than three minutes, and persons who exceed the
17 time limit will be advised to conclude their
18 presentation to ensure that all presenters will have
19 the opportunity to participate, and Conny will be
20 giving time cues to the speakers who will be sitting
21 in that chair giving their presentations. As the time
22 winds down, you will get a cue to start wrapping your
23 comments up. It's very important that we keep to that
24 time frame because we have 29 speakers and four closed

ADVISORY BOARD MEETING 10/7/2015

Page 9	Page 11
<p>1 sessions.</p> <p>2 So the way that this meeting is going to run</p> <p>3 is we're going to go through each petition and present</p> <p>4 the technical evidence, have the petitioner speak. If</p> <p>5 there's anything closed, we ask everyone except for</p> <p>6 the speaker to leave the room. It will be about</p> <p>7 five minutes, you can take your bathroom breaks, the</p> <p>8 speaker will finish, you'll be summoned to come back</p> <p>9 into the room, and then we will hear the rest of the</p> <p>10 petitioners speak. Following that we will have</p> <p>11 discussion amongst the Board regarding questions that</p> <p>12 need clarification, and then we will put the condition</p> <p>13 to a vote.</p> <p>14 And what will happen is that we submit our</p> <p>15 votes on paper so that we can make our votes in</p> <p>16 confidence and in privacy, and then the tallies will</p> <p>17 be read. We have 9 members present, and a quorum will</p> <p>18 be 6. So if 6 votes approve a condition, then the</p> <p>19 condition will pass and I will announce those.</p> <p>20 So is there anything else?</p> <p>21 MS. MOODY: Yes. Leslie, we had another</p> <p>22 Board member join us, so our actual number is actually</p> <p>23 10 now.</p> <p>24 CHAIRPERSON MENDOZA TEMPLE: Great.</p>	<p>1 And, also, the Department of Public Health.</p> <p>2 Dr. Nirav Shah, the director of public health, also</p> <p>3 sends his greetings to the Board and also thanks the</p> <p>4 Board for the important work that you're about to do</p> <p>5 today.</p> <p>6 And we want to make sure that as far as the</p> <p>7 Board goes, from the department, from our director,</p> <p>8 Director Shah, and also from myself that we believe</p> <p>9 that the work that you do is very, very important.</p> <p>10 This is a pilot program, the Compassionate Use of</p> <p>11 Medical Cannabis pilot program, and we believe that</p> <p>12 all of the stories, the testimony that we hear today,</p> <p>13 the comments from the Board based on their research of</p> <p>14 these issues, and their consideration of the petitions</p> <p>15 today will contribute immensely to the evaluation of</p> <p>16 this program and our ability to move forward with this</p> <p>17 program.</p> <p>18 So please do know that our department thanks</p> <p>19 you for your service and for all of the work that you</p> <p>20 put in in preparation of this meeting, of this hearing</p> <p>21 and, also, to all of our speakers today who are going</p> <p>22 to present comments and present and do some storytelling</p> <p>23 about how this program and how the debilitating</p> <p>24 conditions affect their lives. So thank you very much.</p>
Page 10	Page 12
<p>1 MS. MOODY: If you'd like to have Dr. Parikh</p> <p>2 introduce himself, that would be great.</p> <p>3 CHAIRPERSON MENDOZA TEMPLE: So 7 out of 10</p> <p>4 then is a quorum?</p> <p>5 MS. MOODY: So it would be 6.</p> <p>6 CHAIRPERSON MENDOZA TEMPLE: It's still</p> <p>7 6 out of 10.</p> <p>8 So please introduce yourself.</p> <p>9 MEMBER PARIKH: I came from Washington, DC,</p> <p>10 sorry about that. My name is Jyotin Parikh.</p> <p>11 CHAIRPERSON MENDOZA TEMPLE: And if you can</p> <p>12 give a background and your organization.</p> <p>13 MEMBER PARIKH: I'm a pharmacist by</p> <p>14 profession.</p> <p>15 CHAIRPERSON MENDOZA TEMPLE: Thank you very</p> <p>16 much everyone for coming. First of all --</p> <p>17 MS. MOODY: Madam Chair, may I also make a</p> <p>18 welcome and an introduction from our statewide program</p> <p>19 coordinator?</p> <p>20 So our statewide program coordinator for the</p> <p>21 medical cannabis program is Joseph Wright with the</p> <p>22 office of the governor, and he will be here later</p> <p>23 today, but he did ask that I welcome the Board on</p> <p>24 behalf of the governor.</p>	<p>1 CHAIRPERSON MENDOZA TEMPLE: Thank you for</p> <p>2 noting that, and I would love to know when he comes.</p> <p>3 What is his name again?</p> <p>4 MS. MOODY: His name is Joseph Wright. And</p> <p>5 we can certainly -- Tina and Mallory, who are</p> <p>6 department staff and who are manning the registration</p> <p>7 table will be able to give the Board some information</p> <p>8 when he comes, and then you're welcome to introduce</p> <p>9 him at that time.</p> <p>10 CHAIRPERSON MENDOZA TEMPLE: That would be</p> <p>11 great. Do you know approximately when he's coming?</p> <p>12 MS. MOODY: I don't know. I understand he's</p> <p>13 caught up in another meeting, and he's trying to get</p> <p>14 here as quickly as possible.</p> <p>15 CHAIRPERSON MENDOZA TEMPLE: Okay. Great.</p> <p>16 So with that I would like to go through the</p> <p>17 review and approval of the May 4th, 2015, petition</p> <p>18 hearing minutes. We have reviewed this as a board,</p> <p>19 but we are also opening it up for any corrections that</p> <p>20 Board members would like to make to the transcript</p> <p>21 that were discussed.</p> <p>22 MEMBER CHAMPION: On the May 4th transcript,</p> <p>23 in fact, on page 71 when we were speaking of neuropathy,</p> <p>24 it has me saying that, "Research shows that narcotics</p>

ADVISORY BOARD MEETING 10/7/2015

Page 13

1 are not effective in treating neuropathic pain. I
 2 found this to be untrue myself." What I actually said
 3 was that I found this to be true myself. I have given
 4 testimony under oath that narcotics are ineffective in
 5 treating my neuropathic pain, while cannabis provides
 6 me unparalleled relief from this misery.
 7 On page 126 under anorexia, it says that I
 8 say, "There is nothing we can do for these people."
 9 What I actually say is that I know there is something
 10 we can do for these people, as I have come close to
 11 having a feeding tube myself. Cannabis helps me keep
 12 a regular diet.
 13 Finally, I'd like the record to reflect that
 14 any errors from this petition hearing transcript will
 15 be corrected at our next petition hearing, as well.
 16 Also, I will not -- also, I will be voting against
 17 approving any further minutes with inaccuracies even
 18 if we are allowed to address the errors at a
 19 later time.
 20 Thank you.
 21 CHAIRPERSON MENDOZA TEMPLE: Thank you, Jim.
 22 Any other corrections from the Board to the
 23 minutes as they stood in May so that we can make
 24 proper corrections?

Page 14

1 (No response.)
 2 CHAIRPERSON MENDOZA TEMPLE: Okay. So I
 3 move to approve the corrections that Mr. Champion has
 4 recommended to the Board so that they be incorporated
 5 into corrections for the minutes, I believe on a
 6 separate document for the minutes of this meeting.
 7 VICE CHAIRMAN FINE: Second.
 8 CHAIRPERSON MENDOZA TEMPLE: All those in
 9 favor.
 10 (Ayes heard.)
 11 CHAIRPERSON MENDOZA TEMPLE: Thank you. The
 12 motion is passed.
 13 Okay. We're going to get down to it. The
 14 ordering of the conditions that -- we decided to use
 15 the conditions, the ordering of that based on our
 16 petitioners' comfort level. So we chose the chronic
 17 pain conditions to go first so that they have an
 18 opportunity to speak first and then be able to go if
 19 they wish, but we invite everyone to stay to hear all
 20 of the testimonies today.
 21 And we are going to open up with chronic
 22 pain due to trauma. And that first -- am I missing
 23 something?
 24 MS. MOODY: No. You're doing great. We

Page 15

1 have had a request to present testimony in closed
 2 session. I would need the Board to move and to
 3 approve the closed session.
 4 VICE CHAIRMAN FINE: So pursuant
 5 5 ILCS 120/2(c)(4) I hereby motion to close the
 6 session to address this first condition.
 7 MEMBER MILLER: Second.
 8 CHAIRPERSON MENDOZA TEMPLE: All those in
 9 favor.
 10 (Ayes heard.)
 11 CHAIRPERSON MENDOZA TEMPLE: Following this
 12 closed session there will be an open session also
 13 regarding chronic pain due to trauma -- oh, the closed
 14 session person is not here.
 15 VICE CHAIRMAN FINE: Oh, sorry. Psych.
 16 CHAIRPERSON MENDOZA TEMPLE: That was just a
 17 practice.
 18 MS. MOODY: That was our practice run.
 19 MEMBER WEATHERS: Everybody did a very nice
 20 job of getting up.
 21 MS. MOODY: So, Michael, we are actually
 22 going to have to entertain -- because we've closed
 23 session.
 24 MEMBER WEATHERS: I move to reopen the

Page 16

1 session.
 2 VICE CHAIRMAN FINE: Second.
 3 MS. MOODY: All right. So we are back in
 4 open session now. I want to make sure that Paula is
 5 good with this.
 6 THE COURT REPORTER: Okay. I haven't closed.
 7 CHAIRPERSON MENDOZA TEMPLE: So I call
 8 Dr. Marc Sloan to speak regarding chronic pain due to
 9 trauma, and you have three minutes.
 10 MS. MOODY: And if you will kindly -- yes,
 11 your mic should be live. As Chairman Mendoza Temple
 12 indicated, please state your name, your organization,
 13 spell your name, please, both first name and last
 14 name, and then I'm going to -- at the one-minute mark
 15 and at the 30-second mark I'm going to hold up a sign
 16 so that you know where you are at in your three allotted
 17 minutes.
 18 DR. SLOAN: Just as a point of order, I have
 19 been asked to speak --
 20 CHAIRPERSON MENDOZA TEMPLE: Can you bring
 21 the mic closer to you?
 22 DR. SLOAN: Sure, sure, sure. I requested
 23 to speak at, I think there's three for pain, and there
 24 will be overlap from what I'm saying. So rather than

ADVISORY BOARD MEETING 10/7/2015

Page 17	Page 19
<p>1 just continue, I would just, if possible, present once 2 for all three or four conditions. Is that possible? 3 CHAIRPERSON MENDOZA TEMPLE: Can you do it 4 in three minutes, though? 5 DR. SLOAN: I can do it in three minutes. I 6 worked hard to try to do it in three minutes. 7 MEMBER WEATHERS: Can we apply the testimony 8 to the other conditions in the record? 9 MS. MOODY: If the Board so chooses, yes. 10 MEMBER WEATHERS: I make a motion to apply 11 his testimony to the -- it will be the exact wording, 12 obviously, but it will be reflected in the minutes 13 that it applies. 14 VICE CHAIRMAN FINE: Second. 15 CHAIRPERSON MENDOZA TEMPLE: All those in 16 favor. 17 (Ayes heard.) 18 CHAIRPERSON MENDOZA TEMPLE: Please. 19 DR. SLOAN: Good morning. My name is Marc, 20 M-a-r-c; Sloan, MD. I am a board-certified physician 21 in anesthesia and pain medicine. I've been practicing 22 pain medicine since 1984, and I'm the director of Pain 23 Management Consultants since 1987. I would like to 24 thank the Advisory Board for allowing me to speak for</p>	<p>1 one-third of the U.S. population and is more than the 2 associated patients afflicted with heart disease, 3 diabetes, and cancer combined. Opioids, narcotics 4 remain as the primary drugs in the treatment of 5 chronic pain. 2014 the Institute of Medicine noted 6 that Hydrocodone was the number two medication 7 prescribed in the United States, second only to 8 thyroid supplement with 119 million prescriptions. 9 Average opioid sale per U.S. citizens have increased 10 from 1997 of 74 milligrams to 369 milligrams as noted 11 by Pain Physician 2010. It is estimated that 16,000 12 to 18,000 deaths per year occur due to opioid 13 poisoning. We know dosage increases, side-effects 14 increase, deaths increase. 15 Cannabinoids have a role in treating pain. 16 Cannabinoids have been shown to be anti-inflammatory, 17 neuroprotective in ischemia, hypoxemia, and also act 18 as an anxiolytic. Analgesics that the cannabinoids 19 provide have minimal toxicity with essentially no risk 20 of lethal overdose. Cannabinoids have central effects 21 but are only associated with mild withdrawal effects. 22 MS. MOODY: Thank you for your comments 23 today, Dr. Sloan. 24 DR. SLOAN: All finished.</p>
Page 18	Page 20
<p>1 the use of medical marijuana in the treatment of 2 chronic pain conditions. 3 The International Association for the Study 4 of Pain and the NAH define chronic pain as any, any 5 painful condition lasting three months or more. The 6 World Health Organization defines chronic pain as any 7 painful condition lasting six months or more. 8 Chronic pain, furthermore, is any pain that 9 persists beyond the expected normal healing time. 10 Chronic pain can be associated with diseases such as 11 rheumatoid arthritis, osteoarthritis, spinal stenosis, 12 nerve entrapment syndromes, and metastatic disease. 13 Chronic pain can be a result of surgery, trauma, or 14 infection. 15 We know as physicians chronic pain is 16 associated with changes in the central nervous system, 17 and it's felt that these changes are responsible for 18 the continued symptom complexes. These predominant 19 changes occur in the cortex, thalamus, amygdala, and 20 periaqueductal gray areas. 21 In 2011 the Institute of Medicine postulated 22 that 100 million Americans experience chronic pain at 23 a cost of \$600 billion a year in medical treatments 24 and lost productivity. This represents approximately</p>	<p>1 CHAIRPERSON MENDOZA TEMPLE: Thank you. You 2 actually could use the opportunity again since you are 3 slated to speak at the other conditions if you have 4 more to say. 5 DR. SLOAN: Okay. 6 CHAIRPERSON MENDOZA TEMPLE: Thank you for 7 your testimony. 8 So we open it up to the Board for 9 conversation about chronic pain due to trauma. 10 Comments from the Board? 11 MEMBER CHRISTOFF: I will just make a 12 comment that I think as an alternative to addictive 13 opioids -- 14 MS. MOODY: Could you pull your microphone a 15 little bit closer, Dr. Christoff? 16 MEMBER CHRISTOFF: I think that because 17 addictive opiate narcotics are not always a solution 18 to chronic pain as a result of trauma that many other 19 options such as cannabis should be made available in 20 the treatment algorithm of various chronic pain 21 approaches that we attempt to deploy in situations 22 like this. So I strongly agree with this proposal. 23 VICE CHAIRMAN FINE: As a patient and 24 someone who was severely addicted to opioid narcotics</p>

ADVISORY BOARD MEETING 10/7/2015

Page 21	Page 23
<p>1 that ranged the gamut from Norco, Vicodin, methadone, 2 OxyContin, morphine, et cetera, et cetera, et cetera, 3 to the point of a suicide attempt, I have to agree 4 wholeheartedly with Dr. Christoff and recommend this 5 strongly for approval. 6 MEMBER MILLER: I just had a question 7 because when reading the petitions, particularly with 8 this first one, I didn't see any trauma stated in this 9 particular petition. It was more related to 10 musculoskeletal. So then I questioned what the 11 difference is between all these. 12 So do we -- do we approve chronic pain in 13 its generality or is it too broad? But I'm seeing a 14 lot of overlap with the chronic pain petitions. This 15 particular petition really I felt was more in the 16 general chronic pain category. 17 CHAIRPERSON MENDOZA TEMPLE: Jim? 18 MEMBER CHAMPION: I was going to say first 19 off, as a person who took 59 pills a day, to include 20 methadone, morphine, Vicodin all at the same time, I 21 agree totally with the doctor. 22 But, also, I'd like to say that studies have 23 shown, and I personally know that cannabis is highly 24 effective for treating pain due to inflammation,</p>	<p>1 definition, makes them feel more comfortable that this 2 is specific to that. I think it's good to pass as 3 trauma. Pain is pain and to me it's a deficit in the 4 endocannabinoid system where you need to establish 5 balance again. I looked at the evidence base 6 regarding pain not specifically to trauma but pain 7 from different comers. It can be from neuropathy or, 8 like you said, inflammation, infection, and whatnot. 9 But as a board we've got a unique set of 10 chronic pain conditions that all say chronic pain. 11 Chronic pain due to trauma, chronic pain syndrome 12 which is the catch-all, and it's a challenge to the 13 Board to see are we at a place where we can say let's 14 do the blanket chronic pain and not have the clinician 15 have to decide if that patient has -- what is the 16 cause; what's the etiology? Etiology means cause. 17 When I looked at the petition specifically 18 on paper from chronic pain due to trauma, it was 19 actually noted that the trauma was from a slipped 20 disc. Yes, that's an internal trauma and a 21 physiologic or pathologic accident that happened, but 22 it wasn't like a car accident like Michael went 23 through, which to me is an external trauma. 24 So we can talk about specific causes all day</p>
Page 22	Page 24
<p>1 neuropathic pain, and arthritis, and many of those 2 conditions were approved by this Board previously, 3 neuropathic pain and some of the others. So I urge a 4 yes vote. 5 MEMBER WEATHERS: Theresa does seem to 6 have -- because I had the same concern when I was 7 reading through this, purely not in any way from the 8 medical standpoint, purely from one of the things that 9 we've been tasked with has been to look at the 10 specificity of the request being accurate or to ensure 11 that we're approving specific conditions and not a 12 generalized category. 13 Chronic pain due to trauma does have its own 14 ICD 10-code. I think it's probably shared with many. 15 It's G89.21. So I think it is actually its own 16 category and diagnosis, which was reassuring to me. 17 CHAIRPERSON MENDOZA TEMPLE: I think as a 18 board we also have to look at do we look -- I mean, 19 many of the conditions that are already eligible 20 like fibromyalgia, which is on the list of the 21 39 conditions -- I've already recommended this to my 22 patients with fibromyalgia. This is all pain to me. 23 So whether -- what's the cause? I think it 24 helps for clinicians who really need that level of</p>	<p>1 but do we -- and I don't know how the rest of the 2 Board feels about the specificity in sticking with the 3 ICD-10 codes to make it more user friendly for the 4 clinicians who are the gatekeepers to this system. 5 They want, they need to see something more 6 specific. 7 But from a -- to me from a compassion, 8 common sense point of view, I don't really need to 9 see, is it from trauma, is it from diabetes. We've 10 already passed various shades of pain control through 11 the Pilot Act as it stands. So to me this is just 12 more specificity that might help some. And I don't 13 particularly need it, but we're going to be moving on 14 after this to chronic pain syndrome, chronic post-op 15 pain which we already approved anyway last time, and 16 then intractable pain, which is pain that is not 17 responding to anything. 18 So whether that's -- chronic is a time 19 thing. It's six months of no pain relief. But 20 intractable is a higher shade of intensity and to me 21 that is -- you know, and we'll get to that piece, but 22 I want to talk about this on a global level because we 23 have to approve the conditions as they are stated 24 here. It's the paperwork we received.</p>

ADVISORY BOARD MEETING 10/7/2015

Page 25

1 They are different codes, which is why to
 2 the public it might not really make a lot of sense why
 3 we have all these specific pain syndromes with
 4 different causes, but why didn't they talk about
 5 chronic pain due to -- I don't know, it's not on
 6 here -- neuropathy again. It's because we can only
 7 talk about what was sent to us.
 8 So anyway, when I looked at the different
 9 states that have chronic pain without a cause
 10 associated, there are a few states, I don't remember
 11 exactly which ones, but we would not be the first
 12 state to approve chronic pain or chronic intractable
 13 pain as a medically eligible condition. So that's
 14 nice to know I think from a national landscape.
 15 So I would be in support of this as a
 16 specific condition, chronic pain due to trauma.
 17 Other comments?
 18 MEMBER PARIKH: I see the condition chronic
 19 pain syndrome as one of the conditions listed here,
 20 and what I feel like is last meeting we also discussed
 21 why don't we just approve chronic pain syndrome as a
 22 general blanket situation for all types of patients.
 23 That will eliminate future time wasting for all the
 24 different types of pain syndromes. One blanketly

Page 26

1 covers everything, all kind of pain which is chronic.
 2 And chronic means it's not just pain for short-term.
 3 And there is a situation where it says chronic pain
 4 syndrome and that's it. Basically, we are covering
 5 everything else.
 6 CHAIRPERSON MENDOZA TEMPLE: I was
 7 thinking about that common sense approach, but on the
 8 flip side I was wondering if -- we have to send this
 9 to IDPH, and I don't know, we don't know what the
 10 thinking is, the rationale, do they want the specific
 11 conditions.
 12 So from a playing your odds kind of point of
 13 view, then yes, I do like the blanket term, but if
 14 that gets rejected flat out, you know, we have to be
 15 able to rely on these more specific pain-related
 16 causes. So trying to increase our chances.
 17 MEMBER WEATHERS: Exactly. Going back, they
 18 are -- seem to be separate ICD-10 codes, and I would
 19 just hate for depending on how this is interpreted and
 20 the work we do and what's eventually approved is if a
 21 provider were to put one down and not the other,
 22 because of the increased specificity around ICD-10 to
 23 have something not approved when we obviously intended
 24 it to be.

Page 27

1 So that would be my only argument about
 2 addressing them as listed because we're approving very
 3 specific conditions that correspond to very specific
 4 codes, which increases people's chances of actually --
 5 MEMBER PARIKH: If you have an ICD-10 code
 6 for chronic pain syndrome, it's automatically covered.
 7 You don't have to go into a specific ICD-10 code for
 8 those things.
 9 CHAIRPERSON MENDOZA TEMPLE: Well, there's
 10 codes for just chronic pain syndrome and intractable
 11 pain. So if they all pass, then we have a pretty good
 12 shot, but what we don't know is what IDPH down the
 13 road --
 14 MEMBER PARIKH: That we don't know, yes.
 15 THE COURT REPORTER: Okay. One at a time.
 16 CHAIRPERSON MENDOZA TEMPLE: They might only
 17 pick two.
 18 MEMBER MC CURDY: I guess my only other
 19 comment is in light of the fact that this is still a
 20 pilot program and part of I think the approach the
 21 State has made in general is to proceed cautiously,
 22 this is also part of that. So I would think as much
 23 as some of it may not make a lot of sense to have to
 24 sort of do each individual condition the way we do it,

Page 28

1 at this stage of the game it may be most appropriate
 2 in terms of building a base for whatever comes in the
 3 future, if that makes sense.
 4 MEMBER MILLER: Then I just have one
 5 follow-up because I'm okay with doing it each
 6 separately, as well as generic overall, but how are we
 7 then defining trauma? Because in this particular
 8 petition it was more musculoskeletal internal trauma
 9 rather than how I see trauma defined. So how are we
 10 going to separate out that specificity then with this
 11 petition?
 12 MEMBER WEATHERS: It looks like -- again,
 13 just trying to go back to the coding database that I'm
 14 using, coding due to injury or trauma both mapped to
 15 G89.21. So I think we're okay. It seems to catch
 16 that whether -- so either in this petition if the
 17 trauma were an injury versus true external.
 18 CHAIRPERSON MENDOZA TEMPLE: Dr. Ramirez.
 19 MEMBER RAMIREZ: I was just thinking of all
 20 the things that were said, I realize that since we're
 21 an experimental pilot program, it is better for us to
 22 separate things now. If we later on, as time goes by,
 23 we can engulf them all into one thing, then it'll be
 24 easier to handle. But for now if we incorporate it

ADVISORY BOARD MEETING 10/7/2015

Page 29

1 and we get into trouble, it's hard to separate them at
 2 that time.
 3 The other thing is I'm not quite clear if
 4 we're approving the petitioner's issue or the specific
 5 symptom or syndrome or issue.
 6 CHAIRPERSON MENDOZA TEMPLE: I look at it
 7 we're looking at the syndrome, the condition. The
 8 petitioner adds their story, their testimony, and we
 9 add Dr. Sloan's discussion. Is that clear?
 10 Other comments?
 11 (No response.)
 12 MS. MOODY: Madam Chair, if I may. I'm
 13 reading from the Illinois Administrative Code 946,
 14 which is the compassionate use of medical cannabis
 15 code for the Department. And with regard to the
 16 petitions themselves, G2 states that, "Each petition
 17 shall be a specific description of the medical
 18 condition or disease that is the subject of the
 19 petition, and the petitioners shall not submit broad
 20 categories. For example, all of mental illnesses.
 21 Each petition shall be limited to a single condition
 22 or disease."
 23 So if that provides any sort of guidance for
 24 the Board.

Page 30

1 CHAIRPERSON MENDOZA TEMPLE: Well, the fact
 2 that -- okay. That helps a lot because all mental
 3 disease would be rejected. I would say, all pain from
 4 anything will be -- you know, I think that is well
 5 defined, and the fact that there is an ICD-10 code for
 6 all of these conditions already defines them as
 7 discrete conditions.
 8 So I think that we're on -- we're okay with
 9 judging these as they are written.
 10 Other comments?
 11 MEMBER PARIKH: My point is that all
 12 conditions -- chronic pain only, chronic pain due to
 13 trauma, chronic pain syndrome, intractable pain, like
 14 this. So if we have conditions that we keep
 15 approving, in the future it's going to have different
 16 chronic pain for this, chronic pain for this, chronic
 17 pain for this. We are subjecting ourselves to all
 18 kinds of reasons for that. Might as well just do one
 19 chronic pain syndrome and just call it everything.
 20 It's not a blanket like all mental illness. It's
 21 chronic pain specifically. Syndrome is just a name
 22 for any kind of chronic pain.
 23 So I think that would be a suggestion that
 24 we can approve only one condition. You know, you're

Page 31

1 going to have lots of chronic pain patients filing.
 2 Whether we approve it or not it would be a different
 3 kind of situation, but we would be subject to a lot of
 4 persons coming in.
 5 VICE CHAIRMAN FINE: So I would suggest that
 6 we move forward with what we have and maybe -- hint,
 7 hint -- in the future somebody will submit a petition
 8 suggesting chronic pain syndrome.
 9 CHAIRPERSON MENDOZA TEMPLE: It did.
 10 VICE CHAIRMAN FINE: Okay. Then we're good.
 11 CHAIRPERSON MENDOZA TEMPLE: Do we have
 12 another comment on the floor?
 13 MS. MOODY: How about Dr. McCurdy.
 14 CHAIRPERSON MENDOZA TEMPLE: Did you have
 15 one?
 16 MEMBER MC CURDY: I did not.
 17 CHAIRPERSON MENDOZA TEMPLE: Oh, okay.
 18 All right. My last comment is that we
 19 have -- this is going -- we make recommendations. So
 20 what gets approved is unknown. So I want to keep that
 21 in mind, too, makes total common sense. If we end up
 22 getting petitions in the future and we see that the
 23 flavor of the approvals from above say we need
 24 specifics, I'm worried that if we disapprove chronic

Page 32

1 pain due to trauma and we just say let's just go for
 2 chronic pain syndrome and disapprove everything else
 3 so that we go comprehensive, if that gets shut down,
 4 then we've got nothing.
 5 So I would say just let's just keep taking
 6 them as they come. And if it's chronic pain due to I
 7 got a paper cut, we'd reject that, and then we just
 8 take them as they come.
 9 MEMBER MC CURDY: And I would say apropos
 10 kind of reading from the holy text of the regulations,
 11 the reality is we need to follow the regulations, and
 12 what the rule says is that we need to work within that
 13 framework. It would seem to me, therefore, that even
 14 though it's cumbersome, at this stage of the game this
 15 is the best we can do, and at some point some of that
 16 may change. But a list of 39 conditions already is
 17 pretty lengthy. Heaven only knows how many there
 18 could be as we went along.
 19 CHAIRPERSON MENDOZA TEMPLE: Many of which
 20 cause chronic pain.
 21 I make a motion to vote.
 22 MEMBER WEATHERS: I did. He seconded it.
 23 CHAIRPERSON MENDOZA TEMPLE: Michael
 24 seconded it. So let's vote.

ADVISORY BOARD MEETING 10/7/2015

Page 33

1 While we're tallying the votes, the next
 2 condition is chronic pain syndrome, and we have four
 3 speakers.
 4 Dr. Sloan, are you going to speak again?
 5 Yes? Okay.
 6 So we'll start with Zach Cutrara, Jessie
 7 Fosdick, Dr. Marc Sloan, and Jared Taylor, we'll do it
 8 in that order. So if you can kind of prepare
 9 yourselves, they're all open sessions.
 10 Okay. The condition for chronic pain due to
 11 trauma has passed with a vote of 10 yes, 0 no.
 12 Thank you.
 13 (Discussion off the record.)
 14 CHAIRPERSON MENDOZA TEMPLE: So like we
 15 discussed at our last meeting if we have petitioners
 16 who say they are going to be here to give public
 17 comment, please show up. So those who are not here,
 18 that was for you.
 19 Okay. So I will make a call out to -- we're
 20 ready to move on to chronic pain syndrome. What's the
 21 ICD-10 for that?
 22 MEMBER WEATHERS: G89.4.
 23 CHAIRPERSON MENDOZA TEMPLE: G89.4.
 24 Zach Cutrara, who I did not see sign in, is

Page 34

1 he here?
 2 (No response.)
 3 CHAIRPERSON MENDOZA TEMPLE: Okay. Then
 4 we'll move on to our second speaker, Jessie Fosdick.
 5 Did I pronounce that correctly? Thank you. Thank you
 6 for coming.
 7 MR. FOSDICK: My name is Jessie Fosdick,
 8 F-o-s-d-i-c-k. I am speaking in favor of chronic pain
 9 syndrome.
 10 I am speaking today on behalf of millions of
 11 individuals affected by chronic pain syndrome, which
 12 the Institute of Medicine of the National Academies
 13 estimates nearly 100 million Americans suffer from a
 14 form of chronic pain.
 15 When I originally began my application
 16 process a year and a half ago, I did so with the
 17 intent of qualifying under chronic pain. Due to the
 18 overlap of symptoms, it was not until later that I was
 19 diagnosed with fibromyalgia. Also, due to the unknown
 20 nature of the condition, it makes it difficult to
 21 effectively manage the condition, which often results
 22 in long-term opioid use and has been considered one of
 23 the leading causes of opioid dependencies.
 24 The National Institute of Drug Abuse

Page 35

1 estimated that nearly 10,000 Americans died of opiate-
 2 related prescription deaths in 2013 alone. It was the
 3 fear of becoming one of these statistics and the
 4 intense debilitating pain that resulted from my
 5 condition, to the point at which I could -- to the
 6 point that it impacted myself and my family's quality
 7 of life to the point to which I can no longer be a
 8 proper father that led me in the pursuit of medical
 9 cannabis.
 10 I have effectively managed my condition with
 11 medical cannabis and feel that others suffering from
 12 similar conditions should be presented with the same
 13 opportunity to have safe and effective relief.
 14 That is all. Thank you for your time.
 15 CHAIRPERSON MENDOZA TEMPLE: Thank you for
 16 your testimony.
 17 Dr. Marc Sloan.
 18 DR. SLOAN: Reintroduce myself?
 19 MS. MOODY: That would be appropriate, please.
 20 DR. SLOAN: Good morning. My name is
 21 Marc Sloan; M-a-r-c, S-l-o-a-n, MD, board-certified
 22 anesthesiologist, pain medicine, practicing pain
 23 medicine since 1984, and director of Pain Management
 24 Consultants since 1987.

Page 36

1 In the June issue of the Journal of American
 2 Medical Association of 2015 in an article titled
 3 "Cannabinoids for Medical Use," this article reported
 4 that there was a 30 percent reduction of pain with the
 5 use of cannabinoids. These patients reported a
 6 decrease in the use of narcotic analgesics, and when
 7 they did take their narcotic analgesics while using
 8 cannabinoids, there was some proved analgesia.
 9 Yes, it is true that these studies were
 10 classified as moderate using the grade classification.
 11 However, as we know in the world of pain medicine,
 12 high-quality ratings require randomization and double-
 13 blind observation. It's not going to happen with pain
 14 patients. A moderate study is about the highest a
 15 pain study can ever get. Studies involving pain
 16 patients cannot be randomized and double-blinded.
 17 2012 Clinical Journal of Pain Cannabinergic
 18 Pain Medicine describes that 71 percent of the studies
 19 found that cannabinoids were associated with
 20 demonstrable pain relieving effects. Additional
 21 studies have found that there is an improvement in
 22 quality of life, improved sleep, and greater
 23 productivity. Quality of life, improved sleep, and
 24 greater productivity in my mind is the goal of

ADVISORY BOARD MEETING 10/7/2015

Page 37

1 management of patients with chronic pain.
 2 Like all of our present medication,
 3 cannabinoids are not the panacea for patients
 4 suffering from chronic pain. However, with cannabis
 5 being available to chronic pain patients, it is
 6 reasonable to expect pain is improved, improvement of
 7 quality of life, a decrease in the number of pain
 8 prescriptions, followed by a decrease in the
 9 associated side effects, and, ultimately, a decrease
 10 in accidental opioid poisoning and associated deaths.
 11 Thank you.
 12 CHAIRPERSON MENDOZA TEMPLE: Thank you,
 13 Dr. Sloan, for your testimony.
 14 And our last speaker for chronic pain
 15 syndrome is Jared Taylor.
 16 MR. TAYLOR: Good morning my name is
 17 Jared Taylor. That's J-a-r-e-d, T-a-y-l-o-r. I'm
 18 here this morning to urge the Illinois Medical
 19 Cannabis Advisory Board to recommend chronic pain
 20 syndrome as a qualifying condition for the medical
 21 cannabis pilot program.
 22 Chronic pain syndrome (also known as CPS) is
 23 a common problem that presents a major challenge to
 24 healthcare providers because of its complex history,

Page 38

1 unknown causes, and poor response to therapy. CPS is
 2 poorly defined, yet many medical professionals
 3 consider ongoing pain that lasts more than six months
 4 as a qualifying criterion. Other professionals have
 5 used three months of chronic pain as the minimum
 6 criterion. However, with chronic pain, a demarcation
 7 of time is arbitrary.
 8 Chronic pain syndrome is a conglomeration of
 9 syndromes that do not typically respond to medical
 10 treatments. CPS is best managed by combining a
 11 variety of approaches, including bad posture,
 12 exercising regularly, practicing good sleeping habits,
 13 and having balanced meals. Approximately 35 percent
 14 of Americans have some element of chronic pain, and
 15 approximately 50 million Americans are partially or
 16 totally disabled due to chronic pain. As well,
 17 chronic pain is reported more commonly in women.
 18 CPS affects suffers on a daily basis.
 19 Patients are affected by depressed mood, poor-quality/
 20 nonrestorative sleep, being fatigued, a lack or
 21 reduction in libido, and experience disability out of
 22 proportion with impairment. Chronic pain may lead to
 23 prolonged physical suffering, marital or family
 24 problems, loss of employment, and may cause adverse

Page 39

1 medical reactions to long-term treatments.
 2 I myself experienced chronic pain for
 3 approximately 2 1/2 years. While I now know that my
 4 pain is due to my osteoarthritis, many patients with
 5 CPS do not know the underlying cause, and as I can
 6 personally attest, chronic pain makes daily life much
 7 more difficult. It is hard sometimes to see the
 8 proverbial silver lining in dark clouds when one has
 9 chronic pain, as chronic pain causes sufferers to have
 10 gray skies on a daily basis. Mundane activities such
 11 as going to work, doing household chores, caring for
 12 dependents, and other normal day-to-day activities are
 13 difficult with chronic pain.
 14 Cannabis is a proven medicine that
 15 effectively inhibits pain signals from being
 16 transferred from the brain to the point of origin.
 17 Pain is subjective and what may be painful to me may
 18 not be painful for others. I realize that the
 19 Advisory Board has proceeded carefully with blanket
 20 conditions, and I can admit that chronic pain is a
 21 very broad condition. However, I myself suffered for
 22 nearly 2 1/2 years in silence from chronic pain on a
 23 daily basis which was caused by my osteoarthritis. It
 24 affected me heavily and, fortunately, I now have a

Page 40

1 diagnosis and can better manage my symptoms. Other
 2 patients are not so fortunate to have a diagnosis, yet
 3 they continue to live with chronic pain on a daily
 4 basis.
 5 Because chronic pain syndrome is a disease
 6 that affects every facet of a patient's life, it is
 7 truly a debilitating condition. As such, I urge the
 8 Advisory Board to recommend chronic pain syndrome as a
 9 qualifying condition to the Medical Cannabis Pilot
 10 Program.
 11 Thank you for your time, and God bless the
 12 State of Illinois.
 13 CHAIRPERSON MENDOZA TEMPLE: Thank you for
 14 your testimony. And thank you for everyone who has
 15 come up so far. I know that it takes a lot.
 16 So we open up the conversation through the
 17 Board for comments.
 18 MEMBER CHAMPION: I'm just going to say our
 19 state -- our state is the only state in the medical
 20 cannabis states that requires an ongoing doctor-
 21 patient relationship. If a doctor can recommend
 22 opiates and narcotics and things like that, I see
 23 nothing holding them back from recommending cannabis.
 24 As well, in September the Illinois

ADVISORY BOARD MEETING 10/7/2015

Page 41

1 Department of Public Health recognized chronic pain,
 2 at least chronic pain in the month of September, so I
 3 recommend we as a board recognize and approve this
 4 condition, as well.
 5 Thank you.
 6 CHAIRPERSON MENDOZA TEMPLE: Other comments?
 7 (No response.)
 8 CHAIRPERSON MENDOZA TEMPLE: We had a
 9 conversation about this already regarding that this
 10 condition doesn't have any causes attached to it. So
 11 we really need to think about yes, it is its own
 12 discrete condition, with its own ICD-10 code, but we
 13 are now traveling into sort of an overall general
 14 condition area.
 15 But I also am reassured that we don't have
 16 to be the first state to do that. And, also, from the
 17 evidence base that I had reviewed in the literature
 18 provided, as well as my own research outside of this,
 19 I see enough evidence base regarding medical cannabis
 20 for chronic pain with respect to how the brain
 21 interprets pain with the CB1 and CB2 receptors and the
 22 potential for this medicine to help ameliorate a
 23 dysfunction in that signaling and a deficit of the
 24 endogenous, meaning our own homemade cannabinoids.

Page 42

1 We actually make our own chemicals that look
 2 like marijuana so that we can relax, eat, sleep,
 3 protect, and forget pain when we're trying to defend
 4 ourselves of the so we have this system is already in
 5 place. We now have a medicine that mimics those
 6 cannabinoids that we make ourselves, but if
 7 individuals have trouble making them in a robust,
 8 balanced way, then getting it externally is something
 9 that can be helpful.
 10 So from a just purely scientific basis, I
 11 feel that this is a valid condition regardless of the
 12 etiology or the cause. So I just want to put an
 13 asterisk out there, though, that we have to
 14 acknowledge this is still a pretty general condition.
 15 But I think it will also help us -- if it gets
 16 approved by IDPH, it might help us reduce the need to
 17 have other petitions for every other cause there is,
 18 and we'll find out how that all goes.
 19 MEMBER PARIKH: In Mr. Jared Taylor the
 20 underlying condition is osteoarthritis, but the
 21 previous finding was for chronic pain syndrome. So
 22 basically, it boils down to one condition of the same
 23 petition. So it would be nice to say if it is
 24 approved, then we don't have to have further witnesses

Page 43

1 on the stand.
 2 MEMBER MC CURDY: I'm looking at the face
 3 sheet in the petition itself, and I note two things.
 4 One is -- and what I wonder, for those of you who are
 5 in the clinical field, if these come from the -- from
 6 the DSM or ICD manual or if these are somebody's
 7 interpretation. But the third paragraph says, "A
 8 person may have two or more coexisting pain conditions,"
 9 et cetera. And it also says, "This condition is
 10 managed best with a multidisciplinary approach.
 11 Unlike pain due acute physical injury, chronic pain
 12 syndrome is not generally well controlled by opioids
 13 alone and shows nearly no response to anti-inflammatory
 14 agents." And the bullet point below that says, "CPS
 15 is different from the term 'chronic pain.'"
 16 So I guess the question I'm asking is, is
 17 this straight from the manual, and, if so, is this a
 18 formal statement of what's distinctive about both the
 19 condition and its treatment, for those of you who
 20 may know?
 21 MEMBER WEATHERS: When you say "manual,"
 22 there is no one set -- I don't know where -- what
 23 source they're using for that. The only manual that
 24 really would list something out would be kind of for

Page 44

1 psychiatry, the DSM-V. I don't believe it's in there.
 2 I don't know that for sure, though. I can try to look
 3 that up.
 4 But I agree with most of what they --
 5 whatever the source was, that was accurate in that
 6 anti-inflammatories don't work, it is a
 7 multidisciplinary approach. The remainder of that I
 8 felt was an accurate statement.
 9 CHAIRPERSON MENDOZA TEMPLE: Yes, Michael.
 10 VICE CHAIRMAN FINE: I suffer from chronic
 11 residual limb pain syndrome, so I could fall under
 12 this catch-all, as well, but fortunately, limb pain
 13 syndrome is already an approved condition.
 14 From a practical standpoint I understand
 15 exactly what the concern is, but I think that, you
 16 know, assuming, you know, that there is a condition
 17 worthy of being added to the gospel list that has
 18 already passed, this could be denied while we'll have
 19 all the specific conditions already articulated and to
 20 be articulated after this one just in case that
 21 occurs.
 22 But I don't see any problem with throwing
 23 this out there and approving it and having, you
 24 know -- in a perfect world this one being denied and

ADVISORY BOARD MEETING 10/7/2015

Page 45	Page 47
<p>1 the other ones being approved. So I strongly 2 recommend passage. 3 MEMBER MC CURDY: I would be willing to move 4 approval of this condition at this point. 5 MEMBER MILLER: I'll second it. 6 MEMBER PARIKH: As an advisory board, if we 7 somehow can put this emphasis in the minutes that the 8 Board as a whole has approved this chronic pain 9 syndrome as a blanket condition, and I don't know if 10 that would put any weight on the Department or not, 11 but if we can put somewhere in the minutes that this 12 is a condition we all think that this is a blanket 13 condition. 14 MEMBER RAMIREZ: Madam Chair, I'm sort of 15 confused. I think we discussed that chronic pain 16 syndrome was an entity unto itself and is not a 17 blanket description of anything; it's a specific 18 condition. So I think we need to clear the air so we 19 say we're voting on a specific condition. 20 CHAIRPERSON MENDOZA TEMPLE: Well, I think 21 the fact that it has its own code and is billable 22 through insurance through various -- all the 23 multidisciplinary -- physical therapy can get coded 24 with it, I believe, the pharmaceutical medications --</p>	<p>1 CHAIRPERSON MENDOZA TEMPLE: What was that 2 code again? 3 MEMBER WEATHERS: G89.4. 4 CHAIRPERSON MENDOZA TEMPLE: G89.4. Okay. 5 So I move that we vote on approval or 6 disapproval for chronic pain syndrome, which is ICD-10 7 Code G89.4, a condition specific -- a specific 8 condition for pain. 9 MEMBER MILLER: I'll second. 10 VICE CHAIRMAN FINE: Okay. 11 CHAIRPERSON MENDOZA TEMPLE: All right. 12 Let's vote. 13 While those votes are being collected and 14 tallied, our next topic is chronic postoperative pain. 15 I don't know if Dr. Sloan you need to -- okay. So we 16 will not have a speaker for that. 17 This is a condition that was discussed at 18 the May petition meeting, and I believe it passed in a 19 vote of -- from my notes, chronic postoperative pain 20 passed, but I did not recall the vote tally. But it 21 passed. 22 VICE CHAIRMAN FINE: We're beating a dead 23 horse now, and it's really dead and I'd certainly 24 welcome any comments from anybody, but I'd motion for</p>
Page 46	Page 48
<p>1 it is a condition in and of itself, but common sense 2 tells me it's a blanket condition. We know that; 3 we're pretty intelligent here. 4 But as a condition itself, I move that we 5 start to vote on this and make sure that we 6 differentiate that this is a specific condition. How 7 it will be interpreted by those who are going to look 8 at this whole list is unknown us. So if we look at it 9 purely as the condition itself, chronic pain syndrome 10 in and of itself, I think that we ought to move to a 11 vote unless you have any further clarification. 12 MEMBER RAMIREZ: A little aside from a great 13 Spanish philosopher that once said that common sense 14 is the least common of all senses. 15 CHAIRPERSON MENDOZA TEMPLE: Thank you. 16 VICE CHAIRMAN FINE: Second. 17 CHAIRPERSON MENDOZA TEMPLE: Are you 18 seconding the vote? 19 MS. MOODY: Madam Chair -- 20 CHAIRPERSON MENDOZA TEMPLE: Yes. 21 MS. MOODY: -- you can make very clear in 22 your motion what exactly -- what condition specifically, 23 including the ICD-10 code, that the Board wishes to now 24 take a vote on. You can be very specific about that.</p>	<p>1 a vote. 2 MEMBER WEATHERS: Second. 3 CHAIRPERSON MENDOZA TEMPLE: Oh, we need to 4 hear the tally first. 5 MEMBER WEATHERS: Do we? 6 CHAIRPERSON MENDOZA TEMPLE: Don't we before 7 we move on to chronic postoperative? 8 Okay. The condition chronic pain syndrome 9 Code G89.4 in the ICD-10 passed with a vote of 10 yes, 10 0 no. Thank you. 11 Now, chronic postoperative pain officially. 12 Comments from the Board in addition to Michael's 13 comments? 14 MEMBER LESKOVEC: Yes. I want to compliment 15 petitioners on the quality of the petitions in citing 16 research for -- so far of the conditions that we've 17 already reviewed. So thank you very much. 18 CHAIRPERSON MENDOZA TEMPLE: Thank you. I 19 know that also requires a lot of work and research, 20 as well. 21 Jim, did you have a comment? 22 MEMBER CHAMPION: No, I was just going to 23 say -- 24 THE COURT REPORTER: I can't hear him.</p>

ADVISORY BOARD MEETING 10/7/2015

Page 49

1 MEMBER MC CURDY: I tend to agree but I
 2 wanted to say I particularly appreciated the research
 3 that was included with this petition. It seemed to
 4 make the case, if anything, more strongly than even
 5 some of the other ones we've seen just in that regard.
 6 CHAIRPERSON MENDOZA TEMPLE: So without any
 7 comments from the Board, I move to vote for the
 8 condition chronic postoperative pain. Do you have an
 9 ICD-10 code for that?
 10 MEMBER WEATHERS: G89.28.
 11 CHAIRPERSON MENDOZA TEMPLE: G89.28.
 12 MEMBER WEATHERS: And this one is -- I'm
 13 sorry; I had it up -- other chronic postprocedural
 14 pain. So chronic postop, chronic postoperative pain,
 15 painful chronic postoperative. So G89.28 and G89.29
 16 is also painful chronic postoperative not otherwise
 17 classified.
 18 CHAIRPERSON MENDOZA TEMPLE: So maybe amend
 19 that to include chronic postoperative pain within both
 20 codes G89.28 and G89.29.
 21 MEMBER MC CURDY: Are we permitted to do
 22 that if the .29 is not on the petition?
 23 MEMBER WEATHERS: Was the .28 on the petition?
 24 MEMBER MC CURDY: Yes.

