

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
MEDICAL MARIJUANA ADVISORY BOARD

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BEFORE: DEBRA L. BOGEN, M.D., Chair
Colonel Christopher Paris, Member
Christine Roussel, Pharm.D., Member
Matthew Eaton, Member
Geith Shahoud, M.D., Member
Bhavini Patel, M.D., Member
Daniel Kambic, D.O., Member
Michael J. Lynch, M.D., Member
Diana Briggs, Member

HEARING: Wednesday, November 15, 2023
10:34 a.m.

LOCATION: Capitol Media Center
State Capitol
Room 01 East Wing
Harrisburg, PA 17126

Reporter: Daniel Powers
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KEVIN HOFFMAN, ESQUIRE
Deputy Chief Counsel
PA Department of Health
625 Forster Street
Harrisburg, PA 17120
Counsel for the Department

ALSO PRESENT:

Sandra Adams, Esquire
Charlena Dewey, Esquire

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CHAIR: So I'm officially going to call this meeting to order. This is the Medical Marijuana Advisory Board meeting being held at approximately 10:30 in the morning on November 15th.

So first, we will take roll - roll call out.

Could the Board members just possibly put themselves on video so we can see you? That would be great.

Colonel Paris, are you on today?

Okay. I don't hear Colonel Paris.

Christine Roussel?

MEMBER ROUSSEL: Present.

CHAIR: Chief Engler?

Matthew Eaton?

MEMBER EATON: Present.

CHAIR: John Adams?

Dr. Shahoud?

MEMBER SHAHOUD: Present.

CHAIR: Thank you.

Bhavini Patel?

MEMBER PATEL: Present.

CHAIR: Thank you.

1 Dr. Kambic?

2 Dr. Lynch?

3 MEMBER LYNCH: Present.

4 CHAIR: Dr. Goldfarb?

5 Diana Briggs?

6 MEMBER BRIGGS: Present.

7 BOARD MEMBER: Dr. Kambic, he's like
8 showing that he's on, but he's not able to speak or
9 something.

10 CHAIR: So Dr. Kambic is present but
11 not able to speak.

12 Dr. Kambic, are you able to unmute
13 yourself to say you're present? Is it possible we
14 re-send him the link?

15 We're going to re-send you the link to
16 make sure you can get in, but we're going to mark you
17 as present if that's okay.

18 All right.

19 Thank you.

20 Mr. Hoffman, do we have a quorum?

21 ATTORNEY HOFFMAN: Yes. You just have
22 eight.

23 CHAIR: Okay.

24 Thank you so much.

25 Before proceeding for the rest of the

1 full agenda, I have a few announcements.

2 Since we met in September, we have a
3 few chances to the Board. I'm very pleased to
4 welcome Dr. Michael Lynch, who was appointed by the
5 Majority Leader of the House of Representatives. And
6 he now joins us as a new member of the Board.

7 So, Dr. Lynch, thank you so much for
8 agreeing to this public service and would like to
9 give yourself a moment to introduce yourself to the
10 Committee.

11 MEMBER LYNCH: First, thank you, Dr.
12 Bogen.

13 Hi, everyone. My name is Mike Lynch.
14 I - my background is Board Certified in emergency
15 medicine, medical toxicology, and addiction medicine.
16 I currently work clinically in the emergency
17 department in UPMC Mercy in Pittsburgh. And our
18 toxicology service goes to five different hospitals,
19 as well as offering telemedicine services for
20 overdose, withdrawal, addiction care throughout UPMC
21 hospitals in Pennsylvania, as well as other
22 telemedicine services. I also work part time through
23 UPMC Health Plan as a medical director for quality
24 and substance use disorder services, medical director
25 for Pittsburgh Poison Center for ten years until last

1 year as well.

2 So that's a bit of my background. But
3 I'm looking forward to learning a lot with all of you
4 and hopefully being able to provide some value.

5 Thank you.

6 CHAIR: Again, thank you so much for
7 joining us.

8 With the addition of Dr. Lynch, we now
9 have two vacancies on the Board as noted in the
10 membership list posted on the website and included in
11 your electronic Board packets.

