



Medical Marijuana: Weeding Through the Buzz

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Conflict of Interest Disclosure

Jane Drummond has no financial relationships to disclose.

Shawn Billings has no financial relationships to disclose.



Medical Marijuana is (Largely) Here: Where We Are and Where We're Going

Objectives

- Understand the legal framework surrounding Missouri's medical marijuana program
- Recognize legal and compliance issues for health care providers
- Gain knowledge of medical marijuana usage patterns in Missouri
- Glean insights from other states implementing medical marijuana before Missouri

Timeline

- **Nov. 2018** – Voters pass constitutional Amendment 2
- **Dec. 2018** – Mo. Const. Art. XIV effective
- **Jan. 2019** – Application pre-filing to cultivate, manufacture, dispense
- **June 2019** – Patients/caregivers begin to apply for identification cards
- **Aug. 2019** – Facility application period commenced
- **Dec. 2019 to Jan. 2020** – Facility licenses issued
- **Oct. 2020** – First sale of medical marijuana

The Data (So Far)

Qualifying Patients

- Total approved patients in 2019 – 22,706*
 - 7,276 approved to cultivate
- Total approved caregivers in 2019 – 563*
 - 298 approved to cultivate
- Only one cultivation card allowed between patient and designated caregiver

*Source: Missouri Medical Marijuana Regulatory Program [Annual Report to the Governor](#), Program Year 2019

Qualifying Patients By Condition

• Psychiatric Disorders:	7,379
• Chronic Medical Condition:	6,109
• Chronic condition normally treated w/addictive drug:	3,819
• Other Condition:	2,175
• Migraines:	876
• Cancer:	838
• Epilepsy:	324
• Glaucoma:	259
• Neuropathies:	248
• HIV:	203
• Crohn's Disease:	170

Qualifying Patients By Condition

Source: <https://health.mo.gov/safety/medical-marijuana/stats.php> (2019 data)

Qualifying Patients by Condition

- Updated numbers for 2020:
- Largest category is now patients with chronic conditions normally treated with a prescription medication that could lead to addiction – 20,988 or 30% of qualifying patients
- 19,330 patients with chronic medical conditions – 28%
- 11,914 patients with psychiatric disorders – 17%
- 3,843 patients with migraines – 6%
- 2,310 patients with terminal illness – 3%
- 11,008 – all other conditions – 16%