Page 50

1 CHAIRPERSON MENDOZA TEMPLE: I would
 2 interpret the .29 as the same --
 3 MEMBER WEATHERS: As I search through the
 4 code, it looks like that's abdominal pain chronic,
 5 chronic abdominal pain. So that's why they're linking
 6 them together. I would think -- yeah, G89.28 is the
 7 one that's really called out as chronic postprocedural
 8 pain, so I think we're okay. G89.22 is chronic
 9 postthoracotomy pain. I don't know why that gets
 10 called out separately.
 11 CHAIRPERSON MENDOZA TEMPLE: Way too
 12 specific. That just means pain --
 13 MEMBER WEATHERS: I think as a board we have
 14 it in our right to say we're encompassing all of the
 15 diagnostic codes that reference postoperative or
 16 postprocedural pain.
 17 CHAIRPERSON MENDOZA TEMPLE: I think it is
 18 within our rights, too, to make any corrections to
 19 codes that might not be capturing what the materials
 20 of the petition say. Given the expertise of the
 21 Board, I think that we can amend that. So is it
 22 G89.28?
 23 MEMBER WEATHERS: And G89.22.
 24 CHAIRPERSON MENDOZA TEMPLE: And G89.22.

Page 51

1 MEMBER PARIKH: Is it all -- 22, 28, and 29?
 2 CHAIRPERSON MENDOZA TEMPLE: All three?
 3 MEMBER WEATHERS: I think that's fine.
 4 CHAIRPERSON MENDOZA TEMPLE: Yes. All three.
 5 VICE CHAIRMAN FINE: Second.
 6 MS. MOODY: Madam Chair, could you restate
 7 the motion clearly for the court reporter?
 8 CHAIRPERSON MENDOZA TEMPLE: I will.
 9 MS. MOODY: Thank you.
 10 CHAIRPERSON MENDOZA TEMPLE: I move that we
 11 vote on the condition chronic postoperative pain
 12 encompassing the ICD-10 codes G89.22, G89.28 and
 13 G89.29.
 14 VICE CHAIRMAN FINE: Second.
 15 CHAIRPERSON MENDOZA TEMPLE: Please vote.
 16 While the votes are being collected and
 17 tallied, the next condition is intractable pain, and
 18 our speakers -- we have one who is closed, and then we
 19 have five speakers. So I'm going to check the
 20 attendance list first before I fake close the meeting
 21 again.
 22 So the closed petitioner whose name I cannot
 23 mention has not signed in. So we will not close that,
 24 and we will not go through that again. We will just

Page 52

1 open it up to the following speakers, Jonathan Byrne
 2 who also has not checked in, Karen Freese, who has not
 3 checked in, Jessica Harshbarger, who has also not signed
 4 in, Dr. Sloan, who has declined, and Jared Taylor.
 5 So we really only have one speaker, one speaker
 6 for intractable pain. So if I called your name and
 7 you just didn't sign in, would you raise your hand?
 8 (No response.)
 9 CHAIRPERSON MENDOZA TEMPLE: And then is
 10 Jared Taylor -- do you want to speak on it? Okay.
 11 We'll wait for the vote first, and then we'll proceed
 12 with your testimony.
 13 Okay. The condition of chronic
 14 postoperative pain with ICD-10 code G89.22, G89.28,
 15 and G89.29 passed with a vote of 10 yes, 0 no.
 16 So moving on to intractable pain, we have
 17 Mr. Jared Taylor providing testimony.
 18 MR. TAYLOR: Well, good morning again. My
 19 name is Jared Taylor, and I come before the Medical
 20 Cannabis Advisory Board to urge that it recommend
 21 intractable pain as a qualifying condition to the
 22 Illinois Medical Cannabis Pilot Program.
 23 Because of the lack of knowledge of its
 24 cause, only a few states (such as California,

ADVISORY BOARD MEETING 10/7/2015

Page 53

1 Colorado, Florida, New Jersey, and Texas) have defined
 2 what intractable pain means. However, the State of
 3 Minnesota is currently considering intractable pain as
 4 a qualifying condition to their launching and
 5 fledgling medical cannabis pilot program.

6 Now, according to the Minnesota Department
 7 of Public Health, intractable pain means "a pain state
 8 in which the cause of the pain cannot be removed or
 9 otherwise treated, no relief or cure of the cause of
 10 pain is possible, or none has been found after
 11 reasonable efforts." To put it simply, intractable
 12 pain is severe pain that has no known cause and does
 13 not respond to conventional therapies.

14 While I myself suffer from chronic pain
 15 caused by the osteoarthritis that I have, this is
 16 different from the intractable pain that I'm talking
 17 to you about today because intractable pain causes
 18 adverse biological effects on the body's cardiovascular,
 19 hormone, and neurologic systems. Individuals that
 20 suffer from IP experience changes in testosterone,
 21 estrogen, cortisol (which is a stress hormone),
 22 thyroid hormones, and/or pituitary hormones.

23 Intractable also causes patients to be bed-
 24 or housebound. So these are not people that are

Page 54

1 walking around; these are people that are in their
 2 bed, or they're in their home.

3 Intractable pain is not curable and, left
 4 untreated, can cause death. Conventional therapies
 5 for IP include using a TENS unit, taking methadone, as
 6 well as using opioid medications.

7 Now, cannabis is a proven medicine that
 8 blocks the transmission of pain signals. Because of
 9 this, I believe that patients who have intractable
 10 pain could greatly benefit from the use of cannabis.
 11 Similar to the State of Illinois, the State of
 12 Minnesota, like I mentioned, is considering adding IP
 13 to its list of qualifying conditions for their medical
 14 cannabis program. While what Minnesota does does not
 15 change what Illinois will do, it is important to note
 16 that intractable pain is a very real condition and
 17 that other states are seriously considering adding
 18 this condition to their medical cannabis programs.

19 There's no doubt in my mind that intractable
 20 pain would be a horrific disease to have. Intractable
 21 pain it has no cure; it has no known reason for its
 22 cause, and the pain experienced by patients is constant
 23 and severe. While I know that cannabis will not cure
 24 intractable pain, I believe that cannabis is an

Page 55

1 effective medicine that can and will inhibit and
 2 disrupt the pain that IP patients face on a daily
 3 basis.

4 As such, I urge the Medical Cannabis
 5 Advisory Board to recommend intractable pain as a
 6 qualifying condition to the Illinois Medical Cannabis
 7 Pilot Program. Intractable pain is a truly
 8 debilitating condition, and Illinois patients with
 9 this disease should have access to this medicine.

10 Thank you for your time. God bless the
 11 State of Illinois.

12 CHAIRPERSON MENDOZA TEMPLE: Thank you,
 13 Mr. Taylor.

14 Okay. Comments regarding intractable pain.
 15 Do we have a code for that?

16 MEMBER WEATHERS: So that's the problem with
 17 this one. It really does fall under -- the way the
 18 ICD-9 works is it's significantly increased
 19 specificity -- to ICD-10 over ICD-9.

20 CHAIRPERSON MENDOZA TEMPLE: Can you explain
 21 actually what the code means?

22 MEMBER WEATHERS: Sure. It's the
 23 international classification of diseases, and it
 24 started out in the 1800s as a way -- it was actually --

Page 56

1 they were initially death codes, frankly, a way to
 2 capture why patients were dying. And over time these
 3 have been through -- and this is used worldwide, and
 4 it's how we as providers not -- it's not anything to
 5 do with how we code what we're charging for but how we
 6 code for what we're seeing, so what is the exact
 7 diagnosis. And this has specific implications for
 8 public health, for reporting, for vocational scores,
 9 how sick you are, how sick are the patients that we're
 10 seeing, are we accurately capturing the conditions
 11 that they have.

12 So we have been using in the United States
 13 an outdated code system for many years called ICD-9,
 14 and as of October 1st, last week we transitioned about
 15 11 years behind the rest of the world to ICD-10. The
 16 difference is that ICD-10, as I keep saying, has many,
 17 many more codes.

18 So about 25 percent are just what we call
 19 laterality, are you dealing with the right or left.
 20 So it used to say ear infection. Well, now it's
 21 specifically what's the ear infection, which ear, and
 22 if you know, what's the organism or what's the
 23 bacteria that's causing the infection.

24 There's a lot more codes about site, about

ADVISORY BOARD MEETING 10/7/2015

<p style="text-align: right;">Page 57</p> <p>1 whether it's acute or chronic. That's why we're 2 getting into the specific discussions. So acute or 3 chronic is now differentiated. The episode, is it the 4 first time somebody is coming in for a problem, or is 5 it a long-standing impact due to the problem. 6 And as providers we're now obligated to be 7 very, very specific in our coding, and it has specific 8 implications for reimbursement, for our vocational 9 scores, for public health, part of why we're all here 10 today and allows us to better capture the conditions 11 that our patients have. 12 Intractable is oftentimes what we call a 13 modifier. So if somebody comes in, in my world, 14 migraines, one of the things that we need to say about 15 the specific migraine code in order to get to the very 16 specific ICD-10 code is is it intractable or not. 17 I don't believe -- and that's what I'm 18 having trouble finding. There doesn't seem to be an 19 actual simple diagnosis of just intractable pain. 20 It's the underlying pain syndrome. So the 21 osteoarthritis with intractable pain or chronic pain 22 syndrome and then intractable or not. 23 That doesn't say it's not a condition, and 24 we can still vote on it, but it's implied -- it's</p>	<p style="text-align: right;">Page 59</p> <p>1 MS. MOODY: Currently the Act lists 2 39 different conditions and diseases and simply lists 3 the name of those conditions and diseases. It does 4 not attach any sort of specific framework for the 5 physician to specify an ICD-9 or -10 code. 6 The application gives the opportunity for 7 the physician to check one or more debilitating 8 conditions in the certification that they provide to 9 the Department attesting that a qualifying patient has 10 a specific condition or disease that meets the 11 requirements of the Act and the code. 12 MEMBER MC CURDY: And the petition form that 13 you all have created for people to use says that 14 people must include any applicable diagnostic codes. 15 So it's expected by the Department as part of your 16 review. Am I right? 17 MS. MOODY: So that is requested in the 18 administrative rule making, that information, and that 19 information was requested and specified in the 20 administrative rulemaking to help the Board in 21 considering the specificity of a particular petition 22 to give you as much information as possible from the 23 petitioner to allow you to make consideration of that 24 petition.</p>
<p style="text-align: right;">Page 58</p> <p>1 almost not necessary because it's implied in the other 2 conditions that have been discussed today. 3 Just to clarify, though, my only -- to 4 finish my statement, I'm concerned, though -- and 5 again, it gets into how are we really tasked with 6 getting into specific ICD-10 codes, and I don't know 7 if we are. Because I'm concerned that if we were to 8 vote it down, I don't want the perception to be that 9 we don't want medical cannabis to be used for 10 intractable pain. It would be more on a technicality 11 rather than the actual intent of what we're trying to 12 do here and that concerns me. 13 So I think we need to, obviously, take all 14 of this with a grain of salt. 15 VICE CHAIRMAN FINE: So there's not a 16 necessity to have a code to approve this condition or 17 any condition; correct? It doesn't need to have a 18 specific code? I'm asking as a layperson. We don't 19 need an ICD-10 code to approve something. I know it's 20 helpful from a clinical standpoint when you docs, you 21 know, approve someone for a cannabis permit or 22 license, but is it necessary to have a specific code? 23 MEMBER CHAMPION: Do all of our current 24 conditions have a code?</p>	<p style="text-align: right;">Page 60</p> <p>1 MEMBER WEATHERS: And I know we heard about 2 this last time but we're -- how much are we allowed to 3 use our medical knowledge to say, "We think you meant 4 this, as well"? 5 So, for example, one of the ones here is 6 that -- you know, nobody included chronic complex 7 regional pain syndrome or reflex sympathetic dystrophy 8 to their own very specific diagnoses but obviously are 9 chronic pain syndromes in the limb, oftentimes 10 postprocedural or posttraumatic. So they get into 11 some of the categories just approved. Would those 12 need specific separate petitions? 13 MS. MOODY: Those are already part of the 14 debilitating conditions. I believe the precedent that 15 the Board set at the May 4th petition hearing was to 16 consider the recommendation made by the petitioner. 17 So, specifically, for this it is the intractable pain 18 that is cited here in this petition. 19 However, when the Board makes its 20 recommendations, if you should choose to qualify that 21 information to the Department then -- 22 CHAIRPERSON MENDOZA TEMPLE: Like we did 23 with neuropathy; we split it into groups? 24 MS. MOODY: Exactly. Exactly.</p>

ADVISORY BOARD MEETING 10/7/2015

Page 61

1 CHAIRPERSON MENDOZA TEMPLE: If I may. This
 2 may answer -- I found a code for intractable pain.
 3 It's R52.
 4 MEMBER WEATHERS: I think that's --
 5 CHAIRPERSON MENDOZA TEMPLE: So I actually
 6 am doing litmus test as I went into our medical
 7 record, and I looked for the diagnosis in there, and
 8 there's actually quite a few. There's intractable
 9 pain, intractable abdominal pain, intractable back
 10 pain, intractable neuropathic pain of foot left, and
 11 then right, or unspecified laterality.
 12 MEMBER WEATHERS: So, yeah, it's coming up
 13 as pain unspecified.
 14 CHAIRPERSON MENDOZA TEMPLE: So this is
 15 looking at -- I mean, if we were to go with -- this is
 16 an Epic system. So this is used in my hospital
 17 system, and if I saw that, I would use that code. I
 18 don't -- other than getting out my manual and trying
 19 to really prove that that wasn't the code, I don't
 20 know how else -- I would say that's okay.
 21 MEMBER MC CURDY: So the fact that we have
 22 an ICD-9 code in these conditions for intractable
 23 pain, how does that matter?
 24 MEMBER WEATHERS: Actually, that's fine.

Page 62

1 Again, these conditions were submitted before we
 2 converted.
 3 MEMBER RAMIREZ: My question is, the words
 4 "intractable pain" came from where? From the
 5 petitioner? From the Department? From whom? The
 6 exact word intractable pain, where does it come from?
 7 Because semantically speaking -- and I
 8 apologize, but English is my second language, so I'm
 9 very strict in meanings -- intractable means you can't
 10 treat it. So maybe it should be called analgesic
 11 resistant pain, and then you can say we can use
 12 cannabis for that. Otherwise, if it's intractable,
 13 intractable period. Because if you're dead, you're
 14 dead; if you're alive, you're alive. I apologize for
 15 that but semantically, intractable pain that you can
 16 treat with something else is not intractable.
 17 MEMBER CHRISTOFF: I don't know if anyone --
 18 I don't know if anyone knows this, but don't these
 19 codes in this ICD-10 -- like, aren't they defined to
 20 some degree? Are these just words that are attached
 21 to a code, and then there's no definition? Like that
 22 could be true. I don't know how -- like is there even
 23 like a sentence or description, or are clinicians just
 24 supposed to know what the words mean?

Page 63

1 MEMBER WEATHERS: They're supposed to know
 2 what the words mean.
 3 MEMBER RAMIREZ: People who are coders have
 4 manuals about 7- or 800 pages big in which they
 5 specify and explain what each code means.
 6 MEMBER CHRISTOFF: None of this would
 7 necessarily be written down as an agreed upon
 8 diagnostic description, I guess, for this or any other
 9 descriptive code that's used?
 10 MEMBER WEATHERS: So R52 maps to pretty
 11 generalized pain, pain disorder, pain generalized,
 12 pain I mean just by itself. So that's what's coming
 13 up for all of that. G89.29 is chronic generalized
 14 pain disorder and chronic generalized pain, but the
 15 R52 is all the very, very generic. And, actually,
 16 acute is in there.
 17 MEMBER PARIKH: I think that ICD-10, when
 18 there is no decimal point after, then it's a
 19 generalized category.
 20 CHAIRPERSON MENDOZA TEMPLE: I found
 21 another one.
 22 MEMBER PARIKH: After the decimal points are
 23 more specific codes.
 24 CHAIRPERSON MENDOZA TEMPLE: Okay. There is

Page 64

1 a -- so in my system here they've a chronic intractable
 2 pain. The code is G89.29 which we just voted to
 3 approve. So I mean, always thought chronic --
 4 MEMBER WEATHERS: Exactly. So you could
 5 argue, have we already approved this? It's redundant.
 6 It's looped into the other. I don't see any value.
 7 CHAIRPERSON MENDOZA TEMPLE: Then I would
 8 not use the R52 code if that's what's coming up on
 9 yours. Then it would just make --
 10 MEMBER WEATHERS: Mine is G89.29.
 11 CHAIRPERSON MENDOZA TEMPLE: We may need to
 12 amend our previous approval where we called it chronic
 13 pain syndrome because it's also called chronic
 14 intractable pain in other systems, which is the same
 15 code. I always thought common sense --
 16 MEMBER RAMIREZ: You've got remember that
 17 some of those systems like the Epics, the MedTeks, and
 18 all these, what they have done is they've taken the
 19 codes and adapted them to people's everyday language
 20 so they can code easily, but that does not mean that
 21 the ICD-10 is specifically going to say -- they're
 22 trying to code them and group them so you can use them
 23 in your everyday life.
 24 MEMBER WEATHERS: So I would like to make a

ADVISORY BOARD MEETING 10/7/2015

Page 65	Page 67
<p>1 motion to include the previously approved chronic pain</p> <p>2 syndrome to also include the diagnosis of chronic</p> <p>3 intractable pain.</p> <p>4 MEMBER MC CURDY: Second.</p> <p>5 VICE CHAIRMAN FINE: Second.</p> <p>6 MEMBER MC CURDY: All in favor.</p> <p>7 CHAIRPERSON MENDOZA TEMPLE: We will need to</p> <p>8 vote, but on the sheets, then, we're just going to</p> <p>9 call that one condition. We're just saying that we're</p> <p>10 going to amend our previously approved -- so the name</p> <p>11 of that will be chronic intractable pain syndrome.</p> <p>12 MEMBER WEATHERS: I would separate them out.</p> <p>13 I would say chronic pain syndrome and chronic</p> <p>14 intractable pain.</p> <p>15 MEMBER PARIKH: And I think in the future we</p> <p>16 should stay away from the ICD-10 code.</p> <p>17 CHAIRPERSON MENDOZA TEMPLE: I know. I'm a</p> <p>18 worried about -- okay. So say that one more time.</p> <p>19 MEMBER WEATHERS: Chronic pain syndrome and</p> <p>20 chronic intractable pain.</p> <p>21 And, again, the intent of this was never</p> <p>22 that we were approving necessarily specific ICD-10.</p> <p>23 It's just one of the things we've been tasked with is</p> <p>24 to ensure that we're not approving the entire world of</p>	<p>1 MEMBER MC CURDY: Second.</p> <p>2 CHAIRPERSON MENDOZA TEMPLE: Now we vote.</p> <p>3 MEMBER PARIKH: Does that mean intractable</p> <p>4 means chronic? Because if you've tried for a longer</p> <p>5 term to treat that pain --</p> <p>6 MEMBER LESKOVEC: My understanding of</p> <p>7 intractable is not that it is not treatable but that</p> <p>8 is not being able to be resolved by --</p> <p>9 MEMBER PARIKH: Yeah, but that means that</p> <p>10 you have tried it for a certain period of time to</p> <p>11 relieve chronic pain. If you have tried it only for</p> <p>12 four months, then you have not tried all the options.</p> <p>13 So when you say it is not a helpful means of treatment,</p> <p>14 meaning that we have tried over a certain period of</p> <p>15 time, which is probably three months or six months.</p> <p>16 Obviously, it has to be a certain period of time to be</p> <p>17 tried. So there is no sense of putting chronic in</p> <p>18 front of this that is already there.</p> <p>19 CHAIRPERSON MENDOZA TEMPLE: So are you</p> <p>20 proposing chronic pain syndrome and intractable pain</p> <p>21 and take the chronic out to remove the time?</p> <p>22 MEMBER PARIKH: Yeah. It wasn't there to</p> <p>23 begin with, so we just leave it as it is.</p> <p>24 CHAIRPERSON MENDOZA TEMPLE: Okay. Let me</p>
Page 66	Page 68
<p>1 mental health disorders, and by going with the code,</p> <p>2 it just lets us as a board be reassured that we are</p> <p>3 talking about very specific conditions.</p> <p>4 I think that was the only intent of even</p> <p>5 bringing them up, not saying that we're getting into</p> <p>6 specificity of ICD-10 code despite my really</p> <p>7 fascinating ICD-10 lecture. I have more. If anybody</p> <p>8 afterwards would like to hear it, I have slides.</p> <p>9 CHAIRPERSON MENDOZA TEMPLE: Michael, do you</p> <p>10 have a comment?</p> <p>11 VICE CHAIRMAN FINE: Maybe the thought</p> <p>12 process here would be to make a motion that the ICD-9</p> <p>13 and -10 codes are offered purely as additional data</p> <p>14 that would be helpful for clinicians in issuing, you</p> <p>15 know, their approvals for their patients and are not</p> <p>16 dispositive of a condition.</p> <p>17 MEMBER RAMIREZ: Point of order, Madam</p> <p>18 Chairman. Mike's motion is out of order right now</p> <p>19 because we already have a motion on the floor, we have</p> <p>20 seconded it, and now we need to vote on it.</p> <p>21 CHAIRPERSON MENDOZA TEMPLE: Was it seconded</p> <p>22 to amend our previously approved conditions to reflect</p> <p>23 it to say chronic pain syndrome and chronic</p> <p>24 intractable pain?</p>	<p>1 amend that again. I move to amend our previously</p> <p>2 approved condition to state chronic pain syndrome and</p> <p>3 intractable pain.</p> <p>4 VICE CHAIRMAN FINE: Second.</p> <p>5 CHAIRPERSON MENDOZA TEMPLE: Do we need a</p> <p>6 paper vote?</p> <p>7 MS. MOODY: You can just proceed.</p> <p>8 CHAIRPERSON MENDOZA TEMPLE: All those in</p> <p>9 favor.</p> <p>10 (Ayes heard.)</p> <p>11 CHAIRPERSON MENDOZA TEMPLE: Any opposed?</p> <p>12 (No response.)</p> <p>13 CHAIRPERSON MENDOZA TEMPLE: Okay. The</p> <p>14 motion passes 10 to 0.</p> <p>15 We are now at osteoarthritis, which our</p> <p>16 closed petitioner is still not here. Okay. Then we</p> <p>17 have Jared Taylor again, and I think following this --</p> <p>18 let's see, it is now 10:40. I think we could probably</p> <p>19 use a restroom break. And is there anything else?</p> <p>20 MR. TAYLOR: I was the only person for</p> <p>21 osteoarthritis in May, as well.</p> <p>22 MEMBER WEATHERS: Which we approved.</p> <p>23 MR. TAYLOR: You'll remember my face from</p> <p>24 the repeat coming up here.</p>

ADVISORY BOARD MEETING 10/7/2015

Page 69

1 MEMBER WEATHERS: It's nice of you to keep
 2 doing that.
 3 Okay. Mr. Taylor, please proceed.
 4 MR. TAYLOR: So good morning. My name is
 5 Jared Taylor. I feel like a really familiar face up
 6 here. I have osteoarthritis, OA. Some of you may
 7 remember me from earlier this year when I was the only
 8 individual who spoke in favor of adding osteoarthritis
 9 at the May 4th public petition period here in Chicago.
 10 Unfortunately, it's unfortunate I have to
 11 join you all today, as this condition should have been
 12 approved by DPH as a qualifying condition of the
 13 program. Since osteoarthritis has no cure, my disease
 14 has not miraculously cured itself since I spoke in
 15 front of you five months ago.
 16 To be clear, however, I am not upset with
 17 the Advisory Board. Each and every one of you has
 18 done your due diligence to the state's residents and
 19 the patients of Illinois.
 20 According to Mayo Clinic, osteoarthritis is
 21 the most common form of arthritis, affecting millions
 22 of people worldwide. It occurs when protective
 23 cartilage on the ends of your bones wear down over
 24 time. While OA can appear in any joint, commonly

Page 70

1 affected areas are the hands, the knees, the hips, and
 2 the spine.
 3 I myself was diagnosed with osteoarthritis
 4 earlier this year. It is in the facet joints of my
 5 spine which are directly above my tailbone. This
 6 makes it difficult and painful for me to sit, to
 7 exercise, and to do chores around the house. Overall,
 8 not only does this disease limits activities that I
 9 enjoy, it limits tasks that I must do on a daily basis.
 10 Commonly used therapies for treating
 11 osteoarthritis include taking acetaminophen, also
 12 known as Tylenol, chiropractic therapy, attending a
 13 chronic pain class, receiving injections in the joint
 14 to increase flexibility, and other pain management-
 15 based options. While varied, all of these therapies
 16 have one thing in common; they are merely treating the
 17 symptoms of osteoarthritis. As there is no cure,
 18 patients like myself who have OA must merely juggle
 19 various treatments in order to get to a manageable
 20 level of pain.
 21 Today I'm introducing a study by the
 22 University of Nottingham titled "Cannabinoid CB2
 23 Receptors Regulate Central Sensitization and Pain
 24 Responses Associated with Osteoarthritis of the Knee

Page 71

1 Joint." In this study, it basically discovered that
 2 when we use medical cannabis, it activates the
 3 CB2 receptors in our brain, which inhibits the
 4 transmission of chronic pain signals from our brain to
 5 the area that we're in pain.
 6 Now, I myself, I know that medical cannabis
 7 is not going to cure my osteoarthritis. However, I
 8 believe that this medicine is another tool to manage
 9 the symptoms that this disease causes which limit my
 10 ability to live a happy, productive life. I do not
 11 intend to only use medical cannabis to manage my
 12 chronic pain. I've been to a physical therapist; I've
 13 seen a pain specialist, and I visited a rheumatologist,
 14 which is a doctor that specializes in arthritis. On a
 15 twice daily basis I do stretching exercise; I take
 16 acetaminophen and naproxen (also known as Aleve) on an
 17 as-needed basis, and I've even started taking a yoga
 18 class twice a week. Again, all of these therapies are
 19 to manage my symptoms. I know that medical cannabis
 20 would be a beneficial medicine to help me manage my
 21 arthritis.
 22 In short, I urge the Medical Cannabis
 23 Advisory Board to affirm its May recommendation for
 24 adding OA to the list of qualifying conditions. The

Page 72

1 osteoarthritis that I and millions of Illinois
 2 patients suffer from on a daily basis isn't going to
 3 go away. We demand access to this medicine which will
 4 help us lead a life with as little pain as possible.
 5 As such, I will come to this Advisory Board at every
 6 petition period hearing until Illinois osteoarthritis
 7 patients are given access to the treatment that we
 8 deserve.
 9 Thank you for your time. God bless Illinois.
 10 CHAIRPERSON MENDOZA TEMPLE: Thank you.
 11 So that's all for the speakers on
 12 osteoarthritis. So comments from the Board?
 13 VICE CHAIRMAN FINE: Jared, thank you so
 14 very much for your testimony today. It's been moving
 15 and it's unbelievably explicit and detailed and backed
 16 up by tons of research, and you point out again, and
 17 again, and again that cannabis doesn't need to be a
 18 cure. It's a weapon in the arsenal that you have to
 19 fight chronic pain.
 20 I, too, practice yoga six or seven days a
 21 week, have acupuncture twice a week, raki,
 22 craniosacral therapy, sensory deprivation, flotation.
 23 Every single one of these things are different items
 24 in the arsenal that I use to function, and if this is

ADVISORY BOARD MEETING 10/7/2015

<p align="right">Page 73</p> <p>1 something that can help you function better, it 2 doesn't need to be the cure-all. Because there is no 3 magic bullet, as you, and many other people, and 4 myself have discovered. It's a complex regime of many 5 different things used together in unison to survive 6 and to live and function. So thank you so very much 7 for your testimony.</p> <p>8 MEMBER CHAMPION: I was going to say, I 9 myself have osteoarthritis in several joints, my hips 10 and my knees. Cannabis is effective for treating my 11 arthritic pain. If our program covers rheumatoid 12 arthritis, I don't see how it can be any less 13 effective for osteoarthritis. If it covers one form, 14 I believe it should cover all. And I'm not going to 15 get into a comparison match with somebody with 16 rheumatoid arthritis, but my osteo was pretty, pretty 17 doggone painful.</p> <p>18 CHAIRPERSON MENDOZA TEMPLE: I would like to 19 differentiate rheumatoid arthritis, which is a covered 20 condition, versus osteoarthritis.</p> <p>21 Rheumatoid arthritis is an inflammation of 22 the joints where they start to lose their symmetry, 23 and people start getting -- their hands start deviating. 24 It's a deformative arthritis, as is osteoarthritis,</p>	<p align="right">Page 75</p> <p>1 is, how resistant has it been to conventional 2 medications and treatments, and acupuncture, yoga, all 3 of those things that I use for my patients, as well.</p> <p>4 So I would like it reflected in our minutes 5 or in our public record that these conditions, albeit 6 very common -- osteoarthritis is like everybody has 7 got it pretty much -- well, I won't say that, but 8 probably half the people in this room have it after a 9 certain age, that it is going to be physician, provider 10 discretion. That is where the relationship comes in 11 and determines whether the person in front of me is a 12 candidate to be certified under the pilot act.</p> <p>13 So I think that's very important to 14 emphasize. Because on the face of it, when I talk to 15 my colleagues and they say, "You guys approved 16 arthritis? Everybody has that, osteoarthritis. Come 17 on," I want it known that this is not a blank check 18 type of group over here. We recognize it is a 19 difficult condition to treat for which joint 20 replacement pretty much is getting rid of the bad 21 joint. It seems to be the main definitive treatment 22 other than symptom management or laying off the joint 23 and not using it anymore, which means limiting 24 activities.</p>
<p align="right">Page 74</p> <p>1 but not as much as rheumatoid arthritis, which is also 2 extremely inflammatory and an autoimmune-type condition 3 that is mediated a lot by the gut but which we have 4 plenty of CB2 receptors that modulate that.</p> <p>5 Osteoarthritis is a wear-and-tear type of 6 phenomenon. So in your runners, or overuse injuries, 7 or poor alignment of the spine, and over time things 8 just start wearing away the cartilage, that causes 9 pain and then we're back to the conversation about 10 pain. So this is where I would look at osteoarthritis 11 as another subtype of chronic pain.</p> <p>12 Although, having -- and affirming our May 13 vote I don't think should be very difficult, but I 14 want to differentiate between the two, as well as to 15 add a little more caveat that this is a much more 16 common condition. If you get to a certain age, you're 17 going to have it.</p> <p>18 So this is where we discussed last time how 19 do we define -- I was proposing why don't we say 20 severe osteoarthritis, and then we had a long 21 discussion about differentiating it and that it should 22 be the clinician. And I was convinced of that after 23 our discussion that it's going to be the clinician who 24 is going to determine with the patient how severe it</p>	<p align="right">Page 76</p> <p>1 So it can be very debilitating, but it can 2 also be very mild, and as physicians we are there to 3 determine how severe and debilitating these conditions 4 are and whether our patients should be certified for it.</p> <p>5 MEMBER PARIKH: As a practicing pharmacist 6 for over 30 years, I haven't seen too many 7 osteoarthritis patients using high doses of oxycodone, 8 or morphine, or hydrocodone, or anything like that, 9 more the Tylenol. So it's a condition that we have to 10 be careful in thinking about it. I don't know if I 11 know patients using too much oxycodone or morphine or 12 pain medication.</p> <p>13 CHAIRPERSON MENDOZA TEMPLE: You had a 14 question for me? I'm sorry.</p> <p>15 MEMBER PARIKH: These kinds of patients for 16 arthritis, they don't use too much of oxycodone, or 17 narcotics, or high doses of those because that's not 18 helpful to them compared to plain Tylenol, basically.</p> <p>19 CHAIRPERSON MENDOZA TEMPLE: Other comments 20 from the Board?</p> <p>21 MEMBER MILLER: I'd just like to say I 22 struggled with this in the May meeting because of 23 the -- some of the evidence that was presented. I do 24 appreciate having more current research there today</p>

ADVISORY BOARD MEETING 10/7/2015

Page 77

1 and looking over it -- having the ability to look
 2 that over.
 3 I'm very much focused on making sure we do
 4 the right thing based upon the evidence that's out
 5 there, and I know that there's limited evidence, but
 6 to go back 5, 7, 10 years makes it really difficult as
 7 a board member to approve some of those diagnoses.
 8 CHAIRPERSON MENDOZA TEMPLE: So adding onto
 9 the evidence base. Because the research on medical
 10 cannabis for medical conditions and not for drug abuse
 11 reasons is very restricted, I want to qualify Michael's
 12 statement that there were tons of -- you know, there's
 13 tons of research for a certain condition. I wish I
 14 could say that about all of these conditions. There
 15 will not be tons of research. What myself as an
 16 evidence-based clinician was raised to look for
 17 randomized controlled trials and in humans, I want to
 18 see that, but we're just not going to see that at this
 19 stage. So it's compassion that's going to be guiding
 20 a lot, as well as clinical experience regarding our
 21 votes for yay or nay for this particular condition.
 22 So I want to also make a note that if we
 23 looked purely at the research and just said, "Okay.
 24 This is a research-based, evidence-based treatment,"

Page 78

1 many of the conditions may not really meet the muster
 2 of other conditions we might say, yeah, we've got gold
 3 standard evidence for that treatment, why don't you
 4 try that.
 5 So that's known. And until we get more --
 6 the bottleneck released on medical cannabis research,
 7 we are going to be in this same position over and over
 8 getting evidence base from smaller studies, or
 9 animal-based, or lab studies. I've had to recognize
 10 that as a board member am I going to be satisfied
 11 with that.
 12 What satisfies me is the safety data is
 13 pretty good. From a clinician "do no harm"
 14 perspective or "do least harm," this is where I put
 15 rubber to the road. Because in the practice where I
 16 have patients going to acupuncture, trying some herbal
 17 therapies, or nutritional therapies, I don't have a
 18 lot of evidence base for that, either. But if it's
 19 overall safer than the alternative or there is no
 20 alternative, then we go with it with monitoring and
 21 supervision.
 22 And that patient-physician relationship is
 23 very important in knowing that these patients when
 24 they come back -- they have to come back once a year.

Page 79

1 They don't just get their card and run forever and
 2 never see you again. They really have to come back
 3 and see you in a year or they don't get it. So I
 4 think that's a very good safety that was built into
 5 this system. Onerous as it can be, it's very
 6 important.
 7 So let's put the motion out to the vote for
 8 the condition of osteoarthritis.
 9 VICE CHAIRMAN FINE: Second.
 10 MEMBER PARIKH: Same.
 11 MS. MOODY: And, Madam Chair, while the
 12 Board is taking its time to deliberate and will tally
 13 votes, I would like to introduce to the Board a member
 14 of our team, our statewide medical cannabis program
 15 coordinator Joseph Wright has joined us, and he works
 16 with the entire medical cannabis program across all of
 17 the agencies that are responsible for implementation
 18 of the program.
 19 CHAIRPERSON MENDOZA TEMPLE: Thank you for
 20 coming. And so I wanted to share this statement,
 21 waiting for Mr. Wright -- Mr. Wright to come. You
 22 probably hear a lot of that.
 23 I just wanted to publicly thank our
 24 wonderful staff at the IDPH for their relentless

Page 80

1 commitment, passion, just can-do attitude and openness
 2 for putting all of these proceedings together, vetting
 3 the patient applications, all the phone calls, all of
 4 our inquiries. I think we need to publicly acknowledge
 5 them over and over again for the work that they do.
 6 So thank you, Conny and team, Mallory -- I know I'm
 7 missing somebody, so I'll just say those two names. I
 8 know I'm going to forget somebody.
 9 Also, thank you to the Board for your
 10 expertise and passion, and to the audience for
 11 bringing your testimonies and witness to these
 12 proceedings.
 13 I wanted to go over while we're on this
 14 break to talk about the official veto message from the
 15 governor, which I want to state so we're all clear on
 16 what happened, which rejected all of the Board's
 17 recommendations from the May 2015 meeting to set a
 18 proper stage and dispel any myths about it, and I'm
 19 going to read the quote.
 20 The veto message for SB33 to the Illinois
 21 Senate, 99th General Assembly is as follows, and I
 22 quote, "The pilot program is moving forward but
 23 remains in its early stage. Cultivation centers are
 24 just beginning to grow their crops, and the first

ADVISORY BOARD MEETING 10/7/2015

Page 81

1 dispensary was licensed at the end of August. No
 2 patients have yet been served, and consequently the
 3 State has not had the opportunity to evaluate the
 4 benefit and cost of the pilot program, or determine
 5 areas for improvement, or even whether to extend the
 6 program beyond its pilot period. It is therefore
 7 premature to expand the pilot program before any
 8 patient has been served and before we have had the
 9 chance to evaluate it. Therefore, pursuant Section
 10 9(b) of Article 4 of the Illinois Constitution of
 11 1970, I hereby return Senate Bill 33 entitled 'An Act
 12 Concerning Health' with the foregoing objections:
 13 Vetoed in its entirety. Sincerely, Bruce Rauner,
 14 Governor."
 15 So I wanted to clarify some things that as a
 16 board we are doing what we can to help this pilot act
 17 in a balanced, scientific, compassionate manner. I
 18 think we have to put our politics and social agenda
 19 aside and boil it down to what matters most, which is
 20 easing human suffering with appropriately vetted,
 21 stringently cultivated, strictly monitored dispensing
 22 and properly dosed medical marijuana from our state
 23 sanctioned growing centers and dispensaries.
 24 As we did in May this year, we will evaluate

Page 82

1 all these conditions as we have been using the
 2 evidence base but also using our common sense and our
 3 clinical experience, taking to heart our petitioners'
 4 presentations and combine that all with compassion.
 5 This is a volunteer board composed of
 6 physicians, of pharmacists, an ethicist, nurses,
 7 patients, and patient caregivers. We bring a high
 8 level of education to this table, and we ask that our
 9 recommendations be taken seriously as the pilot act
 10 moves very soon into its implementation stage, which
 11 is the request of that letter that we see cannabis
 12 start getting into the hands of patients.
 13 So now that we are vetting and making
 14 recommendations, I'm hoping to receive feedback from
 15 the Governor, we are hoping to get feedback regarding
 16 our recommendations today, as well as what we
 17 recommended in May. Because the deadline for our
 18 recommendations today should hopefully fall within the
 19 cracks of dispensaries opening and having product
 20 available to patients.
 21 And I'd love to know a timeline for when we
 22 are going to get some feedback regarding the petitions
 23 in May because that's what we're waiting for. We want
 24 to see that the pilot act is working, patients are

Page 83

1 being helped, the bugs are worked out. I would like
 2 to know when we're going to hear about our May
 3 recommendations, as well as the ones we make today,
 4 and to get some guidance on how to go about that.
 5 Do we need to repetition everything all over
 6 again from May like we are for some of the conditions
 7 today, or do we have to -- are they just going to be
 8 looked at again three months into the pilot when
 9 people are getting cannabis at the dispensaries.
 10 So that is an open question. I'm speaking
 11 for myself but I do think that these are issues
 12 pertinent to the Board.
 13 So I thank you for letting me take that
 14 opportunity, but these are questions that have come up
 15 because of the blanket veto of our petition
 16 recommendations in May.
 17 So that being said, we still have to read
 18 the results of the vote for osteoarthritis.
 19 MS. MOODY: So there was a problem with one
 20 of the ballots that Tina and I could not decipher it
 21 properly. So we would like to ask dispensation of the
 22 Board to take another paper vote if that would be all
 23 right. We have another set of ballots that we will
 24 pass out.

Page 84

1 MEMBER WEATHERS: Given that there's two
 2 check boxes, I'm not sure how we screwed that up --
 3 I'm sure we did. Can we clarify?
 4 MS. MOODY: So there is a yay -- a yes, that
 5 "I agree with the motion being made" and on the right
 6 side of the ballot a nay or no and there was a -- one
 7 of the ballots confused, or scratched out, or rewrote
 8 those, and Tina and I had difficulty deciphering what
 9 the voter actually intended.
 10 So I'm sorry for that, but we want to make
 11 sure that we do it correctly.
 12 CHAIRPERSON MENDOZA TEMPLE: Thank you for
 13 ensuring that process.
 14 Following the announcement of the vote we'll
 15 take a short break, a restroom break, and then convene.
 16 We have a petitioner who is on her way, and I think
 17 we're going to move autism to the end to give her a
 18 chance to settle in. So our first condition following
 19 the break will be irritable bowel syndrome.
 20 So it's 11:00. So would you say 10, 15
 21 minutes?
 22 MS. MOODY: That would be fine.
 23 CHAIRPERSON MENDOZA TEMPLE: So let's say at
 24 11:15 we come back to the room after we announce

ADVISORY BOARD MEETING 10/7/2015

Page 85

1 our vote.
 2 So I'm going to also look at who has signed
 3 in. Has there been anyone who has not signed in yet
 4 that is slated to be a speaker?
 5 (No response.)
 6 CHAIRPERSON MENDOZA TEMPLE: Okay. We have
 7 two closed sessions, of which one I know is not here --
 8 actually, both closed session petitioners are not
 9 here.
 10 AUDIENCE MEMBER: I am here.
 11 CHAIRPERSON MENDOZA TEMPLE: You are here,
 12 okay. So we're actually going to close the first
 13 session and then we'll -- after the break and the
 14 announcement. Is Liana Bran here and Kalee Hooghkirk,
 15 as well as Jared Taylor? Okay.
 16 The condition of osteoarthritis passed with
 17 a vote of 8 yes, 2 no. Thank you.
 18 Okay. So we take a break and we convene at
 19 11:15. Thank you.
 20 (Recess taken, 11:01 a.m. to 11:31 a.m.)
 21 CHAIRPERSON MENDOZA TEMPLE: So if we could
 22 get the proceeding in order, we're going to start
 23 again reopening our session.
 24 So based on my comments earlier, I wanted to

Page 86

1 ask for a clarification and -- regarding what happens
 2 with the May petitions that were made and rejected in
 3 total. And Conny is going to go over how that works.
 4 MS. MOODY: All right. So thank you for
 5 that question, Leslie.
 6 So the -- again, the Department's
 7 administrative rules on the petition process and on
 8 adding debilitating conditions -- and this is in the
 9 Illinois Administrative Code. It's Part 946 and
 10 Section 30 deals with the addition of debilitating
 11 medical conditions, and it spells out the process that
 12 we're following here today for petitioners to submit
 13 petitions to the Department twice a year for the
 14 Medical Cannabis Advisory Board to consider those
 15 petitions, for the Advisory Board to make a
 16 recommendation to the Department, and then, also, for
 17 the director of public health to render a final
 18 decision regarding the acceptance or denial of the
 19 proposed debilitating medical conditions or diseases.
 20 And I'm reading straight from the administrative code.
 21 So once that final decision is made, and the
 22 director did not approve any of the recommendations
 23 made by the Medical Cannabis Advisory Board, those
 24 petitions from -- that were heard at the May 4th

Page 87

1 hearing are no longer valid for consideration by the
 2 Department.
 3 So what does that mean? That means that
 4 under both the Act and under the rules, petitioners
 5 can submit petitions for those same conditions to the
 6 Board again during one of the open petition periods,
 7 and there's one every July for 30 days and one in
 8 January of every year for 30 days.
 9 So those -- and that's why, for example,
 10 osteoarthritis, that petition, although it was
 11 considered at the May 4th petition hearing, it was
 12 submitted again during the July petition period, open
 13 petition period. We reviewed that petition for
 14 whether or not it met all of the criteria and the
 15 rules. Those did and they were submitted then to the
 16 Board for consideration again at this petition hearing.
 17 MEMBER WEATHERS: Can I ask a clarifying
 18 point? I guess -- and it depends on how you interpret
 19 what you just read -- that I understand those are off
 20 the table. As a Board, are we forced to only wait and
 21 respond to petitions, or as a Board can we in addition
 22 to what we say today also say we additionally approve
 23 or we additionally recommend to the director of public
 24 health and provide a list based on those conditions

Page 88

1 that we've approved previously? Can we reiterate that
 2 at each meeting without necessarily having somebody
 3 come to us first?
 4 MS. MOODY: So the way that the rules are
 5 written, it requires a petition to be submitted to the
 6 Department, reviewed for whether or not it meets the
 7 criteria and the Act and rules, and then pass it along
 8 to the Board for consideration.
 9 So we must -- you must as a board act upon
 10 those petitions for those conditions that are
 11 submitted to you for consideration. Does that answer
 12 your question?
 13 MEMBER RAMIREZ: So there is no automatic
 14 resubmission?
 15 MS. MOODY: Correct. There is no automatic
 16 resubmission. It must be -- your action, your
 17 consideration during the petition hearings must be
 18 triggered by a petition for a specific condition which
 19 results in your review, your consideration, and your
 20 recommendation.
 21 MEMBER WEATHERS: Follow-up question. Are
 22 we being, then, very clear on the website about which
 23 condition -- did people understand that and understand
 24 which conditions would need to be resubmitted? I

ADVISORY BOARD MEETING 10/7/2015

Page 89

1 know, obviously, osteoarthritis was done today,
 2 posttraumatic stress disorder, but in the future, just
 3 so people aren't under the impression that they did
 4 the work -- that people would know specifically they
 5 need to resubmit that?
 6 MS. MOODY: So the directors' denial of the
 7 petition recommendations was posted on both the
 8 Department's website and also the general medical
 9 cannabis statewide website, the mcpp.Illinois.gov
 10 website, which is where all of the departments post
 11 information, updates, and announcements. This was
 12 posted in both of those places.
 13 When we opened the July one, the 30-day
 14 petition period, we did not specifically call out any
 15 specific conditions. We simply opened up the petition
 16 period and provided the appropriate forms for
 17 submission.
 18 Now, we talk to a lot of people who call us
 19 and ask questions, and we do respond and clarify. But
 20 if you remember, the decision by the director was not
 21 made until after the petition period was actually
 22 closed, after June 30th.
 23 VICE CHAIRMAN FINE: Is there a way that we
 24 can amend that? Because right now then everybody is

Page 90

1 kind of hostage to whether the director makes a
 2 decision in a time frame that is necessary for them to
 3 file a petition.
 4 So is there a way that we can make that date
 5 fluid so people don't have to go through the trouble
 6 of reapplying for the same exact thing they did before
 7 because the director didn't decide in the time frame
 8 that -- could we make it coincide to whenever that
 9 date is, or is there a way to tie those together to
 10 save people the aggravation of going through this an
 11 additional time for no reason?
 12 MS. MOODY: So what that would require would
 13 be for the Department to seek an administrative change
 14 through the State's policies or rules.
 15 VICE CHAIRMAN FINE: JCAR?
 16 MS. MOODY: The JCAR process.
 17 VICE CHAIRMAN FINE: Okay. Forget it.
 18 MEMBER WEATHERS: Is there any advice that
 19 we can -- because to serve the members, and the
 20 patients, and the public, is there advice we can give
 21 people from a purely technical standpoint, you know,
 22 save your work as a PDF or a Word file so it can be
 23 transposed --
 24 MS. MOODY: I think you're doing that now.