12 Anna Lamano, who served as a Board
13 counsel for the last couple of months, recently left
14 the Department of Health for new opportunities. So I
15 want to thank Anna for her counsel, her wise counsel
16 and dedication to ensuring that the Board operated in
17 accordance with the Medical Marijuana Act.

18 Today we are pleased that we have
19 Kevin Hoffman, who is a Deputy Chief Counsel with the
20 Department to assist with today's Board meeting. And
21 we will have Sandra Adams and Charlena Dewey
22 (phonetic) to serve as legal counsel for the Board
23 moving forward.

24 So thank you, Kevin, Sandy, Charlena,
25 all of whom are here with us today.

1 Also the 2024 meeting calendar
2 invitations were sent to the Board, which we'll
3 continue to meet, as we have, every other month in
4 2024, so again six times per year. The Board
5 meetings will remain on Wednesday. We hold the
6 meeting around the same time frame, 10:30 to 12:30 in
7 the - right here in the Capitol Media Center with a
8 virtual option.

9 If any of these dates don't work for
10 the Board members, can you please let Siri (phonetic)
11 know as soon possible, as we must have a quorum to
12 hold these meetings.

13 As I said, we have a rather full
14 agenda today. Board members were queried ahead of
15 the meeting to determine if they had agenda items
16 that they would like to include that may require
17 deliberation. And since we've added new Board
18 members in the last couple of months, I felt it was a
19 good idea to briefly discuss the Board's role and
20 various subcommittees that aid our work.

21 So the Board's role is to examine and
22 analyze the statutory and regulatory landscape
23 relating to medical marijuana both in the
24 Commonwealth and in other states, to make
25 recommendations to improve the program. Our current

1 subcommittees are the regulatory review committee,
2 patient and caregiver committee, medical review
3 committee, and the medical research committee. And
4 these subcommittees provide insights into various
5 aspects of the program to the Board.

6 When the Board feels as though certain
7 recommendations should be made, then we can vote on
8 these recommendations. If recommendations are
9 adopted, then the appropriate subcommittee drafts a
10 report, which is submitted to the Governor, the
11 Senate, and the House of Representatives. And the
12 Secretary of Health has one year from the date of the
13 report to make a determination on the recommendation.

14 These subcommittees really are
15 essential to aiding the Board's function, and I
16 highly encourage all members to actively participate
17 in subcommittees.

18 The next order of business is to
19 approve the minutes from the September 6th meeting.
20 I hope you've had a chance to review those minutes
21 from the meeting that were sent to you in advance of
22 today. We have not yet received any suggested
23 changes.

24 So at this time, if there are no
25 corrections to note, may I get a motion to move the -

1 approve the meeting minutes from the September 6th
2 Board meeting?

3 MEMBER EATON: Matthew Eaton, motion.

4 CHAIR: Thank you, Matthew.

5 MEMBER ROUSSEL: Roussel, second.

6 CHAIR: Thank you.

7 All in favor of the motion to approve
8 the minutes say aye.

9 ---

10 AYES RESPOND

11 ---

12 CHAIR: Looking online. One second.

13 I've got to make my view a little bigger to make sure
14 I can see everybody.

15 Okay.

16 Anyone opposed?

17 Any abstentions?

18 Our minutes from the September Board
19 meeting are approved. Minutes will be posted on the
20 website later this week.

21 The next agenda item is an Office of
22 Medical Marijuana Program update. And as is
23 typically done, we are excited to bring up Laura
24 Mentch, the Director for the Office of Medical
25 Marijuana to provide the program updates.

1 Thank you, Laura, for being here and
2 providing this.

3 MS. MENTCH: Good morning, everyone.

4 Thank you, Dr. Bogen.

5 You'll notice that today's program
6 update may look and sound a little bit different as
7 we continue to explore the best ways to share program
8 data and updates with you. The Office continues to
9 stay on top of all submissions and strain name
10 requests and to communicate responses to improve
11 transparency and assistance. We continue to create
12 and/or update various other compliance forms to make
13 them more user friendly and readily available on our
14 website. We continue to present at the request of
15 other agencies and give a program overview.