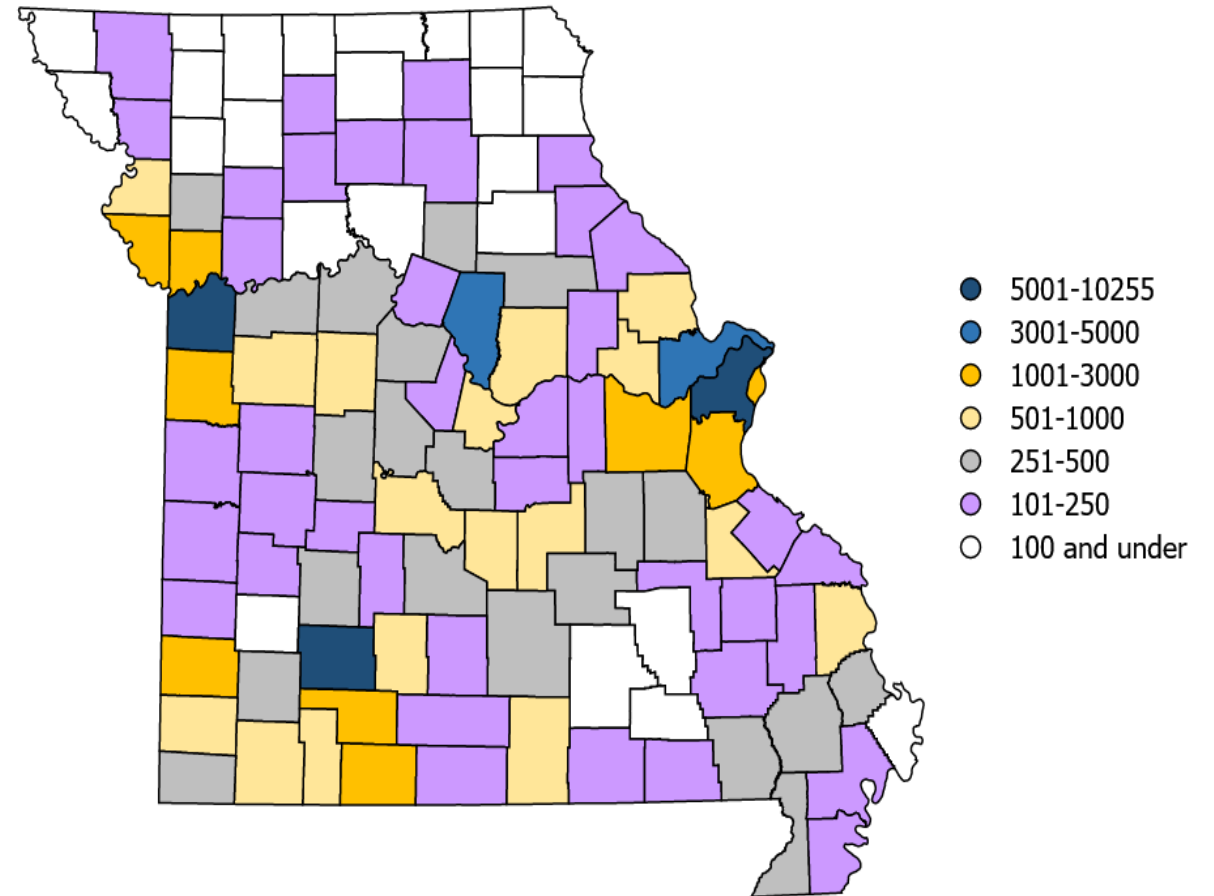
Qualifying Patients by Age

- 17 and Under: 89
- 18-29: 3,005
- 30-39: 5,297
- 40-49: 4,602
- 50-59: 4,675
- 60-69: 4,055
- Over 70: 983

Source: <https://health.mo.gov/safety/medical-marijuana/pdf/aqp-age-py19.pdf>

Qualifying Patients by County

Missouri Medical Marijuana Patient License Distribution in Missouri Updated January 31st, 2021



Source: <https://health.mo.gov/safety/medical-marijuana/patient-stats-county.php>

State Oversight of Medical Marijuana

Section for Medical Marijuana Regulation

- Organized into four functional areas:
 - Patient Services
 - Facility Licensing
 - Facility Compliance
 - Operations (support to SMMR)
- Strategic Mission:
 - Make medical marijuana accessible for qualifying patients in Missouri;
 - Uphold safety and quality standards for medical marijuana; and
 - Regulate the medical marijuana industry to comply with Missouri law and keep communities safe.

Section for Medical Marijuana Regulation

- Authorized by regulation to accept facility and patient/caregiver/home cultivator complaints.
- DHSS Division of Regulation and Licensure is responsible for enforcement of hospital licensure regulations and Conditions of Participation.
- Board of Healing Arts regulates physician compliance.

Legislative Scrutiny

- DHSS exercised constitutional authority to limit the number of facility licenses, leading to many disappointed applicants
- Approximately 2,200 applications for 348 licenses
- Senator Libla (R-Poplar Bluff): “[O]ne of the biggest business boondoggles I have seen in my business life.”
- House Oversight Committee Hearings – allegations that entity hired to score applications had provided “boot camp” training to entities on how to write successful applications

Litigation

- *Sarcoxie Nursery Cultivation Center, LLC, et al. v. Williams, et al.*
- Cole County Circuit Court (Case No.: 19AC-CC00556)
- Challenged DHSS decision to limit number of licenses and addition of geographical bonuses in scoring applications
- Plaintiffs attempted to show “industry insiders” were awarded licenses
- Dr. Williams: “We talk to everybody.”
- Court upheld DHSS scoring processes

New Legislation – House Bill 1896

- Allows certification to be done via telemedicine under same standards for prescriptions
- Prohibits marijuana infused products, packages or logos from being sold in the shape of a human, animal or fruit
- Requires certain logos and information be on packaging of marijuana infused products
- Requires fingerprint-based criminal background check for all individual working in marijuana facilities
- Effective July 2020

The COVID-19 Effect

Facility Approvals

- Facility licenses issued in December 2019 and January 2020
- DHSS held an orientation meeting for facility licensees in early March.
- COVID-19 shutdowns and distancing requirements likely impeded build out and inspection processes.
 - Inspection delays
 - Limited number of cultivators causing supply chain issues
 - Even fewer infused product manufacturers
 - Crowded dispensaries and distancing requirements

Disgruntled Patients

- Qualifying patients began obtaining medical marijuana identification cards in July 2019
- First sale of medical marijuana occurred in October 2020
- As of February 2021, approximately 44 dispensaries operating (out of 192 approved)
- Cultivation during the interim?