Page 91

1 VICE CHAIRMAN FINE: Can we post it on the
 2 website?
 3 MEMBER WEATHERS: Or spread the word among
 4 your colleagues. Are they able to save it as a PDF
 5 and resubmit that exact same thing, or do they need to
 6 update the dates and incorporate that?
 7 MS. MOODY: So the petition documents do
 8 require signature and dates on them, but certainly, as
 9 with any sort of public comment document. The -- it
 10 is a writable PDF form. So if a petitioner were to
 11 retain their research, the verbiage that they have put
 12 together, they would be able to fill those forms
 13 in again.
 14 MEMBER WEATHERS: And the letter of medical
 15 support, is there a date on that where we would expect
 16 to see a new letter, or is it as long as there's one
 17 on file at some point?
 18 MS. MOODY: Well, it would have to be a
 19 letter that is submitted with the submission
 20 documents. So we do not keep those on file and say,
 21 oh, look we still have it. We don't do that. So it
 22 must be a full petition package.
 23 As we move on into future petition periods,
 24 I think that we would be remiss if we didn't look at a

Page 92

1 letter and say, oh, this is dated two years ago,
 2 something like that. So current is good.
 3 CHAIRPERSON MENDOZA TEMPLE: The definition
 4 of current will be -- because then these petitioners
 5 will be, "Well, I did it three months ago."
 6 MS. MOODY: And three months is different
 7 than three years.
 8 CHAIRPERSON MENDOZA TEMPLE: Okay.
 9 MEMBER RAMIREZ: Did the Department strive
 10 in any way to notify the individual petitioners who
 11 had been approved or disapproved in May of the fact of
 12 the veto? Individually were they notified or it was
 13 just a collective thing on the website?
 14 MS. MOODY: So the -- I do want to correct
 15 that it wasn't a veto. It was just for
 16 technicalities -- you and I both like words, Nestor.
 17 So it wasn't a veto; it was just the recommendations
 18 were not approved.
 19 MEMBER RAMIREZ: The nonapproval.
 20 MS. MOODY: And the Department is working on
 21 that notification of those individuals.
 22 We do notify individuals who submit
 23 petitions that do not meet the criteria in the Act and
 24 rules that their petition did not meet, and we also

ADVISORY BOARD MEETING 10/7/2015

Page 93

1 give them some background information about why it did
 2 not meet the requirements for submission to the Board.
 3 So we're working on improving all of those
 4 processes. Because, as you are aware, we are learning
 5 this, also.
 6 CHAIRPERSON MENDOZA TEMPLE: I also want to
 7 call attention to the many inquiries that IDPH gets.
 8 They do much more than what she's saying. They're
 9 probably kind of a therapy session group, as well. So
 10 they are to be very highly commended about the many
 11 calls -- I'm sure you got some pretty upset calls, as
 12 well, and handling them professionally and with grace
 13 is really -- that is so important to the success of
 14 this pilot. So I thank you for that. It's not an
 15 easy job, I'm sure.
 16 MS. MOODY: Well, on behalf of my very
 17 dedicated staff, I thank you for those comments.
 18 MEMBER RAMIREZ: Who would be upset?
 19 CHAIRPERSON MENDOZA TEMPLE: We're not
 20 upset. We're fine.
 21 Okay. So we have a slight change in the
 22 order because of one of the speakers who had to
 23 arrange some childcare, and we were going to put --
 24 we're going to put autism at the end, and I hope that

Page 94

1 that works. Is our petition here for autism? Is
 2 Patricia here yet?
 3 (No response.)
 4 CHAIRPERSON MENDOZA TEMPLE: Perfect. So
 5 it's good to put her at the end. So I apologize for
 6 any inconvenience this causes in the reordering of our
 7 agenda.
 8 So we'll start with irritable bowel
 9 syndrome, and we have two closed petitioners.
 10 VICE CHAIRMAN FINE: Pursuant to 5 ILCS
 11 120/2 back/2(c)(4), I hereby motion to close this
 12 hearing for closed session.
 13 MEMBER LESKOVEC: Second.
 14 VICE CHAIRMAN FINE: All in favor.
 15 (Ayes heard.)
 16 MS. MOODY: So I would ask everyone to exit
 17 the room, and Mallory and Tina will indicate to the
 18 first speaker for closed session to remain in the
 19 room, please. If everyone else will exit, and then we
 20 will request that you return to session.
 21 CHAIRPERSON MENDOZA TEMPLE: Actually, we
 22 have two closed sessions.
 23 VICE CHAIRMAN FINE: Joe, you can stay.
 24 MS. MOODY: Staff, absolutely.

Page 95

1 CHAIRPERSON MENDOZA TEMPLE: So we actually
 2 have two closed sessions. Do we call them back in and
 3 then send them back out?
 4 MS. MOODY: Mallory and Tina are going to
 5 work with the speakers to ensure that they each have
 6 an opportunity for closed session.
 7 MEMBER WEATHERS: But procedurally do we
 8 need to reopen and reclose?
 9 MS. MOODY: No. We will just move from one
 10 closed session to the next, and Paula is going to also
 11 capture the audio because according to the Open
 12 Meetings Act for closed session we do need to have an
 13 audio transcript, also. So while the general session
 14 under the Open Meetings Act does not need to be
 15 verbatim, for a closed session, for closed proceedings
 16 we do need a verbatim transcript. So she is going to
 17 set up the audio, and she's going to let us know when
 18 she's ready to proceed.
 19 MEMBER CHAMPION: Is that then available on
 20 the Freedom of Information Act, the closed session?
 21 MS. MOODY: No.
 22 MEMBER CHAMPION: So anyone --
 23 MS. MOODY: Closed means actually closed.
 24 However, we do have to have that transcript on file in

Page 96

1 case there was a legal proceeding.
 2 MEMBER CHAMPION: Someone asked me about
 3 that because they said they were worried about giving
 4 testimony because of their job, and I told them I
 5 thought they should request a closed meeting.
 6 MS. MOODY: Yes. That would be accurate. I
 7 do -- and, again, I'm not a lawyer so I cannot speak
 8 specifically. I believe that there are some court
 9 actions whereby a closed session testimony could
 10 potentially be released, but they're highly specific.
 11 MR. WRIGHT: And if someone is worried,
 12 those can be sealed for lawyer's eyes only.
 13 MEMBER CHAMPION: It can't be used against
 14 the person?
 15 MR. WRIGHT: Right.
 16 MS. MOODY: Now, the transcript, the general
 17 transcript -- so when we work with our court reporter,
 18 we have a general transcript of the open portion of
 19 the meeting and then the closed session transcript,
 20 and audio is sent to the Department in a separate file
 21 so that those two pieces are never together.
 22 MEMBER RAMIREZ: Now, does the public get
 23 access to the general transcript before it gets
 24 approved by the Board as official minutes?

ADVISORY BOARD MEETING 10/7/2015

Page 97

1 MS. MOODY: No. We do not post that because
 2 you need to as a board take action on the minutes,
 3 which would be the transcript or general minutes of
 4 the hearing or the meeting that we have with you. So
 5 I will work with our legal counsel to ensure that when
 6 we do post -- now that you have approved the minutes
 7 for the May 4th hearing with corrections and with a
 8 statement from -- I believe Jim was the only
 9 individual who actually made a statement. I'll work
 10 with our legal counsel on how to properly showcase
 11 that when we move to post those minutes officially.
 12 (Whereupon, at 11:46 a.m., the Board
 13 adjourned into executive session, after which the
 14 following proceedings were had in public session
 15 commencing at 12:12 p.m.)
 16 CHAIRPERSON MENDOZA TEMPLE: If we could
 17 take our seats, we're going to proceed with the open
 18 session of irritable bowel syndrome. I think we've
 19 got almost everyone in the room, if you could take
 20 your seats, and we heard two closed sessions, now
 21 we're going to open it up to the next scheduled
 22 petitioners.
 23 Am I missing anything?
 24 MS. MOODY: And Paula is ready.

Page 98

1 CHAIRPERSON MENDOZA TEMPLE: Sorry, I didn't
 2 ask if you were ready.
 3 THE COURT REPORTER: It's okay.
 4 CHAIRPERSON MENDOZA TEMPLE: So we are going
 5 to hear from -- so if everyone would kindly take their
 6 seats, I promise lunch is after this. Liana Bran
 7 please come up.
 8 MS. MOODY: Just as a reminder to the
 9 speakers, I am going to hold up timing signs. So when
 10 the one-minute sign goes up, that means you have one
 11 minute left to present testimony, 30 seconds at the
 12 last 30 seconds.
 13 MS. BRAN: I just wanted to share some of
 14 the references I provided so you have it in front of
 15 you. Is that okay?
 16 CHAIRPERSON MENDOZA TEMPLE: Yes. We'll add
 17 it to our paperwork for this petition. And, again,
 18 this is for irritable bowel syndrome.
 19 And thank you to the audience for your
 20 patience in waiting for us through the closed session.
 21 MS. BRAN: Good afternoon -- I guess we're
 22 there.
 23 So I also want to thank the members of the --
 24 MS. MOODY: Would you please first state

Page 99

1 your full name and spell it for the court reporter,
 2 please.
 3 MS. BRAN: My name is Liana Bran. That's
 4 L-i-a-n-a, B-r-a-n.
 5 So I do want to thank the Board for allowing
 6 me to submit testimony today. To address the proposal
 7 that irritable bowel syndrome should be added to the
 8 current list of conditions, I must begin by saying
 9 that, unfortunately, like many of the conditions
 10 presented today, the causes and exact mechanism of
 11 irritable bowel syndrome, or IBS, are not well
 12 understood.
 13 While, again, there may, of course, be a
 14 possibility for future application of specific
 15 cannabinoids in the marijuana plant to treat this
 16 condition, I provided an article in Practical
 17 Gastroenterology, which is a peer-reviewed
 18 professional clinical medical journal which maintains
 19 that studies on the effect of smoked cannabis on IBS
 20 are lacking, as I'm sure you know, and they also add
 21 that the overall effects of THC on GI motility in IBS
 22 are veritable, and its effect on abdominal pain and
 23 visceral sensation is not promising.
 24 Another thing I wanted to point out is that

Page 100

1 the effects of marijuana on the GI system overall are
 2 not well understood, and that's evidenced by one of
 3 the paradoxical outcomes of hyperemesis that has
 4 emerged in some chronic marijuana users, which is
 5 cannabis-induced cyclical vomiting syndrome.
 6 I think what most troubles me here is the
 7 fact that IBS in practice requires a diagnosis of
 8 exclusion. In other words, diagnostic criteria has
 9 not been standardized over time, and so there is a
 10 potential for a margin of error in their application.
 11 As such, there lies the potential for diversion of
 12 what is intended to be medical marijuana for
 13 personal use.
 14 IBS also ranges in severity and is much too
 15 broad to be included as is into the list of chronic
 16 conditions. While most people currently are accessing
 17 medical marijuana cards for genuine medical purposes,
 18 that may quickly change if a fairly common ailment is
 19 introduced that lacks robust diagnostic criteria.
 20 And, of course -- I think I have a little
 21 bit more time. The intent, of course, of this
 22 initiative is around compassion, but I think an
 23 important part of the implementation of the program in
 24 order to maintain the integrity of the purpose here is

ADVISORY BOARD MEETING 10/7/2015

Page 101	Page 103
<p>1 to make sure it's going to who it's intended to go to.</p> <p>2 And I think it can be problematic in circumstances</p> <p>3 such as these where -- and other ones where there are</p> <p>4 more broad conditions or it's more subjective and it's</p> <p>5 harder for the physician to be able to determine if</p> <p>6 there is a cause, and, unfortunately, that's been the</p> <p>7 case in some other states.</p> <p>8 So, again, for the integrity of the program</p> <p>9 I think that's very important. I think of the 3,000</p> <p>10 cards that have been distributed, one note, I believe</p> <p>11 about 1,000 of those were given out by one doctor, and</p> <p>12 I question whether he could maintain a relationship</p> <p>13 with all those patients and make sure they're all</p> <p>14 using it appropriately.</p> <p>15 CHAIRPERSON MENDOZA TEMPLE: Thank you for</p> <p>16 your testimony.</p> <p>17 We have next on the list -- I'm sorry if I</p> <p>18 mispronounce your name -- Kalee Hooghkirk.</p> <p>19 MS. HOOGHKIRK: Hi. My name is Kalee</p> <p>20 Hooghkirk; K-e-l-e-e, last name H-o-o-g-h-k-i-r-k.</p> <p>21 I want to thank the Advisory Board for</p> <p>22 allowing me to speak on behalf of the irritable bowel</p> <p>23 syndrome. I've suffered with IBS and IBD since birth.</p> <p>24 As you may know IBS is a chronic inflammatory disease</p>	<p>1 According to ibs.org the cost to society in</p> <p>2 terms of direct medical expenses due to the costs</p> <p>3 associated with loss of productivity is considerable,</p> <p>4 and estimates range to \$21 billion or more annually.</p> <p>5 I've tried many medications and fad diets over the</p> <p>6 years, and while some provide relief over time, there</p> <p>7 is absolutely nothing that is able to give me</p> <p>8 immediate relief from my symptoms.</p> <p>9 There's extensive evidence from patients</p> <p>10 with IBS and Crohn's disease and other painful GI</p> <p>11 disorders that cannabis eases cramping and helps to</p> <p>12 modulate diarrhea, constipation, and acid reflux.</p> <p>13 Recent laboratory research on the endogenous</p> <p>14 cannabinoid system in humans has identified that there</p> <p>15 are many cannabinoid receptors located both in the</p> <p>16 large and small intestines.</p> <p>17 Cannabis and new cannabinoid drugs are ideal</p> <p>18 for GI treatments because they can address a number of</p> <p>19 symptoms almost immediately with no side-effects.</p> <p>20 Cannabinoids alter how the gut feels and affects</p> <p>21 signals to the brain, send back and forth a gut</p> <p>22 modulating action that sends information to the GI</p> <p>23 tract itself.</p> <p>24 I'm currently taking four separate</p>
Page 102	Page 104
<p>1 which can cause unpredictable and debilitating</p> <p>2 symptoms. The cause is IBS is unknown and can</p> <p>3 oftentimes be difficult to treat due to a wide range</p> <p>4 of uncomfortable and overlapping symptoms that it</p> <p>5 shares with IBD, such as colitis and the already</p> <p>6 approved condition of Crohn's disease.</p> <p>7 Not only can IBS be difficult to pinpoint</p> <p>8 due to the shared symptoms, but treatments are</p> <p>9 extremely unreliable and do not work equally for each</p> <p>10 individual.</p> <p>11 Due to its debilitating nature, I've</p> <p>12 suffered in school and in my work life. Bouts of</p> <p>13 nausea and severe acid reflux make eating unbearable</p> <p>14 and extreme weight fluctuations inevitable.</p> <p>15 Spontaneous and rapid cramping of my colon often</p> <p>16 leaves me paralyzed in pain. Random and painful,</p> <p>17 itchy rashes plagued my body and have caused permanent</p> <p>18 scarring. Frequent and sometimes uncontrollable urges</p> <p>19 to use the bathroom has caused me to miss so many days</p> <p>20 from school that my attendance was once reported to</p> <p>21 the district officials. And even as an adult with</p> <p>22 proper treatments and recommendations from my GI, it</p> <p>23 still causes me to force cancellations with my clients</p> <p>24 on a regular basis and even once a visit to the ER.</p>	<p>1 medications to treat my variety of systems, and while</p> <p>2 there are little to no side-effects from cannabis,</p> <p>3 some of the medications I've been prescribed cause</p> <p>4 various musculoskeletal, gastrointestinal, and</p> <p>5 neurological and endocrine disrupting side-effects,</p> <p>6 including loss of muscle, appetite, osteoporosis,</p> <p>7 peptic ulcers, pancreatitis, and convulsions, and even</p> <p>8 glaucoma, which is an already approved condition.</p> <p>9 I've been prescribed Bentyl, which causes my</p> <p>10 heart to race and for some can cause seizures and</p> <p>11 confusion, vomiting, and blurred vision. Others cause</p> <p>12 ulcers, vomiting, and stomach pain, which are all</p> <p>13 symptoms people with my condition already face. We</p> <p>14 deserve a safer alternative, and we need another</p> <p>15 option. I urge you to continue your support for IBS</p> <p>16 and continue recognizing this condition.</p> <p>17 Thank you.</p> <p>18 CHAIRPERSON MENDOZA TEMPLE: Thank you for</p> <p>19 your testimony.</p> <p>20 Okay. Mr. Taylor, Jared Taylor.</p> <p>21 MR. TAYLOR: Please, Jared.</p> <p>22 CHAIRPERSON MENDOZA TEMPLE: Okay. We know</p> <p>23 you now.</p> <p>24 MR. TAYLOR: I don't have a watch on, but</p>

ADVISORY BOARD MEETING 10/7/2015

Page 105

1 good afternoon everyone. My name is Jared Taylor. I
 2 come before you to urge your recommendation of the
 3 irritable bowel syndrome, IBS, as a qualifying
 4 condition to the Medical Cannabis Pilot Program.

5 According to the Mayo Clinic, IBS is a
 6 common disorder that affects the large intestine. IBS
 7 commonly causes cramping, abdominal pain, bloating,
 8 gas, diarrhea, and constipation. It affects between
 9 25 and 45 million Americans, and it's estimated to
 10 affect 1 in 10 people worldwide. IBS is a chronic
 11 condition that will require long-term management.

12 There's no known cause of IBS. In a normal
 13 functioning adult an individual's intestines contract
 14 and relax in coordinated rhythm as food is moved from
 15 the stomach, through the intestinal tract, to the
 16 rectum. With IBS the contractions may be stronger and
 17 last longer, causing gas, bloating, and diarrhea. It
 18 is also possible that the contractions may be weaker,
 19 which will slow food passage.

20 These poorly coordinated signals between the
 21 brain and the intestines can make the body over react
 22 to normal changes in the digestive process. The
 23 overreaction can cause pain, diarrhea, or
 24 constipation.

Page 106

1 While many people have signs and symptoms of
 2 IBS, there are four distinct groups that have a higher
 3 risk of IBS, those under the age of 45, females who
 4 are twice as likely to have the condition, those with
 5 a family history of IBS, and those who have a mental
 6 health problem such as anxiety, depression, or
 7 personality disorders.

8 While it's not clear as to what causes IBS,
 9 treatment options focus on the relief of symptoms.
 10 Dietary changes that alleviated symptoms of
 11 individuals with IBS include eliminating high-gas
 12 foods such as broccoli, cabbage, and cauliflower, and
 13 eliminating gluten. There are few medications that
 14 are currently approved for IBS: Alosetron and
 15 Amitiza. Alosetron relaxes the colon to slow the
 16 movement of waste. It can only be prescribed by
 17 doctors enrolled in a special program, and it is not
 18 approved for use by men. Amitiza works by increasing
 19 fluid secretion in the small intestine to help with
 20 the passage of stool. Its effectiveness in men is not
 21 proven, and its side-effects include nausea, diarrhea,
 22 and abdominal pain (which are the symptoms of IBS that
 23 this medication is trying to prevent).

24 In 2004 the University of Naples conducted a

Page 107

1 study titled "Cannabinoids and Intestinal Motility:
 2 Welcome to CB2 Receptors." This study found that
 3 cannabinoids which are found in cannabis inhibit
 4 gastric and intestinal motility through the activation
 5 of enteric CB1 receptors. In plain English, the use
 6 of cannabis slows down the digestion process for those
 7 with IBS by activating receptors in the intestine.

8 IBS has no cure and modern medicine does not
 9 have an explanation for its occurrence. The symptoms
 10 that this disease causes are painful and inconvenient
 11 for those afflicted with IBS. Cannabis is a proven
 12 medicine that can help to better regulate the
 13 digestive process for those with IBS, and it is
 14 effective in managing the pain IBS causes.

15 I must add, however, that there is no such
 16 thing as marijuana, only the cannabis sativa plant
 17 exists, and there are other ways to ingest cannabis
 18 other than smoking, such as edibles, tinctures,
 19 and oils.

20 While I myself do not have irritable bowel
 21 syndrome, I urge the Illinois Medical Cannabis
 22 Advisory Board to recommend IBS for addition to the
 23 Medical Cannabis Pilot Program. This is truly a
 24 debilitating and should be a qualifying condition.

Page 108

1 Thank you for your time. And God bless the
 2 State of Illinois.

3 CHAIRPERSON MENDOZA TEMPLE: Thank you,
 4 Mr. Taylor, and thank you to all of you who have had
 5 the courage to come tell us your personal stories. We
 6 appreciate that and take that to heart.

7 So we open up the comments from the Board
 8 regarding IBS.

9 MEMBER WEATHERS: I would like to make a
 10 comment about Ms. Brown's testimony. I recognize her
 11 concerns that it is a difficult diagnosis to make; it
 12 is a diagnosis of exclusion. However, just to point
 13 out that most of the time what is in the differential
 14 is IBD, irritable bowel disorders --

15 CHAIRPERSON MENDOZA TEMPLE: Inflammatory.
 16 MEMBER WEATHERS: Inflammatory. Thank you --
 17 which are already approved conditions. So either way
 18 the diagnostic dilemma would be between IBS, which is
 19 under discussion, versus something that is already
 20 approved.

21 MEMBER MC CURDY: I would like to raise some
 22 questions about the sources that we were given just
 23 because --

24 CHAIRPERSON MENDOZA TEMPLE: Could you turn

ADVISORY BOARD MEETING 10/7/2015

<p style="text-align: right;">Page 109</p> <p>1 your mic on? 2 MEMBER MC CURDY: Is it on now? 3 The first article we had, as I'm recalling 4 it, was about inflammatory bowel disease. But, also, 5 all of the articles seemed to be either about studies 6 done on mice on studies done that looked at the 7 physiological or pharmacological mechanisms within 8 people but no trials on humans that I saw. 9 So I guess I would wonder if any of you has 10 other sources or if I misread some of the sources that 11 we have. 12 MEMBER MILLER: I just want to raise some 13 concerns, as well. The disease process on the table 14 is irritable bowel syndrome, and there's a difference 15 between irritable bowel syndrome and the inflammatory 16 processes that Allison has already mentioned were 17 already approved. 18 Irritable bowel syndrome does not usually 19 occur with the inflammatory process that Crohn's and 20 ulcerative colitis, and IBD has, and that is defined 21 by Mayo Clinic and several other clinical resources 22 that are based on evidence. 23 The other issue I have is with the articles 24 that we were provided. The articles -- the first</p>	<p style="text-align: right;">Page 111</p> <p>1 is a very hard-to-treat condition. As people have 2 spoken to, there are very limited treatments which can 3 be quite debilitating, meaning sometimes more 4 frustrating for people because there isn't a way to 5 diagnostically confirm it. So I still feel there's 6 significant value. 7 I know we're concerned about the lack of 8 evidence, but, again, it goes back to the fact of this 9 being a Category I. It's a little bit we kind of get 10 into a spiral where we know that there's not going to 11 be sufficient evidence. For all of us in what we do, 12 we believe very strongly, the clinicians on the Board, 13 about the need for evidence that's based in studies. 14 Kind of what comes first, until this is approved, 15 we're not going to be able to have the data that 16 we want. 17 So I think at some point we're saying it's 18 compassionate use and we still feel that there could 19 be significant benefit, and I do think there could be 20 absolutely with this drug. 21 MEMBER LESKOVEC: Yes, I have a question 22 about the material that was provided by the speaker. 23 I'm unable to find the citation for this document, 24 Practical Gastroenterology.</p>
<p style="text-align: right;">Page 110</p> <p>1 article, "Beneficial Effect of the Nonpsychotropic 2 Plant Cannabinoid," that study was placed on IBD, not 3 IBS. So it was looking at Crohn's and ulcerative 4 colitis, that disease process that has the inflammatory 5 process, which is not IBS. 6 That also then leads to my other question or 7 concern is the other study was on rats, animals and 8 not people. 9 MEMBER WEATHERS: Can I clarify my point? I 10 guess the point that I was making is to address that 11 one of the concerns that the speaker brought up was 12 that this could be misdiagnosed. 13 My point is if it's -- the only other really 14 big diagnostic category is IBD. So I'm not as 15 concerned as a physician even if I misdiagnose IBS as 16 IBD that's still approved. I actually feel that this 17 should be approved. I guess my point is by just 18 saying, okay it's IBS are you missing something more 19 serious. Well, if I'm missing something more serious, 20 that's on me, and that's something that we've approved 21 anyway. 22 I know we discussed this at length last time 23 and voted for it. I agree this is a very -- although, 24 we don't see inflammatory changes, we know that this</p>	<p style="text-align: right;">Page 112</p> <p>1 MS. BRAN: Yes. I apologize. I provided 2 the link on the original statement of intent, but this 3 was produced I think in 2014. 4 CHAIRPERSON MENDOZA TEMPLE: Anything else, 5 Jacqueline? 6 MEMBER LESKOVEC: No. 7 CHAIRPERSON MENDOZA TEMPLE: Jim? 8 MEMBER CHAMPION: I was just going to say 9 that I know firsthand how cannabis can help stomach 10 problems, as I have a multitude of them. As a matter 11 of fact, I'm dealing with a very serious stomach 12 ailment right now. 13 Cannabis allows me to maintain -- cannabis 14 relaxes my digestive tract and allows me to maintain a 15 healthy diet. Often I know this to be true when I'm 16 in the hospital at Hines, and I'm there a week or 17 two without my cannabis, I actually lose weight on a 18 regular basis. I don't know if it's spinal cord 19 injury or disease or what it is, but food is just not 20 appetizing for me. 21 And like I said, I have a multitude of 22 stomach problems, and I'm having one now, but cannabis 23 gives me unparalleled relief that I've yet to find in 24 a medication that comes near to relaxing the digestive</p>

ADVISORY BOARD MEETING 10/7/2015

Page 113

1 tract as cannabis does.
 2 CHAIRPERSON MENDOZA TEMPLE: I appreciate
 3 that. And I know, Jim, I know you're not feeling
 4 well. So I acknowledge he's going through a
 5 challenging time. And let us know you if you need
 6 anything, and thank you for being here.
 7 I, also, hear Ms. Bran's concerns, and from
 8 my evidence-based mind, and my compassionate mind, my
 9 common sense clinician, what's going to work and make
 10 my patient happy, and I have to balance all of
 11 that out.
 12 I did want to point to, yes, there is a
 13 cannabis -- the hyperemesis syndrome where people
 14 throw up because of cannabis, and I want to point out
 15 this is not some freebie medicine that doesn't have
 16 side-effects. It does have a lower risk of addiction
 17 but it's there; it's not zero. We recognize that.
 18 I think we have to call out that there are
 19 risks to everything we do, but you put that scale of
 20 risk and compare it to the other alternatives. Then I
 21 turn to this medicine for a select group of patients I
 22 see with IBS, and the fact that there is CBD,
 23 Cannabidiol available, which is primarily focused on
 24 your CB2 receptors, should not affect the brain.

Page 114

1 There are actually no or maybe a minimal amount of
 2 cannabinoid receptors in the brain stem which causes
 3 respiratory depression. That's why people can die of
 4 not breathing anymore from opioids. Cannabis doesn't
 5 have that.
 6 So when I start looking at the microbiology
 7 of all of this, I did see in one of the articles
 8 provided from a symptoms perspective, there is good
 9 evidence base on nausea and vomiting, which was one of
 10 the features of one of our speakers up here that it
 11 works on your 5-HT3 receptor antagonists.
 12 So do I call that, well, that's good for
 13 cancer-related anorexia and vomiting due to
 14 chemotherapy and just say it's only good for that?
 15 How come it can't be useful for nausea from other
 16 causes, i.e., ulcerative colitis, Crohn's disease,
 17 irritable bowel syndrome.
 18 So we have to also take a broader view of
 19 all of these conditions. Yes, they are difficult to
 20 prove. Like I said before, you're not going to get
 21 the kind of research that I want to see as an astute
 22 academic clinician. I have learned to accept that --
 23 do you want to close the doors -- it's okay.
 24 So I want to point out that there is an

Page 115

1 evidence base for the symptoms that do lead to
 2 irritable bowel syndrome, but no, we probably don't
 3 have a ton of -- I didn't see human studies on IBS.
 4 So, well, then how come fibromyalgia is on the list,
 5 too? There are 39 other conditions that if we were to
 6 put a microscope on them and reevaluate everything,
 7 there's going to be some stuff on there we're going to
 8 cross off, and I don't think that's a good idea at
 9 all. So we're putting a microscope on these new
 10 conditions because they weren't there before.
 11 So I wanted to see if there are any other
 12 comments.
 13 MEMBER WEATHERS: Can I make one more -- I
 14 don't know what got me on this one. But just to add
 15 on, one of the other concerns that was raised was
 16 about the incidence of this condition compared to some
 17 of the others, and the volume of people, and now the
 18 clinicians. And I think as a Board we still need to
 19 be very clear in the work we're doing that -- and we
 20 said this last time, but just reiterate that we still
 21 expect -- this is still a medical decision between the
 22 patient and their provider, and we expect each case to
 23 be carefully evaluated on its own merits.
 24 Every patient is different. We're just

Page 116

1 giving people the potential to have that conversation.
 2 I know -- and I have the same concern about some of
 3 the names, physicians names, but I don't think the
 4 Board is here to make a decision based on the concern
 5 about some individual physicians not practicing
 6 appropriately. I think that's a really dangerous path
 7 to go down. I mean, we're giving tools and we expect
 8 people to practice responsibly and ethically and on
 9 the merits of what they feel each patient is
 10 appropriate for.
 11 MEMBER RAMIREZ: I have a comment on the
 12 lack of evidence. Part of the fact that we don't have
 13 evidence is it's very hard to obtain legitimately.
 14 There's a lot of FDA problems and paperwork. So part
 15 of the lack of evidence is not because there's no
 16 patients or no marijuana; it's the fact that we cannot
 17 obtain it legally for research purposes.
 18 CHAIRPERSON MENDOZA TEMPLE: David.
 19 MEMBER MC CURDY: I think all these points
 20 are well taken. And I want to make a distinction
 21 related to something that Dr. Mendoza Temple said.
 22 I am inclined to take the word of my
 23 clinical colleague who knows a lot more about this
 24 stuff than I do in terms of practice that there are

ADVISORY BOARD MEETING 10/7/2015

Page 117

1 reasons why physicians should be able to recommend --
 2 I guess you can't prescribe but to recommend this for
 3 their patients.
 4 So I'd be inclined to vote for the condition
 5 on that basis. But I do think that it's a little
 6 touchy to be making -- the criteria that, well, you
 7 know, other conditions are in the law for which there
 8 may not be a lot of evidence either, but the statute
 9 has already anointed them as acceptable conditions.
 10 I don't know that that means that we should
 11 lower the standard that we apply because the law
 12 includes some conditions that we might actually
 13 question more than some of these. I think we still
 14 need to try to keep to a standard that we establish
 15 that may be apart from what we think might have been
 16 in the drafters of the statute.
 17 CHAIRPERSON MENDOZA TEMPLE: Other comments?
 18 (No response.)
 19 CHAIRPERSON MENDOZA TEMPLE: I suggest we
 20 make a motion.
 21 MEMBER RAMIREZ: I move that we vote.
 22 VICE CHAIRMAN FINE: Second.
 23 CHAIRPERSON MENDOZA TEMPLE: Conny, did you
 24 want to go over some of the discussion that we had, or

Page 118

1 do you want to wait until lunch?
 2 MS. MOODY: That would be fine. Whatever
 3 your preference would be.
 4 CHAIRPERSON MENDOZA TEMPLE: Why don't we do
 5 it while most people are here.
 6 MS. MOODY: Okay. So one of the issues that
 7 was brought up was the need for an explicit and
 8 detailed justification for the decision made by the
 9 Department for the fact that the director did not
 10 approve the May 4th -- the petitions recommended by
 11 the Board at the May 4th petition hearing.
 12 And I wanted to point out for the Board --
 13 because that was one of your questions -- and I wanted
 14 to point out that both the rules and the Act simply
 15 state that the director will render a final decision
 16 regarding the acceptance or denial of the proposed
 17 debilitating medical conditions or diseases, and
 18 that's both in statute and also in our rules.
 19 So I believe a comment was made that there
 20 was a requirement, a statutory requirement for
 21 justification, but neither in the Act or in the
 22 administrative rules is that found to be true.
 23 MEMBER WEATHERS: Is the time period,
 24 though, stated?

Page 119

1 MS. MOODY: So the time period is indeed
 2 stated and that's actually -- what the Act says is the
 3 Department will approve or deny a petition within
 4 180 days after its submission, and then what we've
 5 added as part of the rule is during the biannual
 6 petition period.
 7 And we strive to meet those deadlines, but
 8 as you all know, we move in the real world.
 9 MEMBER WEATHERS: I still -- going back to
 10 the earlier discussion, and I defer to Dr. Wright, but
 11 given the fact that it wasn't on the merits of each --
 12 the decision made on each condition but under the
 13 overall directive of the veto, does that allow for
 14 kind of interpretation or room for saying that once
 15 that decision is changed, the previous recommendations
 16 of the committee will be reconsidered given that it
 17 wasn't that, you know -- I think it was an unusual
 18 situation in the way that it was denied because of the
 19 veto rather than the individual merits of each one.
 20 MS. MOODY: And the Act itself states -- and
 21 I'm going to quote from Section 45 within the Act. So
 22 that's statutory language, not the Department's
 23 procedural rules but statutory language. Section 45,
 24 "Addition of Debilitating Medical Conditions" states

Page 120

1 that, "The approval or denial of any petition is a
 2 final decision of the Department."
 3 So that does lead us then to look at our
 4 administrative rules as the submission of a new
 5 petition during an open petition period is required
 6 even if -- there is no limitation in our rules to how
 7 many times a petition can be submitted for a specific
 8 medical condition.
 9 Does that answer your question?
 10 MEMBER WEATHERS: It does. Thank you.
 11 VICE CHAIRMAN FINE: So, Conny, do you think
 12 it's a good time now to tell people that if this same
 13 thing happens again that everybody filing a petition
 14 should maintain copies of their petitions? They are
 15 going to need to be refiled, but if it's not decided
 16 by the time that the deadline arises for the petition
 17 to be refiled, it would make sense to submit it. And
 18 then if the condition approved, it will be disregarded.
 19 But if the condition is denied, it will be back in
 20 line again to be approved.
 21 Unfortunately, you'll probably have to come
 22 back and testify again, and we'll all have to sit here
 23 and say the same thing again. But the point is, that's
 24 the only way to maintain the integrity of this process

ADVISORY BOARD MEETING 10/7/2015

Page 121	Page 123
<p>1 and to keep your space in line for it to keep being 2 heard again. And hopefully at some point somebody 3 will hear us, and we can go forward from there. 4 MS. MOODY: What's very important, though, 5 for petitioners to note is that we would be looking 6 for a petition to be filed during that 30-day open 7 petition period. 8 So if a petition is filed with the 9 Department, submitted to the Department during, for 10 example, the July 1 to July 30th time frame, and it is 11 dated 2014, for example -- and I'm using that as an 12 example only -- we would have to deny that petition 13 outright because it was not submitted -- 14 VICE CHAIRMAN FINE: So it needs to be 15 current dated at that point. So, in other words, you 16 don't have to start from scratch. It's simply whiting 17 out the date, putting in a new date, and signing it, 18 and that would bring it to the place it needs to be. 19 MS. MOODY: No whiting out, no crossing out. 20 We would like a clean, new petition to be submitted. 21 VICE CHAIRMAN FINE: So clean, new petition 22 to be resubmitted. 23 MEMBER WEATHERS: And one more point of 24 clarification. If the conditions are approved, they</p>	<p>1 those who have not been approved or those which have 2 been approved, you've got a second chance. 3 MEMBER MC CURDY: So petitioners or would-be 4 petitioners should please note that we've become an 5 advisory board in a second sense, advising petitioners 6 as well as the Director. So I think it will work. 7 MEMBER CHAMPION: I think the petitioners 8 have done a very good job themselves. 9 CHAIRPERSON MENDOZA TEMPLE: I have a 10 question, too, after you tally the votes, Conny. 11 What would be the process as we are 12 collecting patient's stories and we want to make a 13 great case that the pilot act is working and everyone 14 is getting what they need? How would they direct that 15 information? Is it a letter written to IDPH? And I 16 know she's tallying. 17 MEMBER WEATHERS: Sorry. We can repeat that 18 in a minute. 19 MS. MOODY: If you'll let me do my math first. 20 CHAIRPERSON MENDOZA TEMPLE: Do your math 21 first, but maybe for the group, the more stories and 22 testimonies you can provide, that's what's going to 23 help propel this project forward. Because if nobody 24 says it's great, or they only hear bad things, then</p>
Page 122	Page 124
<p>1 don't need to -- the condition is already -- we don't 2 need to rehear it. 3 MS. MOODY: So what we would do is we would 4 discuss that with the Board, and we would indicate we 5 have received these valid petitions, and we are going 6 to recommend that since they are already approved, if 7 that were the case, that they not be added to our 8 agenda. And we would notify the petitioner of that. 9 VICE CHAIRMAN FINE: Fabulous. Thank you. 10 CHAIRPERSON MENDOZA TEMPLE: Jacqueline. 11 MEMBER LESKOVEC: We don't see the petitions 12 that have been rejected. So, basically, they don't 13 meet the criteria that's been set forth by the 14 Department. But for those of you who have been with 15 us since the last time we met, what I've seen here is 16 quite an improved documentation provided with the 17 diseases and disorders. And although I haven't done a 18 formal study, I would suspect that we're seeing a lot 19 more research being done in the area. 20 So even if your condition has been approved 21 by -- has been recommended by the Board to move 22 forward, you also have the opportunity to increase 23 your support for your disease or disorder and to 24 improve your documentation, and, therefore, either for</p>	<p>1 the evaluation for the success of the pilot act is 2 really going to hinge on what's the feedback. 3 MEMBER WEATHERS: To form it another way -- 4 and I know that's not what we're tasked with -- what 5 are the metrics for the program? 6 CHAIRPERSON MENDOZA TEMPLE: I can announce 7 the vote first, and then we'll go to that subject. 8 So for the condition of the irritable bowel 9 syndrome, the vote was 8 yes and 2 no. So it passes. 10 VICE CHAIRMAN FINE: Again. 11 CHAIRPERSON MENDOZA TEMPLE: Again. So we 12 should probably give Conny a chance to hear the 13 questions. 14 We were talking about collecting the 15 patient's -- what's the best way for the public to 16 give their feedback that, "This is working now; the 17 pilot act is working; I went to my dispensary; I had a 18 great experience; my pain is better," et cetera, 19 et cetera? 20 MS. MOODY: So I think that that is a very 21 good question. 22 As you know, the data that the Department is 23 collecting is primarily their data on the number of 24 patients, the types of conditions, the locations where</p>

ADVISORY BOARD MEETING 10/7/2015

Page 125

1 those patients reside in the State of Illinois. There
 2 is not a true mechanism to collect effectiveness data.
 3 So I think that we would encourage patients
 4 to continue to tell their stories at hearings such as
 5 this, to reach out to our department, to reach out to
 6 their legislators, to reach out to the policy and
 7 decision makers, the advocacy groups here in the state
 8 to tell their stories about the benefits that they feel
 9 they are receiving from medical cannabis as the program
 10 continues to move forward with its implementation.
 11 But I mean, telling the story. I mean, that's
 12 something that we do in public health all the time
 13 because a lot of the programs that we implement, at
 14 the very beginning they're just a kernel of an idea in
 15 somebody's mind that it might be effective. We rely
 16 on the evidence base, and building that evidence base
 17 is predicated on hearing those stories, learning that.
 18 And, also, professionals, clinicians like
 19 yourselves -- and it's not just the State of Illinois,
 20 but the Federal government needs to hear these
 21 stories, also. You have talked a lot today about the
 22 need for more research, and as you know, in order for
 23 us in the United States to obtain an opportunity to
 24 research medical cannabis, we will require changes in

Page 126

1 Federal law, also. So it's really not just here at
 2 the State of Illinois but also at the Federal level
 3 that the voices need to be heard.
 4 CHAIRPERSON MENDOZA TEMPLE: Okay. So thank
 5 you for your patience. I hope you're not getting too
 6 hypoglycemic.
 7 MEMBER WEATHERS: Make a motion we adjourn
 8 for lunch.
 9 VICE CHAIRMAN FINE: Second.
 10 CHAIRPERSON MENDOZA TEMPLE: All right.
 11 Let's adjourn for lunch. We're going to try to power
 12 through it and come back in 30 minutes, which I know
 13 means different things for different people, but at
 14 1:30 we'll come back here with posttraumatic stress
 15 disorder and then autism.
 16 (Recess taken, 12:51 p.m. to 1:35 p.m.)
 17 CHAIRPERSON MENDOZA TEMPLE: If we could
 18 kindly take our seats. We have two more conditions to
 19 discuss, so we'll take a moment while we settle in.
 20 We're going to talk about posttraumatic
 21 stress disorder, a condition we discussed in May. We
 22 have four signed-in speakers -- is that correct --
 23 five. They're all open; correct?
 24 MS. MOODY: Yes.

Page 127

1 MEMBER PARIKH: Six.
 2 CHAIRPERSON MENDOZA TEMPLE: The names I
 3 have for this condition are Jonathan Byrne, Zach
 4 Cutrara -- is Jonathan here?
 5 MR. BYRNE: That's me right here.
 6 CHAIRPERSON MENDOZA TEMPLE: And Zach, okay.
 7 Joel Erickson, Jared Taylor, Liana Bran.
 8 Am I missing anyone else?
 9 MEMBER WEATHERS: Christopher Amos?
 10 CHAIRPERSON MENDOZA TEMPLE: Did I get
 11 everyone who is signed in? Because I have another
 12 speaker who wishes to come forward.
 13 MEMBER WEATHERS: I don't think they can
 14 do that.
 15 MS. MOODY: So it would be at the discretion
 16 of the chairpersons if they wish to allow public
 17 comment at the end of the hearing. But for the
 18 conditions -- for the petitions we're hearing we can
 19 only accept those who submitted a request to provide
 20 technical evidence.
 21 CHAIRPERSON MENDOZA TEMPLE: Okay.
 22 MS. MOODY: So at the very end.
 23 CHAIRPERSON MENDOZA TEMPLE: Okay. At the
 24 very end of the hearing, after we hear autism, we will

Page 128

1 open up time for additional public comments because I
 2 know there are some people who would like to present.
 3 Why don't we go ahead and start with
 4 Jonathan Byrne.
 5 MS. MOODY: And, Jonathan, while you're
 6 setting up, you remember the drill that I'll hold up
 7 one minute -- after you have one minute left to speak
 8 and at 30 seconds left.
 9 MR. BYRNE: Okay. Good afternoon. My name
 10 is Jonathan Byrne. I did two combat tours in Iraq. I
 11 conducted operations out of Djibouti, Africa, for the
 12 Marine Corps. I conducted training and humanitarian
 13 missions in a dozen other countries.
 14 I'm not here to discuss what you guys can
 15 do. I think that would be insulting. I'm here to
 16 tell you what I have to offer you in experience and
 17 what I've seen.
 18 I have 33 pages worth of medications that
 19 the VA has prescribed to me in the last six years
 20 since I've been in Chicago. It's had a lot of
 21 detrimental illnesses and things to my health, you
 22 know. I've had four ultrasounds done on my liver due
 23 to being overdosed on Tylenol-based medications or
 24 aspirin-based medications, mostly hydrocodone 10/325.