16 The goal is to increase awareness of
17 all that is involved in the program, educate on
18 processes for enrollment, the role of caregivers, the
19 safety of medical marijuana products in the home,
20 among other topics. These conversations benefit
21 everyone involved, and we look forward to continuing
22 conversations and collaborations as we work together
23 to best benefit the health and wellness of the
24 children and patients of Pennsylvania.

25 The Office has been very active in

1 communicating with our researchers and getting
2 updated on their current projects and publications
3 while also encouraging collaborations to best garner
4 a better enrollment and expand the topics.

5 Next slide, Siri. Thank you. One
6 more.

7 We continue to expand upon the
8 Office's commitment to transparency and accessibility
9 by publishing disposable - disclosable aggregate data
10 on our website in a designated program data section.
11 In addition to the already previously listed Medical
12 Marijuana Advisory Board slides, we have added
13 aggregate medical marijuana organization transaction
14 data from Q1 of 2018 to present. The Medical
15 Marijuana Act outlines specific data points that
16 medical marijuana organizations must report to the
17 office on a quarterly basis. The Office is
18 responsible for compiling, aggregating, and sharing
19 this data to its website. This data, published for
20 the first time, is an accumulation of individual
21 transactions entered in for the electronic tracking
22 system by each medical marijuana organization since
23 the inception of the program.

24 As we finalize plans to get serious
25 medical condition data posted by year, we hope to

1 have that data available in the near future. This
2 data would include the number of times a serious
3 medical condition has been selected on a patient
4 certification by an approved practitioner.

5 Next slide.

6 Over the last year, you've heard me
7 talk about the expansion of the Office of Medical
8 Marijuana and that we have accomplished that by
9 hiring approximately 12 new staff members. We
10 thought it would be helpful to show you how those
11 positions will support operations by sharing a
12 current organizational chart of the office. The
13 current office structure consists of three main
14 divisions, which are as follows, compliance, customer
15 relations, and product compliance and research.

16 Something we thought might be
17 interesting to show as well is the number and
18 location of dispensaries throughout the state. As
19 you can see, this slide shows the number of
20 preoperational and operational dispensaries per
21 county. This information is particularly interesting
22 where - when there is talk about potentially
23 increasing the number of dispensary permits.

24 Now let's look at some program metrics
25 through the end of October. As previously mentioned,

1 these program metrics may look slightly different
2 than what you've seen in the past. We believe these
3 metrics provide a clearer picture as to how many
4 people are able to legally obtain medical marijuana
5 in Pennsylvania. For example, individuals registered
6 in the program must also have an active certification
7 to be able to purchase and/or obtain medicine.

8 Therefore, we are showing the number
9 of active patient certification - certifications,
10 which is 433,638. Of those with active
11 certifications, 0.2 percent are minors, 87.3 percent
12 are between the ages of 18 to 65, and 12.4 percent
13 are over the age of 65. Additionally, only those
14 9,435 caregivers with active medical marijuana ID
15 cards are able to purchase and/or obtain medication
16 for their patients. While previously we provided the
17 total number of patients and caregivers registered in
18 the program overall, we believe sharing these data
19 points paints a clearer picture of the actual market.
20 Of note, there are also 1,909 approved practitioners
21 who can issue patient certifications, 176 operational
22 dispensaries, and 33 operational grower processors.

23 We wanted to report that to date, we
24 have distributed just over \$278,000 through the phase
25 three of our medical marijuana assistance program to

1 individuals who participate in our program and are
2 also enrolled in the PACE/PACENET program.

3 Next slide. Yep. Okay.

4 This slide shows month-to-month
5 dispensary sales since January of 2020. There's
6 nothing out of the ordinary to see here. You will
7 notice that sales are a little higher each month this
8 year than they were for the same month last year,
9 with the exception of April. Although, April sales
10 were still high compared to other months. The
11 program continues to grow, but that increase
12 continues to level out.