Physician Compliance

Physician Requirements

- Must be licensed and in good standing in Missouri
- Valid patient-physician relationship
- Certification via telemedicine – expressly authorized by H.B. 1896
 - DHSS FAQ: *“If the standard of care does not require an in-person encounter, and if the physician can conduct an exam via telemedicine in a manner that allows that physician to truthfully answer all attestations on the physician certification form in the affirmative, then yes, the physician may certify patients through telemedicine.”*
 - Impact of COVID-19 waivers under Executive Order 20-04

Attestation Requirements

- DHSS Guidance for Certification Appointments
 - Written consent of caregiver patient/guardian for non-emancipated minors
 - Meet with and examine patient
 - Review patient's medical records/history, medications and medication allergies
 - Discuss current symptoms
 - Create and maintain a medical record for the consultation
 - Discuss the risks of medical marijuana/potential contraindications
 - Discuss the risks of medical marijuana to fetuses and breastfeeding infants, if applicable

Physician Discipline

- Missouri Board of Registration for the Healing Arts may discipline physician for:
 - Use of controlled substance that impairs performance
 - Violation of state drug laws
 - Misconduct, fraud, misrepresentation, dishonesty, unethical or unprofessional conduct in performance of duties
 - Incompetency, gross negligence or repeated negligence in the performance of duties
 - Conduct/practice potentially harmful to patient or public health

Physician Discipline

- The Missouri Board of Registration for the Healing Arts conducted two investigations in the past year, both related to patient certification issues.

The screenshot shows the Springfield News-Leader website. At the top left, there is a 'SUBSCRIBE NOW' button with the text '\$1 for 6 months. Save 98%.' The main header reads 'Springfield News-Leader'. Below the header is a navigation bar with links for News, Sports, Life, Opinion, Entertainment, Obituaries, E-Edition, Legals, a dropdown menu, a search icon, and a weather widget showing '17°F'. The main content area features a blue sidebar on the left and a white article area on the right. The article is categorized under 'MISSOURI' and has the headline 'DHSS: 600 medical marijuana patient cards were signed off by someone pretending to be a doctor'. The author is 'Gregory J. Holman' from 'Springfield News-Leader'. The article was published at 4:25 p.m. CT on Jun. 19, 2020, and updated at 5:03 p.m. CT on Jun. 19, 2020. At the bottom of the article, there is a 'View Comments' button and social media sharing icons for Facebook, Twitter, and Email.

Malpractice Concerns

- Potential liability among the top reasons physicians decline to recommend marijuana
- Dearth of clinical information on side effects, contraindications, long-term effects
- Reasonableness standard in an area that lacks known standards
- Potential relief on the grounds a physician only certifies the qualifying condition or recommends benefits, versus prescribing course of treatment

Hospital Compliance

Federal Versus State Law

- Marijuana remains a Schedule I substance at the federal level and likely will for the foreseeable future.
- Rohrabacher-Farr amendment defunds enforcement activity through September 2021 if complying with state medical marijuana law
- Federal restrictions on the ability of banks to provide financial services
- FDA prohibitions on CBD

Federal Legislative Efforts

- MORE Act – Marijuana Opportunity Reinvestment and Expungement Act
 - Removes cannabis from Schedule I, expunges certain criminal records, provides funds to support marijuana-related programs and activities
 - Passed by the U.S. House of Representatives, but no Senate action before adjournment of the 116th Congress
- SAFE Banking Act
 - Passed by the U.S. House April 21, pending in the Senate
 - Removes prohibitions on financial institutions providing services to individuals/entities in state-legalized marijuana industry

Federal Legislative Efforts

- Cannabidiol and Marijuana Research Expansion Act
 - Unanimous Senate passage in 2020
 - Reintroduced in the Senate in February 2021
- Marijuana Freedom and Opportunity Act
 - Schumer-backed initiative to legalize, tax and regulate marijuana
 - Some Democratic opposition; most GOP senators oppose

Possession on Hospital Premises

- State regulation prohibits marijuana consumption in a “public place” unless otherwise authorized by law.
- A public place is “any public or private property, or portion of public or private property, that is open to the general public, including but not limited to, sidewalks, streets, bridges, parks, schools and businesses.”
- A property owner may designate a non-public place within a public place – enclosed, private space(s) where individuals can consume medical marijuana.