ADVISORY BOARD MEETING 10/7/2015

Page 129

1 I was up to eight a day for almost eight years.
 2 During that time I constantly cut myself off
 3 and supplemented most of the time illegally with
 4 marijuana, and I found a lot of relief from the pain
 5 symptoms. But a lot of this ties together with -- I
 6 have multiple symptoms for PTSD, IBS, chronic pain.
 7 So a lot of this is going to overlap, and I hope that
 8 that's okay with you guys. Do you want me to
 9 specifically focus on PTSD, or can I kind of run
 10 everything together?
 11 CHAIRPERSON MENDOZA TEMPLE: However it
 12 works for you.
 13 MR. BYRNE: All right. Because there's a
 14 whole slew. I could go specifically with PTSD, but
 15 all the medications kind of blend together in this one.
 16 Due to one of my PTSD medications, the VA
 17 prescribed me a 10 milligram pill when I was supposed
 18 to be taking a 1 milligram pill. I was taking two of
 19 those a day, and due to the overdose, I had aseptic
 20 meningitis. I spent three days on the couch face
 21 down; all I could do was lay on my stomach with my
 22 hands to my side, felt like I had a vice grip on the
 23 back of my neck. I actually figured that out.
 24 I've had stomach ulcers. This is six years

Page 130

1 worth of my treatment records. You know, I got
 2 alcohol abuse mixed in with my medications. So it
 3 burned my stomach up, caused a lot of erratic behavior
 4 and got me in a lot of trouble. It's had a lot of
 5 effect on my family. I've had to explain to my 5- and
 6 7-year-old kids why Daddy's got to go and take his
 7 walkabouts and go out with his friends and get away
 8 from the family sometimes because I can't control my
 9 symptoms based off the medications that the VA
 10 prescribes me.
 11 So, in turn, what it comes down to is
 12 medicinal marijuana alleviates a lot of these symptoms
 13 and a lot of the things that these medications do to
 14 your body, and I think that that should be offered to
 15 the veterans. Because all the VA medications do is
 16 they break down your body even further and shorten
 17 your life span.
 18 So I appreciate the time and thank you guys.
 19 CHAIRPERSON MENDOZA TEMPLE: Thank you.
 20 VICE CHAIRMAN FINE: Thanks for your service.
 21 CHAIRPERSON MENDOZA TEMPLE: Thank you for
 22 your service.
 23 Zach Cutrara.
 24 MR. CUTRARA: Hello everybody. Thank you

Page 131

1 for your service, by the way.
 2 Anyway, I'm Zach Cutrara. I'm an
 3 entrepreneur trying to get into the industry.
 4 CHAIRPERSON MENDOZA TEMPLE: Can you spell
 5 your name for the reporter?
 6 MR. CUTRARA: Yeah. Sorry. Zach, Z-a-c-h,
 7 and Cutrara, C-u-t-r-a-r-a.
 8 So I've been getting my foot in the door and
 9 more often been trying to pursue my passion as much as
 10 I can, so that's why I'm here today. And it's all
 11 about the patients and all about the health and to
 12 really help them as much as you can with any kinds of
 13 alternative medication, especially, obviously,
 14 medicinal marijuana.
 15 Anyway, so I found some medical journals and
 16 articles online that have been conducted by certain
 17 types of like investigations and trials and stuff. So
 18 I found one online that was a study for oil THC for
 19 PTSD. So the method to do it was they had 10 patients
 20 with chronic PTSD. You know, the things that they've
 21 seen are severe and they needed -- they needed to have
 22 some kind of alternative medication. And as the
 23 person said before me, you know, pills have severely
 24 taken an effect on him. So the possibility is there.

Page 132

1 So anyway, the method for that was they had
 2 10 patients take 5 milligrams of THC twice a day as an
 3 add-on treatment. So the results for that were -- had
 4 three -- there were mild adverse effects to three
 5 patients. So 70 percent were affected, but none of
 6 this led to treatment discontinuation and has not had
 7 a severe impact on them.
 8 So it says on here the intervention caused
 9 significant improvement in global symptom severity,
 10 sleep quality, frequency of nightmares, and PTSD-type
 11 symptoms. So if this can improve pain, and if this
 12 can have the possibility of reducing nightmares that
 13 these people have -- you know, the things that they've
 14 seen affects them for their whole life. So if they
 15 can prevent, you know, the pain and suffering through
 16 sleep quality or lack of nightmares, that'd be great.
 17 And the conclusion was just, once again, it
 18 was safe and it helped.
 19 I got another journal on here and --
 20 MS. MOODY: I'm sorry. But that's the end
 21 of your three-minute time frame.
 22 MR. CUTRARA: Okay. Thank you.
 23 CHAIRPERSON MENDOZA TEMPLE: Thank you for
 24 your testimony.

ADVISORY BOARD MEETING 10/7/2015

Page 133

1 Joel Erickson.
 2 MR. ERICKSON: Good afternoon. It's Joel
 3 Erickson; J-o-e-l, E-r-i-c-k-s-o-n.
 4 Good afternoon. I'm Joel Erickson. I'm an
 5 80 percent disabled Air Force veteran with service-
 6 connected PTSD due to a TBI with postconcussion
 7 syndrome.
 8 I have tried prescription treatments for my
 9 symptoms. I spent a week in the hospital to deal with
 10 suicidal ideation I did not have prior to taking
 11 Zoloft and have not had since I stopped taking it, and
 12 I continue to refuse taking it each time it is offered
 13 to me, along with other SSRIs I have had significant
 14 adverse side-effects to.
 15 Let me be clear. PTSD affects civilians as
 16 well as members of the military. But for veterans who
 17 could benefit from cannabis and who rely on the VA for
 18 their healthcare, the Federal interference that keeps
 19 doctors from having honest and open conversations with
 20 their patients continues.
 21 I'm thankful that the Medical Cannabis Pilot
 22 Program delivers on Illinois' promise of "State
 23 Sovereignty, National Union" when it comes to taking
 24 care of its veterans when Federal policies fail,

Page 134

1 especially when conservative estimates are that
 2 22 veterans take their lives each day. Giving vets
 3 the ability to legally choose cannabis instead of
 4 pills for relief is commendable, and I see other
 5 states looking at Illinois' example for veterans when
 6 crafting their medical cannabis programs.
 7 If I can ask you for a moment to imagine a
 8 Venn diagram. Over in this circle is TBI with
 9 postconcussion syndrome. Over in the circle is PTSD.
 10 There is a frequent but not quite understood
 11 connection between the two, and it's not uncommon for
 12 some overlap in terms of symptoms.
 13 In my case, as far as the VA is concerned,
 14 there's almost complete overlap between the two.
 15 Meaning it's difficult to tell the difference between
 16 the two based on symptoms, so it's possible to have
 17 PTSD without a TBI. This is important because PTSD is
 18 not a condition that only affects military members.
 19 It also affects civilians who have never stepped foot
 20 into combat, but their struggles are the result of the
 21 most personal kinds of terrorism that include rape,
 22 domestic violence, and other forms of abuse, and the
 23 outcomes in terms of symptoms are the same.
 24 A very concise overview of the currently

Page 135

1 available science is that PTSD is caused due to an
 2 endocannabinoid deficiency. Please consider the study
 3 entitled "PTSD Symptom Reports of Patients Evaluated
 4 for the New Mexico Cannabis Program" which states that
 5 patients reported over a 75 percent reduction in three
 6 areas of PTSD symptoms, which were reexperiencing,
 7 avoidance, and arousal while using cannabis. The
 8 symptoms covered by these three categories include
 9 anxiety, difficulty obtaining restorative sleep due to
 10 nightmares, persistent avoidance of reminders of
 11 trauma, and an exaggerated startle response.
 12 A 75 percent reduction in all of these areas
 13 isn't a 75 percent increase in quality of life, but it
 14 would go a long way to helping treat the invisible
 15 wounds of PTSD and reducing the number of Illinois
 16 veterans who take their lives.
 17 Thank you.
 18 CHAIRPERSON MENDOZA TEMPLE: Jared.
 19 VICE CHAIRMAN FINE: There's a sandwich back
 20 there with your name on it.
 21 MR. TAYLOR: Good afternoon. My named is
 22 Jared Taylor. I'm here to urge the Medical Cannabis
 23 Advisory Board to recommend posttraumatic stress
 24 disorder, PTSD, as a qualifying condition for the

Page 136

1 Medical Cannabis Pilot Program.
 2 The Mayo Clinic defines PTSD as a mental
 3 health condition that is triggered by a terrifying
 4 event, either experiencing it or witnessing it.
 5 Symptoms of PTSD may include flashbacks, nightmares,
 6 and severe anxiety, as well as uncontrollable thoughts
 7 about the event.
 8 PTSD is not limited to members of the
 9 military, although, this topic gets heavy exposure in
 10 the media. PTSD can affect anyone, and according to
 11 the US Department of Veterans' Affairs, about 7 or
 12 8 out of every 100 people will have PTSD at some point
 13 in the their lives. Also, according to the VA, about
 14 8 million adults have PTSD during a given year, and
 15 about 1 out of every 100 women develop PTSD sometime
 16 during life their lifetime in comparison to roughly
 17 4 out of every 100 men.
 18 According to the VA, 11 to 20 out of every
 19 100 veterans served in Operations Iraqi Freedom and
 20 Endurance Freedom have PTSD, as well as approximately
 21 12 percent of Gulf War and 15 percent of Vietnam War
 22 veterans experience PTSD during their lifetime. The
 23 VA currently reports that 721,575 veterans reside in
 24 the state of Illinois out of a population of

ADVISORY BOARD MEETING 10/7/2015

Page 137

1 12.8 million residents. That's approximately 5 percent
 2 of the population of the state of Illinois.
 3 Now, Dr. Raphael Mechoulam is an Israeli
 4 scientist who first discovered THC as the active
 5 psychoactive compound in cannabis. Decades later
 6 Dr. Mechoulam discovered the human brain's
 7 endocannabinoid system and the endogenous
 8 neurotransmitter anandamide. Dr. Mechoulam believed
 9 that the cannabinoid system is integrally related to
 10 memory, including memory distinction, which is the
 11 normal, healthy process of removing associations from
 12 stimuli. Cannabis can therefore help to aid memory
 13 extinction by reducing association with an individual's
 14 association with stimuli such as loud noises or PTSD.
 15 I just want to let everyone know that all
 16 today's petitioners, whether PTSD or not, were
 17 received by the Department of Public Health on
 18 August 5th, 2015. The Department of Public Health,
 19 according to the Compassionate Use of Medical Cannabis
 20 Pilot Program Act 410 ILCS 130, under Subsection 40,
 21 "The Department shall approve or deny a petition
 22 within 180 days of its submission."
 23 The Illinois Department of Public Health
 24 failed to meet this deadline earlier this year, and

Page 138

1 this is both frustrating and disrespectful to
 2 patients, especially Illinois veterans. While PTSD
 3 can affect anyone who has experienced a traumatic
 4 event, PTSD disproportionately affects our veterans.
 5 Because of the debilitating conditions that
 6 PTSD causes, I urge the Advisory Aboard to affirm its
 7 May 4th recommendation of PTSD as a qualifying
 8 condition to the Medical Cannabis Pilot Program. The
 9 State of Illinois and its administration should
 10 recognize, respect, and honor the service that
 11 Illinois veterans have given to our nation with regard
 12 to their personal safety.
 13 Thank you for your time. God bless the
 14 State of Illinois.
 15 CHAIRPERSON MENDOZA TEMPLE: Thank you. And
 16 we have Liana Bran.
 17 MS. BRAN: Hello again. I am Liana Bran;
 18 L-i-a-n-a, B-r-a-n. Forgive me. I last time forgot
 19 to properly introduce myself. I just want to give a
 20 bit more background.
 21 While not a medical expert, I have the
 22 benefit of directing a substance through workplace
 23 program which has given me the benefit of working with
 24 a lot of substance abuse treatment providers, as well

Page 139

1 as substance abuse professionals. So my goal today is
 2 to share with you some perspectives on medical
 3 marijuana and some of these conditions that I feel
 4 represent a pretty wide consensus in this field.
 5 So a lot of the testimony I've been
 6 providing is based on what I feel are reliable sources
 7 of informational studies, but I also want to pause for
 8 a moment to give some personal experience, as well,
 9 related to mental illness and the use of medical
 10 marijuana.
 11 So a close family member of mine does have
 12 schizophrenia. He started using marijuana at a very
 13 young age, and while no one can say for sure that was
 14 the cause of his mental illness, there is very good
 15 evidence that would suggest that schizophrenia and
 16 marijuana use, as well as some other mental illness
 17 are linked.
 18 Even after he was diagnosed, he continued
 19 like so many others to self-medicate, and it wasn't
 20 until his mental health provider found out and told
 21 him to stop that he really did better. At that time,
 22 when he was abusing marijuana is when he was hearing
 23 the most voices, and since then he has progressed
 24 significantly. So for me it really makes no sense

Page 140

1 that we should be recommending that people
 2 experiencing mental illness should be relying upon
 3 this treatment that has been shown to produce short-
 4 and long-term effects on mental health outcomes.
 5 I have to return again to PTSD and echo what
 6 the American Psychological Association and numerous
 7 mental health professionals are saying, which is that
 8 there is insufficient research to support the use of
 9 medical marijuana for PTSD. Other studies have also
 10 since produced evidence that actually suggests
 11 potential for harm, finding that the initiation of
 12 marijuana use after treatment was actually associated
 13 with worse PTSD systems, more violent behavior, and
 14 more alcohol use. Marijuana may actually worsen PTSD
 15 symptoms or nullify the benefits of proven specialized
 16 intensive treatment. So we're not just talking about
 17 whether it's effective; we're actually coming to the
 18 point where we're seeing that it has the potential to
 19 cause harm.
 20 Department of Veteran Affairs also
 21 acknowledges that PTSD -- I'm sorry -- that they also
 22 back this position that there's insufficient evidence
 23 to support using medical marijuana to treat PTSD and
 24 also demonstrate a greater risks for individuals with

ADVISORY BOARD MEETING 10/7/2015

<p style="text-align: right;">Page 141</p> <p>1 PTSD to abuse marijuana and also have difficulty 2 recovering from addiction. And I provided some 3 statistics about the increasing number of individuals 4 with PTSD and cannabis use -- symptoms related to use 5 of cannabis. 6 Unfortunately, the state of science means 7 that a lot of the medical applications are not yet 8 ready, but we really have no concept of the long-term 9 effects of this even if it may alleviate some 10 short-term effects, and I don't feel we should be 11 experimenting with some of our most vulnerable and 12 respected members of society to see the outcomes. 13 MS. MOODY: Thank you for your testimony. 14 CHAIRPERSON MENDOZA TEMPLE: Thank you for 15 everyone's testimony on PTSD. So we open up comments 16 to the Board. 17 MEMBER CHAMPION: If the military can give a 18 person a discharge for PTSD, I feel it should be 19 recognized and covered by our program. The evidence 20 in support of cannabis as an effective treatment for 21 PTSD is overwhelming, as stated by some of our witness 22 veterans who assign suicide rates due to PTSD as high 23 as 22 per day or 8,000 per year. That's more people 24 than we lost in the war itself.</p>	<p style="text-align: right;">Page 143</p> <p>1 We'll vote. 2 For our last topic, the last condition to 3 evaluate is autism and we have three -- no, we have 4 three speakers present for that. Just one last call 5 for Mark Brouwer. 6 (No response.) 7 CHAIRPERSON MENDOZA TEMPLE: Okay. So there 8 are open petitions from Liana Bran and Patricia Ihm. 9 So we'll wait for the vote. 10 MEMBER CHAMPION: I'm pleased to once again 11 announce that PTSD has once again passed by a 12 unanimous vote of 10 to nothing. Thank you. 13 (Applause.) 14 CHAIRPERSON MENDOZA TEMPLE: Okay. With 15 that, we are switching gears to a condition that we 16 have not entertained before, autism, and we will start 17 with Ms. Liana Bran. 18 MS. BRAN: Thank you for letting me present 19 my testimony today. As concerns the proposal of 20 adding autism to the list of debilitating conditions, 21 I again want to begin by reminding the Board that the 22 American Psychiatric Association does not support the 23 use of marijuana for the treatment of any psychiatric 24 disorder. In fact, in an official statement from the</p>
<p style="text-align: right;">Page 142</p> <p>1 PTSD affects -- my data shows over 30 percent 2 of all Vietnam, Iraq, and Afghanistan veterans. PTSD 3 in all forms should be approved, but we especially owe 4 it to our veterans. 5 Also, I'd like to attest that, as Jonathan 6 was speaking to the over- and under-prescribing 7 medications from the Hines VA, the Federal government. 8 I have more than a handful of horror stories myself 9 where they have messed up the medications. I've 10 actually overdosed on methadone twice not by my own 11 fault. 12 So I can certainly attest to the 13 overprescribing of opiates and the reckless way they 14 do it. In fact, sometimes when they should be giving 15 you one dose, they give you another dose, and they 16 don't find it until, you know, you're all crimped up 17 in a corner. So I have more than a handful of 18 stories, so I can attest to that, Jonathan. 19 That's all. 20 CHAIRPERSON MENDOZA TEMPLE: Thank you. 21 Other comments from the Board? 22 MEMBER WEATHERS: Motion to vote. 23 VICE CHAIRMAN FINE: Second. 24 CHAIRPERSON MENDOZA TEMPLE: Okay.</p>	<p style="text-align: right;">Page 144</p> <p>1 APA they assert that current evidence supports at 2 minimum a strong association of cannabis use with the 3 onset of psychiatric disorders, and adolescents are 4 particularly vulnerable to harm, given the effects on 5 neurological development. And I think that that is 6 the most important part of that because I'm assuming 7 the addition of this particular condition is going to 8 include a lot of young folks whose minds, whose brains 9 have not had the opportunity to develop. 10 A recent study I provided in the Journal of 11 Developmental and Behavioral Pediatrics also reviewed 12 the available research and concluded given the 13 scarcity of data cannabis cannot be safely recommended 14 for the treatment of developmental or behavioral 15 disorders at this time. It cites, also, a growing 16 body of research that points to the role of marijuana 17 use contributing to abnormal brain development. 18 Again, this is coming -- this initiative is 19 coming from a point of compassion, but there's also 20 that kind of landmark study that showed that young 21 people who were chronic marijuana users actually had a 22 significant increase in -- significant and irreversible 23 decrease in IQ actually. So, again, as a complex 24 developmental disorder, does it make sense that with</p>

ADVISORY BOARD MEETING 10/7/2015

Page 145

1 so little evidence we should incorporate a treatment
 2 that has been shown to actually produce altered brain
 3 development?
 4 Furthermore, autism spectrum disorder is now
 5 defined by the American Psychiatric Association DSM-V
 6 as a single disorder that includes disorders that were
 7 previously considered separate. So it's therefore
 8 characterized by a wide range of symptoms and severity
 9 that should be considered separately.
 10 Again, I want to conclude that by suggesting
 11 that potential applications for medical use of
 12 marijuana do exist, and according to clinicaltrials.gov,
 13 which is a resource provided by the NIH, there are
 14 over 197 studies being conducted on THC alone, many of
 15 which are examining the benefits. So the answers are
 16 being researched, and the practice of safe,
 17 responsible medicine requires that we do wait for some
 18 more results.
 19 In the meantime, given the further
 20 implications for brain development that marijuana
 21 entails and the fact that the causes of autism are not
 22 well understood, there's just too great a risk of
 23 actually exacerbating the conditions for individuals
 24 with autism.

Page 146

1 Last point. No other state has included
 2 this in their list of debilitating conditions. So we
 3 would be the first.
 4 Thank you.
 5 CHAIRPERSON MENDOZA TEMPLE: Thank you.
 6 Ms. Patricia Ihm.
 7 MS. IHM: Good afternoon. My name is
 8 Patricia Ihm. The last name is I-h-m. I'm a mom to
 9 nine, and one of my children has autism. This is
 10 Ethan right here.
 11 I'm learning more on this parenting journey
 12 than I ever expected to learn. Honestly I really
 13 don't want to learn all this stuff. I don't want to
 14 know the side-effects of Risperdal. I don't want to
 15 have a reason to need to know that.
 16 I don't want others to treat my sweet boy
 17 with any less dignity than he deserves. The grip of
 18 autism is not selective. This child is only trying to
 19 make sense of his world and his emotional kaleidoscope.
 20 I want him to eat lemon knots. I want him to be able
 21 to be able to walk across the train tracks without
 22 being gripped by fear. I want him to enjoy the
 23 Christmas lights with the rest of us. I want him to
 24 know that he's a treasure and a great blessing every

Page 147

1 single day.
 2 We know that people with autism are often in
 3 a state of sensory overload. Experiences are more
 4 intense, louder, scarier, more painful, often
 5 intolerable. I've seen anecdotal studies of children
 6 close in age to my son with similar behaviors who seem
 7 to get better almost overnight when allowed the chance
 8 to have medical cannabis.
 9 With Ethan, there are extraordinary swings
 10 of angst, fear, and aggression, and in the other
 11 direction flashes of brilliance and uncanny cleverness
 12 to outsmart a university scholar on a good day. The
 13 days where the brilliance outweighs the angst, those
 14 are the days we relish. We adore him. We're
 15 exhausted on all the days, but he's brought to us
 16 intangible things that we didn't even know we needed.
 17 Ethan at 7 has been through two psychiatric
 18 hospitalizations when the behaviors became too
 19 overwhelming. His therapeutic day school has now
 20 brought on a behavioral analyst to help with his
 21 programming. I learned yesterday at his IP meeting
 22 that my son had more restraints, physical restraints
 23 during the last calendar year than anyone else at the
 24 school.

Page 148

1 I'm sorry for everything. I'm sorry for the
 2 railroad tracks, the thunder, the bees, the wind, and
 3 for all the other things that invade your head and
 4 stir your fears. We don't want him to have go back to
 5 where he's not understood, where nobody sits with him
 6 as he falls asleep, and where he's presented with
 7 trays of brown things with gravy. We don't want him
 8 to go back to a place where the outcome will be no
 9 different than the last time.
 10 Then the moments come and there's knowing we
 11 can do. My little boy at 7 has been on at least
 12 15 different medications. We've never been sure if
 13 any medications have had any positive effects, though
 14 the negative side-effects have certainly presented
 15 themselves. Many children in states with the more
 16 sensible laws have recovered the ability to function
 17 in everyday life by using edible cannabis.
 18 I will never give up trying to help my son.
 19 I feel that it is our ethical responsibility to offer
 20 the same opportunity to children in Illinois, the
 21 chance at a childhood that's governed by states of
 22 calm and joy. Please offer this chance to my son and
 23 to countless others with autism who may not have words
 24 to express but feel so very deeply every day.

ADVISORY BOARD MEETING 10/7/2015

<p style="text-align: right;">Page 149</p> <p>1 Thank you. 2 (Applause.) 3 CHAIRPERSON MENDOZA TEMPLE: Thank you very 4 much. So now we open up to comments from the Board. 5 MEMBER WEATHERS: So my comment back and in 6 response to Ms. Bran's testimony, I think there was 7 emphasis on the point that cannabis could impair 8 normal brain development during adolescents. While we 9 certainly are seeing studies with that, I think it's 10 important for the Board to note, although we're still 11 learning exactly how, we know that these children's 12 brain development is not normal. So I don't think 13 that we can necessarily use that as a reason to not 14 approve this condition. 15 I think, again, the thought of having a 16 7-year-old on Risperdal is horrifying to me. I don't 17 like using it on my 67-year-olds, much less a 18 7-year-old, and if there's an alternative, given the 19 urgency of these symptoms and the concern for how 20 severe, I think that needs to be weighed against 21 potential future risk. You obviously would never 22 think of giving cannabis to a 7-year-old with normal 23 brain development. So I just think it should be 24 considered.</p>	<p style="text-align: right;">Page 151</p> <p>1 disorders, the basis we used to approve PTSD. I think 2 there's a lot of similar pathophysiology at play and 3 given, again, that -- you know, I keep going back to, 4 you're right, I don't know. But if there's -- if we 5 feel like it's unlikely that the adverse effects will 6 be significantly harmful in the short-term, at least 7 if there's something we could closely monitor, see the 8 impact, stop if needed but that the potential -- given 9 that the significant potential is there with somewhat 10 of a -- as a clinician what I feel would be a 11 tolerable risk, that's what I'm basing it on. 12 And I think we -- it kind of goes back to 13 some of the other things we've heard about. We 14 certainly understand that this is not -- there's 15 nothing that we do in medicine that is without risk. 16 I mean, people -- we joke about it -- if you drink too 17 much water, that could kill you. There's nothing we 18 do in medicine that does not have a potential for 19 adverse effects. 20 I keep emphasizing that's why the critical 21 relationship is no key, that this isn't in a vacuum. 22 It's not like people are going to be getting access to 23 this -- it is a medication. People are not going to 24 be getting access to this medication and going off on</p>
<p style="text-align: right;">Page 150</p> <p>1 MEMBER CHAMPION: In my opinion, autism 2 should have been added along with the other conditions 3 for children. The medicines they are forced to take 4 are not only debilitating but the side-effects are 5 horrific. I think it's time for Illinois to once 6 again set an example for other states and approve 7 autism. 8 MEMBER MC CURDY: I have to ask on the basis 9 of the research materials that we were provided with 10 the petition -- and I haven't look at anything else or 11 found anything else I must say -- so far -- I mean, 12 I'd like to hear from others what evidence for 13 effectiveness with humans we actually have here. The 14 only thing I actually saw was one case study of an 15 individual child. So I'd like to hear more about what 16 makes us think that there's a good chance even that 17 this -- well, maybe more than a good chance, but do we 18 have some basis in evidence to approve this? 19 MEMBER WEATHERS: I think we're going to be 20 back in that same circle of the studies have never 21 been done in children with a substance, let alone 22 drug. So I just don't think we're ever going to get 23 it, just how we know it works, the potential for 24 calming, the way we see efficacy in other mood</p>	<p style="text-align: right;">Page 152</p> <p>1 their own without significant close follow-ups, 2 surveillance, and monitoring. 3 Even for the conditions we just approved. 4 If things are clearly worsening, just like any 5 medication, people have spoken to multiple times 6 today, not every medication is tolerated by every 7 person. It's assessed and then it would be stopped, 8 and alternative therapy would be tried. 9 So our approval is not the same as us saying 10 that we think this is going to work for everybody or 11 that people won't experience some adverse effects; 12 it's just that this needs to be an option. 13 MEMBER MC CURDY: Let me just add on that to 14 the question I asked earlier, and that would be, is it 15 possible that there may be some parallel maybe remote 16 with the fact that people have begun to have some 17 success apparently with seizure disorder with 18 children? 19 MEMBER WEATHERS: I think there could be. I 20 know it is in the DSM-V, but we were discussing 21 earlier it is also considered -- it's a neurologic 22 disorder; it's diagnosed and managed by pediatric 23 neurologists. A lot of children with autism do also 24 suffer from epilepsy, and we are starting to see</p>

ADVISORY BOARD MEETING 10/7/2015

Page 153

1 studies because people are doing studies in children
 2 with epilepsy, but we are starting to see increase
 3 anecdotal evidence of efficacy.
 4 CHAIRPERSON MENDOZA TEMPLE: As a family
 5 physician I see -- we say cradle to grave. We deliver
 6 babies; we see kids; we take care of adults; we see
 7 people at the end of life. So in my pediatric
 8 experience, when I look for research on pediatric
 9 trials, in general you can pretty much count on there
 10 not being as much as you'd like to see. Because,
 11 first of all, from an ethical standpoint how are you
 12 going to get a child signed up? You've got to get
 13 parental consent. This is big time experimental,
 14 risky stuff.
 15 So in terms of trying to do trials that I
 16 would like to see even on just standard medications,
 17 you're just not going to see it. Just like we have
 18 with the bottleneck regarding medical cannabis and all
 19 the regulation, really I'd like to do research, but
 20 there's so much paperwork and so much money involved,
 21 I don't want to do it. I have a lot of other things I
 22 need to do.
 23 So until we get that, at this point I go
 24 back to the argument of compassion and the fact that

Page 154

1 the medications that you had described, that this
 2 mother has described are -- I'd like to study the
 3 effects of brain damage on that from a long-term use.
 4 So let us not forget and take the microscope
 5 off of the convention medications that we use for
 6 patients that cause damage as well, well-documented
 7 damage. Yet we're handing it out like candy I guess
 8 you would say -- not really. I would say that a good
 9 physician is not going to hand out anything like candy.
 10 And with respect to the way the pilot act
 11 was set up, which I think was smart, with the
 12 pediatric patients, whether they have autism,
 13 seizures, Crohn's disease, and they are eligible for
 14 all of the conditions listed forth, you have to have
 15 two physicians sign off on their certification letter.
 16 So -- which I also think makes it challenging, but at
 17 the same time there is going to be even more oversight
 18 and protection for the children who are going to be
 19 signed up.
 20 And as far as I know from the recent report
 21 there were maybe -- I forgot how many -- 10 children
 22 were granted licenses. So this isn't -- I'm not too
 23 worried about people slipping through the cracks and
 24 having two attending physicians just sign something

Page 155

1 recklessly.
 2 The other thing, too, to Dr. Weathers' point
 3 and to address Ms. Bran's concern about long-term
 4 cognitive loss of IQ, that is true. When a person
 5 before their brain is fully formed going into
 6 adolescence becomes a chronic recreational user or
 7 just a chronic user for whatever reason, you can lose
 8 IQ points. That goes back to my argument that yes,
 9 this is not a drug with no side-effects, no addiction.
 10 I think this room is smarter than that.
 11 But we have to also look at the fact that
 12 people who have seizures or children who have autism,
 13 they're not in that category where I'm worried about
 14 them losing a few IQ points when they become 17. I
 15 want them to stop hitting themselves in the face; I
 16 want them to stop thrashing themselves, hurting
 17 themselves, and causing very visible damage to their
 18 physical bodies, the damage that it creates to their
 19 families trying to care for and just wait out a
 20 tantrum or wait out a rage.
 21 I mean, that's damage, too. We have to
 22 weight out what's theoretical, what could happen --
 23 yes, that's good; that's bad -- and what's happening
 24 right in front of us right now on the floor and we've

Page 156

1 got nothing. So I really think that we need to offer
 2 this option knowing that it's not going to be
 3 irresponsibly handled.
 4 So anyway, that is my view.
 5 MEMBER WEATHERS: Can I have one more? I
 6 know I've had the floor a lot.
 7 Adding onto what you said, I mean, I think
 8 even anecdotally, if we can by making this available
 9 as an option keeps one child in their home and not
 10 have to be placed, I think that alone justifies it.
 11 CHAIRPERSON MENDOZA TEMPLE: One more point
 12 I wanted to add. There are strains that are most
 13 likely child friendly, with THC -- CBD, like I said
 14 before, does not have affect on the cognitive --
 15 doesn't affect the brain as much. It affects
 16 primarily the gut, the muscles, there's receptors
 17 there, but predominantly not affecting the brain, and
 18 there is a lot of evidence documenting the lack of
 19 psychoactivity.
 20 MEMBER CHAMPION: I believe a lot of those
 21 are taken from hemp, as well.
 22 CHAIRPERSON MENDOZA TEMPLE: So products
 23 derived from hemp are what I believe are legal to
 24 obtain because they are from industrial hemp from

ADVISORY BOARD MEETING 10/7/2015

<p style="text-align: right;">Page 157</p> <p>1 people who grow this and have licenses to do this. 2 So the THC is where I want to call out a 3 little more sophisticated knowledge about what is 4 cannabis; what's marijuana; we're just giving it to 5 our kids; it's going to make a nation of stoners and 6 people who are dropping out of schools. Hey, you know 7 what? Yes, that could happen. It has happened to 8 people, but we're talking about a different category 9 here. We're talking about a debilitating condition, 10 as well as the other debilitating conditions for which 11 there are not a whole lot of great treatments for. 12 Dr. Ramirez. 13 MEMBER RAMIREZ: I hate to sound 14 uncompassionate, inconsiderate, whatever you want to 15 call it, but it seems to me like sometimes we talk out 16 of both sides of our mouths. A couple hours ago we 17 were talking about scientific evidence, science-based, 18 and evidence-based. Now we're talking about anecdotal 19 evidence and giving it the same weight and same value. 20 There must be some reason why the American 21 Academy of Psychiatry and the American Academy of 22 Neurology both have recommended not using cannabis in 23 children. So there must be some reason for those 24 two big bodies of knowledge and science to pronounce</p>	<p style="text-align: right;">Page 159</p> <p>1 limited. Because as has been said, these are 2 children, and ethically we would not subject children 3 to this type of study. 4 However, I can speak from a parental side. 5 I do have a little bit of passion for this topic. 6 Both in what Ms. Bran has said from an adolescent 7 view, I do have a family member who has as an 8 adolescent used cannabis since the age of 13 and does 9 have cognitive impairment. 10 However, I also have a daughter who has 11 epilepsy -- sorry. I'm very passionate about this 12 because one is my child. And my daughter has 13 epilepsy. She does not qualify for this but I have 14 seen it work in children with epilepsy, and I am glad 15 that that opportunity is there for parents who need it. 16 With that being said, I know a family member 17 who has been on Risperdal as a 12-year-old. That 18 medication is not recommended for children. That is 19 an adult antipsychotic that many of the adult 20 physicians have trouble prescribing to adults. 21 So while I know there isn't a lot of 22 clinical evidence, I do have to think about what I 23 know from an epilepsy standpoint and some of the 24 neurological development that occurs. My daughter has</p>
<p style="text-align: right;">Page 158</p> <p>1 themselves that way. 2 If we're going to go for this anecdotal 3 evidence, then let's go, but then let's not demand 4 evidence-based for other conditions. 5 CHAIRPERSON MENDOZA TEMPLE: I think I 6 made -- maybe I'll clarify a point that yes, I want 7 medical evidence. We do want that research base, but 8 where it doesn't exist, we have to combine it with 9 other factors, clinical experience, common sense, how 10 many other options do you have. 11 So I think it's impossible to say we're 12 going to hold everything to the exact same scientific 13 standard. Like I said, we can go back and look at all 14 of the approved conditions, the 39 that exist and 15 dissect those away, and several of the conditions that 16 we discussed today, we're going to have a hard time 17 having a consistent level of scientific evidence. 18 So I do respect what you say. There are 19 reasons but we're also faced with these patients who 20 are -- they have nothing. So I bring in the 21 compassion hat to this discussion with some evidence 22 but not much. 23 MEMBER MILLER: I don't know that I can add 24 to the clinical evidence of it because it certainly is</p>	<p style="text-align: right;">Page 160</p> <p>1 had six grand mal seizures in her life. She's 24. 2 And with each grand mal seizure they lose cognitive 3 development. She's fortunately not in that category, 4 but there are other children that do. 5 The other family member with the marijuana 6 use, that was a choice that he made, and he will have 7 to live with the consequences of that. Some of these 8 children do not have the ability to make that decision, 9 so as adults we have to make that decision to 10 help them. 11 So that's all I'll say. 12 CHAIRPERSON MENDOZA TEMPLE: Thank you. 13 MEMBER MILLER: Sorry. I just get very 14 passionate when it's my child. 15 CHAIRPERSON MENDOZA TEMPLE: Any other 16 comments? 17 (No response.) 18 CHAIRPERSON MENDOZA TEMPLE: I recommend 19 somebody make a motion. 20 MEMBER MILLER: I'll make a motion. 21 MEMBER LESKOVEC: Second. 22 CHAIRPERSON MENDOZA TEMPLE: So we will vote. 23 VICE CHAIRMAN FINE: The condition of autism 24 has passed, 8 yes, 2 no.</p>

ADVISORY BOARD MEETING 10/7/2015

Page 161

1 So this has been a long day, and I really
 2 appreciate the passion everyone has brought forth.
 3 The discussion has been excellent and excellent points
 4 raised. I think everyone has the same goal of doing
 5 right by people and to help the state of our health
 6 as -- Illinois and the country.
 7 So I appreciate the passion you've brought.
 8 We now have time for public comments, and we'll again
 9 limit it to a three-minute session for that person.
 10 Please raise your hand if you'd like to make
 11 public comments.
 12 Okay. I would point to the gentleman in the
 13 back with his service animal because he asked early
 14 on, and if you would kindly spell your name.
 15 MR. BLEESINGHODGE: Lonnie Blessinghodge;
 16 L-o-n-n-i-e, B-l-e-e-s-i-n-g-h-o-d-g-e, and this is
 17 Gander.
 18 I'm a 100 percent disabled veteran, Vietnam.
 19 I was -- prior to developing PTSD I was a professor
 20 for University of Maryland, and I was an adjunct
 21 graduate professor in the specialty program on alcohol
 22 and drug abuse at Western Michigan University. I was
 23 also clinical director of Amethyst Hospital in
 24 Charlotte, North Carolina, which at the time was the

Page 162

1 second largest drug and alcohol hospital in America.
 2 I was a senior trainer of trainers for the alcohol and
 3 drug abuse division in the state of Colorado.
 4 I wasn't able to leave my house. I was
 5 having panic attacks -- when PTSD had its onset, panic
 6 attacks would last from 5 minutes up to 20 minutes,
 7 and I'd have up to five or six of those per day.
 8 The military in their infinite wisdom put me
 9 on benzodiazepines and a number of other drugs that
 10 the iatrogenic problems associated with those were far
 11 worse than the disease itself sometimes. I carried
 12 suicide in my pocket like a can of Valium. I was a
 13 National Endowment for the Arts fellow in literature,
 14 and after taking those medications, I ended up in a
 15 creative lobotomy for a decade. One decade and I
 16 didn't write, or teach, or do anything because of the
 17 medications.
 18 For the last 2 1/2 years, I've made frequent
 19 trips to Colorado where I've experimented with
 20 different strains of marijuana and different edibles.
 21 The early strains caused great dysfunction sometimes.
 22 The THC contents were too high. There were a lot of
 23 things that caused me to know exactly what real
 24 psychosis may well feel like. That's changed.

Page 163

1 In reaction to the thing about the Veterans'
 2 Administration, the Veterans' Administration, of course,
 3 doesn't find it to be efficacious. They haven't done
 4 any research on it; they're just beginning to do that.
 5 They also don't think service dogs are efficacious,
 6 but I can tell you that this dog saved my life.
 7 I can tell you that marijuana used in high-CBD,
 8 low-THC dosages in Colorado, in the 100 interviews
 9 I've done with veterans there and the 30 people who
 10 have inputted information to me over the course of the
 11 last three years tell me that symptomology has been
 12 reduced by almost 50 percent in those people that have
 13 used it for PTSD correctly and under some sort of
 14 supervision. So I applaud you for what you've done.
 15 Thank you.
 16 CHAIRPERSON MENDOZA TEMPLE: Thank you
 17 very much.
 18 (Applause.)
 19 CHAIRPERSON MENDOZA TEMPLE: Sandy Champion.
 20 MS. CHAMPION: I am Sandy Champion. I'm a
 21 patient advocate for the medical cannabis program, and
 22 I am Jim's wife. So because most of you know I shoot
 23 from the hip, and I only have three minutes, I will be
 24 reading notes.

Page 164

1 First of all, I want to say thank you to
 2 Conny and everyone on the staff. I know we've given
 3 you quite the runaround, and we've been tense,
 4 stressful, and you guys have probably had many
 5 conversations about us behind our backs. With that
 6 said, thank you.
 7 Earlier it was noted that the director does
 8 not have to give any information as to why he denied
 9 the conditions. With that said, I also think if we're
 10 going to follow the rules, he must, absolutely must
 11 follow the 180-day rule, as well. There is no excuse.
 12 It's a double standard and I think if he reads this,
 13 he needs to know that we expect him to do his job if
 14 he expects us to do ours.
 15 Secondly, Conny, you and I have spoken about
 16 this, and I have a real huge concern about patients
 17 and dispensaries. At startup we're only going to have
 18 four or five dispensaries at a time. So that means
 19 when you guys send out the forms and the cards,
 20 they're going to have to choose a dispensary. Are you
 21 guys going to provide information to them so they know
 22 which dispensaries are open? Because it we don't,
 23 we're going to have an onslaught of calls to IDPH when
 24 they change, and we know they're going to change.

ADVISORY BOARD MEETING 10/7/2015

Page 165

1 I've been told by our sponsor and a former
 2 IDPH employee who will go unnamed that there is a
 3 software program that's supposed to be implemented,
 4 and it has not been implemented, that would allow
 5 realtime dispensary changes on the spot at a
 6 dispensary. I know quite a few dispensary owners who
 7 are unaware of this, as well, but it's in our rules
 8 and in our law. And I've been told you guys are going
 9 to implement this in a couple months.

10 MS. MOODY: I'll let you finish your
 11 comments first.

12 MS. CHAMPION: With that I would encourage
 13 you guys to get that implemented ASAP because no
 14 patient should have to wait any longer to get their
 15 medicine.

16 Thank you.

17 CHAIRPERSON MENDOZA TEMPLE: Thank you. And
 18 I think Mr. Taylor had -- Jared had a public comment.

19 MR. TAYLOR: So by now you all know me. My
 20 name is Jared Taylor.

21 As I mentioned earlier, I only have
 22 osteoarthritis out of the five conditions that I've
 23 petitioned for. However, I do believe that all of
 24 these conditions, they are debilitating; they're not

Page 166

1 fun diseases to have.

2 I heard a comment from one individual to
 3 another of, "Oh, I didn't like what this person had to
 4 say during their speech, and I wish they had this
 5 condition so they would know the effects of this." I
 6 vehemently disagree with that because none of these
 7 conditions are fun to have. I will have osteoarthritis
 8 until I die, and that's not a very fun thing to know
 9 at age 26. As Leslie had mentioned, the incidence of
 10 osteoarthritis greatly increases as you get old, and
 11 I'm sure that there are certain people in the state of
 12 Illinois that are approaching a certain age where that
 13 incidence of osteoarthritis is very likely to happen
 14 upon them, and it's not a very fun disease to have.
 15 None of these are pleasurable or enjoyable diseases
 16 to have.

17 I am, however, concerned about the state of
 18 which -- the forward future making process of this
 19 whole medical cannabis program. As you all know, the
 20 osteoarthritis, as well as other conditions, were
 21 petitioned back in January, and, unfortunately, they
 22 were rejected. These were rejected after that 180-day
 23 time frame. It is very unfortunate that the
 24 Department of Public Health not only rejected these

Page 167

1 but took so long to reject them.

2 To be honest with you, I can determine what
 3 I'm going to eat for the day earlier in the day, but
 4 there are other times where it takes longer where I
 5 will have to form an opinion over a much longer period
 6 of time. I do not honestly see how the Department of
 7 Public Health could take six months -- that is
 8 180 days -- six months at 24 hours a day to determine
 9 whether or not these conditions will be approved.

10 In addition, for conditions that were
 11 petitioned and rejected back in January, in the hope
 12 that say, for example, osteoarthritis is approved at
 13 this moment, there is no guarantee as to when we will
 14 actually be able to apply to the medical cannabis
 15 program. We are hoping and the deadline basically
 16 states February 1st, 2016, for the 180-day time frame.

17 However, the JCAR process is very lengthy.
 18 I've talked to JCAR; they said it's six to eight
 19 months. So I'm looking at right now, if we do get
 20 approved by February 1st, that we may not even be able
 21 to apply as osteoarthritis patients or any of these
 22 other approved conditions until August of next year.

23 So I really wish and hope that the
 24 Department of Public Health takes true consideration

Page 168

1 of the valuable testimony not only of patients but
 2 also all these medical professionals. I myself am a
 3 very, I wouldn't said an uneducated person, but I have
 4 a bachelor's degree in science and history, and I'm
 5 not a medical professional. However, I rely on the
 6 testimony, the recommendations of these medical
 7 professionals, and I hope the Department of Public
 8 Health does, as well.

9 At this point we have 3100 patients out of
 10 12.8 million citizens in the state of Illinois. So in
 11 order for this program to be successful, we need to
 12 add more conditions; there needs to be accountability
 13 in terms of why these conditions were rejected, and we
 14 need to get this up and going. Because, otherwise, my
 15 fear is that we will either have limited time to
 16 utilize this medicine, or we will not be able to
 17 utilize this medicine at all.