13 This last slide shows dry leaf retail
14 and wholesale pricing. As you can see, that trend
15 has looked like - you can see what that trend has
16 looked like since January of 2021 to October of 2023.
17 Of note, we are seeing the lowest prices in both
18 categories since the inception of the program. That
19 concludes program's update for today.

20 Does the Board have any questions?

21 CHAIR: Thank you, Laura. I was going
22 to ask the same thing. I appreciate the updated
23 slides and a good look at the data you shared with
24 all of us.

25 Does anyone on the Board have a

1 question for Laura?

2 MEMBER ROUSSEL: I would just like to
3 commend Director Mentch. I think it's really
4 exciting to add the documents that'll be on the
5 website for transparency, especially that information
6 related to the Z (phonetic) states. I know some
7 other states have a lot of information available, and
8 I'm excited for us to join them.

9 MS. MENTCH: Thank you. We're getting
10 there. We don't want to put it all out at once
11 either and have it overwhelmed. So we're slowly
12 putting it out there, but I appreciate that. We're -
13 we're getting there. We're all behind the
14 transparency and the data sharing. It's definitely
15 one of our top goals.

16 MEMBER ROUSSEL: And I'm really proud
17 about you guys with the MMAP benefits - financial
18 benefits for patients. I know we've seen you guys
19 put a lot of effort into start up. I think that's
20 really a commitment to our patients and access. So I
21 think that's amazing.

22 MS. MENTCH: We are excited about how
23 that went. There were spokes in the road. So we
24 were happy to roll it out slow and like soft roll out
25 and looking to expand it. We're looking for the

1 future of MM to look for the next phase too.

2 MEMBER ROUSSEL: So consistent with
3 the access, I - you have a very lawful map of where
4 the dispensaries are in our state. And I guess I was
5 a little bit surprised of the states that don't have
6 them, especially ones that border states that may
7 have recreational programs.

8 Is there a plan or maybe a suggestion
9 that you might have to improve access for the
10 patients in those areas?

11 MS. MENTCH: Well, with the Senate
12 Bill 773, we're looking at the amendments that are
13 concerned about - on what the definition of
14 underserved areas are now. I know at the inception
15 of the program, I wasn't part of that conversation
16 obviously. But there was consideration to what is -
17 what was underserved then. We would just like
18 consideration for what might be considered
19 underserved now, now that we've - we're at this
20 point. Now what does underserved look like? What is
21 that definition?

22 Taking into consideration how far
23 people have to travel, what their options are as far
24 as variety. It's all definitely open conversation.

25 MEMBER ROUSSEL: Would it be possible,

1 you know, for patients that live in those zip codes
2 that you could tell from their registration to find
3 out if they ever crossed state lines to get it from a
4 - you know, and asking questions. I'd be curious if
5 people go to recreational states just because it's -
6 sometimes it may be quicker. I know I live in
7 Montgomery County, and a lot of people in Bucks
8 County just talk about going over the border for -
9 for quicker access. And I'm just wondering if
10 there's an opportunity maybe to help support the need
11 for more dispensaries in those areas. I know that's
12 not -.

13 MS. MENTCH: It's definitely noted.
14 No, it's noted for sure. I think we're pretty
15 surrounded now with Ohio getting on board, so -.

16 MEMBER ROUSSEL: Thank you so much.

17 MS. MENTCH: Yep. Thank you.

18 Any other questions?

19 CHAIR: Thank you, Laura.

20 We will now move onto old business.
21 As discussed in previous meetings, each subcommittee
22 chair will provide an update at each Board meeting
23 regarding the activities since the previous meeting.
24 So on the agenda we did include the main topic that
25 the subcommittee's addressing as part of their work

1 and their update.

2 So let's start with the medical review
3 subcommittee. And before they begin, I know that
4 there is still a vacancy for the chair position of
5 this subcommittee, and my goal is again to fill that
6 position soon.

7 At the September Board meeting, we
8 announced that we received a serious medical
9 condition for Chapter 20 research application. Some
10 of you may recall in July of 2022 before I was here,
11 the Board approved a policy that established a
12 process for accepting recommendations from academic
13 clinical research centers for qualifying serious
14 medical conditions to be added for Chapter 20
15 research purposes only. The application was
16 submitted from the Penn State College of Medicine for
17 moderate to severe traumatic brain injury with
18 chronic symptoms.