Possession on Hospital Premises

- Are any hospitals allowing possession or consumption on premises?
- Allowing possession/consumption violates the Controlled Substances Act.
- Storage/administration violates Conditions of Participation.

Facility Policies on Medical Marijuana

- Develop policies that clearly define what is and what is not allowed
- Facilities that allow:
 - Clearly state whether smoking is/is not permitted
 - Define what forms of cannabis will be permitted (edibles, tinctures, oils)
 - Identify spaces in which medical marijuana may be consumed
 - Train staff on verifying qualifying patient/caregiver status
 - Develop strong procedures around inventory and anti-diversion
 - Avoid administration/dispensing

Facility Policies on Medical Marijuana

- Facilities that do not allow:
 - Develop clear policies for removal from facility or destruction
 - Recognize patients will be able to conceal and use in most forms
 - Consider palliative care replacements for symptoms patient is treating with medical marijuana
 - Consider resumption of use in discharge plans

Where We Are

Lessons Learned in Other States

- Cover for and increase in black market activity
- Legalization of recreational marijuana
- Increased use by children and adolescents
 - Access
 - Perceived norms
- Increase in criminal activity
- Impaired driving/increase in accidents

Lessons Learned in Other States

- Social justice issues
- Increased revenues
- Enhance and protect small business
- Little information on hospital compliance issues, because the vast majority of hospitals do not permit possession or use on premises
- Health benefits?
 - Insufficient research

Where Are We Going?

On the Horizon

- Recreational
- Normalization
- Federal legalization?
- Long-term health impacts
 - Mental health
 - Substance use disorders
 - Children/adolescent brain development
- Clinical and public health research (hopefully)