18 Thank you for your time.

19 CHAIRPERSON MENDOZA TEMPLE: Thank you.

20 Any other last housekeeping comments or
 21 clarification?

22 Conny, I think you wanted to share something
 23 that Sandy had brought up.

24 MS. MOODY: So I'm actually -- one of the

ADVISORY BOARD MEETING 10/7/2015

Page 169

1 questions that Sandy raised was with regard to the
 2 notification of a patient about the dispensaries that
 3 are currently licensed by the Department of Financial
 4 and Professional Regulation and once product is
 5 available will be open to patients for selection.
 6 There are four dispensaries at this point in
 7 time that have been licensed by the Department of
 8 Financial and Professional Regulation, which we call
 9 FPR, and those are posted on the DFPR website, and,
 10 also, that listing of dispensaries is available
 11 through the statewide medical website, which is the
 12 mppp.illinois.gov website.
 13 So what we are getting ready to do now as a
 14 department, we're on two tracks and we are -- first of
 15 all, we are preparing to issue registry identification
 16 cards to those patients that have been approved for
 17 participation in the program. And we are -- we still
 18 remain hopeful that we will be able to start mailing
 19 the first cards at the end of this month, the month of
 20 October. That is the goal of the department, and
 21 that's what we are pushing for.
 22 At the same time we are going to be reaching
 23 out to all of the patients who have been approved to
 24 provide them with information about which dispensaries

Page 170

1 are open, how they can go about selecting a dispensary.
 2 They will be able to do that to the Department either
 3 through an e-mail to us, and we're in the process of
 4 establishing a special mailbox that will be accessible
 5 to those patients who have been approved for the
 6 program to submit their dispensary request to us.
 7 We're also going to be urging patients to
 8 take their time in making those selections because, as
 9 I stated, only four dispensaries are going to be open
 10 at this point in time. And because patients have a
 11 one-to-one relationship with a dispensary and must
 12 select a dispensary, and that information must be
 13 input into our system -- patients can change their
 14 dispensary selection, and what we would not like to
 15 see is 3100 patients select Dispensary A and then in a
 16 few weeks when another dispensary opens we get
 17 3,000 patients who decide to select Dispensary B, and
 18 then other one opens --
 19 MS. CHAMPION: That's exactly my point.
 20 MS. MOODY: -- because that is very
 21 cumbersome both for the limited staff that we have on
 22 board right now and the patients themselves.
 23 So what we are going to urge folks in the
 24 communication to them is, if you do not see a

Page 171

1 dispensary that you wish to work with right now, take
 2 the time to wait. The Department of Professional
 3 Regulation is licensing dispensaries on a rolling
 4 basis, and you may want to wait. Now, of course
 5 that's the patient's choice if they wish to do that
 6 or not.
 7 That process of changing -- once a patient
 8 has selected their initial selection of a dispensary
 9 and they wish to make a change in that dispensary
 10 selection, that is going to be -- that is the
 11 department's responsibility to put that into our
 12 database, and then we will push that information out
 13 to the dispensaries on a nightly basis.
 14 So if I'm a patient, and I call the
 15 Department of Public Health or e-mail them at 9:00 a.m.
 16 tomorrow on Thursday and indicate I wish to change my
 17 dispensary, that information will be -- once we have
 18 our system in place, and are still working on
 19 programming for this; this is a gigantic IT
 20 infrastructure that we are working on here -- once
 21 that is in place -- and, again, we're hopeful -- the
 22 goal is for the end of this month for all this to come
 23 together, all these moving parts, that information by
 24 the patient shall be pushed out to the dispensary

Page 172

1 overnight in our nightly upload to that system.
 2 One of the reasons for that is our system,
 3 our patient registry system is highly confidential.
 4 It is protected by law as a confidential system. We
 5 cannot have anyone reach into that system to extract
 6 data. We can only push data out to those entities
 7 that are statutorily allowed to receive data from us.
 8 So it will be a nightly upload. So although
 9 it will not be real time, it will be fast as the State
 10 of Illinois can possibly manage to get that information,
 11 that change information into the hands of dispensaries.
 12 MS. CHAMPION: Okay. And so I understand
 13 that at the startup, but what about the software
 14 program that was supposed to be implemented that was
 15 in real time so a patient could walk into any
 16 dispensary and change on the spot? They would not be
 17 identified by their name, address, or anything except
 18 for a number, and it was supposed to be real time.
 19 MS. MOODY: So, again --
 20 MS. CHAMPION: And this has been verified by
 21 one of our legislators, which happens to be a sponsor
 22 of the bill and someone who used to work for you guys.
 23 So it's not like I'm pulling this out of my
 24 hat. I'm actually giving you factual information

ADVISORY BOARD MEETING 10/7/2015

Page 173	Page 175
<p>1 given to me, and many of the dispensaries are not even 2 aware that this was supposed to happen. 3 So I think we need to push for this because 4 the patients, you know, they shouldn't have to go 5 through that many steps just to change a dispensary in 6 the future. I understand at the startup it's not 7 ready and all that, but when is the software going to 8 be implemented so that they have real time? 9 MS. MOODY: Well, not at this point in time. 10 MS. CHAMPION: So the three to four months 11 is incorrect, what I was given? I was told that it 12 should be up and running in three or four months. 13 MS. MOODY: I'm not sure where that 14 information was coming from, and perhaps we can 15 talk later. 16 MS. CHAMPION: I'm not making it up. I'm 17 just telling you -- you know I've been in this for a 18 long time, and I was there when this stuff was written 19 into the bill, and this was information that was given 20 to me, and I inquired months ago about it. 21 MS. MOODY: Right. The information that I'm 22 giving today is what I told you several months ago, in 23 that our system is protected; there's no entity out 24 there, dispensaries, anyone who can reach into our</p>	<p>1 have -- we want to make sure that patients are getting 2 good access and good service -- 3 MS. CHAMPION: Right. That's our goal, too. 4 MS. MOODY: -- wherever they see that they 5 need to get their product. I think we're going to 6 learn a lot over time about what types of products are 7 available at different dispensaries. 8 So right now we have -- we have huge 9 programming efforts. We have -- we're trying to get 10 something as simple -- it may seem as simple as 11 getting photographs right for our patients that is 12 taking us hours, and hours, and hours of time because 13 of the limitations of our system. 14 Quite frankly, I'm in a situation where the 15 State of Illinois has told me that I must rebid my IT 16 system through the State of Illinois procurement 17 system, which takes months. We've been so focused on 18 getting registry cards out and ensuring that patients 19 are -- that their applications are processed in a 20 timely manner and that we answer phone calls that I 21 don't even have time to write that procurement. 22 MS. CHAMPION: Hey, listen, I totally 23 understand. But with all due respect, this was signed 24 and put into law in 2013. So here we are at the end</p>
Page 174	Page 176
<p>1 system. 2 MS. CHAMPION: Exactly. And the software 3 that was supposed to be implemented would be able to 4 do that. That's my point I'm making. 5 So can you talk to the powers that be, the 6 IT department or something? Because somebody needs to 7 get into the language of the bill and see that it did 8 say that they're supposed to be able to do real time. 9 MS. MOODY: Well, and that has not been my 10 understanding from the Department's program 11 implementation. So I will definitely take that up. 12 MS. CHAMPION: Yeah. Let's do that. 13 MS. MOODY: But I think that there is -- you 14 know, one of the important things here is that to make 15 a dispensary change should be something that is a -- 16 should be -- and these are my words, this is my 17 opinion. 18 MS. CHAMPION: I understand. 19 MS. MOODY: It should not be something where 20 I decide, oh, you know at 9:00 a.m. I want to drive 21 down to southern Illinois and appear at a dispensary 22 at 5:00 that evening. I think what we were trying to 23 do is, again, preserve this program as a model for 24 other states in terms of how we approach this. We</p>	<p>1 of 2015, and so we've had a lot of time. 2 I'm not telling you -- I don't know what 3 goes on internally, but you know I've been involved 4 internally. So I just think that we need to focus on 5 the patients and make sure that they're able to make 6 this as easy as possible for them. 7 MS. MOODY: And that's why, Sandy, we have 8 tried to put an enormously simple process in place. 9 You can fill out a form, send it to us; you can call 10 us and my staff will pick up the phone and talk to you 11 as a patient and input that information directly into 12 the system right away. So we are trying to -- 13 MS. CHAMPION: So are you guaranteeing the 14 24 hours? 15 MS. MOODY: It will be a nightly upload, 16 yes. If somebody contacts us between the hours of 17 8:30 and 5:00, the State's normal operating time 18 frame, and because you've given us a call, we input 19 that information, it will be part of that nightly 20 upload when the system does that. We do the same 21 thing with the Secretary of State's records. 22 MS. CHAMPION: And we can talk about the 23 other software program that I've been talking about 24 later, but as long as we make sure the patient is a</p>

ADVISORY BOARD MEETING 10/7/2015

Page 177

1 24-hour -- because we were hearing it can be more than
 2 24 hours. Especially in an onslaught. Because like
 3 you said, a lot of patients may not heed your warning,
 4 and they go and sign up for four dispensaries, and
 5 you've got 3,000 or 3100 patients in four dispensaries,
 6 and the next thing you know your phones are going to
 7 be slammed. So I have a hard time believing that the
 8 24-hour turnaround is going to happen if that happens.
 9 MS. MOODY: And like I said, my -- the
 10 caveat that I provided is those folks that we actually
 11 talk to before 5:00 p.m. Because if you fax
 12 something -- you know, if we do get slammed with
 13 3,000 faxes or 3,000 e-mails, then there's no way
 14 humanly possible that -- even if I had every single
 15 program staff in our department be able to upload that
 16 kind of information, we couldn't humanly do that. So
 17 there is that human factor, also.
 18 MS. CHAMPION: Thank you for clearing that
 19 up, and we'll talk after about the other stuff.
 20 Thank you.
 21 MS. HOOGHKIRK: I do have one more concern
 22 along the lines of dispensary designation.
 23 So you said it wouldn't be humanly possible
 24 to do that in that amount of time, but you are planning

Page 178

1 on sending the cards at the end of the month. So
 2 dispensaries who are planning on opening November 1st,
 3 first, how do you expect to deal with the influx of
 4 patients who will be designating those dispensaries at
 5 this time, and what do you suggest to those patients
 6 if you do not send those cards out in that timely
 7 manner; what are going to be their options for
 8 purchasing product if the dispensaries are opened
 9 before that information is sent to them?
 10 MS. MOODY: That's a very good question, and
 11 we are doing our best humanly possible to have all of
 12 these things come together.
 13 This is an enormous effort by the State of
 14 Illinois for multiple agencies to work together across
 15 not only their different responsibilities -- because
 16 while IDPH is responsible for the patient program,
 17 agricultural for cultivation centers, they're working
 18 on their parts of the program; DFPR working on the
 19 licensure of dispensaries; we have the State police
 20 who have a role; we have the Secretary of State; we
 21 have revenue. So it really is -- and I've been in
 22 State government for more than 20 years, and to me
 23 it's a very unprecedented level of cooperation across
 24 agency lines.

Page 179

1 But this is enormous. I mean, the type of
 2 IT system that we are building here, the processes and
 3 procedures that we are all putting into play.
 4 So those are our goals that I have
 5 presented, and we have our staff working tremendous
 6 amounts of hours to make this all happen. But in the
 7 end all I can say is, you know, we are still human.
 8 And it's like a domino that if something doesn't work
 9 on the IT system that helps us take patient
 10 applications, and that system can't speak to the new
 11 system that dispensaries and cultivation systems are
 12 using, it just takes one glitch in the system to shift
 13 those timelines. Not because we're trying to be
 14 disrespectful, not because we're not trying to do our
 15 jobs, but because these things happen when we're
 16 depending on other vendors, on other contractors, and
 17 on multiple agencies to do their jobs. So we are
 18 doing the best that we can.
 19 And the one other thing that I would add to
 20 this, also, is that right now the -- we still are
 21 working on a budget in the State of Illinois, and
 22 that -- I'm sure you've heard the news -- and that
 23 impacts all of the work and all of the efforts that
 24 are ongoing. So our vendors continue to work without

Page 180

1 having bills paid; our staff continue to work.
 2 We're doing all of these things -- and I'm
 3 not saying these things to complain or anything, but I
 4 just want you to understand the enormity of this effort
 5 and the way that I truly believe that the folks that
 6 we have working on this project are collaborating,
 7 are working together, and are doing their best, their
 8 darn best to make this all happen. But in the end
 9 we're all human, and it's real life that we're talking
 10 about here.
 11 So not to be disrespectful and not to -- I
 12 mean, my first order of the day, every day my staff
 13 and I say, you know, our biggest goal is to be
 14 compassionate. So not to discount that but this
 15 really is something that is unprecedented in anything
 16 that I've ever worked on in the State of Illinois.
 17 MS. HOOGHKIRK: Sure. I understand you have
 18 all these technicalities and moving parts, but as far
 19 as going forward, if we are opening and have product
 20 November 1st, are patients going to be able to access
 21 it, yes or no plain and simple, if they do not have
 22 their cards?
 23 MS. MOODY: So my understanding from the DFPR
 24 rules, the administrative rules for dispensaries is

ADVISORY BOARD MEETING 10/7/2015

Page 181	Page 183
<p>1 that in order for a patient to enter into a dispensary, 2 they must have a card, a registry identification card, 3 and that's why that is our first and foremost goal 4 right now. 5 The card is going to allow them access to 6 those dispensaries. So that's really our first and 7 foremost goal. 8 MS. HOOGHKIRK: So, technically, we could be 9 sitting open for months and months or even a few months 10 with product on the shelves and no patients? That's a 11 possibility? 12 MS. MOODY: We have been told that we have 13 to focus on this effort so that cards will be mailed 14 by the end of this month. 15 MS. HOOGHKIRK: Thank you. 16 MS. MOODY: You're welcome. 17 CHAIRPERSON MENDOZA TEMPLE: We have until 18 3:00, so we do have time for another public comment, 19 and we will limit the time, as well. 20 MS. BRAN: Sure. I thank you all again for 21 your patience in letting me contribute my comments. 22 Please be clear, I'm not trying to seem cold 23 or callus. I think that this sort of thing demands 24 compassion, and there are certainly some conditions</p>	<p>1 states who are going through this. 2 Also, I think it's hard to expect some 3 physicians to kind of except the onus of all this 4 responsibility. Again, I hope that they're doing 5 their best to execute this responsibility responsibly, 6 but I think that there is a lot of education that is 7 still needed for even physicians. This is not something 8 I would assume you learn in medical school how to 9 prescribe marijuana. That's not something at this 10 point that's being done, so I should hope that there's 11 also some kind of education around that piece, as well. 12 And I again have to reference that point, it 13 may not be the intention, but of the 3,000 cards that 14 are out there, a third of those, 1,000 of those came 15 from one physician. So that troubles me, again, in 16 the implementation piece, as well as the fact that I 17 think the State is doing its best to regulate this, I 18 think all states are doing their best to regulate 19 this, but THC levels, implementation, all of these 20 things, I don't know how well monitored they will be. 21 I have to reference that point of PTSD. If 22 there are effective treatments that have low THC 23 levels, higher CBD, yes, let's use that. But is that 24 being offered, or are patients just going in there and</p>
Page 182	Page 184
<p>1 that will require that. I think my main concern -- 2 and I know this may not be your role or your 3 responsibility, but I would hope that you could also 4 make recommendations about the implementation. 5 Because as the State of Illinois, we do have 6 the most debilitating conditions on our list, and I 7 think that's honestly because of an effort to be 8 specific about the conditions so as not to make a lot 9 of catch-all conditions. Because there are states 10 that -- we're not the first who are going through 11 this, and in a lot of ways it's not theoretical 12 anymore. They're seeing some negative outcomes. 13 So my fear is that it would become some sort 14 of de facto recreational marijuana law. And that is 15 not the intention. I can very clearly see that, but, 16 again, I think it is a slippery slope, especially on 17 some of these more broad conditions and especially the 18 fact that people can access 2 1/2 ounces every 19 two weeks, that's 150 in two weeks. That is a lot of 20 product to be able to access plenty for people, 21 frankly, to share with others. And, again, that would 22 be an unintended consequence, and I think most people 23 are not accessing it for that reason, but I think it 24 is possible, and this is being seen in some other</p>	<p>1 not having access to that knowledge, or is it possible 2 for them to be getting the wrong product, especially 3 when the individuals who are staffing these businesses 4 may not have all the training required. 5 My last point is research I think is 6 promising, but to be safe and responsible I think that 7 we have to look at these exciting new studies and all 8 this research, but I think if we are going to hold it 9 to the standards that normally they should be or they 10 would be, we also have to look at those studies that 11 maybe they are also finding negative outcomes and hold 12 those as seriously as much as you want them to work. 13 MS. MOODY: Thank you very much. 14 MS. BRAN: Thank you so much. 15 CHAIRPERSON MENDOZA TEMPLE: This one is the 16 last comment and we'll be right at 3:00. 17 MR. REDIGER: My name is Ben Rediger. I'm 18 the CEO of CBD Education Services. I want to thank 19 all of you for the work that you've done. I was at 20 the hearing in May and again am here today, and I know 21 that it's time out of your day to do this. I 22 appreciate the due diligence in which you've done it. 23 I would like to talk a little bit about what 24 we need to do from our end as an industry representing</p>

ADVISORY BOARD MEETING 10/7/2015

Page 185

1 the patients to show the governor what he needs to see
 2 in order move these conditions forward.
 3 We all know that this is not about whether
 4 or not the governor and the director think it is
 5 medicine. It is about what's going on behind the
 6 scenes. And in order for us to have the program taken
 7 seriously, we need to show progress.
 8 My organization does mass-infused education
 9 for dispensaries and cultivators here in Illinois and,
 10 specifically, in Rolling Meadows area of Chicago. In
 11 our net there's 750,000 people that we touch when we
 12 talk up there. 50,000 of them have an existing
 13 condition that is not on these new conditions on
 14 the list.
 15 There are people in Illinois that qualify for
 16 this medication, and until we can prove that we are
 17 touching all of them, and that we are not just having
 18 one doctor who is recommending 1,000 patients, but we
 19 have 1,000 doctors recommending to every one of their
 20 patients, we're not going to see a lot of progress.
 21 So it's on us to be able to mass-infuse the
 22 market to allow you guys to see the corollary studies
 23 you're discussing. Because we can't do clinical
 24 information -- or we can't do clinical studies right

Page 186

1 now -- right? -- but corollary information would
 2 certainly help that.
 3 So it is on the onus of my organization and
 4 the people that we work closely with to deliver that
 5 for you so you can stand behind the governor and say,
 6 look, we have taken this program seriously, and to
 7 this point we have thousands of veterans who have
 8 Parkinson's, Alzheimer's, epilepsy that are
 9 participating, and they are seeing progress with these
 10 different medications.
 11 And we are missing the point when we're not
 12 discussing dosage and injection method when we talk,
 13 and I think that highlighting publically will help
 14 change this. Because you are all more interested in
 15 the dosage of cannabis, THC, CBD, CBG, and how it
 16 might affect an autistic child, as opposed to just
 17 having cannabis recommended.
 18 And I believe if we take that approach that
 19 we will get what we need from the governor in the long
 20 run, but until we've shown progress, nothing is going
 21 to happen. So it is on us as part of the industry to
 22 deliver all of that for you so you've got the
 23 information that you need.
 24 And I know it hits close to home. Every

Page 187

1 person in this room, every person at the Tribune,
 2 every person in the governor's office has a relative
 3 with one of these conditions. And the reason these
 4 conditions were added is that there is information out
 5 there that proves that it helps. It may not be
 6 American scientific clinical information because we're
 7 not allowed to study it, but that's in Israel, it's in
 8 Europe, and now we have access to it. So we need to
 9 utilize that while we can to deliver the amount of
 10 patients using it to give you guys the information you
 11 need to request research.
 12 So please keep an eye on us, keep an eye on
 13 our district. We're informing the governor's office
 14 of every move we make when we talk to the public. We
 15 will give him the progress and the proof that needs to
 16 approve these conditions. Thank you.
 17 CHAIRPERSON MENDOZA TEMPLE: Thank you very
 18 much everyone and for your time spent today.
 19 MEMBER PARIKH: Move to adjourn.
 20 VICE CHAIRMAN FINE: Second.
 21 CHAIRPERSON MENDOZA TEMPLE: Yes. All those
 22 in favor.
 23 (Ayes heard.)
 24 (Off the record at 2:59 p.m.)

Page 188

1 CERTIFICATE OF SHORTHAND REPORTER
 2
 3 I, Paula M. Quetsch, Certified Shorthand
 4 Reporter No. 084-003733, CSR, and a Notary Public in
 5 and for the County of Kane, State of Illinois, the
 6 officer before whom the foregoing proceedings were
 7 taken, do certify that the foregoing transcript is a
 8 true and correct record of the proceedings, that said
 9 proceedings were taken by me stenographically and
 10 thereafter reduced to typewriting under my
 11 supervision, and that I am neither counsel for,
 12 related to, nor employed by any of the parties to this
 13 case and have no interest, financial or otherwise, in
 14 its outcome.
 15
 16 IN WITNESS WHEREOF, I have hereunto set my
 17 hand and affixed my notarial seal this 14th day of
 18 October, 2015.
 19
 20 My commission expires: October 16, 2017
 21
 22 _____
 23 Notary Public in and for the
 24 State of Illinois

ADVISORY BOARD MEETING 10/7/2015

<p align="center">A</p> <p>abdominal 50:4 50:5 61:9 99:22 105:7 106:22</p> <p>ability 11:16 71:10 77:1 134:3 148:16 160:8</p> <p>able 8:7 12:7 14:18 26:15 67:8 91:4,12 101:5 103:7 111:15 117:1 146:20,21 162:4 167:14 167:20 168:16 169:18 170:2 174:3,8 176:5 177:15 180:20 182:20 185:21</p> <p>abnormal 144:17</p> <p>Aboard 138:6</p> <p>absolutely 94:24 103:7 111:20 164:10</p> <p>abuse 34:24 77:10 130:2 134:22 138:24 139:1 141:1 161:22 162:3</p> <p>abusing 139:22</p> <p>academic 5:23 114:22</p> <p>Academies 34:12</p> <p>Academy 157:21 157:21</p> <p>accept 114:22 127:19</p> <p>acceptable 117:9</p> <p>acceptance 86:18 118:16</p> <p>accepted 8:4</p> <p>access 55:9 72:3 72:7 96:23 151:22,24 175:2 180:20 181:5 182:18</p>	<p>182:20 184:1 187:8</p> <p>accessible 170:4</p> <p>accessing 100:16 182:23</p> <p>accident 23:21 23:22</p> <p>accidental 37:10</p> <p>accountability 168:12</p> <p>accurate 8:13 22:10 44:5,8 96:6</p> <p>accurately 56:10</p> <p>acetaminophen 70:11 71:16</p> <p>acid 102:13 103:12</p> <p>acknowledge 42:14 80:4 113:4</p> <p>acknowledges 140:21</p> <p>act 19:17 24:11 59:1,11 75:12 81:11,16 82:9 82:24 87:4 88:7 88:9 92:23 95:12,14,20 118:14,21 119:2,20,21 123:13 124:1 124:17 137:20 154:10</p> <p>action 88:16 97:2 103:22</p> <p>actions 96:9</p> <p>activates 71:2</p> <p>activating 107:7</p> <p>activation 107:4</p> <p>active 137:4</p> <p>activities 39:10 39:12 70:8 75:24</p> <p>actual 9:22 57:19 58:11</p> <p>acupuncture</p>	<p>72:21 75:2 78:16</p> <p>acute 43:11 57:1 57:2 63:16</p> <p>adapted 64:19</p> <p>add 29:9 74:15 98:16 99:20 107:15 115:14 152:13 156:12 158:23 168:12 179:19</p> <p>added 44:17 99:7 119:5 122:7 150:2 187:4</p> <p>addicted 20:24</p> <p>addiction 113:16 141:2 155:9</p> <p>addictive 20:12 20:17</p> <p>adding 54:12,17 69:8 71:24 77:8 86:8 143:20 156:7</p> <p>addition 1:7 5:5 7:10 48:12 86:10 87:21 107:22 119:24 144:7 167:10</p> <p>additional 36:20 66:13 90:11 128:1</p> <p>additionally 87:22,23</p> <p>address 13:18 15:6 99:6 103:18 110:10 155:3 172:17</p> <p>addressing 27:2</p> <p>adds 29:8</p> <p>add-on 132:3</p> <p>adjourn 126:7,11 187:19</p> <p>adjourned 97:13</p> <p>adjunct 6:15 161:20</p> <p>administration 138:9 163:2,2</p>	<p>administrative 29:13 59:18,20 86:7,9,20 90:13 118:22 120:4 180:24</p> <p>admit 39:20</p> <p>adolescence 155:6</p> <p>adolescent 159:6 159:8</p> <p>adolescents 144:3 149:8</p> <p>adore 147:14</p> <p>adult 102:21 105:13 159:19 159:19</p> <p>adults 136:14 153:6 159:20 160:9</p> <p>adverse 38:24 53:18 132:4 133:14 151:5 151:19 152:11</p> <p>advice 90:18,20</p> <p>advised 8:17</p> <p>advising 123:5</p> <p>advisory 1:13 6:24 7:19 17:24 37:19 39:19 40:8 45:6 52:20 55:5 69:17 71:23 72:5 86:14,15,23 101:21 107:22 123:5 135:23 138:6</p> <p>advocacy 125:7</p> <p>advocate 6:2 163:21</p> <p>Affairs 136:11 140:20</p> <p>affect 11:24 105:10 113:24 136:10 138:3 156:14,15 186:16</p> <p>affirm 71:23</p>	<p>138:6</p> <p>affirming 74:12</p> <p>affixed 188:17</p> <p>afflicted 19:2 107:11</p> <p>Afghanistan 142:2</p> <p>Africa 128:11</p> <p>afternoon 98:21 105:1 128:9 133:2,4 135:21 146:7</p> <p>age 74:16 75:9 106:3 139:13 147:6 159:8 166:9,12</p> <p>agencies 79:17 178:14 179:17</p> <p>agency 178:24</p> <p>agenda 81:18 94:7 122:8</p> <p>agents 43:14</p> <p>aggravation 90:10</p> <p>aggression 147:10</p> <p>ago 34:16 69:15 92:1,5 157:16 173:20,22</p> <p>agree 20:22 21:3 21:21 44:4 49:1 84:5 110:23</p> <p>agreed 63:7</p> <p>agricultural 178:17</p> <p>ahead 128:3</p> <p>aid 137:12</p> <p>ailment 100:18 112:12</p> <p>air 45:18 133:5</p> <p>albeit 75:5</p> <p>alcohol 130:2 140:14 161:21 162:1,2</p> <p>Aleve 71:16</p> <p>algorithm 20:20</p> <p>alignment 74:7</p>
--	--	---	---	--

<p>alive 62:14,14 alleviate 141:9 alleviated 106:10 alleviates 130:12 Allison 3:12 5:22 109:16 allotted 16:16 allow 59:23 119:13 127:16 165:4 181:5 185:22 allowed 13:18 60:2 147:7 172:7 187:7 allowing 17:24 99:5 101:22 allows 57:10 112:13,14 Alosetron 106:14 106:15 alter 103:20 altered 145:2 alternative 20:12 78:19,20 104:14 131:13 131:22 149:18 152:8 alternatives 113:20 Alzheimer's 186:8 ameliorate 41:22 amend 49:18 50:21 64:12 65:10 66:22 68:1,1 89:24 America 162:1 American 36:1 140:6 143:22 145:5 157:20 157:21 187:6 Americans 18:22 34:13 35:1 38:14,15 105:9 Amethyst 161:23 Amitiza 106:15 106:18</p>	<p>Amos 127:9 amount 114:1 177:24 187:9 amounts 179:6 amygdala 18:19 analgesia 36:8 analgesic 62:10 analgesics 19:18 36:6,7 analyst 147:20 anandamide 137:8 and/or 53:22 anecdotal 147:5 153:3 157:18 158:2 anecdotally 156:8 anesthesia 17:21 anesthesiologist 35:22 angst 147:10,13 animal 161:13 animals 110:7 animal-based 78:9 announce 9:19 84:24 124:6 143:11 announcement 84:14 85:14 announcements 89:11 annually 103:4 anointed 117:9 anorexia 13:7 114:13 answer 61:2 88:11 120:9 175:20 answers 145:15 antagonists 114:11 antipsychotic 159:19 anti-inflammat... 44:6</p>	<p>anti-inflammat... 44:7 174:24 186:18 approaches 20:21 38:11 approaching 166:12 appropriate 8:5 28:1 35:19 89:16 116:10 appropriately 81:20 101:14 116:6 approval 4:5 12:17 21:5 45:4 47:5 64:12 120:1 152:9 approvals 31:23 66:15 approve 9:18 14:3 15:3 21:12 24:23 25:12,21 30:24 31:2 41:3 58:16,19,21 64:3 77:7 86:22 87:22 118:10 119:3 137:21 149:14 150:6 150:18 151:1 187:16 approved 22:2 24:15 26:20,23 31:20 42:16,24 44:13 45:1,8 60:11 64:5 65:1 65:10 66:22 68:2,22 69:12 75:15 88:1 92:11,18 96:24 97:6 102:6 104:8 106:14 106:18 108:17 108:20 109:17 110:16,17,20 111:14 120:18 120:20 121:24 122:6,20 123:1 123:2 142:3</p>	<p>152:3 158:14 167:9,12,20,22 169:16,23 170:5 approving 13:17 22:11 27:2 29:4 30:15 44:23 65:22,24 approximately 12:11 18:24 38:13,15 39:3 136:20 137:1 apropos 32:9 arbitrary 38:7 area 41:14 71:5 122:19 185:10 areas 18:20 70:1 81:5 135:6,12 argue 64:5 argument 27:1 153:24 155:8 arises 120:16 arousal 135:7 arrange 93:23 arsenal 72:18,24 arthritic 73:11 arthritis 18:11 22:1 69:21 71:14,21 73:12 73:16,19,21,24 74:1 75:16 76:16 article 36:2,3 81:10 99:16 109:3 110:1 articles 109:5,23 109:24 114:7 131:16 articulated 44:19 44:20 Arts 162:13 ASAP 165:13 aseptic 129:19 aside 46:12 81:19 asked 7:23 8:12 16:19 96:2 152:14 161:13</p>
---	--	--	---

<p>asking 43:16 58:18 asleep 148:6 aspirin-based 128:24 Assembly 80:21 assert 144:1 assessed 152:7 assign 141:22 assistant 6:5 associate 6:11 associated 18:10 18:16 19:2,21 25:10 36:19 37:9,10 70:24 103:3 140:12 162:10 association 18:3 36:2 137:13,14 140:6 143:22 144:2 145:5 associations 137:11 assume 183:8 assuming 44:16 144:6 asterisk 42:13 astute 114:21 as-needed 71:17 attach 59:4 attached 41:10 62:20 attacks 162:5,6 attempt 20:21 21:3 attendance 51:20 102:20 attendees 8:14 attending 70:12 154:24 attention 93:7 attest 39:6 142:5 142:12,18 attesting 59:9 attitude 80:1 audience 7:21 80:10 85:10</p>	<p>98:19 audio 95:11,13 95:17 96:20 August 81:1 137:18 167:22 autism 4:13 84:17 93:24 94:1 126:15 127:24 143:3 143:16,20 145:4,21,24 146:9,18 147:2 148:23 150:1,7 152:23 154:12 155:12 160:23 autistic 186:16 autoimmune-t... 74:2 automatic 88:13 88:15 automatically 27:6 available 20:19 37:5 82:20 95:19 113:23 135:1 144:12 156:8 169:5,10 175:7 Average 19:9 avoidance 135:7 135:10 aware 93:4 173:2 Ayes 14:10 15:10 17:17 68:10 94:15 187:23 a.m 1:16 97:12 171:15 174:20</p> <hr/> <p style="text-align: center;">B</p> <hr/> <p>B 170:17 babies 153:6 bachelor's 168:4 back 9:8 16:3 26:17 28:13 40:23 61:9 74:9 77:6 78:24,24 79:2 84:24 95:2</p>	<p>95:3 103:21 111:8 119:9 120:19,22 126:12,14 129:23 135:19 140:22 148:4,8 149:5 150:20 151:3,12 153:24 155:8 158:13 161:13 166:21 167:11 backed 72:15 background 10:12 93:1 138:20 backs 164:5 back/2(c)(4) 94:11 bacteria 56:23 bad 38:11 75:20 123:24 155:23 balance 23:5 113:10 balanced 38:13 42:8 81:17 ballot 84:6 ballots 83:20,23 84:7 base 23:5 28:2 41:17,19 77:9 78:8,18 82:2 114:9 115:1 125:16,16 158:7 based 7:13 11:13 14:15 70:15 77:4 85:24 87:24 109:22 111:13 116:4 130:9 134:16 139:6 basically 26:4 42:22 71:1 76:18 122:12 167:15 basing 151:11 basis 38:18 39:10</p>	<p>39:23 40:4 42:10 55:3 70:9 71:15,17 72:2 102:24 112:18 117:5 150:8,18 151:1 171:4,13 bathroom 9:7 102:19 beating 47:22 becoming 35:3 bed 53:23 54:2 bees 148:2 began 34:15 beginning 80:24 125:14 163:4 begun 152:16 behalf 10:24 34:10 93:16 101:22 behavior 130:3 140:13 behavioral 144:11,14 147:20 behaviors 147:6 147:18 believe 11:8,11 14:5 44:1 45:24 47:18 54:9,24 57:17 60:14 71:8 73:14 96:8 97:8 101:10 111:12 118:19 156:20,23 165:23 180:5 186:18 believed 137:8 believing 177:7 Ben 184:17 beneficial 71:20 110:1 benefit 7:11 54:10 81:4 111:19 133:17 138:22,23 benefits 125:8 140:15 145:15</p>	<p>Bentyl 104:9 benzodiazepines 162:9 best 32:15 38:10 43:10 124:15 178:11 179:18 180:7,8 183:5 183:17,18 better 28:21 40:1 57:10 73:1 107:12 124:18 139:21 147:7 beyond 18:9 81:6 biannual 119:5 big 63:4 110:14 153:13 157:24 biggest 180:13 bill 81:11 172:22 173:19 174:7 billable 45:21 billion 18:23 103:4 bills 180:1 biological 53:18 birth 101:23 bit 20:15 100:21 111:9 138:20 159:5 184:23 blank 75:17 blanket 23:14 25:22 26:13 30:20 39:19 45:9,12,17 46:2 83:15 blanketly 25:24 Bleesinghodge 161:15,15 blend 129:15 bless 40:11 55:10 72:9 108:1 138:13 blessing 146:24 blind 36:13 bloating 105:7 105:17 blocks 54:8 blurred 104:11</p>
---	---	--	---	---

board 1:13 5:13 5:20 6:9,20,24 7:11,14,19 8:9 9:11,22 10:23 11:3,4,7,13 12:7,18,20 13:22 14:4 15:2 17:9,24 20:8,10 22:2,18 23:9,13 24:2 29:24 37:19 39:19 40:8,17 41:3 45:6,8 46:23 48:12 49:7 50:13,21 52:20 55:5 59:20 60:15,19 66:2 69:17 71:23 72:5,12 76:20 77:7 78:10 79:12,13 80:9 81:16 82:5 83:12,22 86:14 86:15,23 87:6 87:16,20,21 88:8,9 93:2 96:24 97:2,12 99:5 101:21 107:22 108:7 111:12 115:18 116:4 118:11 118:12 122:4 122:21 123:5 135:23 141:16 142:21 143:21 149:4,10 170:22 Board's 80:16 board-certified 6:4 17:20 35:21 bodies 155:18 157:24 body 102:17 105:21 130:14 130:16 144:16 body's 53:18 boil 81:19	boils 42:22 bones 69:23 bottleneck 78:6 153:18 Bouts 102:12 bowel 4:11 84:19 94:8 97:18 98:18 99:7,11 101:22 105:3 107:20 108:14 109:4,14,15,18 114:17 115:2 124:8 boxes 84:2 boy 146:16 148:11 brain 39:16 41:20 71:3,4 103:21 105:21 113:24 114:2 144:17 145:2 145:20 149:8 149:12,23 154:3 155:5 156:15,17 brains 144:8 brain's 137:6 Bran 85:14 98:6 98:13,21 99:3,3 112:1 127:7 138:16,17,17 143:8,17,18 159:6 181:20 184:14 Bran's 113:7 149:6 155:3 break 68:19 80:14 84:15,15 84:19 85:13,18 130:16 breaks 9:7 breathing 114:4 brilliance 147:11 147:13 bring 16:20 82:7 121:18 158:20 bringing 66:5	80:11 broad 21:13 29:19 39:21 100:15 101:4 182:17 broader 114:18 broccoli 106:12 brought 110:11 118:7 147:15 147:20 161:2,7 168:23 Brouwer 143:5 brown 148:7 Brown's 108:10 Bruce 81:13 budget 179:21 bugs 83:1 building 28:2 125:16 179:2 built 79:4 bullet 43:14 73:3 burned 130:3 businesses 184:3 Byrne 52:1 127:3 127:5 128:4,9 128:10 129:13 B-l-e-e-s-i-n-g-... 161:16 B-r-a-n 99:4 138:18	62:10 64:12,13 calls 80:3 93:11 93:11 164:23 175:20 callus 181:23 calm 148:22 calming 150:24 cancellations 102:23 cancer 19:3 cancer-related 114:13 candidate 75:12 candy 154:7,9 Cannabidiol 113:23 Cannabinergic 36:17 cannabinoid 70:22 103:14 103:15,17 110:2 114:2 137:9 cannabinoids 19:15,16,18,20 36:3,5,8,19 37:3 41:24 42:6 99:15 103:20 107:1,3 cannabis 1:9 5:6 7:11 10:21 11:11 13:5,11 20:19 21:23 29:14 35:9,11 37:4,19,21 39:14 40:9,20 40:23 41:19 52:20,22 53:5 54:7,10,14,18 54:23,24 55:4,6 58:9,21 62:12 71:2,6,11,19,22 72:17 73:10 77:10 78:6 79:14,16 82:11 83:9 86:14,23 89:9 99:19	103:11,17 104:2 105:4 107:3,6,11,16 107:17,21,23 112:9,13,13,17 112:22 113:1 113:13,14 114:4 125:9,24 133:17,21 134:3,6 135:4,7 135:22 136:1 137:5,12,19 138:8 141:4,5 141:20 144:2 144:13 147:8 148:17 149:7 149:22 153:18 157:4,22 159:8 163:21 166:19 167:14 186:15 186:17 cannabis-indu... 100:5 can-do 80:1 capture 56:2 57:10 95:11 capturing 50:19 56:10 car 23:22 card 79:1 181:2,2 181:5 cardiovascular 53:18 cards 100:17 101:10 164:19 169:16,19 175:18 178:1,6 180:22 181:13 183:13 care 6:14 133:24 153:6 155:19 careful 76:10 carefully 39:19 115:23 caregivers 82:7 caring 39:11 Carolina 161:24
		C		
		C 3:1 4:1 5:1 cabbage 106:12 calendar 147:23 California 52:24 call 4:3 5:3 16:7 30:19 33:19 56:18 57:12 65:9 89:14,18 93:7 95:2 113:18 114:12 143:4 157:2,15 169:8 171:14 176:9,18 called 50:7,10 52:6 56:13		

ADVISORY BOARD MEETING 10/7/2015

<p>carried 162:11 cartilage 69:23 74:8 case 44:20 49:4 96:1 101:7 115:22 122:7 123:13 134:13 150:14 188:13 catch 28:15 catch-all 23:12 44:12 182:9 categories 29:20 60:11 135:8 category 21:16 22:12,16 63:19 110:14 111:9 155:13 157:8 160:3 caught 12:13 cauliflower 106:12 cause 22:23 23:16,16 25:9 32:20 38:24 39:5 42:12,17 52:24 53:8,9,12 54:4,22 101:6 102:1,2 104:3 104:10,11 105:12,23 139:14 140:19 154:6 caused 39:23 53:15 102:17 102:19 130:3 132:8 135:1 162:21,23 causes 23:24 25:4 26:16 34:23 38:1 39:9 41:10 53:17,23 71:9 74:8 94:6 99:10 102:23 104:9 105:7 106:8 107:10,14 114:2,16 138:6 145:21</p>	<p>causing 56:23 105:17 155:17 cautiously 27:21 caveat 74:15 177:10 CBD 113:22 156:13 183:23 184:18 186:15 CBG 186:15 CB1 41:21 107:5 CB2 41:21 70:22 71:3 74:4 107:2 113:24 Center 5:24 centers 80:23 81:23 178:17 central 18:16 19:20 70:23 CEO 184:18 certain 67:10,14 67:16 74:16 75:9 77:13 131:16 166:11 166:12 certainly 12:5 47:23 91:8 142:12 148:14 149:9 151:14 158:24 181:24 186:2 CERTIFICATE 188:1 certification 59:8 154:15 certified 75:12 76:4 188:3 certify 188:7 cetera 21:2,2,2 43:9 124:18,19 chair 8:21 10:17 29:12 45:14 46:19 51:6 79:11 Chairman 3:4 6:1 14:7 15:4 15:15 16:2,11 17:14 20:23</p>	<p>31:5,10 44:10 46:16 47:10,22 51:5,14 58:15 65:5 66:11,18 68:4 72:13 79:9 89:23 90:15,17 91:1 94:10,14 94:23 117:22 120:11 121:14 121:21 122:9 124:10 126:9 130:20 135:19 142:23 160:23 187:20 chairperson 3:3 5:2 6:3,9 7:3 9:24 10:3,6,11 10:15 12:1,10 12:15 13:21 14:2,8,11 15:8 15:11,16 16:7 16:20 17:3,15 17:18 20:1,6 21:17 22:17 26:6 27:9,16 28:18 29:6 30:1 31:9,11,14,17 32:19,23 33:14 33:23 34:3 35:15 37:12 40:13 41:6,8 44:9 45:20 46:15,17,20 47:1,4,11 48:3 48:6,18 49:6,11 49:18 50:1,11 50:17,24 51:2,4 51:8,10,15 52:9 55:12,20 60:22 61:1,5,14 63:20 63:24 64:7,11 65:7,17 66:9,21 67:2,19,24 68:5 68:8,11,13 72:10 73:18 76:13,19 77:8 79:19 84:12,23</p>	<p>85:6,11,21 92:3 92:8 93:6,19 94:4,21 95:1 97:16 98:1,4,16 101:15 104:18 104:22 108:3 108:15,24 112:4,7 113:2 116:18 117:17 117:19,23 118:4 122:10 123:9,20 124:6 124:11 126:4 126:10,17 127:2,6,10,21 127:23 129:11 130:19,21 131:4 132:23 135:18 138:15 141:14 142:20 142:24 143:7 143:14 146:5 149:3 153:4 156:11,22 158:5 160:12 160:15,18,22 163:16,19 165:17 168:19 181:17 184:15 187:17,21 chairpersons 127:16 challenge 23:12 37:23 challenging 113:5 154:16 Champion 3:5 6:23,23 12:22 14:3 21:18 40:18 48:22 58:23 73:8 95:19,22 96:2 96:13 112:8 123:7 141:17 143:10 150:1 156:20 163:19 163:20,20</p>	<p>165:12 170:19 172:12,20 173:10,16 174:2,12,18 175:3,22 176:13,22 177:18 chance 81:9 84:18 123:2 124:12 147:7 148:21,22 150:16,17 chances 26:16 27:4 change 32:16 54:15 90:13 93:21 100:18 164:24,24 170:13 171:9 171:16 172:11 172:16 173:5 174:15 186:14 changed 119:15 162:24 changes 18:16,17 18:19 53:20 105:22 106:10 110:24 125:24 165:5 changing 171:7 characterized 145:8 charging 56:5 Charlotte 161:24 check 51:19 59:7 75:17 84:2 checked 52:2,3 cheering 7:22 chemicals 42:1 chemotherapy 114:14 Chicago 5:24 6:6 6:22 69:9 128:20 185:10 child 146:18 150:15 153:12 156:9,13</p>
---	---	---	---	--

ADVISORY BOARD MEETING 10/7/2015

<p>159:12 160:14 186:16 childcare 93:23 childhood 148:21 children 146:9 147:5 148:15 148:20 150:3 150:21 152:18 152:23 153:1 154:18,21 155:12 157:23 159:2,2,14,18 160:4,8 children's 149:11 chiropractic 70:12 choice 160:6 171:5 choose 60:20 134:3 164:20 chooses 17:9 chores 39:11 70:7 chose 14:16 Christmas 146:23 Christoff 3:6 6:17,17 20:11 20:15,16 21:4 62:17 63:6 Christopher 127:9 chronic 4:6,7,8 14:16,21 15:13 16:8 18:2,4,6,8 18:10,13,15,22 19:5 20:9,18,20 21:12,14,16 22:13 23:10,10 23:11,11,14,18 24:14,14,18 25:5,9,12,12,16 25:18,21 26:1,2 26:3 27:6,10 30:12,12,13,16 30:16,16,19,21 30:22 31:1,8,24</p>	<p>32:2,6,20 33:2 33:10,20 34:8 34:11,14,17 37:1,4,5,14,19 37:22 38:5,6,8 38:14,16,17,22 39:2,6,9,9,13 39:20,22 40:3,5 40:8 41:1,2,20 42:21 43:11,15 44:10 45:8,15 46:9 47:6,14,19 48:7,8,11 49:8 49:13,14,14,15 49:16,19 50:4,5 50:7,8 51:11 52:13 53:14 57:1,3,21 60:6 60:9 63:13,14 64:1,3,12,13 65:1,2,11,13,13 65:19,20 66:23 66:23 67:4,11 67:17,20,21 68:2 70:13 71:4 71:12 72:19 74:11 100:4,15 101:24 105:10 129:6 131:20 144:21 155:6,7 circle 134:8,9 150:20 circumstances 101:2 citation 111:23 cited 60:18 cites 144:15 citing 48:15 citizens 19:9 168:10 civil 7:20 civilians 133:15 134:19 clapping 7:22 clarification 9:12 46:11 86:1 121:24 168:21</p>	<p>clarify 58:3 81:15 84:3 89:19 110:9 158:6 clarifying 87:17 class 70:13 71:18 classification 36:10 55:23 classified 36:10 49:17 clean 121:20,21 clear 29:3,9 45:18 46:21 69:16 80:15 88:22 106:8 115:19 133:15 181:22 clearing 177:18 clearly 5:13 51:7 152:4 182:15 cleverness 147:11 clients 102:23 Clinic 69:20 105:5 109:21 136:2 clinical 6:5 36:17 43:5 58:20 77:20 82:3 99:18 109:21 116:23 158:9 158:24 159:22 161:23 185:23 185:24 187:6 clinicaltrials.gov 145:12 clinician 23:14 74:22,23 77:16 78:13 113:9 114:22 151:10 clinicians 22:24 24:4 62:23 66:14 111:12 115:18 125:18 close 13:10 15:5 51:20,23 85:12 94:11 114:23</p>	<p>139:11 147:6 152:1 186:24 closed 8:24 9:5 15:1,3,12,13,22 16:6 51:18,22 68:16 85:7,8 89:22 94:9,12 94:18,22 95:2,6 95:10,12,15,15 95:20,23,23 96:5,9,19 97:20 98:20 closely 151:7 186:4 closer 16:21 20:15 clouds 39:8 code 27:5,7 29:13 29:15 30:5 41:12 45:21 46:23 47:2,7 48:9 49:9 50:4 52:14 55:15,21 56:5,6,13 57:15 57:16 58:16,18 58:19,22,24 59:5,11 61:2,17 61:19,22 62:21 63:5,9 64:2,8 64:15,20,22 65:16 66:1,6 86:9,20 coded 45:23 coders 63:3 codes 24:3 25:1 26:18 27:4,10 49:20 50:15,19 51:12 56:1,17 56:24 58:6 59:14 62:19 63:23 64:19 66:13 coding 28:13,14 57:7 coexisting 43:8 cognitive 155:4 156:14 159:9</p>	<p>160:2 coincide 90:8 cold 181:22 colitis 102:5 109:20 110:4 114:16 collaborating 180:6 colleague 116:23 colleagues 75:15 91:4 collect 125:2 collected 47:13 51:16 collecting 123:12 124:14,23 collective 7:14 92:13 College 6:16 colon 102:15 106:15 Colorado 53:1 162:3,19 163:8 combat 128:10 134:20 combine 82:4 158:8 combined 19:3 combining 38:10 come 9:8 13:10 32:6,8 40:15 43:5 52:19 62:6 72:5 75:16 78:24,24 79:2 79:21 83:14 84:24 88:3 98:7 105:2 108:5 114:15 115:4 120:21 126:12 126:14 127:12 148:10 171:22 178:12 comers 23:7 comes 12:2,8 28:2 57:13 75:10 111:14 112:24 130:11</p>
--	--	---	---	---