19 The policy specifies that applications
20 must be received 15 days prior to the scheduled Board
21 meeting to be considered as an agenda item. Since
22 that application was submitted the week before the
23 September meeting, it didn't meet the required
24 deadline to be reviewed and discussed at that time.
25 So it was subsequently shared with the medical review

1 committee for their review and discussion for today's
2 meeting.

3 That said, I'd like to turn things
4 over to the medical review subcommittee for
5 discussion on the serious medical condition
6 application. And Dr. Shahoud will provide program
7 updates.

8 Thanks so much, Dr. Shahoud.

9 MEMBER SHAHOUD: You're welcome.

10 So the subcommittee has received a
11 serious medical condition for Chapter 20 research
12 application from Penn State College of Medicine for
13 moderate to severe traumatic brain injury with
14 chronic symptoms. We are in the process of reviewing
15 the materials and did meet this past Monday. Before
16 any recommendation is made to the full Board, the
17 subcommittee will continue to meet a few more times
18 to thoroughly review the application and come up with
19 a recommendation for January 14th.

20 Thank you.

21 CHAIR: Thank you so much for doing
22 that work. We look forward to your recommendations
23 in January.

24 The next is the patient and caregiver
25 subcommittee chaired by Diana Briggs.

1 Diana, it's all yours.

2 MEMBER BRIGGS: Thank you.

3 Can you hear me?

4 CHAIR: Yes, we can.

5 MEMBER BRIGGS: Thank you.

6 The patient caregiver subcommittee met
7 last month, and we had a guest speaker with us that
8 day, Andrew Blasco from Coral Reef Labs. He's one of
9 our state-licensed labs in Pennsylvania. We
10 discussed testing of our medical marijuana products
11 in Pennsylvania and other states with legal medical
12 cannabis programs. He also helped to educate us on
13 some of the extraction methods that had been brought
14 up in the last few meetings and what other states are
15 doing in their programs. It was very educational and
16 informative, and we appreciated him being with us.

17 I was going to speak on what you
18 brought up earlier, Dr. Bogen. And I appreciate that
19 one of the questions that came up during that
20 subcommittee meeting was the process of our votes and
21 what happens once the Board meets, what happens after
22 a report, et cetera. So thank you so much for
23 sharing that information with all of us earlier. So
24 I won't reiterate what your counsel had shared with
25 me.

1 And at this point, I just want to
2 share that the subcommittee is pleased with our
3 continued progress in our program. We look forward
4 to working with everybody to make it even better in
5 the future.

6 Thanks so much.

7 CHAIR: Thank you so much, Diana.

8 Next is the regulatory subcommittee
9 chaired by Christine Roussel.

10 Dr. Roussel is also - include updates
11 regarding the submission of a report about
12 podiatrists added to the list of practitioners that
13 can certify medical marijuana patients in
14 Pennsylvania.

15 MEMBER ROUSSEL: So our subcommittee
16 had a thoughtful meeting where we talked about a
17 variety of topics. We finalized the subcommittee
18 report on behalf of our group and on behalf of the
19 Board for submitting for podiatrists. That is a list
20 of providers that can certify patients for access.
21 We reviewed the specifics previously, but I did want
22 to just read out loud the regulatory review committee
23 makes the motion for the doctors of podiatric
24 medicine to be eligible to apply to be included in
25 the registry of practitioners who can certify

1 patients for medical marijuana using specific serious
2 medical conditions, severe, chronic or intractable
3 pain of neuropathic origin or severe, chronic or
4 intractable pain as designated within the scope of
5 the Podiatric Practice Act. Our report contains
6 things along the education that podiatrists receive
7 and then also cites the practice act about why it's
8 appropriate. And I believe last time we voted, but
9 we did finalize that for anybody. I know it's been
10 sent out.