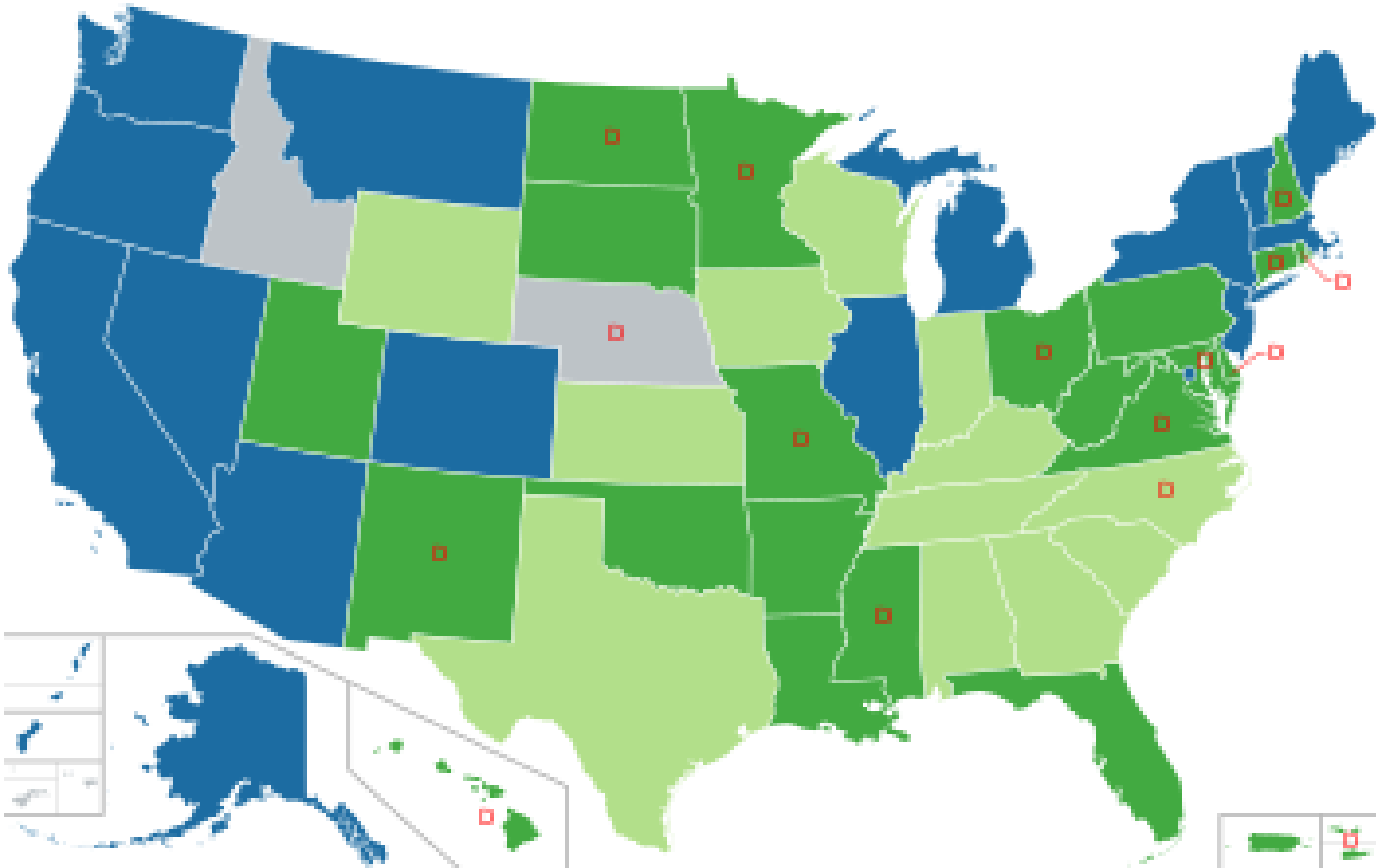
Homegrown: Marijuana 2.0

Shawn Billings, Vice President of Substance Use
Programming

Objectives

- Discuss changes to marijuana potency and routes of administration
- Provide an overview of the impact marijuana has on the brain and body
- Assess the relationship between the legalization of marijuana and social justice issues
- Explain the impact of medical marijuana on health care/emergency departments

United States of Marijuana



The state of the union is strong for marijuana, a \$17 billion industry and growing

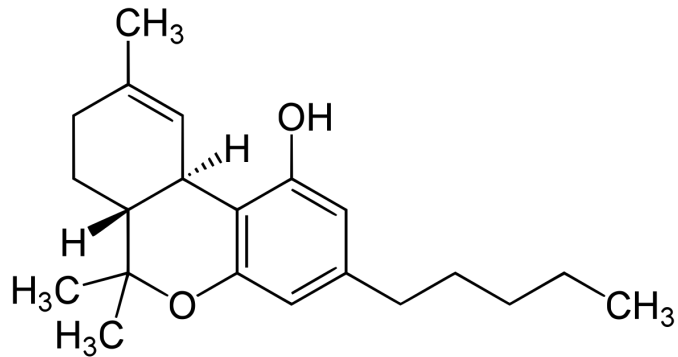
- Legal
- Medicinal
- Medicinal, limited THC content
- Illegal for any use
- D = Decriminalized

Marijuana 2.0

- In the 1970s, marijuana contained less than 2% THC.
- In 2012, the average concentration of marijuana seized by law enforcement contained 15% THC.
- Today, marijuana routinely contains 20- 25% THC.
- Percentage of constituents and ratios play a role in therapeutic applications, adverse effects, etc.
- In legalized states, users prefer extracts that are nearly 100% THC (dabbing).