ADVISORY BOARD MEETING 10/7/2015

133:23 comfort 14:16 comfortable 23:1 coming 10:16 12:11 31:4 34:6 57:4 61:12 63:12 64:8 68:24 79:20 140:17 144:18 144:19 173:14 commencing 97:15 commendable 134:4 commended 93:10 comment 20:12 27:19 31:12,18 33:17 48:21 66:10 91:9 108:10 116:11 118:19 127:17 149:5 165:18 166:2 181:18 184:16 comments 8:23 11:13,22 19:22 20:10 25:17 29:10 30:10 40:17 41:6 47:24 48:12,13 49:7 55:14 72:12 76:19 85:24 93:17 108:7 115:12 117:17 128:1 141:15 142:21 149:4 160:16 161:8,11 165:11 168:20 181:21 commission 188:20 commitment 80:1 committee 119:16	common 24:8 26:7 31:21 37:23 46:1,13 46:14 64:15 69:21 70:16 74:16 75:6 82:2 100:18 105:6 113:9 158:9 commonly 38:17 69:24 70:10 105:7 communication 170:24 compare 113:20 compared 76:18 115:16 comparison 73:15 136:16 compassion 24:7 77:19 82:4 100:22 144:19 153:24 158:21 181:24 compassionate 11:10 29:14 81:17 111:18 113:8 137:19 180:14 complain 180:3 complete 134:14 complex 37:24 60:6 73:4 144:23 complexes 18:18 compliment 48:14 composed 82:5 compound 137:5 comprehensive 32:3 concept 141:8 concern 22:6 44:15 110:7 116:2,4 149:19 155:3 164:16 177:21 182:1 concerned 58:4,7	110:15 111:7 134:13 166:17 Concerning 81:12 concerns 58:12 108:11 109:13 110:11 113:7 115:15 143:19 concise 134:24 conclude 8:17 145:10 concluded 144:12 conclusion 132:17 condition 7:12 9:12,18,19 15:6 18:5,7 25:13,16 25:18 27:24 29:7,18,21 30:24 33:2,10 34:20,21 35:5 35:10 37:20 39:21 40:7,9 41:4,10,12,14 42:11,14,20,22 43:9,19 44:13 44:16 45:4,9,12 45:13,18,19 46:1,2,4,6,9,22 47:7,8,17 48:8 49:8 51:11,17 52:13,21 53:4 54:16,18 55:6,8 57:23 58:16,17 59:10 65:9 66:16 68:2 69:11,12 73:20 74:2,16 75:19 76:9 77:13,21 79:8 84:18 85:16 88:18,23 99:16 102:6 104:8,13,16 105:4,11 106:4 107:24 111:1 115:16 117:4	119:12 120:8 120:18,19 122:1,20 124:8 126:21 127:3 134:18 135:24 136:3 138:8 143:2,15 144:7 149:14 157:9 160:23 166:5 185:13 conditions 1:8 5:5 7:10 11:24 14:14,15,17 17:2,8 18:2 20:3 22:2,11,19 22:21 23:10 24:23 25:19 26:11 27:3 30:6 30:7,12,14 32:16 35:12 39:20 43:8 44:19 48:16 54:13 56:10 57:10 58:2,24 59:2,3,8 60:14 61:22 62:1 66:3 66:22 71:24 75:5 76:3 77:10 77:14 78:1,2 82:1 83:6 86:8 86:11,19 87:5 87:24 88:10,24 89:15 99:8,9 100:16 101:4 108:17 114:19 115:5,10 117:7 117:9,12 118:17 119:24 121:24 124:24 126:18 127:18 138:5 139:3 143:20 145:23 146:2 150:2 152:3 154:14 157:10 158:4 158:14,15 164:9 165:22	165:24 166:7 166:20 167:9 167:10,22 168:12,13 181:24 182:6,8 182:9,17 185:2 185:13 187:3,4 187:16 conduct 7:20 conducted 106:24 128:11 128:12 131:16 145:14 confidence 9:16 confidential 172:3,4 confirm 111:5 confused 45:15 84:7 confusion 104:11 conglomeration 38:8 connected 133:6 connection 134:11 Conny 3:15 5:9 5:16 8:19 80:6 86:3 117:23 120:11 123:10 124:12 164:2 164:15 168:22 consensus 139:4 consent 153:13 consequence 182:22 consequences 160:7 consequently 81:2 conservative 134:1 consider 38:3 60:16 86:14 135:2 considerable 103:3 consideration
---	--	---	--	---

ADVISORY BOARD MEETING 10/7/2015

<p>11:14 59:23 87:1,16 88:8,11 88:17,19 167:24 considered 34:22 87:11 145:7,9 149:24 152:21 considering 53:3 54:12,17 59:21 consistent 158:17 constant 54:22 constantly 129:2 constipation 103:12 105:8 105:24 Constitution 81:10 Consultants 17:23 35:24 contacts 176:16 contents 162:22 continue 17:1 40:3 104:15,16 125:4 133:12 179:24 180:1 continued 18:18 139:18 continues 125:10 133:20 contract 105:13 contractions 105:16,18 contractors 179:16 contribute 11:15 181:21 contributing 144:17 control 24:10 130:8 controlled 43:12 77:17 convene 84:15 85:18 convening 7:7 convention 154:5 conventional</p>	<p>53:13 54:4 75:1 conversation 20:9 40:16 41:9 74:9 116:1 conversations 133:19 164:5 converted 62:2 convinced 74:22 convulsions 104:7 cooperation 178:23 coordinated 105:14,20 coordinator 10:19,20 79:15 copies 120:14 cord 112:18 corner 142:17 corollary 185:22 186:1 Corps 128:12 correct 58:17 88:15 92:14 126:22,23 188:8 corrected 13:15 corrections 12:19 13:22,24 14:3,5 50:18 97:7 correctly 34:5 84:11 163:13 correspond 27:3 cortex 18:19 cortisol 53:21 cost 18:23 81:4 103:1 costs 103:2 couch 129:20 counsel 97:5,10 188:11 count 153:9 countless 148:23 countries 128:13 country 161:6 Countryside</p>	<p>1:14 2:7 County 188:5 couple 157:16 165:9 courage 108:5 course 99:13 100:20,21 163:2,10 171:4 courses 6:16 court 5:11 8:13 16:6 27:15 48:24 51:7 96:8 96:17 98:3 99:1 courteous 7:20 cover 73:14 covered 27:6 73:19 135:8 141:19 covering 26:4 covers 26:1 73:11 73:13 CPS 37:22 38:1 38:10,18 39:5 43:14 cracks 82:19 154:23 cradle 153:5 crafting 134:6 cramping 102:15 103:11 105:7 craniosacral 72:22 created 59:13 creates 155:18 creative 162:15 crimped 142:16 criteria 87:14 88:7 92:23 100:8,19 117:6 122:13 criterion 38:4,6 critical 151:20 Crohn's 102:6 103:10 109:19 110:3 114:16 154:13 crops 80:24</p>	<p>cross 115:8 crossing 121:19 CSR 1:24 2:13 188:4 cue 8:22 cues 8:20 cultivated 81:21 cultivation 80:23 178:17 179:11 cultivators 185:9 cumbersome 32:14 170:21 curable 54:3 CURDY 3:8 6:13 27:18 31:16 32:9 43:2 45:3 49:1,21,24 59:12 61:21 65:4,6 67:1 108:21 109:2 116:19 123:3 150:8 152:13 cure 53:9 54:21 54:23 69:13 70:17 71:7 72:18 107:8 cured 69:14 cure-all 73:2 current 58:23 76:24 92:2,4 99:8 121:15 144:1 currently 53:3 59:1 100:16 103:24 106:14 134:24 136:23 169:3 cut 32:7 129:2 Cutrara 33:6,24 127:4 130:23 130:24 131:2,6 131:7 132:22 cyclical 100:5 C-u-t-r-a-r-a 131:7</p>	<p>D 5:1 Daddy's 130:6 daily 38:18 39:6 39:10,23 40:3 55:2 70:9 71:15 72:2 damage 154:3,6 154:7 155:17 155:18,21 dangerous 116:6 dark 39:8 darn 180:8 data 66:13 78:12 111:15 124:22 124:23 125:2 142:1 144:13 172:6,6,7 database 28:13 171:12 date 90:4,9 91:15 121:17,17 dated 92:1 121:11,15 dates 91:6,8 daughter 159:10 159:12,24 David 3:8 6:13 116:18 day 21:19 23:24 129:1,19 132:2 134:2 141:23 147:1,12,19 148:24 161:1 162:7 167:3,3,8 180:12,12 184:21 188:17 days 72:20 87:7,8 102:19 119:4 129:20 137:22 147:13,14,15 167:8 day-to-day 39:12 DC 10:9 de 182:14 dead 47:22,23 62:13,14 deadline 82:17</p>
--	--	---	---	---

D

120:16 137:24 167:15 deadlines 119:7 deal 133:9 178:3 dealing 56:19 112:11 deals 86:10 death 54:4 56:1 deaths 19:12,14 35:2 37:10 debilitating 1:7 5:5 7:10 11:23 35:4 40:7 55:8 59:7 60:14 76:1 76:3 86:8,10,19 102:1,11 107:24 111:3 118:17 119:24 138:5 143:20 146:2 150:4 157:9,10 165:24 182:6 decade 162:15,15 Decades 137:5 decide 23:15 90:7 170:17 174:20 decided 14:14 120:15 decimal 63:18,22 decipher 83:20 deciphering 84:8 decision 86:18,21 89:20 90:2 115:21 116:4 118:8,15 119:12,15 120:2 125:7 160:8,9 declined 52:4 decrease 36:6 37:7,8,9 144:23 dedicated 93:17 deeply 148:24 defend 42:3 defer 119:10 deficiency 135:2 deficit 23:3 41:23	define 18:4 74:19 defined 28:9 30:5 38:2 53:1 62:19 109:20 145:5 defines 18:6 30:6 136:2 defining 28:7 definitely 174:11 definition 23:1 62:21 92:3 definitive 75:21 deformative 73:24 degree 62:20 168:4 deliberate 79:12 deliver 153:5 186:4,22 187:9 delivers 133:22 demand 72:3 158:3 demands 181:23 demarcation 38:6 demonstrable 36:20 demonstrate 140:24 denial 86:18 89:6 118:16 120:1 denied 44:18,24 119:18 120:19 164:8 deny 119:3 121:12 137:21 department 1:1 5:3,17 7:13 8:4 11:1,7,18 12:6 29:15 41:1 45:10 53:6 59:9 59:15 60:21 62:5 86:13,16 87:2 88:6 90:13 92:9,20 96:20 118:9 119:3 120:2 121:9,9 122:14 124:22	125:5 136:11 137:17,18,21 137:23 140:20 166:24 167:6 167:24 168:7 169:3,7,14,20 170:2 171:2,15 174:6 177:15 departments 89:10 department's 86:6 89:8 119:22 171:11 174:10 dependencies 34:23 dependents 39:12 depending 26:19 179:16 depends 87:18 deploy 20:21 depressed 38:19 depression 106:6 114:3 deprivation 72:22 deputy 5:16 derived 156:23 described 154:1 154:2 describes 36:18 description 29:17 45:17 62:23 63:8 descriptive 63:9 deserve 72:8 104:14 deserves 146:17 designating 178:4 designation 177:22 despite 66:6 detailed 72:15 118:8 determine 74:24	76:3 81:4 101:5 167:2,8 determines 75:11 detrimental 128:21 develop 136:15 144:9 developing 161:19 development 144:5,17 145:3 145:20 149:8 149:12,23 159:24 160:3 developmental 144:11,14,24 deviating 73:23 DFPR 169:9 178:18 180:23 diabetes 19:3 24:9 diagnosed 34:19 70:3 139:18 152:22 diagnoses 60:8 77:7 diagnosis 22:16 40:1,2 56:7 57:19 61:7 65:2 100:7 108:11 108:12 diagnostic 50:15 59:14 63:8 100:8,19 108:18 110:14 diagnostically 111:5 diagram 134:8 diarrhea 103:12 105:8,17,23 106:21 die 114:3 166:8 died 35:1 diet 13:12 112:15 Dietary 106:10 diets 103:5 difference 21:11	56:16 109:14 134:15 different 23:7 25:1,4,8,24 30:15 31:2 43:15 53:16 59:2 72:23 73:5 92:6 115:24 126:13,13 148:9,12 157:8 162:20,20 175:7 178:15 186:10 differential 108:13 differentiate 46:6 73:19 74:14 differentiated 57:3 differentiating 74:21 difficult 34:20 39:7,13 70:6 74:13 75:19 77:6 102:3,7 108:11 114:19 134:15 difficulty 84:8 135:9 141:1 digestion 107:6 digestive 105:22 107:13 112:14 112:24 dignity 146:17 dilemma 108:18 diligence 69:18 184:22 direct 103:2 123:14 directing 138:22 direction 147:11 directive 119:13 directly 70:5 176:11 director 5:17 6:7 7:13 11:2,7,8
---	---	---	--	---

ADVISORY BOARD MEETING 10/7/2015

17:22 35:23	19:2 29:18,22	174:15,21	81:16 90:24	145:5 152:20
86:17,22 87:23	30:3 40:5 54:20	177:22 181:1	115:19 153:1	due 4:6 14:22
89:20 90:1,7	55:9 59:10	dispensation	161:4 178:11	15:13 16:8
118:9,15 123:6	69:13 70:8 71:9	83:21	179:18 180:2,7	19:12 20:9
161:23 164:7	101:24 102:6	dispensing 81:21	183:4,17,18	21:24 22:13
185:4	103:10 107:10	dispositive 66:16	domestic 134:22	23:11,18 25:5
directors 89:6	109:4,13 110:4	disproportiona...	domino 179:8	25:16 28:14
disability 38:21	112:19 114:16	138:4	door 131:8	30:12 32:1,6
disabled 7:1	122:23 154:13	disregarded	doors 114:23	33:10 34:17,19
38:16 133:5	162:11 166:14	120:18	dosage 19:13	38:16 39:4
161:18	diseases 7:10	disrespectful	186:12,15	43:11 57:5
disagree 166:6	18:10 55:23	138:1 179:14	dosages 163:8	69:18 102:3,8
disapproval 47:6	59:2,3 86:19	180:11	dose 142:15,15	102:11 103:2
disapprove 31:24	118:17 122:17	disrupt 55:2	dosed 81:22	114:13 128:22
32:2	166:1,15	disrupting 104:5	doses 76:7,17	129:16,19
disapproved	disorder 4:12	disrupts 7:23	double 36:12	133:6 135:1,9
92:11	63:11,14 89:2	dissect 158:15	164:12	141:22 175:23
disc 23:20	105:6 122:23	distinct 106:2	double-blinded	184:22
discharge 141:18	126:15,21	distinction	36:16	dying 56:2
discontinuation	135:24 143:24	116:20 137:10	doubt 54:19	dysfunction
132:6	144:24 145:4,6	distinctive 43:18	dozen 128:13	41:23 162:21
discount 180:14	152:17,22	distributed	DPH 69:12	dystrophy 60:7
discovered 71:1	disorders 66:1	101:10	Dr 6:17 10:1 11:2	
73:4 137:4,6	103:11 106:7	district 102:21	16:8,18,22 17:5	E
discrete 30:7	108:14 122:17	187:13	17:19 19:23,24	E 3:1,1 4:1 5:1,1
41:12	144:3,15 145:6	diversion 100:11	20:5,15 21:4	ear 56:20,21,21
discretion 75:10	151:1	division 162:3	28:18 29:9	earlier 69:7 70:4
127:15	dispel 80:18	Djibouti 128:11	31:13 33:4,7	85:24 119:10
discuss 122:4	dispensaries	docs 58:20	35:17,18,20	137:24 152:14
126:19 128:14	81:23 82:19	doctor 21:21	37:13 47:15	152:21 164:7
discussed 12:21	83:9 164:17,18	40:20,21 71:14	52:4 116:21	165:21 167:3
25:20 33:15	164:22 169:2,6	101:11 185:18	119:10 137:3,6	early 80:23
45:15 47:17	169:10,24	doctors 106:17	137:8 155:2	161:13 162:21
58:2 74:18	170:9 171:3,13	133:19 185:19	157:12	eases 103:11
110:22 126:21	172:11 173:1	document 14:6	drafters 117:16	easier 28:24
158:16	173:24 175:7	91:9 111:23	drill 128:6	easily 64:20
discussing	177:4,5 178:2,4	documentation	drink 151:16	easing 81:20
152:20 185:23	178:8,19	122:16,24	drive 174:20	easy 93:15 176:6
186:12	179:11 180:24	documenting	dropping 157:6	eat 42:2 146:20
discussion 9:11	181:6 185:9	156:18	drug 34:24 77:10	167:3
29:9 33:13	dispensary 81:1	documents 91:7	111:20 150:22	eating 102:13
74:21,23	124:17 164:20	91:20	155:9 161:22	echo 140:5
108:19 117:24	165:5,6,6 170:1	dog 163:6	162:1,3	edible 148:17
119:10 158:21	170:6,11,12,14	doggone 73:17	drugs 19:4	edibles 107:18
161:3	170:15,16,17	dogs 163:5	103:17 162:9	162:20
discussions 57:2	171:1,8,9,17,24	doing 14:24 28:5	DSM 43:6	education 82:8
disease 18:12	172:16 173:5	39:11 61:6 69:2	DSM-V 44:1	183:6,11

ADVISORY BOARD MEETING 10/7/2015

<p>184:18 185:8 effect 99:19,22 110:1 130:5 131:24 effective 13:1 21:24 35:13 55:1 73:10,13 107:14 125:15 140:17 141:20 183:22 effectively 34:21 35:10 39:15 effectiveness 106:20 125:2 150:13 effects 19:20,21 36:20 37:9 53:18 99:21 100:1 132:4 140:4 141:9,10 144:4 148:13 151:5,19 152:11 154:3 166:5 efficacious 163:3 163:5 efficacy 150:24 153:3 effort 178:13 180:4 181:13 182:7 efforts 53:11 175:9 179:23 eight 129:1,1 167:18 either 28:16 78:18 108:17 109:5 117:8 122:24 136:4 168:15 170:2 element 38:14 eligible 22:19 25:13 154:13 eliminate 25:23 eliminating 106:11,13 Elmhurst 6:16</p>	<p>emerged 100:4 emotional 146:19 emphasis 45:7 149:7 emphasize 75:14 emphasizing 151:20 employed 188:12 employee 165:2 employment 38:24 encompassing 50:14 51:12 encourage 125:3 165:12 ended 162:14 endocannabin... 23:4 135:2 137:7 endocrine 104:5 endogenous 41:24 103:13 137:7 Endowment 162:13 ends 69:23 Endurance 136:20 English 62:8 107:5 engulf 28:23 enjoy 70:9 146:22 enjoyable 166:15 enormity 180:4 enormous 178:13 179:1 enormously 176:8 enrolled 106:17 ensure 8:18 22:10 65:24 95:5 97:5 ensuring 84:13 175:18 entails 145:21 enter 181:1</p>	<p>enteric 107:5 entertain 15:22 entertained 143:16 entire 65:24 79:16 entirety 81:13 entities 172:6 entitled 81:11 135:3 entity 45:16 173:23 entrance 7:16 entrapment 18:12 entrepreneur 131:3 Epic 61:16 Epics 64:17 epilepsy 152:24 153:2 159:11 159:13,14,23 186:8 episode 57:3 equally 102:9 ER 102:24 ERIC 3:6 Erickson 127:7 133:1,2,3,4 erratic 130:3 error 100:10 errors 13:14,18 especially 131:13 134:1 138:2 142:3 177:2 182:16,17 184:2 essentially 19:19 establish 23:4 117:14 establishing 170:4 estimated 19:11 35:1 105:9 estimates 34:13 103:4 134:1 estrogen 53:21</p>	<p>et 21:2,2,2 43:9 124:18,19 Ethan 146:10 147:9,17 ethical 148:19 153:11 ethically 116:8 159:2 ethicist 6:14 82:6 ethics 6:16 etiology 23:16,16 42:12 Europe 187:8 evaluate 81:3,9 81:24 143:3 evaluated 115:23 135:3 evaluation 11:15 124:1 evening 174:22 event 136:4,7 138:4 eventually 26:20 everybody 15:19 75:6,16 89:24 120:13 130:24 152:10 everyday 64:19 64:23 148:17 everyone's 141:15 evidence 8:1,3,7 9:4 23:5 41:17 41:19 76:23 77:4,5,9 78:3,8 78:18 82:2 103:9 109:22 111:8,11,13 114:9 115:1 116:12,13,15 117:8 125:16 125:16 127:20 139:15 140:10 140:22 141:19 144:1 145:1 150:12,18 153:3 156:18</p>	<p>157:17,19 158:3,7,17,21 158:24 159:22 evidenced 100:2 evidence-based 77:16,24 113:8 157:18 158:4 exacerbating 145:23 exact 17:11 56:6 62:6 90:6 91:5 99:10 158:12 exactly 25:11 26:17 44:15 46:22 60:24,24 64:4 149:11 162:23 170:19 174:2 exaggerated 135:11 examining 145:15 example 29:20 60:5 87:9 121:10,11,12 134:5 150:6 167:12 exceed 8:16 excellent 161:3,3 exciting 184:7 exclusion 100:8 108:12 excuse 164:11 execute 183:5 executive 97:13 exercise 70:7 71:15 exercising 38:12 exhausted 147:15 exist 145:12 158:8,14 existing 185:12 exists 107:17 exit 94:16,19 expand 81:7 expect 37:6 91:15</p>
---	--	--	---	---

115:21,22 116:7 164:13 178:3 183:2 expected 18:9 59:15 146:12 expects 164:14 expenses 103:2 experience 18:22 38:21 53:20 77:20 82:3 124:18 128:16 136:22 139:8 152:11 153:8 158:9 experienced 39:2 54:22 138:3 Experiences 147:3 experiencing 136:4 140:2 experimental 28:21 153:13 experimented 162:19 experimenting 141:11 expert 138:21 expertise 7:14 50:20 80:10 expires 188:20 explain 55:20 63:5 130:5 explanation 107:9 explicit 72:15 118:7 exposure 136:9 express 148:24 extend 81:5 extensive 103:9 external 23:23 28:17 externally 42:8 extinction 137:13 extract 172:5 extraordinary 147:9	extreme 102:14 extremely 74:2 102:9 eye 187:12,12 eyes 96:12 e-mail 170:3 171:15 e-mails 177:13 E-r-i-c-k-s-o-n 133:3 <hr/> F <hr/> Fabulous 122:9 face 43:2 55:2 68:23 69:5 75:14 104:13 129:20 155:15 faced 158:19 facet 40:6 70:4 fact 12:23 27:19 30:1,5 45:21 61:21 92:11 100:7 111:8 112:11 113:22 116:12,16 118:9 119:11 142:14 143:24 145:21 152:16 153:24 155:11 182:18 183:16 facto 182:14 factor 177:17 factors 158:9 factual 172:24 faculty 6:15 fad 103:5 fail 133:24 failed 137:24 fairly 100:18 fake 51:20 fall 44:11 55:17 82:18 falls 148:6 familiar 69:5 families 155:19 family 6:4,5 38:23 106:5	130:5,8 139:11 153:4 159:7,16 160:5 family's 35:6 far 11:6 40:15 48:16 134:13 150:11 154:20 162:10 180:18 fascinating 66:7 fast 172:9 father 35:8 fatigued 38:20 fault 142:11 favor 14:9 15:9 17:16 34:8 65:6 68:9 69:8 94:14 187:22 fax 177:11 faxes 177:13 FDA 116:14 fear 35:3 146:22 147:10 168:15 182:13 fears 148:4 features 114:10 February 167:16 167:20 Federal 125:20 126:1,2 133:18 133:24 142:7 feedback 82:14 82:15,22 124:2 124:16 feeding 13:11 feel 23:1 25:20 35:11 42:11 69:5 110:16 111:5,18 116:9 125:8 139:3,6 141:10,18 148:19,24 151:5,10 162:24 feeling 113:3 feels 24:2 103:20 fellow 162:13 felt 18:17 21:15	44:8 129:22 females 106:3 fibromyalgia 22:20,22 34:19 115:4 field 43:5 139:4 fight 72:19 figured 129:23 file 90:3,22 91:17 91:20 95:24 96:20 filed 8:6 121:6,8 filing 31:1 120:13 fill 91:12 176:9 final 86:17,21 118:15 120:2 Finally 13:13 financial 169:3,8 188:13 find 42:18 111:23 112:23 142:16 163:3 finding 42:21 57:18 140:11 184:11 fine 3:4 6:1,1 14:7 15:4,15 16:2 17:14 20:23 31:5,10 44:10 46:16 47:10,22 51:3,5 51:14 58:15 61:24 65:5 66:11 68:4 72:13 79:9 84:22 89:23 90:15,17 91:1 93:20 94:10,14 94:23 117:22 118:2 120:11 121:14,21 122:9 124:10 126:9 130:20 135:19 142:23 160:23 187:20 finish 9:8 58:4	165:10 finished 19:24 first 7:15 8:9,12 10:16 14:17,18 14:22 15:6 16:13 21:8,18 25:11 41:16 48:4 51:20 52:11 57:4 80:24 84:18 85:12 88:3 94:18 98:24 109:3,24 111:14 123:19 123:21 124:7 137:4 146:3 153:11 164:1 165:11 169:14 169:19 178:3 180:12 181:3,6 182:10 firsthand 112:9 five 9:7 51:19 69:15 126:23 162:7 164:18 165:22 flashbacks 136:5 flashes 147:11 flat 26:14 flavor 31:23 fledgling 53:5 flexibility 70:14 flip 26:8 floor 31:12 66:19 155:24 156:6 Florida 53:1 flotation 72:22 fluctuations 102:14 fluid 90:5 106:19 focus 106:9 129:9 176:4 181:13 focused 77:3 113:23 175:17 folks 144:8 170:23 177:10
--	---	---	--	--

ADVISORY BOARD MEETING 10/7/2015

180:5 follow 32:11 164:10,11 followed 37:8 following 9:10 15:11 52:1 68:17 84:14,18 86:12 97:14 follows 80:21 follow-up 28:5 88:21 follow-ups 152:1 food 105:14,19 112:19 foods 106:12 foot 61:10 131:8 134:19 force 102:23 133:5 forced 87:20 150:3 foregoing 81:12 188:6,7 foremost 181:3,7 forever 79:1 forget 42:3 80:8 90:17 154:4 Forgive 138:18 forgot 138:18 154:21 form 34:14 59:12 69:21 73:13 91:10 124:3 167:5 176:9 formal 43:18 122:18 formed 155:5 former 165:1 forms 89:16 91:12 134:22 142:3 164:19 forth 103:21 122:13 154:14 161:2 fortunate 40:2 fortunately 39:24 44:12	160:3 forward 11:16 31:6 80:22 121:3 122:22 123:23 125:10 127:12 166:18 180:19 185:2 Fosdick 33:7 34:4,7,7 found 13:2,3 36:19,21 53:10 61:2 63:20 107:2,3 118:22 129:4 131:15 131:18 139:20 150:11 four 8:24 17:2 33:2 67:12 103:24 106:2 126:22 128:22 164:18 169:6 170:9 173:10 173:12 177:4,5 FPR 169:9 frame 8:24 90:2 90:7 121:10 132:21 166:23 167:16 176:18 framework 32:13 59:4 frankly 56:1 175:14 182:21 freebie 113:15 Freedom 95:20 136:19,20 Freese 52:2 frequency 132:10 frequent 102:18 134:10 162:18 friendly 24:3 156:13 friends 130:7 front 67:18 69:15 75:11 98:14 155:24 frustrating 111:4	138:1 full 91:22 99:1 fully 155:5 fun 166:1,7,8,14 function 72:24 73:1,6 148:16 functioning 105:13 further 13:17 42:24 46:11 130:16 145:19 furthermore 18:8 145:4 future 25:23 28:3 30:15 31:7,22 65:15 89:2 91:23 99:14 149:21 166:18 173:6 F-i-n-e 6:1 F-o-s-d-i-c-k 34:8	generally 43:12 generic 28:6 63:15 gentleman 161:12 genuine 100:17 getting 15:20 31:22 42:8 57:2 58:6 61:18 66:5 73:23 75:20 78:8 82:12 83:9 123:14 126:5 131:8 151:22 151:24 169:13 175:1,11,18 184:2 GI 99:21 100:1 102:22 103:10 103:18,22 gigantic 171:19 give 10:12 12:7 33:16 59:22 84:17 90:20 93:1 103:7 124:12,16 138:19 139:8 141:17 142:15 148:18 164:8 187:10,15 given 13:3 50:20 72:7 84:1 101:11 108:22 119:11,16 136:14 138:11 138:23 144:4 144:12 145:19 149:18 151:3,8 164:2 173:1,11 173:19 176:18 gives 59:6 112:23 giving 8:9,20,21 96:3 116:1,7 134:2 142:14 149:22 157:4 157:19 172:24 173:22 glad 159:14	glaucoma 104:8 glitch 179:12 global 24:22 132:9 gluten 106:13 go 5:9 7:6 9:3 12:16 14:17,18 27:7 28:13 32:1 32:3 51:24 61:15 72:3 77:6 78:20 80:13 83:4 86:3 90:5 101:1 116:7 117:24 121:3 124:7 128:3 129:14 130:6,7 135:14 148:4,8 153:23 158:2,3 158:13 165:2 170:1 173:4 177:4 goal 36:24 139:1 161:4 169:20 171:22 175:3 180:13 181:3,7 goals 179:4 God 40:11 55:10 72:9 108:1 138:13 goes 11:7 28:22 42:18 98:10 111:8 151:12 155:8 176:3 going 9:2,3 11:21 14:13,21 15:22 16:14,15 21:18 24:13 26:17 28:10 30:15 31:1,19 33:4,16 36:13 39:11 40:18 46:7 48:22 51:19 64:21 65:8,10 66:1 71:7 72:2 73:8,14 74:17 74:23,24 75:9 77:18,19 78:7
G				
G 5:1 game 28:1 32:14 gamut 21:1 Gander 161:17 gas 105:8,17 gastric 107:4 Gastroenterolo... 99:17 111:24 gastrointestinal 104:4 gatekeepers 24:4 gears 143:15 general 5:23 6:18 21:16 25:22 27:21 41:13 42:14 80:21 89:8 95:13 96:16,18,23 97:3 153:9 generality 21:13 generalized 22:12 63:11,11 63:13,14,19				

ADVISORY BOARD MEETING 10/7/2015

78:10,16 80:8 80:19 82:22 83:2,7 84:17 85:2,12,22 86:3 90:10 93:23,24 95:4,10,16,17 97:17,21 98:4,9 101:1 111:10 111:15 112:8 113:4,9 114:20 115:7,7 119:9 119:21 120:15 122:5 123:22 124:2 126:11 126:20 129:7 144:7 150:19 150:22 151:3 151:22,23,24 152:10 153:12 153:17 154:9 154:17,18 155:5 156:2 157:5 158:2,12 158:16 164:10 164:17,20,21 164:23,24 165:8 167:3 168:14 169:22 170:7,9,23 171:10 173:7 175:5 177:6,8 178:7 180:19 180:20 181:5 182:10 183:1 183:24 184:8 185:5,20 186:20 gold 78:2 good 16:5 17:19 23:2 27:11 31:10 35:20 37:16 38:12 52:18 69:4 78:13 79:4 92:2 94:5 98:21 105:1 114:8,12 114:14 115:8	120:12 123:8 124:21 128:9 133:2,4 135:21 139:14 146:7 147:12 150:16 150:17 154:8 155:23 175:2,2 178:10 gospel 44:17 governed 148:21 government 125:20 142:7 178:22 governor 10:22 10:24 80:15 81:14 82:15 185:1,4 186:5 186:19 governor's 187:2 187:13 grace 93:12 grade 36:10 graduate 161:21 grain 58:14 grand 160:1,2 granted 154:22 grave 153:5 gravy 148:7 gray 18:20 39:10 great 9:24 10:2 12:11,15 14:24 46:12 123:13 123:24 124:18 132:16 145:22 146:24 157:11 162:21 greater 36:22,24 140:24 greatly 54:10 166:10 greetings 11:3 grip 129:22 146:17 gripped 146:22 group 8:11 64:22 75:18 93:9 113:21 123:21	groups 60:23 106:2 125:7 grow 80:24 157:1 growing 81:23 144:15 guarantee 167:13 guaranteeing 176:13 guess 27:18 43:16 63:8 87:18 98:21 109:9 110:10 110:17 117:2 154:7 guidance 29:23 83:4 guiding 77:19 Gulf 136:21 gut 74:3 103:20 103:21 156:16 guys 75:15 128:14 129:8 130:18 164:4 164:19,21 165:8,13 172:22 185:22 187:10 G2 29:16 G89.21 22:15 28:15 G89.22 50:8,23 50:24 51:12 52:14 G89.28 49:10,11 49:15,20 50:6 50:22 51:12 52:14 G89.29 49:15,20 51:13 52:15 63:13 64:2,10 G89.4 33:22,23 47:3,4,7 48:9	hand 52:7 154:9 161:10 188:17 handful 142:8,17 handing 154:7 handle 28:24 handled 156:3 handling 93:12 hands 70:1 73:23 82:12 129:22 172:11 happen 9:14 36:13 155:22 157:7 166:13 173:2 177:8 179:6,15 180:8 186:21 happened 23:21 80:16 157:7 happening 155:23 happens 86:1 120:13 172:21 177:8 happy 71:10 113:10 hard 17:6 29:1 39:7 116:13 158:16 177:7 183:2 harder 101:5 hard-to-treat 111:1 harm 78:13,14 140:11,19 144:4 harmful 151:6 Harshbarger 52:3 hat 158:21 172:24 hate 26:19 157:13 head 148:3 healing 18:9 health 1:1 5:17 5:18 6:8,14 7:13 11:1,2	18:6 41:1 53:7 56:8 57:9 66:1 81:12 86:17 87:24 106:6 125:12 128:21 131:11 136:3 137:17,18,23 139:20 140:4,7 161:5 166:24 167:7,24 168:8 171:15 healthcare 6:16 37:24 133:18 healthy 112:15 137:11 Health's 5:4 hear 9:9 11:12 14:19 48:4,24 66:8 79:22 83:2 98:5 113:7 121:3 123:24 124:12 125:20 127:24 150:12 150:15 heard 14:10 15:10 17:17 60:1 68:10 86:24 94:15 97:20 121:2 126:3 151:13 166:2 179:22 187:23 hearing 1:5 5:4 7:8,24 8:7 11:20 12:18 13:14,15 60:15 72:6 87:1,11,16 94:12 97:4,7 118:11 125:17 127:17,18,24 139:22 177:1 184:20 hearings 88:17 125:4 heart 19:2 82:3 104:10 108:6 Heaven 32:17
--	--	--	--	---

heavily 39:24	hinge 124:2	hospital 61:16	102:5 108:14	Ihm 143:8 146:6
heavy 136:9	hint 31:6,7	112:16 133:9	109:20 110:2	146:7,8
heed 177:3	hip 163:23	161:23 162:1	110:14,16	ILCS 15:5 94:10
held 2:1	hips 70:1 73:9	hospitalizations	IBS 99:11,19,21	137:20
Hello 130:24	history 37:24	147:18	100:7,14	illegally 129:3
138:17	106:5 168:4	hostage 90:1	101:23,24	Illinois 1:1,14 2:7
help 24:12 41:22	hits 186:24	hours 157:16	102:2,7 103:10	2:14 5:3,17
42:15,16 59:20	hitting 155:15	167:8 175:12	104:15 105:3,5	6:22 7:9 29:13
71:20 72:4 73:1	HIV 6:19	175:12,12	105:6,10,12,16	37:18 40:12,24
81:16 106:19	hold 16:15 98:9	176:14,16	106:2,3,5,8,11	52:22 54:11,15
107:12 112:9	128:6 158:12	177:2 179:6	106:14,22	55:6,8,11 69:19
123:23 131:12	184:8,11	house 70:7 162:4	107:7,8,11,13	72:1,6,9 80:20
137:12 147:20	holding 40:23	housebound	107:14,22	81:10 86:9
148:18 160:10	HOLIDAY 2:5	53:24	108:8,18 110:3	107:21 108:2
161:5 186:2,13	holy 32:10	household 39:11	110:5,15,18	125:1,19 126:2
helped 83:1	home 54:2 156:9	housekeeping	113:22 115:3	133:22 134:5
132:18	186:24	4:4 7:5 168:20	129:6	135:15 136:24
helpful 42:9	homemade 41:24	huge 164:16	ibs.org 103:1	137:2,23 138:2
58:20 66:14	honest 133:19	175:8	ICD 22:14 43:6	138:9,11,14
67:13 76:18	167:2	human 81:20	ICD-10 24:3	148:20 150:5
helping 135:14	honestly 146:12	115:3 137:6	26:18,22 27:5,7	161:6 166:12
helps 13:11	167:6 182:7	177:17 179:7	30:5 33:21	168:10 172:10
22:24 30:2	honor 138:10	180:9	41:12 46:23	174:21 175:15
103:11 179:9	Hooghkirk 85:14	humanitarian	47:6 48:9 49:9	175:16 178:14
187:5	101:18,19,20	128:12	51:12 52:14	179:21 180:16
hemp 156:21,23	177:21 180:17	humanly 177:14	55:19 56:15,16	182:5 185:9,15
156:24	181:8,15	177:16,23	57:16 58:6,19	188:5,24
herbal 78:16	hope 93:24 126:5	178:11	62:19 63:17	illness 30:20
hereunto 188:16	129:7 167:11	humans 77:17	64:21 65:16,22	139:9,14,16
Hey 157:6 175:22	167:23 168:7	103:14 109:8	66:6,7	140:2
Hi 101:19	182:3 183:4,10	150:13	ICD-9 55:18,19	illnesses 29:20
high 76:7,17 82:7	hopeful 169:18	hurting 155:16	56:13 59:5	128:21
141:22 162:22	171:21	hydrocodone	61:22 66:12	imagine 134:7
higher 24:20	hopefully 82:18	19:6 76:8	idea 115:8	immediate 103:8
106:2 183:23	121:2	128:24	125:14	immediately
highest 36:14	hoping 82:14,15	hyperemesis	ideal 103:17	103:19
highlighting	167:15	100:3 113:13	ideation 133:10	immensely 11:15
186:13	hormone 53:19	hypoglycemic	identification	impact 57:5
highly 21:23	53:21	126:6	169:15 181:2	132:7 151:8
93:10 96:10	hormones 53:22	hypoxemia 19:17	identified 103:14	impacted 35:6
172:3	53:22	H-o-o-g-h-k-i-r...	172:17	impacts 179:23
high-CBD 163:7	horrific 54:20	101:20	identifying 8:10	impair 149:7
high-gas 106:11	150:5	<hr/>	IDPH 26:9 27:12	impairment
high-quality	horrifying	I	42:16 79:24	38:22 159:9
36:12	149:16	iatrogenic	93:7 123:15	implement
Hines 112:16	horror 142:8	162:10	164:23 165:2	125:13 165:9
142:7	horse 47:23	IBD 101:23	178:16	implementation

79:17 82:10 100:23 125:10 174:11 182:4 183:16,19 implemented 165:3,4,13 172:14 173:8 174:3 implications 56:7 57:8 145:20 implied 57:24 58:1 important 8:23 11:4,9 54:15 75:13 78:23 79:6 93:13 100:23 101:9 121:4 134:17 144:6 149:10 174:14 impossible 158:11 impression 89:3 improve 122:24 132:11 improved 36:22 36:23 37:6 122:16 improvement 36:21 37:6 81:5 132:9 improving 93:3 inaccuracies 13:17 incidence 115:16 166:9,13 inclined 116:22 117:4 include 21:19 49:19 54:5 59:14 65:1,2 70:11 106:11 106:21 134:21 135:8 136:5 144:8 included 49:3 60:6 100:15	146:1 includes 117:12 145:6 including 38:11 46:23 104:6 137:10 inconsiderate 157:14 inconvenience 94:6 inconvenient 107:10 incorporate 28:24 91:6 145:1 incorporated 14:4 incorrect 173:11 increase 19:14,14 26:16 70:14 122:22 135:13 144:22 153:2 increased 19:9 26:22 55:18 increases 19:13 27:4 166:10 increasing 106:18 141:3 indicate 94:17 122:4 171:16 indicated 16:12 individual 27:24 69:8 92:10 97:9 102:10 116:5 119:19 150:15 166:2 Individually 92:12 individuals 34:11 42:7 53:19 92:21,22 106:11 140:24 141:3 145:23 184:3 individual's 105:13 137:13 industrial 156:24	industry 131:3 184:24 186:21 ineffective 13:4 inevitable 102:14 infection 18:14 23:8 56:20,21 56:23 infinite 162:8 inflammation 21:24 23:8 73:21 inflammatory 74:2 101:24 108:15,16 109:4,15,19 110:4,24 influx 178:3 information 5:21 12:7 59:18,19 59:22 60:21 89:11 93:1 95:20 103:22 123:15 163:10 164:8,21 169:24 170:12 171:12,17,23 172:10,11,24 173:14,19,21 176:11,19 177:16 178:9 185:24 186:1 186:23 187:4,6 187:10 informational 139:7 informing 187:13 infrastructure 171:20 ingest 107:17 inhibit 55:1 107:3 inhibits 39:15 71:3 initial 171:8 initially 56:1 initiation 140:11	initiative 100:22 144:18 injection 186:12 injections 70:13 injuries 74:6 injury 28:14,17 43:11 112:19 INN 2:5 input 170:13 176:11,18 inputted 163:10 inquired 173:20 inquiries 80:4 93:7 Institute 18:21 19:5 34:12,24 insufficient 140:8,22 insulting 128:15 insurance 45:22 intangible 147:16 integrally 137:9 Integrative 6:7 integrity 100:24 101:8 120:24 intelligent 46:3 intend 71:11 intended 26:23 84:9 100:12 101:1 intense 35:4 147:4 intensities 103:16 intensity 24:20 intensive 140:16 intent 8:2,6 34:17 58:11 65:21 66:4 100:21 112:2 intention 182:15 183:13 interest 188:13 interested 186:14 interference 133:18	internal 6:18 23:20 28:8 internally 176:3 176:4 international 18:3 55:23 interpret 50:2 87:18 interpretation 43:7 119:14 interpreted 26:19 46:7 interprets 41:21 interrupting 7:19 intervention 132:8 interviews 163:8 intestinal 105:15 107:1,4 intestine 105:6 106:19 107:7 intestines 105:13 105:21 intolerable 147:5 intractable 4:9 24:16,20 25:12 27:10 30:13 51:17 52:6,16 52:21 53:2,3,7 53:11,16,17,23 54:3,9,16,19,20 54:24 55:5,7,14 57:12,16,19,21 57:22 58:10 60:17 61:2,8,9 61:9,10,22 62:4 62:6,9,12,13,15 62:16 64:1,14 65:3,11,14,20 66:24 67:3,7,20 68:3 introduce 5:10 5:11,15 10:2,8 12:8 79:13 138:19 introduced
---	--	---	---	--

introducing 70:21	<hr/> J <hr/>	12:4 79:15	129:9,15	131:20,23
introduction 10:18	Jacqueline 3:7	journal 36:1,17	131:22 144:20	132:13,15
introductions 5:8	5:19 112:5	99:18 132:19	151:12 177:16	137:15 142:16
7:4	122:10	144:10	183:3,11	146:14,15,24
invade 148:3	JAMES 3:5	journals 131:15	kindly 16:10	147:2,16
investigations 131:17	January 87:8	journey 146:11	98:5 126:18	149:11 150:23
invisible 135:14	166:21 167:11	joy 148:22	161:14	151:3,4 152:20
invite 14:19	Jared 33:7 37:15	judging 30:9	kinds 30:18	154:20 156:6
involved 153:20	37:17 42:19	juggle 70:18	76:15 131:12	157:6 158:23
176:3	52:4,10,17,19	July 87:7,12	134:21	159:16,21,23
involving 36:15	68:17 69:5	89:13 121:10	Knee 70:24	162:23 163:22
IP 53:20 54:5,12	72:13 85:15	121:10	knees 70:1 73:10	164:2,13,21,24
55:2 147:21	104:20,21	June 36:1 89:22	knots 146:20	165:6,19 166:5
IQ 144:23 155:4	105:1 127:7	justification	know 11:18 12:2	166:8,19 173:4
155:8,14	135:18,22	118:8,21	12:11,12 13:9	173:17 174:14
Iraq 128:10	165:18,20	justifies 156:10	16:16 18:15	174:20 176:2,3
142:2	JCAR 90:15,16	Jyotin 3:10 10:10	19:13 21:23	177:6,12 179:7
Iraqi 136:19	167:17,18	J-a-r-e-d 37:17	24:1,21 25:5,14	180:13 182:2
irresponsibly 156:3	Jersey 53:1	J-o-e-l 133:3	26:9,9,14 27:12	183:20 184:20
irreversible 144:22	Jessica 52:3	<hr/> K <hr/>	27:14 30:4,24	185:3 186:24
irritable 4:11	Jessie 33:6 34:4,7	Kalee 85:14	36:11 39:3,5	knowing 78:23
84:19 94:8	Jim 6:23 13:21	101:18,19	40:15 43:20,22	148:10 156:2
97:18 98:18	21:17 48:21	kaleidoscope	44:2,16,16,24	knowledge 52:23
99:7,11 101:22	97:8 112:7	146:19	45:9 46:2 47:15	60:3 157:3,24
105:3 107:20	113:3	Kane 188:5	48:19 50:9	184:1
108:14 109:14	Jim's 163:22	Karen 52:2	54:23 56:22	known 37:22
109:15,18	job 15:20 93:15	keep 8:23 13:11	58:6,19,21 60:1	53:12 54:21
114:17 115:2	96:4 123:8	30:14 31:20	60:6 61:20	70:12 71:16
124:8	164:13	32:5 56:16 69:1	62:17,18,22,24	75:17 78:5
ischemia 19:17	jobs 179:15,17	91:20 117:14	63:1 65:17	105:12
Israel 187:7	Joe 94:23	121:1,1 151:3	66:15 71:6,19	knows 32:17
Israeli 137:3	Joel 127:7 133:1	151:20 187:12	76:10,11 77:5	62:18 116:23
issue 29:4,5 36:1	133:2,4	187:12	77:12 80:6,8	K-e-l-e-e 101:20
109:23 169:15	join 9:22 69:11	keeps 133:18	82:21 83:2 85:7	<hr/> L <hr/>
issues 11:14	joined 79:15	156:9	89:1,4 90:21	lab 78:9
83:11 118:6	joint 69:24 70:13	kernel 125:14	95:17 99:20	laboratory
issuing 66:14	71:1 75:19,21	key 151:21	101:24 104:22	103:13
itchy 102:17	75:22	kids 130:6 153:6	110:22,24	lack 38:20 52:23
items 72:23	joints 70:4 73:9	157:5	111:7,10 112:9	111:7 116:12
it'll 28:23	73:22	kill 151:17	112:15,18	116:15 132:16
I-h-m 146:8	joke 151:16	kind 26:1,12	113:3,3,5	156:18
i.e 114:16	Joliet 2:6	30:22 31:3	115:14 116:2	lacking 99:20
	Jonathan 52:1	32:10 33:8	117:7,10 119:8	lacks 100:19
	127:3,4 128:4,5	43:24 90:1 93:9	119:17 123:16	landmark 144:20
	128:10 142:5	111:9,14	124:4,22	landscape 25:14
	142:18	114:21 119:14	125:22 126:12	language 62:8
	Joseph 10:21		128:2,22 130:1	