11 We also talked about a couple other
12 topics. Two of them are making the agenda today.
13 One more topic we'll kind of wait on. We have it in
14 the works, and we'll bring it back when we have some
15 formal work. So with that, I guess I'll wait until
16 further on in the business to talk about our two
17 other topics that we felt strongly about.

18 CHAIR: So you're making a motion to
19 recommend the - so we'll need a - to go through a
20 formal process to shore up the report?

21 MEMBER ROUSSEL: Yes. Then I will
22 make a motion to formally accept the report as
23 written and submitted to the Medical Marijuana
24 Advisory Board.

25 CHAIR: Which is to approve -?

1 MEMBER ROUSSEL: To approve the
2 subcommittee report in its final form.

3 CHAIR: Great. Perfect.

4 Do I have a second?

5 MEMBER EATON: Matthew Eaton, second.

6 CHAIR: Okay.

7 All in favor say aye.

8 ---

9 AYES RESPOND

10 ---

11 CHAIR: Any opposed?

12 Are there any abstentions?

13 So the ayes have it.

14 Kevin, I've got the right vote?

15 ATTORNEY HOFFMAN: Yes. The ayes have
16 it.

17 CHAIR: Okay.

18 The motion is passed.

19 The next steps according to the
20 current report policy is that the adopted report will
21 be provided to the Governor, the Senate, the House of
22 Representatives, and will be public record under the
23 Right to Know Law. For clarification purposes, it
24 does not mean that the automatic changes are made to
25 the program by adopting this report. The Department

1 may or may not effectuate the recommendations with
2 reason, again as we explained earlier in the process.

3 So thank you for your work on that.

4 Our last subcommittee report is from
5 medical research subcommittee chaired by Bhavini
6 Patel to also include discussion of organic remedies
7 presentation regarding the findings of the research
8 initiative.

9 Bhavini, I will turn it over to you.

10 MEMBER PATEL: Thank you, Dr. Bogen.

11 So the medical research subcommittee
12 did meet, and we had a couple of really robust
13 discussions around organic remedies presentation and
14 ultimately came to the decision that we would like to
15 follow up with organic remedies with some of the
16 questions that we had as a subcommittee and present
17 those questions to them and offer them the
18 opportunity to return and speak to the Board and have
19 a public conversation on those questions and hear
20 from them in January. And we came to that conclusion
21 after sort of dialoguing at the subcommittee and just
22 getting a sense of the proper sort of process around
23 this as a Board, and then ultimately, you know,
24 making a recommendation, having a vote, and then
25 following through with providing a report

1 accordingly.

2 CHAIR: Thank you, Bhavini.

3 And I see that Colonel Paris has
4 joined us for the record as well.

5 Thank you, Colonel, for joining us.

6 MEMBER PARIS: Thank you, Doctor.

7 Sorry I was late. My apologies to the
8 group.

9 CHAIR: That's okay.

10 So thank you to the subcommittees and
11 chairs for their work and their updates.

12 Are there any other comments on the
13 subcommittees before I move on?

14 MEMBER ROUSSEL: I would just like to
15 say if there's any support needed in the subcommittee
16 reviewing the request for traumatic brain, in May my
17 20-year-old died of a traumatic brain injury
18 subsequent to a fall. And I do think it's a such a
19 disease state that has very high mortality. And I
20 think cannabinoids should be researched as an option
21 for those who survive that are suffering the
22 consequences. So if there's any support, if they're
23 missing a member, I'm happy to do clinical research
24 in support of that. But I think it's definitely
25 worth it.

1 CHAIR: Thank you, Dr. Roussel. We
2 all are sorry for your family loss. We know it's
3 been a very challenging time for you and your family.
4 So thanks and thank you for the offer to use your
5 medical expertise to help us with questions.

6 Next is new business. The first item
7 in new business, protections for healthcare provider
8 administration of state regulated medical marijuana
9 products was brought forward by Dr. Roussel as well.
10 So I'm going to turn it over to her. Thank you so
11 much.

12 MEMBER ROUSSEL: I work in a hospital.
13 And we see a variety of patients who come in taking
14 medical cannabis products. We have a policy in our
15 hospital that we've had since 2016 - late '16, early
16 '17 allowing patients to bring in their own medical
17 cannabis if it meets the standards in our hospital.
18 We don't allow inhalation products, but we certainly
19 allow oral and topical.