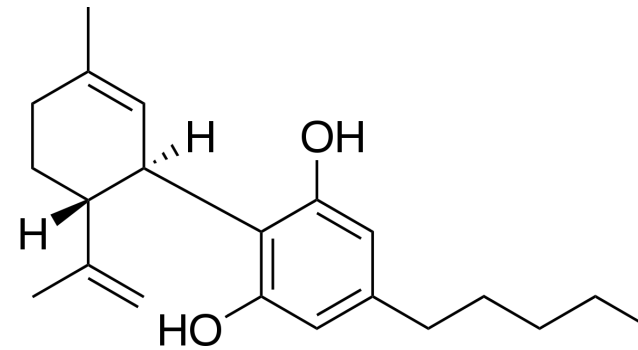
Source: Marijuana, Mental illness, and Violence. *Mo Med*. 2019;116(6):446-449. [Marijuana, Mental illness, and Violence \(nih.gov\)](#) 2) "Marijuana far more potent than it used to be, tests find" article. CBS News Web site. Published 3/23/2015. 3) Trends Pharmacol Sci. 2009 Oct;30(10):515-27.

The Science



THC

tetrahydrocannabinol



CBD

cannabidiol

Primary Clinical Implications of THC and CBD

THC – Psychoactive

- Emotional and cognitive changes, analgesia, hypothermia and appetite stimulation

CBD – Non-psychoactive

- Modulation of behavioral effects

Marijuana: How Can It Affect Your Health?

- Addiction
- Brain Health
- Cancer
- Chronic Pain
- Heart Health
- Lung Health
- Mental Health
- Poisoning
- Risk of Using Other Drugs

THC and Neuropsychiatric Symptoms in Adults Age 50+ (Feb. 2021)

- Using set dosing levels of THC (20 mg, 10 mg and 2.3 mg) researchers established that there was a “... significant positive association ...” of these THC dosage levels and “light-headedness and perception disorder.” The authors note that perception disorders were found in two of the numerous studies used in the report.
- In their findings, the authors note that, in addition to the increase incident risk ratios from use, that adults over 50 should exercise caution in using THC due to increased **risk of fall** from “light-headedness and dizziness.” No association with other neuropsychiatric adverse effects was reported by participants and further studies into this area are needed.

Associations Between Prenatal Cannabis Exposure and Childhood Outcomes

OBJECTIVE: To evaluate whether cannabis use during pregnancy is associated with adverse outcomes among offspring

This study suggests that prenatal cannabis exposure and its correlated factors are associated with greater risk for psychopathology during middle childhood. Cannabis use during pregnancy should be discouraged.

Depression and Marijuana Use in Adults

OBJECTIVE: To examine the association of depression with past-month cannabis use among U.S. adults and the time trends for this association from 2005 to 2016

The findings of this study indicate that individuals with depression are at increasing risk of cannabis use, with a particularly strong increase in daily or near-daily cannabis use. Clinicians should be aware of these trends and the evidence that cannabis does not treat depression effectively when discussing cannabis use with patients.

Impact of Cannabis Legalization in Michigan: A Baseline Report

- Cannabis use in the Michigan workforce
- Cannabis and the opioid epidemic
- Motor vehicle crashes and impaired driving
- Health care utilization – cannabis-related conditions increasing

Source: <https://www.thenmi.org/impact-of-recreational-cannabis-legalization-in-michigan/>

Impact of Cannabis Legalization in Colorado: A Baseline Report

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- Cannabis and the opioid epidemic
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Source: <https://www.thenmi.org/wp-content/uploads/2020/10/RMHIDTA-Marijuana-Report-2020-2.pdf>

Marijuana and Mental Health

Cannabis use is a modifiable risk factor for the development and exacerbation of mental illness.

- Studies have shown that THC in cannabis can cause short-term psychosis until the drug is metabolized in the body.
- Those initially diagnosed with a cannabis-induced psychosis, have greater rates of developing schizophrenia over the long-term.
- Cannabis-related mental health adverse events precipitating emergency department (ED) or emergency medical services presentations can include anxiety, suicidal thoughts, psychotic or attenuated psychotic symptoms, and can account for 25-30% of cannabis-related ED visits.

Top Medical Concerns with the Legalization of Marijuana

- Accidental pediatric ingestion
- Acute intoxication
- Cannabinoid Hyperemesis Syndrome
- Injuries related to the production of butane hash oil (BHO)

Sources: [Common marijuana-related cases encountered in the emergency department. Am J Health Syst Pharm. 2017;74\(22\):1904-1908. doi:10.2146/ajhp160715](#)

Accidental Pediatric Ingestion

Accidental cannabis ingestion by children is a serious public health concern.