64:19 119:22 119:23 174:7 large 103:16 105:6 largest 162:1 lasting 18:5,7 lasts 38:3 laterality 56:19 61:11 launching 53:4 law 117:7,11 126:1 165:8 172:4 175:24 182:14 laws 148:16 lawyer 96:7 lawyer's 96:12 lay 129:21 laying 75:22 layperson 58:18 lead 38:22 72:4 115:1 120:3 leading 34:23 leads 110:6 learn 146:12,13 175:6 183:8 learned 114:22 147:21 learning 93:4 125:17 146:11 149:11 leave 7:24 9:6 67:23 162:4 leaves 102:16 lecture 66:7 led 35:8 132:6 left 54:3 56:19 61:10 98:11 128:7,8 legal 96:1 97:5 97:10 156:23 legally 116:17 134:3 legislators 125:6 172:21 legitimately 116:13	lemon 146:20 length 110:22 lengthy 32:17 167:17 Leskovec 3:7 5:19,19 48:14 67:6 94:13 111:21 112:6 122:11 160:21 Leslie 3:3 6:3 9:21 86:5 166:9 lethal 19:20 letter 82:11 91:14,16,19 92:1 123:15 154:15 letting 83:13 143:18 181:21 let's 23:13 32:1,5 32:24 47:12 68:18 79:7 84:23 126:11 158:3,3 174:12 183:23 level 14:16 22:24 24:22 70:20 82:8 126:2 158:17 178:23 levels 183:19,23 Liana 85:14 98:6 99:3 127:7 138:16,17 143:8,17 libido 38:21 license 58:22 licensed 81:1 169:3,7 licenses 154:22 157:1 licensing 171:3 licensure 178:19 lies 100:11 life 35:7 36:22,23 37:7 39:6 40:6 64:23 71:10 72:4 102:12 130:17 132:14	135:13 136:16 148:17 153:7 160:1 163:6 180:9 lifetime 136:16 136:22 light 27:19 lights 146:23 limb 44:11,12 60:9 limit 8:15,17 71:9 161:9 181:19 limitation 120:6 limitations 175:13 limited 29:21 77:5 111:2 136:8 159:1 168:15 170:21 limiting 75:23 limits 70:8,9 line 120:20 121:1 lines 177:22 178:24 lining 39:8 link 112:2 linked 139:17 linking 50:5 list 7:5 22:20 32:16 43:24 44:17 46:8 51:20 54:13 71:24 87:24 99:8 100:15 101:17 115:4 143:20 146:2 182:6 185:14 listed 25:19 27:2 154:14 listen 175:22 listing 169:10 lists 59:1,2 literature 41:17 162:13 litmus 61:6 little 20:15 46:12	72:4 74:15 100:20 104:2 111:9 117:5 145:1 148:11 157:3 159:5 184:23 live 16:11 40:3 71:10 73:6 160:7 liver 128:22 lives 11:24 134:2 135:16 136:13 lobotomy 162:15 located 103:15 location 2:1 locations 124:24 long 74:20 91:16 135:14 161:1 167:1 173:18 176:24 186:19 longer 35:7 67:4 87:1 105:17 165:14 167:4,5 long-standing 57:5 long-term 34:22 39:1 105:11 140:4 141:8 154:3 155:3 Lonnie 161:15 look 22:9,18,18 29:6 42:1 44:2 46:7,8 74:10 77:1,16 85:2 91:21,24 120:3 150:10 153:8 155:11 158:13 184:7,10 186:6 looked 23:5,17 25:8 61:7 77:23 83:8 109:6 looking 29:7 43:2 61:15 77:1 110:3 114:6 121:5 134:5 167:19 looks 28:12 50:4	looped 64:6 lose 73:22 112:17 155:7 160:2 losing 155:14 loss 38:24 103:3 104:6 155:4 lost 18:24 141:24 lot 21:14 25:2 27:23 30:2 31:3 40:15 48:19 56:24 74:3 77:20 78:18 79:22 89:18 116:14,23 117:8 122:18 125:13,21 128:20 129:4,5 129:7 130:3,4,4 130:12,13 138:24 139:5 141:7 144:8 151:2 152:23 153:21 156:6 156:18,20 157:11 159:21 162:22 175:6 176:1 177:3 182:8,11,19 183:6 185:20 lots 31:1 loud 7:22 137:14 louder 147:4 love 12:2 82:21 low 183:22 lower 113:16 117:11 low-THC 163:8 lunch 98:6 118:1 126:8,11 L-i-a-n-a 99:4 138:18 L-o-n-n-i-e 161:16 <hr/> M <hr/> M 188:3 Madam 10:17
---	--	---	---	--

ADVISORY BOARD MEETING 10/7/2015

29:12 45:14 46:19 51:6 66:17 79:11 magic 73:3 mailbox 170:4 mailed 181:13 mailing 169:18 main 75:21 182:1 maintain 100:24 101:12 112:13 112:14 120:14 120:24 maintains 99:18 major 37:23 makers 125:7 making 42:7 59:18 77:3 82:13 110:10 117:6 156:8 166:18 170:8 173:16 174:4 mal 160:1,2 Mallory 3:16 12:5 80:6 94:17 95:4 manage 34:21 40:1 71:8,11,19 71:20 172:10 manageable 70:19 managed 35:10 38:10 43:10 152:22 management 17:23 35:23 37:1 70:14 75:22 105:11 managing 107:14 manner 7:20 81:17 175:20 178:7 manning 12:6 manual 43:6,17 43:21,23 61:18 manuals 63:4 mapped 28:14 maps 63:10	Marc 16:8 17:19 33:7 35:17,21 margin 100:10 marijuana 18:1 42:2 81:22 99:15 100:1,4 100:12,17 107:16 116:16 129:4 130:12 131:14 139:3 139:10,12,16 139:22 140:9 140:12,14,23 141:1 143:23 144:16,21 145:12,20 157:4 160:5 162:20 163:7 182:14 183:9 Marine 128:12 marital 38:23 mark 16:14,15 143:5 market 185:22 Maryland 161:20 mass-infuse 185:21 mass-infused 185:8 match 73:15 material 111:22 materials 50:19 150:9 math 123:19,20 matter 1:4 61:23 112:10 matters 4:4 81:19 Mayo 69:20 105:5 109:21 136:2 MC 3:8 6:13 27:18 31:16 32:9 43:2 45:3 49:1,21,24 59:12 61:21	65:4,6 67:1 108:21 109:2 116:19 123:3 150:8 152:13 McCurdy 6:13 31:13 mcpp.Illinois.g... 89:9 MD 6:4 17:20 35:21 Meadows 185:10 meals 38:13 mean 22:18 61:15 62:24 63:2,12 64:3,20 67:3 87:3 116:7 125:11,11 150:11 151:16 155:21 156:7 179:1 180:12 meaning 41:24 67:14 111:3 134:15 meanings 62:9 means 23:16 26:2 50:12 53:2,7 55:21 62:9 63:5 67:4,9,13 75:23 87:3 95:23 98:10 117:10 126:13 141:6 164:18 meant 60:3 mechanism 99:10 125:2 mechanisms 109:7 Mechoulam 137:3,6,8 media 136:10 mediated 74:3 medical 1:9 5:6 5:24 6:7 10:21 11:11 18:1,23 22:8 29:14,17 35:8,11 36:2,3 37:18,20 38:2,9	39:1 40:9,19 41:19 52:19,22 53:5 54:13,18 55:4,6 58:9 60:3 61:6 71:2 71:6,11,19,22 77:9,10 78:6 79:14,16 81:22 86:11,14,19,23 89:8 91:14 99:18 100:12 100:17,17 103:2 105:4 107:21,23 115:21 118:17 119:24 120:8 125:9,24 131:15 133:21 134:6 135:22 136:1 137:19 138:8,21 139:2 139:9 140:9,23 141:7 145:11 147:8 153:18 158:7 163:21 166:19 167:14 168:2,5,6 169:11 183:8 medically 25:13 medication 19:6 37:2 76:12 106:23 112:24 131:13,22 151:23,24 152:5,6 159:18 185:16 medications 45:24 54:6 75:2 103:5 104:1,3 106:13 128:18 128:23,24 129:15,16 130:2,9,13,15 142:7,9 148:12 148:13 153:16 154:1,5 162:14 162:17 186:10	medicinal 130:12 131:14 medicine 6:5,7,8 6:18 17:21,22 18:21 19:5 34:12 35:22,23 36:11,18 39:14 41:22 42:5 54:7 55:1,9 71:8,20 72:3 107:8,12 113:15,21 145:17 151:15 151:18 165:15 168:16,17 185:5 medicines 150:3 MedTeks 64:17 meet 78:1 92:23 92:24 93:2 119:7 122:13 137:24 meeting 1:13 5:3 5:7 7:7 9:2 11:20 12:13 14:6 25:20 33:15 47:18 51:20 76:22 80:17 88:2 96:5 96:19 97:4 147:21 Meetings 95:12 95:14 meets 59:10 88:6 member 3:5,6,7 3:8,9,10,11,12 5:19,22 6:10,13 6:15,17,19,21 6:23 9:22 10:9 10:13 12:22 15:7,19,24 17:7 17:10 20:11,16 21:6,18 22:5 25:18 26:17 27:5,14,18 28:4 28:12,19 30:11 31:16 32:9,22 33:22 40:18
--	--	--	---	--

ADVISORY BOARD MEETING 10/7/2015

42:19 43:2,21 45:3,5,6,14 46:12 47:3,9 48:2,5,14,22 49:1,10,12,21 49:23,24 50:3 50:13,23 51:1,3 55:16,22 58:23 59:12 60:1 61:4 61:12,21,24 62:3,17 63:1,3 63:6,10,17,22 64:4,10,16,24 65:4,6,12,15,19 66:17 67:1,3,6 67:9,22 68:22 69:1 73:8 76:5 76:15,21 77:7 78:10 79:10,13 84:1 85:10 87:17 88:13,21 90:18 91:3,14 92:9,19 93:18 94:13 95:7,19 95:22 96:2,13 96:22 108:9,16 108:21 109:2 109:12 110:9 111:21 112:6,8 115:13 116:11 116:19 117:21 118:23 119:9 120:10 121:23 122:11 123:3,7 123:17 124:3 126:7 127:1,9 127:13 139:11 141:17 142:22 143:10 149:5 150:1,8,19 152:13,19 156:5,20 157:13 158:23 159:7,16 160:5 160:13,20,21 187:19 members 7:14,21	9:17 12:20 90:19 98:23 133:16 134:18 136:8 141:12 memory 137:10 137:10,12 men 106:18,20 136:17 Mendoza 3:3 5:2 6:3,3 7:3 9:24 10:3,6,11,15 12:1,10,15 13:21 14:2,8,11 15:8,11,16 16:7 16:11,20 17:3 17:15,18 20:1,6 21:17 22:17 26:6 27:9,16 28:18 29:6 30:1 31:9,11,14,17 32:19,23 33:14 33:23 34:3 35:15 37:12 40:13 41:6,8 44:9 45:20 46:15,17,20 47:1,4,11 48:3 48:6,18 49:6,11 49:18 50:1,11 50:17,24 51:2,4 51:8,10,15 52:9 55:12,20 60:22 61:1,5,14 63:20 63:24 64:7,11 65:7,17 66:9,21 67:2,19,24 68:5 68:8,11,13 72:10 73:18 76:13,19 77:8 79:19 84:12,23 85:6,11,21 92:3 92:8 93:6,19 94:4,21 95:1 97:16 98:1,4,16 101:15 104:18 104:22 108:3 108:15,24	112:4,7 113:2 116:18,21 117:17,19,23 118:4 122:10 123:9,20 124:6 124:11 126:4 126:10,17 127:2,6,10,21 127:23 129:11 130:19,21 131:4 132:23 135:18 138:15 141:14 142:20 142:24 143:7 143:14 146:5 149:3 153:4 156:11,22 158:5 160:12 160:15,18,22 163:16,19 165:17 168:19 181:17 184:15 187:17,21 meningitis 129:20 mental 29:20 30:2,20 66:1 106:5 136:2 139:9,14,16,20 140:2,4,7 mention 51:23 mentioned 54:12 109:16 165:21 166:9 merely 70:16,18 merits 115:23 116:9 119:11 119:19 message 80:14,20 messed 142:9 met 87:14 122:15 metastatic 18:12 methadone 21:1 21:20 54:5 142:10 method 131:19 132:1 186:12	metrics 124:5 Mexico 135:4 mic 16:11,21 109:1 mice 109:6 Michael 3:4 6:1 15:21 23:22 32:23 44:9 66:9 Michael's 48:12 77:11 Michigan 161:22 microbiology 114:6 microphone 20:14 microscope 115:6,9 154:4 migraine 57:15 migraines 57:14 Mike's 66:18 mild 19:21 76:2 132:4 military 133:16 134:18 136:9 141:17 162:8 Miller 3:9 6:10 6:10 15:7 21:6 28:4 45:5 47:9 76:21 109:12 158:23 160:13 160:20 milligram 129:17 129:18 milligrams 19:10 19:10 132:2 million 18:22 19:8 34:13 38:15 105:9 136:14 137:1 168:10 millions 34:10 69:21 72:1 mimics 42:5 mind 5:7 31:21 36:24 54:19 113:8,8 125:15 minds 144:8	mine 64:10 139:11 minimal 19:19 114:1 minimum 38:5 144:2 Minnesota 53:3,6 54:12,14 minute 98:11 123:18 128:7,7 minutes 4:5 8:16 9:7 12:18 13:17 13:23 14:5,6 16:9,17 17:4,5 17:6,12 45:7,11 75:4 84:21 96:24 97:2,3,6 97:11 126:12 162:6,6 163:23 miraculously 69:14 misdiagnose 110:15 misdiagnosed 110:12 misery 13:6 mispronounce 101:18 misread 109:10 missing 14:22 80:7 97:23 110:18,19 127:8 186:11 missions 128:13 mixed 130:2 model 174:23 moderate 36:10 36:14 modern 107:8 modifier 57:13 modulate 74:4 103:12 modulating 103:22 mom 146:8 moment 126:19 134:7 139:8
--	--	---	--	--

167:13 moments 148:10 money 153:20 monitor 151:7 monitored 81:21 183:20 monitoring 78:20 152:2 month 41:2 169:19,19 171:22 178:1 181:14 months 18:5,7 24:19 38:3,5 67:12,15,15 69:15 83:8 92:5 92:6 165:9 167:7,8,19 173:10,12,20 173:22 175:17 181:9,9,9 mood 38:19 150:24 Moody 3:15 5:10 5:16 9:21 10:1 10:5,17 12:4,12 14:24 15:18,21 16:3,10 17:9 19:22 20:14 29:12 31:13 35:19 46:19,21 51:6,9 59:1,17 60:13,24 68:7 79:11 83:19 84:4,22 86:4 88:4,15 89:6 90:12,16,24 91:7,18 92:6,14 92:20 93:16 94:16,24 95:4,9 95:21,23 96:6 96:16 97:1,24 98:8,24 118:2,6 119:1,20 121:4 121:19 122:3 123:19 124:20 126:24 127:15	127:22 128:5 132:20 141:13 165:10 168:24 170:20 172:19 173:9,13,21 174:9,13,19 175:4 176:7,15 177:9 178:10 180:23 181:12 181:16 184:13 morning 17:19 35:20 37:16,18 52:18 69:4 morphine 21:2 21:20 76:8,11 mother 154:2 motility 99:21 107:1,4 motion 14:12 15:5 17:10 32:21 46:22 47:24 51:7 65:1 66:12,18,19 68:14 79:7 84:5 94:11 117:20 126:7 142:22 160:19,20 mouths 157:16 move 11:16 14:3 15:2,24 31:6 33:20 34:4 45:3 46:4,10 47:5 48:7 49:7 51:10 68:1 84:17 91:23 95:9 97:11 117:21 119:8 122:21 125:10 185:2 187:14,19 moved 105:14 movement 106:16 moves 82:10 moving 24:13 52:16 72:14 80:22 171:23 180:18	mppp.illinois.g... 169:12 multidisciplina... 43:10 44:7 45:23 multiple 129:6 152:5 178:14 179:17 multitude 112:10 112:21 Mundane 39:10 muscle 104:6 muscles 156:16 musculoskeletal 21:10 28:8 104:4 muster 78:1 myths 80:18 M-a-r-c 17:20 35:21 <hr/> N <hr/> N 3:1 4:1,1 5:1 NAH 18:4 name 5:15,16 6:23 8:12 10:10 12:3,4 16:12,13 16:13,14 17:19 30:21 34:7 35:20 37:16 51:22 52:6,19 59:3 65:10 69:4 99:1,3 101:18 101:19,20 105:1 128:9 131:5 135:20 146:7,8 161:14 165:20 172:17 184:17 named 135:21 names 8:10 80:7 116:3,3 127:2 Naples 106:24 naproxen 71:16 narcoxic 36:6,7 narcoxcs 12:24 13:4 19:3 20:17	20:24 40:22 76:17 nation 138:11 157:5 national 25:14 34:12,24 133:23 162:13 nature 34:20 102:11 nausea 102:13 106:21 114:9 114:15 nay 77:21 84:6 near 112:24 nearly 34:13 35:1 39:22 43:13 necessarily 63:7 65:22 88:2 149:13 necessary 58:1 58:22 90:2 necessity 58:16 neck 129:23 need 9:12 15:2 22:24 23:4 24:5 24:8,13 31:23 32:11,12 41:11 42:16 45:18 47:15 48:3 57:14 58:13,17 58:19 60:12 64:11 65:7 66:20 68:5 72:17 73:2 80:4 83:5 88:24 89:5 91:5 95:8,12,14 95:16 97:2 104:14 111:13 113:5 115:18 117:14 118:7 120:15 122:1,2 123:14 125:22 126:3 146:15 153:22 156:1 159:15 168:11 168:14 173:3 175:5 176:4	184:24 185:7 186:19,23 187:8,11 needed 131:21,21 147:16 151:8 183:7 needs 121:14,18 125:20 149:20 152:12 164:13 168:12 174:6 185:1 187:15 negative 148:14 182:12 184:11 neither 118:21 188:11 neonatologist 6:22 nerve 18:12 nervous 18:16 Nestor 3:11 6:21 92:16 net 185:11 neurologic 53:19 152:21 neurological 104:5 144:5 159:24 neurologist 5:23 neurologists 152:23 Neurology 157:22 neuropathic 13:1 13:5 22:1,3 61:10 neuropathy 12:23 23:7 25:6 60:23 neuroprotective 19:17 neurotransmit... 137:8 never 65:21 79:2 96:21 134:19 148:12,18 149:21 150:20 new 53:1 91:16
---	--	--	--	--

103:17 115:9 120:4 121:17 121:20,21 135:4 179:10 184:7 185:13 news 179:22 nice 15:19 25:14 42:23 69:1 nightly 171:13 172:1,8 176:15 176:19 nightmares 132:10,12,16 135:10 136:5 NIH 145:13 nine 146:9 Nirav 11:2 noises 7:22 137:14 nonapproval 92:19 Nonpsychotro... 110:1 nonrestorative 38:20 Norco 21:1 normal 18:9 39:12 105:12 105:22 137:11 149:8,12,22 176:17 normally 184:9 North 161:24 NorthShore 6:8 Northwestern 6:18 notarial 188:17 Notary 2:14 188:4,23 note 43:3 54:15 77:22 101:10 121:5 123:4 149:10 noted 19:5,10 23:19 164:7 notes 47:19 163:24	notice 2:13 notification 92:21 169:2 notified 92:12 notify 92:10,22 122:8 noting 12:2 Nottingham 70:22 November 178:2 180:20 nullify 140:15 number 9:22 19:6 37:7 103:18 124:23 135:15 141:3 162:9 172:18 numerous 140:6 nurse 5:20 6:12 nurses 82:6 nutritional 78:17 <hr/> O <hr/> O 4:1 5:1 OA 69:6,24 70:18 71:24 oath 13:4 objections 81:12 obligated 57:6 observation 36:13 obtain 116:13,17 125:23 156:24 obtaining 135:9 obviously 17:12 26:23 58:13 60:8 67:16 89:1 131:13 149:21 occur 18:19 19:12 109:19 occurrence 107:9 occurs 44:21 69:22 159:24 October 1:15 56:14 169:20 188:18,20 odds 26:12	offer 128:16 148:19,22 156:1 offered 66:13 130:14 133:12 183:24 office 5:18 10:22 187:2,13 officer 188:6 official 80:14 96:24 143:24 officially 48:11 97:11 officials 102:21 oftentimes 57:12 60:9 102:3 oh 15:13,15 31:17 48:3 91:21 92:1 166:3 174:20 oil 131:18 oils 107:19 okay 12:15 14:2 14:13 16:6 20:5 27:15 28:5,15 30:2,8 31:10,17 33:5,10,19 34:3 47:4,10,15 48:8 50:8 52:10,13 55:14 61:20 63:24 65:18 67:24 68:13,16 69:3 77:23 85:6 85:12,15,18 90:17 92:8 93:21 98:3,15 104:20,22 110:18 114:23 118:6 126:4 127:6,21,23 128:9 129:8 132:22 142:24 143:7,14 161:12 172:12 old 166:10 once 17:1 46:13 78:24 86:21	102:20,24 119:14 132:17 143:10,11 150:5 169:4 171:7,17,20 Onerous 79:5 ones 25:11 45:1 49:5 60:5 83:3 101:3 one-minute 16:14 98:10 one-third 19:1 one-to-one 170:11 ongoing 38:3 40:20 179:24 online 131:16,18 onset 144:3 162:5 onslaught 164:23 177:2 onus 183:3 186:3 open 5:7 14:21 15:12 16:4 20:8 33:9 40:16 52:1 83:10 87:6,12 95:11,14 96:18 97:17,21 108:7 120:5 121:6 126:23 128:1 133:19 141:15 143:8 149:4 164:22 169:5 170:1,9 181:9 opened 89:13,15 178:8 opening 12:19 82:19 178:2 180:19 openness 80:1 opens 170:16,18 operating 176:17 operations 128:11 136:19 opiate 20:17 35:1 opiates 40:22 142:13 opinion 150:1	167:5 174:17 opioid 19:9,12 20:24 34:22,23 37:10 54:6 opioids 19:3 20:13 43:12 114:4 opportunity 8:19 14:18 20:2 35:13 59:6 81:3 83:14 95:6 122:22 125:23 144:9 148:20 159:15 opposed 68:11 186:16 option 104:15 152:12 156:2,9 options 20:19 67:12 70:15 106:9 158:10 178:7 order 4:3 5:3 16:18 33:8 57:15 66:17,18 70:19 85:22 93:22 100:24 125:22 168:11 180:12 181:1 185:2,6 ordering 14:14 14:15 organism 56:22 organization 8:11 10:12 16:12 18:6 185:8 186:3 origin 39:16 original 112:2 originally 34:15 osteo 73:16 osteoarthritis 4:10 18:11 39:4 39:23 42:20 53:15 57:21 68:15,21 69:6,8 69:13,20 70:3
--	---	--	---	--

70:11,17,24 71:7 72:1,6,12 73:9,13,20,24 74:5,10,20 75:6 75:16 76:7 79:8 83:18 85:16 87:10 89:1 165:22 166:7 166:10,13,20 167:12,21	oversight 154:17 overuse 74:6 overview 134:24 overwhelming 141:21 147:19 owe 142:3 owners 165:6 oxycodone 76:7 76:11,16 OxyContin 21:2	37:19,22 38:3,5 38:6,8,14,16,17 38:22 39:2,4,6 39:9,9,13,15,17 39:20,22 40:3,5 40:8 41:1,2,20 41:21 42:3,21 43:8,11,11,15 44:11,12 45:8 45:15 46:9 47:6 47:8,14,19 48:8 48:11 49:8,14 49:14,19 50:4,5 50:8,9,12,16 51:11,17 52:6 52:14,16,21 53:2,3,7,7,8,10 53:12,12,14,16 53:17 54:3,8,10 54:16,20,21,22 54:24 55:2,5,7 55:14 57:19,20 57:21,21 58:10 60:7,9,17 61:2 61:9,9,10,10,13 61:23 62:4,6,11 62:15 63:11,11 63:11,12,14,14 64:2,13,14 65:1 65:3,11,13,14 65:19,20 66:23 66:24 67:5,11 67:20,20 68:2,3 70:13,14,20,23 71:4,5,12,13 72:4,19 73:11 74:9,10,11 76:12 99:22 102:16 104:12 105:7,23 106:22 107:14 124:18 129:4,6 132:11,15 painful 18:5,7 39:17,18 49:15 49:16 70:6 73:17 102:16	103:10 107:10 147:4 pain-related 26:15 panacea 37:3 pancreatitis 104:7 panic 162:5,5 paper 9:15 23:18 32:7 68:6 83:22 paperwork 24:24 98:17 116:14 153:20 paradoxical 100:3 paragraph 43:7 parallel 152:15 paralyzed 102:16 parental 153:13 159:4 parenting 146:11 parents 159:15 Parikh 3:10 10:1 10:9,10,13 25:18 27:5,14 30:11 42:19 45:6 51:1 63:17 63:22 65:15 67:3,9,22 76:5 76:15 79:10 127:1 187:19 Parkinson's 186:8 part 27:20,22 57:9 59:15 60:13 86:9 100:23 116:12 116:14 119:5 144:6 176:19 186:21 partially 38:15 participant 7:23 participants 7:18 participate 8:19 participating 186:9 participation	169:17 particular 21:9 21:15 28:7 59:21 77:21 144:7 particularly 21:7 24:13 49:2 144:4 parties 188:12 parts 171:23 178:18 180:18 pass 9:19 23:2 27:11 83:24 88:7 passage 45:2 105:19 106:20 passed 14:12 24:10 33:11 44:18 47:18,20 47:21 48:9 52:15 85:16 143:11 160:24 passes 68:14 124:9 passion 80:1,10 131:9 159:5 161:2,7 passionate 159:11 160:14 path 116:6 pathologic 23:21 pathophysiology 151:2 patience 98:20 126:5 181:21 patient 6:2 20:23 23:15 40:21 59:9 74:24 80:3 81:8 82:7 113:10 115:22 115:24 116:9 163:21 165:14 169:2 171:7,14 171:24 172:3 172:15 176:11 176:24 178:16 179:9 181:1
osteoporosis 104:6 ought 46:10 ounces 182:18 outcome 148:8 188:14 outcomes 100:3 134:23 140:4 141:12 182:12 184:11 outdated 56:13 outright 121:13 outside 41:18 outsmart 147:12 outweighs 147:13 overall 28:6 41:13 70:7 78:19 99:21 100:1 119:13 overdose 19:20 129:19 overdosed 128:23 142:10 overlap 16:24 21:14 34:18 129:7 134:12 134:14 overlapping 102:4 overload 147:3 overnight 147:7 172:1 overprescribing 142:13 overreaction 105:23	P P 3:1,1 5:1 package 91:22 page 4:2 12:23 13:7 pages 63:4 128:18 paid 180:1 pain 4:6,7,8,9 13:1,5 14:17,22 15:13 16:8,23 17:21,22,22 18:2,4,4,6,8,8 18:10,13,15,22 19:5,11,15 20:9 20:18,20 21:12 21:14,16,24 22:1,3,13,22 23:3,3,6,6,10 23:10,11,11,14 23:18 24:10,14 24:15,16,16,19 25:3,5,9,12,13 25:16,19,21,24 26:1,2,3 27:6 27:10,11 30:3 30:12,12,13,13 30:16,16,17,19 30:21,22 31:1,8 32:1,2,6,20 33:2,10,20 34:8 34:11,14,17 35:4,22,22,23 36:4,11,13,15 36:15,17,18,20 37:1,4,5,6,7,14			

<p>patients 19:2 22:22 25:22 31:1 36:5,14,16 37:1,3,5 38:19 39:4 40:2 53:23 54:9,22 55:2,8 56:2,9 57:11 66:15 69:19 70:18 72:2,7 75:3 76:4,7,11 76:15 78:16,23 81:2 82:7,12,20 82:24 90:20 101:13 103:9 113:21 116:16 117:3 124:24 125:1,3 131:11 131:19 132:2,5 133:20 135:3,5 138:2 154:6,12 158:19 164:16 167:21 168:1,9 169:5,16,23 170:5,7,10,13 170:15,17,22 173:4 175:1,11 175:18 176:5 177:3,5 178:4,5 180:20 181:10 183:24 185:1 185:18,20 187:10</p> <p>patient's 40:6 123:12 124:15 171:5</p> <p>patient-physici... 78:22</p> <p>Patricia 94:2 143:8 146:6,8</p> <p>Paula 1:24 2:13 5:12 16:4 95:10 97:24 188:3</p> <p>pause 139:7</p> <p>PDF 90:22 91:4 91:10</p> <p>pediatric 152:22 153:7,8 154:12</p>	<p>Pediatrics 144:11</p> <p>peer-reviewed 99:17</p> <p>people 13:8,10 53:24 54:1 59:13,14 63:3 69:22 73:3,23 75:8 83:9 88:23 89:3,4,18 90:5 90:10,21 100:16 104:13 105:10 106:1 109:8 110:8 111:1,4 113:13 114:3 115:17 116:1,8 118:5 120:12 126:13 128:2 132:13 136:12 140:1 141:23 144:21 147:2 151:16 151:22,23 152:5,11,16 153:1,7 154:23 155:12 157:1,6 157:8 161:5 163:9,12 166:11 182:18 182:20,22 185:11,15 186:4</p> <p>people's 27:4 64:19</p> <p>peptic 104:7</p> <p>percent 7:1 36:4 36:18 38:13 56:18 132:5 133:5 135:5,12 135:13 136:21 136:21 137:1 142:1 161:18 163:12</p> <p>perception 58:8</p> <p>perfect 44:24 94:4</p> <p>periaqueductal</p>	<p>18:20</p> <p>period 62:13 67:10,14,16 69:9 72:6 81:6 87:12,13 89:14 89:16,21 118:23 119:1,6 120:5 121:7 167:5</p> <p>periods 87:6 91:23</p> <p>permanent 102:17</p> <p>permit 58:21</p> <p>permitted 49:21</p> <p>persistent 135:10</p> <p>persists 18:9</p> <p>person 15:14 21:19 43:8 68:20 75:11 96:14 131:23 141:18 152:7 155:4 161:9 166:3 168:3 187:1,1,2</p> <p>personal 100:13 108:5 134:21 138:12 139:8</p> <p>personality 106:7</p> <p>personally 21:23 39:6</p> <p>persons 7:15 8:2 8:5,9,15,16 31:4</p> <p>perspective 78:14 114:8</p> <p>perspectives 139:2</p> <p>pertinent 83:12</p> <p>petition 8:3 9:3 12:17 13:14,15 21:9,15 23:17 28:8,11,16 29:16,19,21 31:7 42:23 43:3 47:18 49:3,22</p>	<p>49:23 50:20 59:12,21,24 60:15,18 69:9 72:6 83:15 86:7 87:6,10,11,12 87:13,13,16 88:5,17,18 89:7 89:14,15,21 90:3 91:7,22,23 92:24 94:1 98:17 118:11 119:3,6 120:1,5 120:5,7,13,16 121:6,7,8,12,20 121:21 137:21 150:10</p> <p>petitioned 165:23 166:21 167:11</p> <p>petitioner 9:4 29:8 51:22 59:23 60:16 62:5 68:16 84:16 91:10 122:8</p> <p>petitioners 9:10 14:16 29:19 33:15 48:15 82:3 85:8 86:12 87:4 92:4,10 94:9 97:22 121:5 123:3,4,5 123:7 137:16</p> <p>petitioner's 29:4</p> <p>petitions 1:6 5:4 7:9 11:14 21:7 21:14 29:16 31:22 42:17 48:15 60:12 82:22 86:2,13 86:15,24 87:5 87:21 88:10 92:23 118:10 120:14 122:5 122:11 127:18 143:8</p> <p>pharmaceutical</p>	<p>45:24</p> <p>pharmacist 10:13 76:5</p> <p>pharmacists 82:6</p> <p>pharmacological 109:7</p> <p>phenomenon 74:6</p> <p>philosopher 46:13</p> <p>phone 80:3 175:20 176:10</p> <p>phones 177:6</p> <p>photographs 175:11</p> <p>physical 38:23 43:11 45:23 71:12 147:22 155:18</p> <p>physician 6:4 17:20 19:11 59:5,7 75:9 101:5 110:15 153:5 154:9 183:15</p> <p>physicians 18:15 76:2 82:6 116:3 116:5 117:1 154:15,24 159:20 183:3,7</p> <p>physiologic 23:21</p> <p>physiological 109:7</p> <p>pick 27:17 176:10</p> <p>piece 24:21 183:11,16</p> <p>pieces 96:21</p> <p>pill 129:17,18</p> <p>pills 21:19 131:23 134:4</p> <p>pilot 11:10,11 24:11 27:20 28:21 37:21 40:9 52:22 53:5 55:7 75:12</p>
--	--	--	--	--

ADVISORY BOARD MEETING 10/7/2015

80:22 81:4,6,7 81:16 82:9,24 83:8 93:14 105:4 107:23 123:13 124:1 124:17 133:21 136:1 137:20 138:8 154:10 pinpoint 102:7 pituitary 53:22 place 23:13 42:5 121:18 148:8 171:18,21 176:8 placed 110:2 156:10 places 89:12 plagued 102:17 plain 76:18 107:5 180:21 planning 177:24 178:2 plant 99:15 107:16 110:2 play 151:2 179:3 playing 26:12 please 7:17 10:8 11:18 16:12,13 17:18 33:17 35:19 51:15 69:3 94:19 98:7 98:24 99:2 104:21 123:4 135:2 148:22 161:10 181:22 187:12 pleased 143:10 pleasurable 166:15 plenty 74:4 182:20 pocket 162:12 point 16:18 21:3 24:8 26:12 30:11 32:15 35:5,6,7 39:16 43:14 45:4	63:18 66:17 72:16 87:18 91:17 99:24 108:12 110:9 110:10,13,17 111:17 113:12 113:14 114:24 118:12,14 120:23 121:2 121:15,23 136:12 140:18 144:19 146:1 149:7 153:23 155:2 156:11 158:6 161:12 168:9 169:6 170:10,19 173:9 174:4 183:10,12,21 184:5 186:7,11 points 63:22 116:19 144:16 155:8,14 161:3 poisoning 19:13 37:10 police 178:19 policies 90:14 133:24 policy 125:6 politics 81:18 poor 38:1 74:7 poorly 38:2 105:20 poor-quality 38:19 population 19:1 136:24 137:2 portion 96:18 position 78:7 140:22 positive 148:13 possibility 99:14 131:24 132:12 181:11 possible 12:14 17:1,2 53:10 59:22 72:4	105:18 134:16 152:15 176:6 177:14,23 178:11 182:24 184:1 possibly 172:10 post 89:10 91:1 97:1,6,11 postconcussion 133:6 134:9 posted 89:7,12 169:9 postop 49:14 postoperative 4:8 47:14,19 48:7,11 49:8,14 49:15,16,19 50:15 51:11 52:14 postprocedural 49:13 50:7,16 60:10 postthoracotomy 50:9 posttraumatic 60:10 89:2 126:14,20 135:23 postulated 18:21 posture 38:11 post-op 24:14 Post-Traumatic 4:12 potential 41:22 100:10,11 116:1 140:11 140:18 145:11 149:21 150:23 151:8,9,18 potentially 96:10 power 126:11 powers 174:5 practical 44:14 99:16 111:24 practice 6:18,19 15:17,18 72:20 78:15 100:7	116:8,24 145:16 practicing 17:21 35:22 38:12 76:5 116:5 precedent 60:14 predicated 125:17 predominant 18:18 predominantly 156:17 preference 118:3 premature 81:7 preparation 11:20 prepare 33:8 preparing 169:15 prescribe 117:2 183:9 prescribed 19:7 104:3,9 106:16 128:19 129:17 prescribes 130:10 prescribing 159:20 prescription 35:2 133:8 prescriptions 19:8 37:8 present 3:2,14 8:2,7 9:3,17 11:22,22 15:1 17:1 37:2 98:11 128:2 143:4,18 presentation 8:1 8:18 presentations 8:15,21 82:4 presented 35:12 76:23 99:10 148:6,14 179:5 presenters 8:18 presents 37:23 preserve 174:23	pretty 27:11 32:17 42:14 46:3 63:10 73:16,16 75:7 75:20 78:13 93:11 139:4 153:9 prevent 106:23 132:15 previous 42:21 64:12 119:15 previously 22:2 65:1,10 66:22 68:1 88:1 145:7 primarily 113:23 124:23 156:16 primary 19:4 prior 133:10 161:19 Pritzker 6:6 privacy 9:16 probably 22:14 67:15 68:18 75:8 79:22 93:9 115:2 120:21 124:12 164:4 problem 37:23 44:22 55:16 57:4,5 83:19 106:6 problematic 101:2 problems 38:24 112:10,22 116:14 162:10 procedural 119:23 procedurally 95:7 procedures 179:3 proceed 27:21 52:11 68:7 69:3 95:18 97:17 proceeded 39:19 proceeding 7:23 85:22 96:1
---	--	---	---	---

ADVISORY BOARD MEETING 10/7/2015

proceedings 2:1 7:19 80:2,12 95:15 97:14 188:6,8,9	5:6 6:8 10:18 10:20,21 11:10 11:11,16,17,23 27:20 28:21 37:21 40:10 52:22 53:5 54:14 55:7 69:13 73:11 79:14,16,18 80:22 81:4,6,7 100:23 101:8 105:4 106:17 107:23 124:5 125:9 133:22 135:4 136:1 137:20 138:8 138:23 141:19 161:21 163:21 165:3 166:19 167:15 168:11 169:17 170:6 172:14 174:10 174:23 176:23 177:15 178:16 178:18 185:6 186:6	propel 123:23 proper 13:24 35:8 80:18 102:22 properly 81:22 83:21 97:10 138:19 proportion 38:22 proposal 20:22 99:6 143:19 proposed 86:19 118:16 proposing 67:20 74:19 protect 42:3 protected 172:4 173:23 protection 154:18 protective 69:22 prove 61:19 114:20 185:16 proved 36:8 proven 39:14 54:7 106:21 107:11 140:15 proverbial 39:8 proves 187:5 provide 19:19 59:8 87:24 103:6 123:22 127:19 164:21 169:24 provided 41:18 89:16 98:14 99:16 109:24 111:22 112:1 114:8 122:16 141:2 144:10 145:13 150:9 177:10 provider 26:21 75:9 115:22 139:20 providers 37:24 56:4 57:6 138:24	provides 13:5 29:23 providing 52:17 139:6 Psych 15:15 psychiatric 143:22,23 144:3 145:5 147:17 psychiatry 44:1 157:21 psychoactive 137:5 psychoactivity 156:19 Psychological 140:6 psychosis 162:24 PTSD 129:6,9,14 129:16 131:19 131:20 133:6 133:15 134:9 134:17,17 135:1,3,6,15,24 136:2,5,8,10,12 136:14,15,20 136:22 137:14 137:16 138:2,4 138:6,7 140:5,9 140:13,14,21 140:23 141:1,4 141:15,18,21 141:22 142:1,2 143:11 151:1 161:19 162:5 163:13 183:21 PTSD-type 132:10 public 1:1,5 2:14 5:4,4,17 7:8,13 11:1,2 25:2 33:16 41:1 53:7 56:8 57:9 69:9 75:5 86:17 87:23 90:20 91:9 96:22 97:14 124:15	125:12 127:16 128:1 137:17 137:18,23 161:8,11 165:18 166:24 167:7,24 168:7 171:15 181:18 187:14 188:4 188:23 publically 186:13 publicly 79:23 80:4 pull 20:14 pulling 172:23 purchasing 178:8 purely 22:7,8 42:10 46:9 66:13 77:23 90:21 purpose 7:8 100:24 purposes 100:17 116:17 pursuant 2:13 15:4 81:9 94:10 pursue 131:9 pursuit 35:8 push 171:12 172:6 173:3 pushed 171:24 pushing 169:21 put 9:12 11:20 26:21 42:12 45:7,10,11 53:11 78:14 79:7 81:18 91:11 93:23,24 94:5 113:19 115:6 162:8 171:11 175:24 176:8 putting 67:17 80:2 115:9 121:17 179:3 p.m 177:11 187:24
--	---	--	--	--

ADVISORY BOARD MEETING 10/7/2015

Q	railroad 148:2	ready 33:20	172:7	157:22 159:18
qualify 60:20	raise 52:7 108:21	95:18 97:24	received 24:24	186:17
77:11 159:13	109:12 161:10	98:2 141:8	122:5 137:17	recommending
185:15	raised 77:16	169:13 173:7	receiving 70:13	40:23 140:1
qualifying 34:17	115:15 161:4	real 54:16 119:8	125:9	185:18,19
37:20 38:4 40:9	169:1	162:23 164:16	receptor 114:11	reconsidered
52:21 53:4	raki 72:21	172:9,15,18	receptors 41:21	119:16
54:13 55:6 59:9	Ramirez 3:11	173:8 174:8	70:23 71:3 74:4	record 8:13
69:12 71:24	6:21,21 28:18	180:9	103:15 107:2,5	13:13 17:8
105:3 107:24	28:19 45:14	reality 32:11	107:7 113:24	33:13 61:7 75:5
135:24 138:7	46:12 62:3 63:3	realize 28:20	114:2 156:16	187:24 188:8
quality 35:6	64:16 66:17	39:18	Recess 85:20	records 130:1
36:22,23 37:7	88:13 92:9,19	really 21:15	126:16	176:21
48:15 132:10	93:18 96:22	22:24 24:8 25:2	reckless 142:13	recovered 148:16
132:16 135:13	116:11 117:21	41:11 43:24	recklessly 155:1	recovering 141:2
question 21:6	157:12,13	47:23 50:7 52:5	reclose 95:8	recreational
43:16 62:3	Random 102:16	55:17 58:5	recognize 41:3	155:6 182:14
76:14 83:10	randomization	61:19 66:6 69:5	75:18 78:9	rectum 105:16
86:5 88:12,21	36:12	77:6 78:1 79:2	108:10 113:17	Rediger 184:17
101:12 110:6	randomized	93:13 110:13	138:10	184:17
111:21 117:13	36:16 77:17	116:6 124:2	recognized 8:5,8	reduce 42:16
120:9 123:10	range 102:3	126:1 131:12	41:1 141:19	reduced 163:12
124:21 152:14	103:4 145:8	139:21,24	recognizing	188:10
178:10	ranged 21:1	141:8 146:12	104:16	reducing 132:12
questioned 21:10	ranges 100:14	153:19 154:8	recommend 21:4	135:15 137:13
questions 8:14	rape 134:21	156:1 161:1	37:19 40:8,21	reduction 36:4
9:11 83:14	Raphael 137:3	167:23 178:21	41:3 45:2 52:20	38:21 135:5,12
89:19 108:22	rapid 102:15	180:15 181:6	55:5 87:23	redundant 64:5
118:13 124:13	rashes 102:17	realtime 165:5	107:22 117:1,2	reevaluate 115:6
169:1	rates 141:22	reapplying 90:6	122:6 135:23	reexperiencing
Quetsch 1:24	ratings 36:12	reason 54:21	160:18	135:6
2:13 188:3	rationale 26:10	90:11 146:15	recommendation	reference 50:15
quickly 12:14	rats 110:7	149:13 155:7	60:16 71:23	183:12,21
100:18	Rauner 81:13	157:20,23	86:16 88:20	references 98:14
quite 29:3 61:8	reach 125:5,5,6	182:23 187:3	105:2 138:7	refiled 120:15,17
111:3 122:16	172:5 173:24	reasonable 37:6	recommendati...	reflect 13:13
134:10 164:3	reaching 169:22	53:11	7:12 31:19	66:22
165:6 175:14	react 105:21	reasons 30:18	60:20 80:17	reflected 17:12
quorum 9:17	reaction 163:1	77:11 117:1	82:9,14,16,18	75:4
10:4	reactions 39:1	158:19 172:2	83:3,16 86:22	reflex 60:7
quote 80:19,22	read 9:17 80:19	reassured 41:15	89:7 92:17	reflux 102:13
119:21	83:17 87:19	66:2	102:22 119:15	103:12
R	reading 21:7	reassuring 22:16	168:6 182:4	refrain 7:18,21
R 3:1 5:1	22:7 29:13	rebid 175:15	recommended	refuse 133:12
race 104:10	32:10 86:20	recall 47:20	14:4 22:21	regard 29:15
rage 155:20	163:24	recalling 109:3	82:17 118:10	49:5 138:11
	reads 164:12	receive 82:14	122:21 144:13	169:1