- Pediatric ingestions of marijuana products happen more frequently in regions with decriminalization or legalization of cannabis use.
- Children are even greater at risk for cannabis toxicity due to edibles resembling that of candy.
- Severity of symptoms from marijuana exposure has worsened due to the high THC concentration in edibles.
- In states where medical and recreational marijuana is legalized, clinicians should consider cannabis toxicity in any child with sudden onset of lethargy or ataxia.
- States attempt to address this issue by requiring that packaging be childproof, does not contain cartoons or any other imagery attractive to children. This is not the case for all states.



Sources: [Common marijuana-related cases encountered in the emergency department. Am J Health Syst Pharm. 2017;74\(22\):1904-1908. doi:10.2146/ajhp160715](#)

Acute Intoxication

- Consuming too much cannabis has led to an increase in ED visits.
 - An observational study conducted by Oregon/Alaska Poison Center from December 4, 2015 to April 15, 2017, revealed an increase in ED visits related to acute intoxication during the early legalization of marijuana for recreational use.
 - A study published in April 2019 in the *Annals of Internal Medicine* found that cannabis-related ED visits have tripled in Colorado since the state legalized the drug for recreational purposes in 2014. Colorado reported an increase for non-residents who are visiting the state.

“With the legalization of medical marijuana in Missouri, we have personally observed an increased incidence of ED initial and repeat visits and hospitalizations for marijuana complications especially cannabis hyperemesis syndrome.”

– Hospitalist
North Kansas City Hospital

Sources: [Acute Cannabis Toxicity Common marijuana-related cases encountered in the emergency department. Am J Health Syst Pharm. 2017;74\(22\):1904-1908. doi:10.2146/ajhp160715](#); <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7144698/>

Cannabinoid Hyperemesis Syndrome (CHS)



CHS patients frequently present to the ED and may require treatment for intractable emesis, dehydration, and electrolyte abnormalities. Thought to be a variant of cyclic vomiting syndrome, CHS has become more prevalent with increasing cannabis potency and use.

Injuries Related to BHO Production

Butane-hash oil (BHO) is a type of cannabis concentrate that is made by extracting THC and terpenes from cannabis flowers or trim by using butane, pressure and heat.

- Due to the inexpensive materials and do-it-yourself guides on the internet, consumers have been attempting to produce the product themselves despite not obtaining the proper licensure.
- The process uses extremely flammable gas: Butane (colorless, odorless and heavier than air).
- There has been an increase in BHO production explosions with the legalization of marijuana in various states.
- Nationwide, the U.S. Drug Enforcement Administration says it received reports of 260 illegal hash-oil labs in 2017, a 38% increase from 2016. A quarter of those labs were discovered because they caught on fire, according to the agency's annual drug threat assessment.



Source: [Washington State Marijuana Impact Report](#) ; [Exploding danger: U.S. marijuana oil labs pose deadly, destructive hazard | Reuters](#)

What can health care providers and community members do to minimize the negative effects associated with the legalization of medicinal marijuana?

- Don't become a "pot doc." Always inform patients of various medications available to treat their conditions, including benefits and risks.
- Store marijuana products/treatments in safe places away from children.
- Do not smoke marijuana around children to prevent accidental inhalation.
- Talk with your doctor about any concerns.
- Only obtain your medicinal marijuana products from licensed dispensaries.

Marijuana and Social Justice Issues

Historically, marijuana-related harms have been focused on effects with users themselves. The focus on the social costs of marijuana use is often overlooked.

- Research has shown adolescents who reported marijuana use at age 15 were more likely to report violent involvement at age 19, indicating that marijuana use, particularly during adolescence may impact violent behavior in young adulthood.
- ***STUDY*** Young males from the Cambridge Study of Delinquent Development (n = 411) were followed up between the ages of 8 and 56 years to prospectively investigate the association between cannabis use and violence. Multivariable logistic regression revealed that compared with never-users, continued exposure to cannabis (use at age 18, 32 and 48 years) was associated with a higher risk of subsequent violent behavior, as indexed by convictions.

Sources: The effect of medical marijuana laws on crime: evidence from state panel data, 1990-2006. PLoS One. 2014;9(3):e92816. Published 2014 Mar 26. [doi:10.1371/journal.pone.0092816](https://doi.org/10.1371/journal.pone.0092816)

Continuity of cannabis use and violent offending over the life course. Psychol Med. 2016;46(8):1663-1677. [doi:10.1017/S0033291715003001](https://doi.org/10.1017/S0033291715003001)

Marijuana and Impaired Driving

Impaired driving is a major cause of preventable death worldwide.

- In a recent study conducted by the Washington State Traffic Safety Commission, 61.9% of drivers reported that they do not believe consuming marijuana makes a difference in their driving ability.
- After alcohol, marijuana is the drug most often linked to impaired driving.
- Drivers with active THC in their blood involved in fatal accidents have increased by 122% over a 4-year period.

Sources: [What You Need to Know About Marijuana Use and Driving | Fact Sheets | CDC](#)
[Washington State Marijuana Impact Report](#)

Pop Quiz

Which of these is NOT a Schedule I drug?

- Gamma-Hydroxybutyrate (GHB)
- Marijuana
- Heroin
- Cocaine
- LSD
- “What is a Schedule I drug?”

Scheduled Substances

The Controlled Substances Act of 1970 classified cannabis as a Schedule I substance, defined as:

- Having high potential for abuse
- Having no currently accepted medical use
- Having lack of accepted safety

Source: [https://www.deadiversion.usdoj.gov/schedules/marijuana/Maintaining Marijuana in Schedule I of the Controlled Substances Act.pdf](https://www.deadiversion.usdoj.gov/schedules/marijuana/Maintaining_Marijuana_in_Schedule_I_of_the_Controlled_Substances_Act.pdf)

The Cannabis Research Dilemma

The National Institute on Drug Abuse (NIDA) funds majority of cannabis research due to its status as a Schedule I drug:

- Mission: “Advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.”
- Little focus has been given to the health benefits (only 16% of funding investigated therapeutic properties in 2016).

The Cannabis Research Dilemma

- The cannabis that NIDA provides to investigators is sourced from the NIDA drug supply program.
 - Lower potency and fewer strains than cannabis that is commercially available through dispensaries
- Route of administration, binding, and difficulty in standardized dosing all contribute to research challenges
- Federal law prevents studying commercially available product on humans or animals.

Medical Marijuana: What Do We Know?

Chronic Pain

There is growing evidence that cannabis is effective in treating chronic pain in adults.

- NIDA cannabis or preparations like nabiximols that are not available in the U.S. are commonly used for studies
- Commonly available preparations not studied
- Others cite low quality, short f/u, and failure to address common causes (e.g. neck pain)

Source: National Academies of Science, Engineering and Medicine 2017: The Health Effects of Cannabis and Cannabinoids, the current state of evidence and recommendations for research. Washington D.C.

Cancer

There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glioma.

- 16 in vivo (preclinical) studies found an antitumor effect of cannabinoids — no human trials
- Smoking cannabis may cause some cancers

Source: National Academies of Science, Engineering and Medicine 2017: The Health Effects of Cannabis and Cannabinoids, the current state of evidence and recommendations for research. Washington D.C.

Chemotherapy-Induced Nausea and Vomiting

There is conclusive evidence that oral cannabinoids are effective antiemetics in the treatment of chemotherapy-induced nausea and vomiting

- Nabilone and dronabinol (THC-based)
- No studies on whole plant or CBD

Source: National Academies of Science, Engineering and Medicine 2017: The Health Effects of Cannabis and Cannabinoids, the current state of evidence and recommendations for research. Washington D.C.

Epilepsy

Good evidence that CBD is effective as an adjuvant treatment in pediatric onset drug resistant epilepsy

- Epidiolex

There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for other epilepsy syndromes.

Source: Stockings et al. Evidence for cannabis and cannabinoids for epilepsy: a systematic review of controlled and observational evidence. J of Neurology, Neurosurgery and Psychiatry Vol 89. Issue 7

In Conclusion

- Overall data regarding the risks and benefits are unclear.
 - Beneficial in treating symptoms related to HIV/AIDS cachexia, nausea/vomiting related to chemotherapy, neuropathic pain, and spasticity in MS
 - Primarily cognitive and addictive side effects
 - Medical use of cannabis and/or derivatives should be held to the same standards as other drugs.
- Interactions with controlled substances
 - May potentiate benzos and opiates
 - May interfere with stimulants
 - Marijuana users more likely to use other drugs

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