ADVISORY BOARD MEETING 10/7/2015

<p>regarding 9:11 15:13 16:8 23:6 41:9,19 55:14 77:20 82:15,22 86:1,18 108:8 118:16 153:18 regardless 42:11 regime 73:4 regional 60:7 registered 5:20 6:11 registration 7:16 12:6 registry 1:10 5:6 169:15 172:3 175:18 181:2 regular 13:12 102:24 112:18 regularly 38:12 regulate 70:23 107:12 183:17 183:18 regulation 153:19 169:4,8 171:3 regulations 32:10,11 rehear 122:2 reimbursement 57:8 Reintroduce 35:18 reiterate 88:1 115:20 reject 32:7 167:1 rejected 26:14 30:3 80:16 86:2 122:12 166:22 166:22,24 167:11 168:13 related 21:9 35:2 116:21 137:9 139:9 141:4 188:12 relationship 40:21 75:10 78:22 101:12</p>	<p>151:21 170:11 relative 187:2 relax 42:2 105:14 relaxes 106:15 112:14 relaxing 112:24 released 78:6 96:10 relentless 79:24 reliable 139:6 relief 13:6 24:19 35:13 53:9 103:6,8 106:9 112:23 129:4 134:4 relieve 67:11 relieving 36:20 religious 6:15 relish 147:14 rely 26:15 125:15 133:17 168:5 relying 140:2 remain 19:4 94:18 169:18 remainder 44:7 remains 80:23 remember 25:10 64:16 68:23 69:7 89:20 128:6 reminder 98:8 reminders 135:10 reminding 143:21 remiss 91:24 remote 152:15 remove 67:21 removed 53:8 removing 137:11 render 86:17 118:15 reopen 15:24 95:8 reopening 85:23 reordering 94:6 rep 6:24</p>	<p>repeat 68:24 123:17 repetition 83:5 replacement 75:20 report 2:1 154:20 reported 1:24 36:3,5 38:17 102:20 135:5 reporter 5:12 8:13 16:6 27:15 48:24 51:7 96:17 98:3 99:1 131:5 188:1,4 reporting 56:8 reports 135:3 136:23 represent 5:20 6:11 139:4 representing 8:11 184:24 represents 18:24 request 15:1 22:10 82:11 94:20 96:5 127:19 170:6 187:11 requested 16:22 59:17,19 requesting 1:6 5:5 require 36:12 90:12 91:8 105:11 125:24 182:1 required 120:5 184:4 requirement 118:20,20 requirements 59:11 93:2 requires 40:20 48:19 88:5 100:7 145:17 research 11:13 12:24 41:18 48:16,19 49:2</p>	<p>72:16 76:24 77:9,13,15,23 78:6 91:11 103:13 114:21 116:17 122:19 125:22,24 140:8 144:12 144:16 150:9 153:8,19 158:7 163:4 184:5,8 187:11 researched 145:16 research-based 77:24 reside 125:1 136:23 residents 7:9 69:18 137:1 residual 44:11 resistant 62:11 75:1 resolved 67:8 resource 145:13 resources 109:21 respect 41:20 138:10 154:10 158:18 175:23 respected 141:12 respiratory 114:3 respond 38:9 53:13 87:21 89:19 responding 24:17 response 14:1 29:11 34:2 38:1 41:7 43:13 52:8 68:12 85:5 94:3 117:18 135:11 143:6 149:6 160:17 Responses 70:24 responsibilities 178:15 responsibility</p>	<p>148:19 171:11 182:3 183:4,5 responsible 18:17 79:17 145:17 178:16 184:6 responsibly 116:8 183:5 rest 9:9 24:1 56:15 146:23 restate 51:6 restorative 135:9 restraints 147:22 147:22 restricted 77:11 restroom 68:19 84:15 resubmission 88:14,16 resubmit 89:5 91:5 resubmitted 88:24 121:22 result 18:13 20:18 134:20 resulted 35:4 results 34:21 83:18 88:19 132:3 145:18 retain 91:11 retired 6:14 return 81:11 94:20 140:5 revenue 178:21 review 1:5 5:4 12:17 59:16 88:19 reviewed 8:3 12:18 41:17 48:17 87:13 88:6 144:11 reviewing 7:8 rewrote 84:7 rheumatoid 18:11 73:11,16 73:19,21 74:1 rheumatologist</p>
---	--	---	--	--

71:13 rhythm 105:14 rid 75:20 right 16:3 31:18 47:11 50:14 56:19 59:16 61:11 66:18 77:4 83:23 84:5 86:4 89:24 96:15 112:12 126:10 127:5 129:13 146:10 151:4 155:24 155:24 161:5 167:19 170:22 171:1 173:21 175:3,8,11 176:12 179:20 181:4 184:16 185:24 186:1 rights 50:18 risk 19:19 106:3 113:16,20 145:22 149:21 151:11,15 risks 113:19 140:24 risky 153:14 Risperdal 146:14 149:16 159:17 road 2:6 27:13 78:15 robust 42:7 100:19 role 19:15 144:16 178:20 182:2 rolling 171:3 185:10 room 7:16 9:6,9 75:8 84:24 94:17,19 97:19 119:14 155:10 187:1 roughly 136:16 rubber 78:15 rule 32:12 59:18 119:5 164:11	rulemaking 59:20 rules 86:7 87:4 87:15 88:4,7 90:14 92:24 118:14,18,22 119:23 120:4,6 164:10 165:7 180:24,24 run 9:2 15:18 79:1 129:9 186:20 runaround 164:3 runners 74:6 running 173:12 Rush 5:23 R52 61:3 63:10 63:15 64:8 <hr/> S S 3:1 4:1 5:1 safe 35:13 132:18 145:16 184:6 safely 144:13 safer 78:19 104:14 safety 78:12 79:4 138:12 sale 19:9 salt 58:14 sanctioned 81:23 sandwich 135:19 Sandy 163:19,20 168:23 169:1 176:7 satisfied 78:10 satisfies 78:12 sativa 107:16 save 90:10,22 91:4 saved 163:6 saw 61:17 109:8 150:14 saying 12:24 16:24 56:16 65:9 66:5 93:8 99:8 110:18	111:17 119:14 140:7 152:9 180:3 says 13:7 26:3 32:12 43:7,9,14 59:13 119:2 123:24 132:8 SB33 80:20 scale 113:19 scarcity 144:13 scarier 147:4 scarring 102:18 scenes 185:6 scheduled 97:21 schizophrenia 139:12,15 scholar 147:12 school 6:6 102:12 102:20 147:19 147:24 183:8 schools 157:6 science 135:1 141:6 157:24 168:4 science-based 157:17 scientific 42:10 81:17 157:17 158:12,17 187:6 scientist 137:4 scores 56:8 57:9 scratch 121:16 scratched 84:7 screwed 84:2 seal 188:17 sealed 96:12 search 50:3 seats 97:17,20 98:6 126:18 second 14:7 15:7 16:2 17:14 19:7 34:4 45:5 46:16 47:9 48:2 51:5 51:14 62:8 65:4 65:5 67:1 68:4 79:9 94:13	117:22 123:2,5 126:9 142:23 160:21 162:1 187:20 seconded 32:22 32:24 66:20,21 seconding 46:18 Secondly 164:15 seconds 98:11,12 128:8 Secretary 176:21 178:20 secretion 106:19 Section 81:9 86:10 119:21 119:23 see 21:8 23:13 24:5,9 25:18 28:9 31:22 33:24 39:7 40:22 41:19 44:22 64:6 68:18 73:12 77:18,18 79:2,3 82:11,24 91:16 110:24 113:22 114:7,21 115:3 115:11 122:11 134:4 141:12 150:24 151:7 152:24 153:2,5 153:6,6,10,16 153:17 167:6 170:15,24 174:7 175:4 182:15 185:1 185:20,22 seeing 21:13 56:6 56:10 122:18 140:18 149:9 182:12 186:9 seek 90:13 seen 49:5 71:13 76:6 122:15 128:17 131:21 132:14 147:5 159:14 182:24	seizure 152:17 160:2 seizures 104:10 154:13 155:12 160:1 select 113:21 170:12,15,17 selected 171:8 selecting 170:1 selection 169:5 170:14 171:8 171:10 selections 170:8 selective 146:18 self-medicate 139:19 semantically 62:7,15 Senate 80:21 81:11 send 26:8 95:3 103:21 164:19 176:9 178:6 sending 178:1 sends 11:3 103:22 senior 162:2 sensation 99:23 sense 24:8 25:2 26:7 27:23 28:3 31:21 46:1,13 64:15 67:17 82:2 113:9 120:17 123:5 139:24 144:24 146:19 158:9 senses 46:14 sensible 148:16 Sensitization 70:23 sensory 72:22 147:3 sent 25:7 96:20 178:9 sentence 62:23 separate 14:6 26:18 28:10,22
---	---	---	--	---

ADVISORY BOARD MEETING 10/7/2015

29:1 60:12 65:12 96:20 103:24 145:7 separately 28:6 50:10 145:9 September 40:24 41:2 serious 110:19,19 112:11 seriously 54:17 82:9 184:12 185:7 186:6 serve 90:19 served 81:2,8 136:19 service 11:19 130:20,22 131:1 133:5 138:10 161:13 163:5 175:2 Services 184:18 service-conne... 7:1 session 15:2,3,6 15:12,12,14,23 16:1,4 85:8,13 85:23 93:9 94:12,18,20 95:6,10,12,13 95:15,20 96:9 96:19 97:13,14 97:18 98:20 161:9 sessions 9:1 33:9 85:7 94:22 95:2 97:20 set 23:9 43:22 60:15 80:17 83:23 95:17 122:13 150:6 154:11 188:16 setting 128:6 settle 84:18 126:19 seven 72:20 severe 53:12 54:23 74:20,24	76:3 102:13 131:21 132:7 136:6 149:20 severely 20:24 131:23 severity 100:14 132:9 145:8 shade 24:20 shades 24:10 Shah 11:2,8 share 79:20 98:13 139:2 168:22 182:21 shared 22:14 102:8 shares 102:5 sheet 43:3 sheets 65:8 shelves 181:10 shift 179:12 shoot 163:22 short 71:22 84:15 140:3 shorten 130:16 Shorthand 188:1 188:3 short-term 26:2 141:10 151:6 shot 27:12 show 33:17 185:1 185:7 showcase 97:10 showed 144:20 shown 19:16 21:23 140:3 145:2 186:20 shows 12:24 43:13 142:1 shut 32:3 sick 56:9,9 side 26:8 37:9 84:6 129:22 159:4 sides 157:16 side-effects 19:13 103:19 104:2,5 106:21 113:16	133:14 146:14 148:14 150:4 155:9 sign 7:15 16:15 33:24 52:7 98:10 154:15 154:24 177:4 signaling 41:23 signals 39:15 54:8 71:4 103:21 105:20 signature 91:8 signed 51:23 52:3 85:2,3 127:11 153:12 154:19 175:23 signed-in 126:22 significant 111:6 111:19 132:9 133:13 144:22 144:22 151:9 152:1 significantly 55:18 139:24 151:6 signing 121:17 signs 98:9 106:1 silence 39:22 silver 39:8 similar 35:12 54:11 147:6 151:2 simple 57:19 175:10,10 176:8 180:21 simply 53:11 59:2 89:15 118:14 121:16 Sincerely 81:13 single 29:21 72:23 145:6 147:1 177:14 SINNER 3:16 sit 70:6 120:22 site 56:24 sits 148:5 sitting 8:20 181:9	situation 25:22 26:3 31:3 119:18 175:14 situations 20:21 six 18:7 24:19 38:3 67:15 72:20 127:1 128:19 129:24 160:1 162:7 167:7,8,18 skies 39:10 slammed 177:7 177:12 slated 20:3 85:4 sleep 36:22,23 38:20 42:2 132:10,16 135:9 sleeping 38:12 slew 129:14 slides 66:8 slight 93:21 slipped 23:19 slippery 182:16 slipping 154:23 Sloan 16:8,18,22 17:5,19,20 19:23,24 20:5 33:4,7 35:17,18 35:20,21 37:13 47:15 52:4 Sloan's 29:9 slope 182:16 slow 105:19 106:15 slowly 5:14 slows 107:6 small 103:16 106:19 smaller 78:8 smart 154:11 smarter 155:10 smoked 99:19 smoking 107:18 social 81:18 society 103:1 141:12	software 165:3 172:13 173:7 174:2 176:23 sole 7:8 solution 20:17 somebody 31:7 57:4,13 73:15 80:7,8 88:2 121:2 160:19 174:6 176:16 somebody's 43:6 125:15 somewhat 151:9 son 147:6,22 148:18,22 soon 82:10 sophisticated 157:3 sorry 10:10 15:15 49:13 76:14 84:10 98:1 101:17 123:17 131:6 132:20 140:21 148:1,1 159:11 160:13 sort 27:24 29:23 41:13 45:14 59:4 91:9 163:13 181:23 182:13 sound 157:13 source 43:23 44:5 sources 108:22 109:10,10 139:6 southern 174:21 Sovereignty 133:23 space 121:1 span 130:17 Spanish 46:13 speak 5:13 8:5,8 9:4,10 14:18 16:8,19,23 17:24 20:3 33:4
--	--	--	---	---

ADVISORY BOARD MEETING 10/7/2015

52:10 96:7 101:22 128:7 159:4 179:10 speaker 9:6,8 34:4 37:14 47:16 52:5,5 85:4 94:18 110:11 111:22 127:12 speakers 5:13,14 8:11,20,24 11:21 33:3 51:18,19 52:1 72:11 93:22 95:5 98:9 114:10 126:22 143:4 speaking 12:23 34:8,10 62:7 83:10 142:6 special 106:17 170:4 specialist 5:21 71:13 specialized 140:15 specializes 71:14 specialty 161:21 specific 22:11 23:2,24 24:6 25:3,16 26:10 26:15 27:3,3,7 29:4,17 44:19 45:17,19 46:6 46:24 47:7,7 50:12 56:7 57:2 57:7,7,15,16 58:6,18,22 59:4 59:10 60:8,12 63:23 65:22 66:3 88:18 89:15 96:10 99:14 120:7 182:8 specifically 23:6 23:17 30:21 46:22 56:21	60:17 64:21 89:4,14 96:8 129:9,14 185:10 specificity 22:10 24:2,12 26:22 28:10 55:19 59:21 66:6 specifics 31:24 specified 59:19 specify 59:5 63:5 spectrum 145:4 speech 166:4 spell 5:15 8:12 16:13 99:1 131:4 161:14 spells 86:11 spent 129:20 133:9 187:18 spinal 18:11 112:18 spine 70:2,5 74:7 spiral 111:10 split 60:23 spoke 69:8,14 spoken 111:2 152:5 164:15 sponsor 165:1 172:21 Spontaneous 102:15 spot 165:5 172:16 spread 91:3 SSRIs 133:13 staff 12:6 79:24 93:17 94:24 164:2 170:21 176:10 177:15 179:5 180:1,12 staffing 184:3 stage 28:1 32:14 77:19 80:18,23 82:10 stand 43:1 186:5 standard 78:3 117:11,14	153:16 158:13 164:12 standardized 100:9 standards 184:9 standpoint 22:8 44:14 58:20 90:21 153:11 159:23 stands 24:11 start 5:8,9 8:22 33:6 46:5 73:22 73:23,23 74:8 82:12 85:22 94:8 114:6 121:16 128:3 143:16 169:18 started 55:24 71:17 139:12 starting 152:24 153:2 startle 135:11 startup 164:17 172:13 173:6 state 2:14 16:12 25:12 27:21 40:12,19,19,19 41:16 53:2,7 54:11,11 55:11 68:2 80:15 81:3 81:22 98:24 108:2 118:15 125:1,7,19 126:2 133:22 136:24 137:2 138:9,14 141:6 146:1 147:3 161:5 162:3 166:11,17 168:10 172:9 175:15,16 178:13,19,20 178:22 179:21 180:16 182:5 183:17 188:5 188:24 stated 21:8 24:23	118:24 119:2 141:21 170:9 statement 8:6 43:18 44:8 58:4 77:12 79:20 97:8,9 112:2 143:24 states 19:7 25:9 25:10 29:16 40:20 52:24 54:17 56:12 101:7 119:20 119:24 125:23 134:5 135:4 148:15,21 150:6 167:16 174:24 182:9 183:1,18 statewide 10:18 10:20 79:14 89:9 169:11 state's 69:18 90:14 176:17 176:21 statistics 35:3 141:3 statute 117:8,16 118:18 statutorily 172:7 statutory 118:20 119:22,23 stay 14:19 65:16 94:23 stem 114:2 stenographically 188:9 stenosis 18:11 stepped 134:19 steps 173:5 sticking 24:2 stimuli 137:12,14 stir 148:4 stomach 104:12 105:15 112:9 112:11,22 129:21,24 130:3	stoners 157:5 stood 13:23 stool 106:20 stop 139:21 151:8 155:15 155:16 stopped 133:11 152:7 stories 11:12 108:5 123:12 123:21 125:4,8 125:17,21 142:8,18 story 29:8 125:11 storytelling 11:22 straight 43:17 86:20 strains 156:12 162:20,21 stress 4:12 53:21 89:2 126:14,21 135:23 stressful 164:4 stretching 71:15 strict 62:9 strictly 81:21 stringently 81:21 strive 92:9 119:7 strong 144:2 stronger 105:16 strongly 20:22 21:5 45:1 49:4 111:12 struggled 76:22 struggles 134:20 studies 6:15 21:22 36:9,15 36:18,21 78:8,9 99:19 109:5,6 111:13 115:3 139:7 140:9 145:14 147:5 149:9 150:20 153:1,1 184:7 184:10 185:22 185:24
--	---	--	---	--

study 18:3 36:14 36:15 70:21 71:1 107:1,2 110:2,7 122:18 131:18 135:2 144:10,20 150:14 154:2 159:3 187:7	suffering 35:11 37:4 38:23 81:20 132:15 suffers 38:18 sufficient 111:11 suggest 31:5 117:19 139:15 178:5 suggesting 31:8 145:10 suggestion 30:23 suggests 140:10 suicidal 133:10 suicide 21:3 141:22 162:12 summoned 9:8 supervision 78:21 163:14 188:11 supplement 19:8 supplemented 129:3 support 25:15 91:15 104:15 122:23 140:8 140:23 141:20 143:22 supports 144:1 supposed 62:24 63:1 129:17 165:3 172:14 172:18 173:2 174:3,8 sure 11:6 16:4,22 16:22,22 44:2 46:5 55:22 77:3 84:2,3,11 93:11 93:15 99:20 101:1,13 139:13 148:12 166:11 173:13 175:1 176:5,24 179:22 180:17 181:20 surgery 18:13 surveillance 152:2	survive 73:5 suspect 122:18 sweet 146:16 swings 147:9 switching 143:15 symmetry 73:22 sympathetic 60:7 symptom 18:18 29:5 75:22 132:9 135:3 symptomology 163:11 symptoms 34:18 40:1 70:17 71:9 71:19 102:2,4,8 103:8,19 104:13 106:1,9 106:10,22 107:9 114:8 115:1 129:5,6 130:9,12 132:11 133:9 134:12,16,23 135:6,8 136:5 140:15 141:4 145:8 149:19 syndrome 4:7,11 23:11 24:14 25:19,21 26:4 27:6,10 29:5,7 30:13,19,21 31:8 32:2 33:2 33:20 34:9,11 37:15,20,22 38:8 40:5,8 42:21 43:12 44:11,13 45:9 45:16 46:9 47:6 48:8 57:20,22 60:7 64:13 65:2 65:11,13,19 66:23 67:20 68:2 84:19 94:9 97:18 98:18 99:7,11 100:5 101:23 105:3 107:21 109:14	109:15,18 113:13 114:17 115:2 124:9 133:7 134:9 syndromes 18:12 25:3,24 38:9 60:9 system 6:9 18:16 23:4 24:4 42:4 56:13 61:16,17 64:1 79:5 100:1 103:14 137:7,9 170:13 171:18 172:1,2,3,4,5 173:23 174:1 175:13,16,17 176:12,20 179:2,9,10,11 179:12 systems 53:19 64:14,17 104:1 140:13 179:11 S-l-o-a-n 35:21	126:16 131:24 156:21 185:6 186:6 188:7,9 takes 40:15 167:4 167:24 175:17 179:12 talk 23:24 24:22 25:4,7 75:14 80:14 89:18 126:20 157:15 173:15 174:5 176:10,22 177:11,19 184:23 185:12 186:12 187:14 talked 125:21 167:18 talking 53:16 66:3 124:14 140:16 157:8,9 157:17,18 176:23 180:9 tallied 47:14 51:17 tallies 9:16 tally 47:20 48:4 79:12 123:10 tallying 33:1 123:16 tantrum 155:20 tasked 22:9 58:5 65:23 124:4 tasks 70:9 Taylor 33:7 37:15,16,17 42:19 52:4,10 52:17,18,19 55:13 68:17,20 68:23 69:3,4,5 85:15 104:20 104:20,21,24 105:1 108:4 127:7 135:21 135:22 165:18 165:19,20 TBI 133:6 134:8 134:17
T				
		T 4:1,1 table 5:9 7:16 12:7 82:8 87:20 109:13 tailbone 70:5 take 9:7 32:8 36:7 46:24 58:13 67:21 71:15 83:13,22 84:15 85:18 97:2,17,19 98:5 108:6 114:18 116:22 126:18 126:19 130:6 132:2 134:2 135:16 150:3 153:6 154:4 167:7 170:8 171:1 174:11 179:9 186:18 taken 64:18 82:9 85:20 116:20		

<p>teach 6:15 162:16 teaching 6:14 team 79:14 80:6 technical 8:1,3,7 9:4 90:21 127:20 technicalities 92:16 180:18 technicality 58:10 technically 181:8 tell 108:5 120:12 125:4,8 128:16 134:15 163:6,7 163:11 telling 125:11 173:17 176:2 tells 46:2 Temple 3:3 5:2 6:3,4 7:3 9:24 10:3,6,11,15 12:1,10,15 13:21 14:2,8,11 15:8,11,16 16:7 16:11,20 17:3 17:15,18 20:1,6 21:17 22:17 26:6 27:9,16 28:18 29:6 30:1 31:9,11,14,17 32:19,23 33:14 33:23 34:3 35:15 37:12 40:13 41:6,8 44:9 45:20 46:15,17,20 47:1,4,11 48:3 48:6,18 49:6,11 49:18 50:1,11 50:17,24 51:2,4 51:8,10,15 52:9 55:12,20 60:22 61:1,5,14 63:20 63:24 64:7,11 65:7,17 66:9,21 67:2,19,24 68:5</p>	<p>68:8,11,13 72:10 73:18 76:13,19 77:8 79:19 84:12,23 85:6,11,21 92:3 92:8 93:6,19 94:4,21 95:1 97:16 98:1,4,16 101:15 104:18 104:22 108:3 108:15,24 112:4,7 113:2 116:18,21 117:17,19,23 118:4 122:10 123:9,20 124:6 124:11 126:4 126:10,17 127:2,6,10,21 127:23 129:11 130:19,21 131:4 132:23 135:18 138:15 141:14 142:20 142:24 143:7 143:14 146:5 149:3 153:4 156:11,22 158:5 160:12 160:15,18,22 163:16,19 165:17 168:19 181:17 184:15 187:17,21 tend 49:1 TENS 54:5 tense 164:3 term 26:13 43:15 67:5 terms 28:2 103:2 116:24 134:12 134:23 153:15 168:13 174:24 terrifying 136:3 terrorism 134:21 test 61:6 testify 120:22</p>	<p>testimonies 14:20 80:11 123:22 testimony 11:12 13:4 15:1 17:7 17:11 20:7 29:8 35:16 37:13 40:14 52:12,17 72:14 73:7 96:4 96:9 98:11 99:6 101:16 104:19 108:10 132:24 139:5 141:13 141:15 143:19 149:6 168:1,6 testosterone 53:20 Texas 53:1 text 32:10 thalamus 18:19 thank 7:3 10:15 11:24 12:1 13:20,21 14:11 17:24 19:22 20:1,6 33:12 34:5,5 35:14,15 37:11,12 40:11 40:13,14 41:5 46:15 48:10,17 48:18 51:9 55:10,12 72:9 72:10,13 73:6 79:19,23 80:6,9 83:13 84:12 85:17,19 86:4 93:14,17 98:19 98:23 99:5 101:15,21 104:17,18 108:1,3,4,16 113:6 120:10 122:9 126:4 130:18,19,21 130:24 132:22 132:23 135:17 138:13,15 141:13,14</p>	<p>142:20 143:12 143:18 146:4,5 149:1,3 160:12 163:15,16 164:1,6 165:16 165:17 168:18 168:19 177:18 177:20 181:15 181:20 184:13 184:14,18 187:16,17 thankful 133:21 thanks 11:3,18 130:20 that'd 132:16 THC 99:21 131:18 132:2 137:4 145:14 156:13 157:2 162:22 183:19 183:22 186:15 theoretical 155:22 182:11 therapeutic 147:19 therapies 53:13 54:4 70:10,15 71:18 78:17,17 therapist 71:12 therapy 38:1 45:23 70:12 72:22 93:9 152:8 Theresa 3:9 6:10 22:5 thing 24:19 28:23 29:3 70:16 77:4 90:6 91:5 92:13 99:24 107:16 120:13,23 150:14 155:2 163:1 166:8 176:21 177:6 179:19 181:23 things 7:6 22:8 27:8 28:20,22</p>	<p>40:22 43:3 57:14 65:23 72:23 73:5 74:7 75:3 81:15 123:24 126:13 128:21 130:13 131:20 132:13 147:16 148:3,7 151:13 152:4 153:21 162:23 174:14 178:12 179:15 180:2,3 183:20 think 16:23 20:12,16 22:14 22:15,17,23 23:2 25:14 27:20,22 28:15 30:4,8,23 41:11 42:15 44:15 45:12,15,18,20 46:10 50:6,8,13 50:17,21 51:3 58:13 60:3 61:4 63:17 65:15 66:4 68:17,18 74:13 75:13 79:4 80:4 81:18 83:11 84:16 90:24 91:24 97:18 100:6,20 100:22 101:2,9 101:9 111:17 111:19 112:3 113:18 115:8 115:18 116:3,6 116:19 117:5 117:13,15 119:17 120:11 123:6,7 124:20 125:3 127:13 128:15 130:14 144:5 149:6,9 149:12,15,20 149:22,23 150:5,16,19,22 151:1,12</p>
--	---	--	---	---

ADVISORY BOARD MEETING 10/7/2015

152:10,19	18:9 21:20	tinctures 107:18	train 146:21	106:9 130:1
154:11,16	24:15,18 25:23	titled 36:2 70:22	trainer 162:2	132:3,6 138:24
155:10 156:1,7	27:15 28:22	107:1	trainers 162:2	140:3,12,16
156:10 158:5	29:2 35:14 38:7	today 5:11,12	training 128:12	141:20 143:23
158:11 159:22	40:11 55:10	10:23 11:5,12	184:4	144:14 145:1
161:4 163:5	56:2 57:4 60:2	11:15,21 14:20	transcript 12:20	treatments 18:23
164:9,12	65:18 67:10,15	19:23 34:10	12:22 13:14	38:10 39:1
165:18 168:22	67:16,21 69:24	53:17 57:10	95:13,16,24	70:19 75:2
173:3 174:13	72:9 74:7,18	58:2 69:11	96:16,17,18,19	102:8,22
174:22 175:5	79:12 90:2,7,11	70:21 72:14	96:23 97:3	103:18 111:2
176:4 181:23	100:9,21 103:6	76:24 82:16,18	188:7	133:8 157:11
182:1,7,16,22	108:1,13	83:3,7 86:12	transferred	183:22
182:23 183:2,6	110:22 113:5	87:22 89:1 99:6	39:16	tremendous
183:17,18	115:20 118:23	99:10 125:21	transitioned	179:5
184:5,6,8 185:4	119:1 120:12	131:10 139:1	56:14	trials 77:17 109:8
186:13	120:16 121:10	143:19 152:6	transmission	131:17 153:9
thinking 26:7,10	122:15 125:12	158:16 173:22	54:8 71:4	153:15
28:19 76:10	128:1 129:2,3	184:20 187:18	transposed 90:23	Tribune 187:1
third 43:7 183:14	130:18 132:21	today's 137:16	trauma 4:6 14:22	tried 67:4,10,11
thought 64:3,15	133:12 138:13	told 96:4 139:20	15:13 16:9	67:12,14,17
66:11 96:5	138:18 139:21	165:1,8 173:11	18:13 20:9,18	103:5 133:8
149:15	144:15 148:9	173:22 175:15	21:8 22:13 23:3	152:8 176:8
thoughts 136:6	150:5 153:13	181:12	23:6,11,18,19	triggered 88:18
thousands 186:7	154:17 158:16	tolerable 151:11	23:20,23 24:9	136:3
thrashing 155:16	161:8,24	tolerated 152:6	25:16 28:7,8,9	trips 162:19
three 8:16 16:9	164:18 166:23	tomorrow	28:14,17 30:13	trouble 29:1 42:7
16:16,23 17:2,4	167:6,16	171:16	32:1 33:11	57:18 90:5
17:5,6 18:5	168:15,18	ton 115:3	135:11	130:4 159:20
38:5 51:2,4	169:7,22 170:8	tons 72:16 77:12	traumatic 138:3	troubles 100:6
67:15 83:8 92:5	170:10 171:2	77:13,15	traveling 41:13	183:15
92:6,7 129:20	172:9,15,18	tool 71:8	trays 148:7	true 13:3 28:17
132:4,4 135:5,8	173:8,9,18	tools 116:7	treasure 146:24	36:9 62:22
143:3,4 163:11	174:8 175:6,12	topic 47:14 136:9	treat 62:10,16	112:15 118:22
163:23 173:10	175:21 176:1	143:2 159:5	67:5 75:19	125:2 155:4
173:12	176:17 177:7	total 31:21 86:3	99:15 102:3	167:24 188:8
three-minute	177:24 178:5	totally 21:21	104:1 135:14	truly 40:7 55:7
132:21 161:9	181:18,19	38:16 175:22	140:23 146:16	107:23 180:5
throw 113:14	184:21 187:18	touch 185:11	treatable 67:7	try 17:6 44:2
throwing 44:22	timeline 82:21	touching 185:17	treated 53:9	78:4 117:14
thunder 148:2	timelines 179:13	touchy 117:6	treating 13:1,5	126:11
Thursday 171:16	timely 175:20	tours 128:10	19:15 21:24	trying 12:13
thyroid 19:8	178:6	toxicity 19:19	70:10,16 73:10	26:16 28:13
53:22	times 120:7	tracks 146:21	treatment 18:1	42:3 58:11
tie 90:9	152:5 167:4	148:2 169:14	19:4 20:20	61:18 64:22
ties 129:5	timing 98:9	tract 103:23	43:19 67:13	78:16 106:23
time 8:5,17,20,21	Tina 12:5 83:20	105:15 112:14	72:7 75:21	131:3,9 146:18
8:24 12:9 13:19	84:8 94:17 95:4	113:1	77:24 78:3	148:18 153:15

155:19 174:22	128:22	unique 23:9	64:8,22 68:19	verbatim 95:15
175:9 176:12	unable 111:23	unison 73:5	71:2,11 72:24	95:16
179:13,14	unanimous	unit 54:5	75:3 76:16	verbiage 91:11
181:22	143:12	United 19:7	100:13 102:19	verified 172:20
tube 13:11	unaware 165:7	56:12 125:23	106:18 107:5	veritable 99:22
turn 108:24	unbearable	university 5:23	111:18 137:19	versus 28:17
113:21 130:11	102:13	6:6,8 70:22	139:9,16 140:8	73:20 108:19
turnaround	unbelievably	106:24 147:12	140:12,14	veteran 7:1 133:5
177:8	72:15	161:20,22	141:4,4 143:23	140:20 161:18
twice 71:15,18	uncanny 147:11	unknown 31:20	144:2,17	veterans 130:15
72:21 86:13	uncomfortable	34:19 38:1 46:8	145:11 149:13	133:16,24
106:4 132:2	102:4	102:2	154:3,5 160:6	134:2,5 135:16
142:10	uncommon	unnamed 165:2	183:23	136:11,19,22
two 19:6 27:17	134:11	unparalleled	useful 114:15	136:23 138:2,4
43:3,8 74:14	uncompassion...	13:6 112:23	user 24:3 155:6,7	138:11 141:22
80:7 84:1 85:7	157:14	unprecedented	users 100:4	142:2,4 163:1,2
92:1 94:9,22	uncontrollable	178:23 180:15	144:21	163:9 186:7
95:2 96:21	102:18 136:6	unpredictable	usually 109:18	veteran's 6:24
97:20 112:17	underlying 39:5	102:1	utilize 168:16,17	veto 80:14,20
126:18 128:10	42:20 57:20	unreliable 102:9	187:9	83:15 92:12,15
129:18 134:11	understand	unspecified	U.S 19:1,9	92:17 119:13
134:14,16	12:12 44:14	61:11,13		119:19
147:17 154:15	87:19 88:23,23	untreated 54:4	V	Vetoed 81:13
154:24 157:24	151:14 172:12	untrue 13:2	VA 128:19	vets 134:2
169:14 182:19	173:6 174:18	unusual 119:17	129:16 130:9	vetted 81:20
182:19	175:23 180:4	update 91:6	130:15 133:17	vetting 80:2
Tylenol 70:12	180:17	updates 89:11	134:13 136:13	82:13
76:9,18	understanding	upload 172:1,8	136:18,23	vice 3:4 6:1 14:7
Tylenol-based	67:6 174:10	176:15,20	142:7	15:4,15 16:2
128:23	180:23	177:15	vacuum 151:21	17:14 20:23
type 74:5 75:18	understood	upset 69:16	valid 42:11 87:1	31:5,10 44:10
159:3 179:1	99:12 100:2	93:11,18,20	122:5	46:16 47:10,22
types 25:22,24	134:10 145:22	urge 22:3 37:18	Valium 162:12	51:5,14 58:15
124:24 131:17	148:5	40:7 52:20 55:4	valuable 168:1	65:5 66:11 68:4
175:6	under-prescrib...	71:22 104:15	value 64:6 111:6	72:13 79:9
typewriting	142:6	105:2 107:21	157:19	89:23 90:15,17
188:10	uneducated	135:22 138:6	varied 70:15	91:1 94:10,14
typically 38:9	168:3	170:23	variety 38:11	94:23 117:22
T-a-y-l-o-r 37:17	unfortunate	urgency 149:19	104:1	120:11 121:14
	69:10 166:23	urges 102:18	various 20:20	121:21 122:9
U	unfortunately	urging 170:7	24:10 45:22	124:10 126:9
ulcerative 109:20	69:10 99:9	use 7:11 11:10	70:19 104:4	129:22 130:20
110:3 114:16	101:6 120:21	14:14 18:1 20:2	vehemently	135:19 142:23
ulcers 104:7,12	141:6 166:21	29:14 34:22	166:6	160:23 187:20
129:24	unintended	36:3,5,6 54:10	vendors 179:16	Vicodin 21:1,20
ultimately 37:9	182:22	59:13 60:3	179:24	Vietnam 136:21
ultrasounds	Union 133:23	61:17 62:11	Venn 134:8	142:2 161:18

ADVISORY BOARD MEETING 10/7/2015

<p>view 24:8 26:13 114:18 156:4 159:7 violence 134:22 violent 140:13 visceral 99:23 visible 155:17 vision 104:11 visit 102:24 visited 71:13 vocational 56:8 57:8 voices 126:3 139:23 volume 115:17 volunteer 82:5 vomiting 100:5 104:11,12 114:9,13 vote 9:13 22:4 32:21,24 33:11 46:5,11,18,24 47:5,12,19,20 48:1,9 49:7 51:11,15 52:11 52:15 57:24 58:8 65:8 66:20 67:2 68:6 74:13 79:7 83:18,22 84:14 85:1,17 117:4,21 124:7 124:9 142:22 143:1,9,12 160:22 voted 64:2 110:23 voter 84:9 votes 9:15,15,18 33:1 47:13 51:16 77:21 79:13 123:10 voting 13:16 45:19 vulnerable 141:11 144:4</p> <hr/> <p style="text-align: center;">W</p> <hr/>	<p>wait 52:11 87:20 118:1 143:9 145:17 155:19 155:20 165:14 171:2,4 waiting 79:21 82:23 98:20 walk 146:21 172:15 walkabouts 130:7 walking 54:1 want 11:6 16:4 24:5,22 26:10 31:20 42:12 48:14 52:10 58:8,9 74:14 75:17 77:11,17 77:22 80:15 82:23 84:10 92:14 93:6 98:23 99:5 101:21 109:12 111:16 113:12 113:14 114:21 114:23,24 116:20 117:24 118:1 123:12 129:8 137:15 138:19 139:7 143:21 145:10 146:13,13,14 146:16,20,20 146:22,23 148:4,7 153:21 155:15,16 157:2,14 158:6 158:7 164:1 171:4 174:20 175:1 180:4 184:12,18 wanted 49:2 79:20,23 80:13 81:15 85:24 98:13 99:24 115:11 118:12 118:13 156:12</p>	<p>168:22 war 136:21,21 141:24 warning 177:3 Washington 10:9 wasn't 23:22 61:19 67:22 92:15,17 119:11,17 139:19 162:4 waste 106:16 wasting 25:23 watch 104:24 water 151:17 way 9:2 22:7 27:24 42:8 50:11 55:17,24 56:1 84:16 88:4 89:23 90:4,9 92:10 108:17 111:4 119:18 120:24 124:3 124:15 131:1 135:14 142:13 150:24 154:10 158:1 177:13 180:5 ways 107:17 182:11 weaker 105:18 weapon 72:18 wear 69:23 wearing 74:8 wear-and-tear 74:5 Weathers 3:12 5:22,22 15:19 15:24 17:7,10 22:5 26:17 28:12 32:22 33:22 43:21 47:3 48:2,5 49:10,12,23 50:3,13,23 51:3 55:16,22 60:1 61:4,12,24 63:1 63:10 64:4,10</p>	<p>64:24 65:12,19 68:22 69:1 84:1 87:17 88:21 90:18 91:3,14 95:7 108:9,16 110:9 115:13 118:23 119:9 120:10 121:23 123:17 124:3 126:7 127:9,13 142:22 149:5 150:19 152:19 155:2 156:5 website 88:22 89:8,9,10 91:2 92:13 169:9,11 169:12 Wednesday 1:15 week 56:14 71:18 72:21,21 112:16 133:9 weeks 170:16 182:19,19 weighed 149:20 weight 45:10 102:14 112:17 155:22 157:19 welcome 10:18 10:23 12:8 47:24 107:2 181:16 well-document... 154:6 went 23:22 32:18 61:6 124:17 weren't 115:10 Western 161:22 we'll 5:8,14 24:21 33:6,7 34:4 42:18 44:18 52:11,11 84:14 85:13 94:8 98:16 120:22 124:7 126:14,19 143:1,9 161:8 177:19 184:16</p>	<p>we're 9:3 14:13 22:11 24:13 27:2 28:15,20 29:4,7 30:8,8 31:10 33:1,19 42:3 45:19 46:3 47:22 50:8,14 56:5,6,9 57:1,6 57:9 58:11 60:2 65:8,9,9,24 66:5 71:5 74:9 77:18 80:13,15 82:23 83:2 84:17 85:12,22 86:12 93:3,19 93:20,24 97:17 97:21 98:21 111:7,15,17 115:7,9,19,24 116:7 122:18 124:4 126:11 126:20 127:18 140:16,17,18 147:14 149:10 150:19,22 154:7 157:4,8,9 157:18 158:2 158:11,16,19 164:9,17,23 169:14 170:3,7 171:21 175:5,9 179:13,14,15 180:2,9,9 182:10 185:20 186:11 187:6 187:13 we've 15:22 22:9 23:9 24:9 32:4 48:16 49:5 65:23 78:2 88:1 97:18 110:20 119:4 123:4 148:12 151:13 155:24 164:2,3 175:17 176:1 186:20 whatnot 23:8</p>
--	---	---	--	--

ADVISORY BOARD MEETING 10/7/2015

WHEREOF 188:16	171:1 172:22 178:14 179:8	write 162:16 175:21	0 33:11 48:10 52:15 68:14	12:12 p.m 97:15
whiting 121:16 121:19	179:23,24 180:1 184:12	written 30:9 63:7 88:5 123:15	084-003733 188:4	12:51 p.m 126:16
wholeheartedly 21:4	184:19 186:4	173:18		120/2 94:11
wide 102:3 139:4 145:8	worked 17:6 83:1 180:16	wrong 184:2	1	120/2(c)(4) 15:5
wife 163:22	working 82:24 92:20 93:3	X	1 105:10 121:10 129:18 136:15	126 4:12 13:7
willing 45:3	123:13 124:16	x 1:3,11	1st 56:14 167:16 167:20 178:2	13 159:8
wind 148:2	124:17 138:23	Y	180:20	130 137:20
winds 8:22	171:18,20	yay 77:21 84:4	1,000 101:11 183:14 185:18	14 4:6
wisdom 162:8	178:17,18	yeah 50:6 61:12 67:9,22 78:2	185:19	14th 188:17
wish 14:19 77:13 127:16 166:4	179:5,21 180:6 180:7	131:6 174:12	1/2 39:3,22 162:18 182:18	143 4:13
167:23 171:1,5 171:9,16	workplace 138:22	year 18:23 19:12 34:16 69:7 70:4	1,300 126:14	15 84:20 136:21 148:12
wishes 46:23 127:12	works 55:18 79:15 86:3 94:1	78:24 79:3	1:30 126:14	150 182:19
withdrawal 19:21	106:18 114:11 129:12 150:23	81:24 86:13	1:35 p.m 126:16	16 188:20
witness 80:11 141:21 188:16	world 18:6 36:11 44:24 56:15	87:8 136:14	10 9:23 10:3,7 33:11 48:9	16,000 19:11
witnesses 42:24	57:13 65:24	137:24 141:23	52:15 59:5	17 155:14
witnessing 136:4	119:8 146:19	147:23 167:22	66:13 68:14	18,000 19:12
women 38:17 136:15	worldwide 56:3 69:22 105:10	years 7:2 39:3,22 56:13,15 76:6	77:6 84:20	180 119:4 137:22 167:8
wonder 43:4 109:9	worried 31:24 65:18 96:3,11	77:6 92:1,7	105:10 129:17	180-day 164:11 166:22 167:16
wonderful 79:24	154:23 155:13	103:6 128:19	131:19 132:2	1800s 55:24
wondering 26:8	worse 140:13 162:11	129:1,24	143:12 154:21	197 145:14
word 62:6 90:22 91:3 116:22	worsen 140:14	162:18 163:11	10,000 35:1	1970 81:11
wording 17:11	worsening 152:4	178:22	10-code 22:14	1984 17:22 35:23
words 62:3,20,24 63:2 92:16	worth 128:18 130:1	yesterday 147:21	10/325 128:24	1987 17:23 35:24
100:8 121:15	worthy 44:17	yoga 71:17 72:20 75:2	10,000 35:1	1997 19:10
148:23 174:16	wouldn't 168:3 177:23	young 139:13 144:8,20	10-40 68:18	
work 11:4,9,19 26:20 32:12	would-be 123:3	Z	100 7:1 18:22 34:13 136:12	2
39:11 44:6	wounds 135:15	Zach 33:6,24 127:3,6 130:23	136:15,17,19	2 39:3,22 85:17 124:9 160:24
48:19 80:5 89:4	wrapping 8:22	131:2,6	161:18 163:8	162:18 182:18
90:22 95:5	Wright 10:21 12:4 79:15,21	zero 113:17	11 56:15 136:18	2:59 187:24
96:17 97:5,9	writable 91:10	Zoloft 133:11	11:00 84:20	20 136:18 162:6 178:22
102:9,12 113:9		Z-a-c-h 131:6	11:01 a.m 85:20	2004 106:24
115:19 123:6			11:15 84:24 85:19	2010 19:11
152:10 159:14			11:31 a.m 85:20	2011 18:21
			11:46 97:12	2012 36:17
			119 19:8	2013 35:2 175:24
			12 4:5 136:21	2014 19:5 112:3 121:11
			12-year-old 159:17	2015 1:15 4:5 12:17 36:2
			12.8 137:1	80:17 137:18
			168:10	176:1 188:18
				2016 167:16

ADVISORY BOARD MEETING 10/7/2015

<p>2017 188:20 22 51:1 134:2 141:23 24 160:1 167:8 176:14 177:2 24-hour 177:1,8 25 56:18 105:9 26 166:9 27 7:2 28 49:23 51:1 29 8:24 49:22 50:2 51:1</p> <hr/> <p style="text-align: center;">3</p> <p>3,000 101:9 170:17 177:5 177:13,13 183:13 3:00 181:18 184:16 30 36:4 76:6 86:10 87:7,8 98:11,12 126:12 128:8 142:1 163:9 30th 89:22 121:10 30-day 89:13 121:6 30-second 16:15 3100 168:9 170:15 177:5 33 4:7 81:11 128:18 35 38:13 354-4200 2:8 369 19:10 39 22:21 32:16 59:2 115:5 158:14</p> <hr/> <p style="text-align: center;">4</p> <p>4 4:5 81:10 136:17 4th 12:17,22 60:15 69:9 86:24 87:11</p>	<p>97:7 118:10,11 138:7 40 137:20 410 137:20 45 105:9 106:3 119:21,23 47 4:8</p> <hr/> <p style="text-align: center;">5</p> <p>5 4:3 15:5 77:6 94:10 130:5 132:2 137:1 162:6 5th 137:18 5-HT3 114:11 5:00 174:22 176:17 177:11 50 38:15 163:12 50,000 185:12 51 4:9 59 21:19</p> <hr/> <p style="text-align: center;">6</p> <p>6 9:18,18 10:5,7 60525 2:7 6201 2:6 67-year-olds 149:17 68 4:10</p> <hr/> <p style="text-align: center;">7</p> <p>7 1:15 4:4 10:3 63:4 77:6 136:11 147:17 148:11 7-year-old 130:6 149:16,18,22 70 132:5 708 2:8 71 12:23 36:18 721,575 136:23 74 19:10 75 135:5,12,13 750,000 185:11</p> <hr/> <p style="text-align: center;">8</p> <p>8 85:17 124:9 136:12,14</p>	<p>160:24 8,000 141:23 8:30 176:17 80 133:5 800 63:4</p> <hr/> <p style="text-align: center;">9</p> <p>9 9:17 9(b) 81:10 9:00 171:15 174:20 9:13 1:16 94 4:11 946 29:13 86:9 99th 80:21</p>		
---	---	--	--	--