20 But the way our statutes are written,
21 we require patients to self administer the product.
22 And we require for them to be responsible for
23 securing the product themselves. And while some
24 scenarios it's very reasonable, there are some
25 scenarios where it's not.

1 I think specifically hospice patients.
2 We've had a patient who just didn't have the manual
3 dexterity to administer his own medication because he
4 had such bad diabetic neuropathy. And I - I was
5 going to see if we had an opportunity to offer some
6 provider protections for healthcare workers to
7 administer. And I think when we do it we should
8 consider all facilities. Certainly there are schools
9 where there are barriers where children take products
10 and it would be helpful if school nurses had a means
11 to administer safely. And certainly, you know,
12 mental health facilities, facilities that have
13 children across other spectrums. So I want to see
14 everybody's appetite for it.

15 I'm fortunate. I have a pharmacy
16 student, Megan Schwartz (phonetic), working with me,
17 and she went through regulation for many states. We
18 saw some really good examples that we reviewed in the
19 subcommittee, specifically Michigan I think was
20 thoughtful. Connecticut had regulations. So we're
21 asking to understand if - you know, what the general
22 consensus is before we, you know, come with some
23 draft language and any insights they have. And, you
24 know, if - you know, I don't know if other people
25 have petitioned or asked questions. I don't know

1 Director Mentch ever gets questions from facilities
2 about this, if people have any insight.

3 I think protections for administration
4 in that setting, but also do we need some type of
5 protections for storage. When you look across
6 organizations, I don't want to highlight any
7 organization specifically, but there's a hospital
8 that has a safe in every single patient's room. So
9 the patient can store it in there securely. I've
10 talked to hospitals that store the cannabis in the
11 Pegasus machine, and they actually bring the patient
12 in when they take - open the Pyxis machine and close
13 it. So a Pyxis machine is a locked automated
14 dispensing cabinets for medications. But not all
15 patients are ambulatory, and facilities take on a
16 risk with the storage.

17 So I'm open up for discussion to see
18 people's interest.

19 CHAIR: So any other discussion on
20 this topic?

21 I think you brought a really
22 interesting topic forward, and I'd love to hear what
23 other people on the Board think.

24 MS. MENTCH: I absolutely love this
25 idea, Christine. I think you know from the beginning

1 of our program this has been a struggle, especially
2 for parents like myself. And I also as a caregiver
3 had patients where I have delivered their medicine to
4 the hospital, and as you said - were unable to
5 administer it. So a family member had to go into the
6 hospital every single day to help them administer.
7 So I think there's a - a huge path forward for this.
8 And I think that as you said, it needs to be done
9 cohesively along all pathways.

10 We have some hospitals - a local
11 hospital that, you know, allows it. Next door to
12 that hospital, they don't allow it. And so I think
13 that we as a Board could really help any of that
14 confusion. And so thank you for bringing this to the
15 forefront.

16 CHAIR: Looks like Dr. Lynch also
17 would like to comment.

18 MEMBER LYNCH: Yeah. Thank you.

19 And I think what I've been hearing at
20 the review board here and I have not seen what the
21 other states have been able to - to document it. So
22 thank you for giving that research and background.
23 And I think, you know, from - I guess a major
24 question I've heard would be how would that work from
25 a federal standpoint if it were switched. You know,

1 what role federal regulations would have. We all
2 know hospitals are heavily reliant on federal funding
3 and what would need to occur from a legal
4 prospective.

5 Obviously, I'm sure you've thought of
6 this, and obviously, the other states must've as
7 well. But as it starts with that, it would be a
8 major concern or question that would come up from
9 attorneys and legal firms in various hospitals.
10 Otherwise, I think it's worth considering how best to
11 protect providers and organizations who are trying to
12 assist their patients however they can.

13 MEMBER ROUSSEL: In the subcommittee,
14 we actually presented a list of federal regulations
15 that provides some level of conflict, and they give
16 organizations fear. I mean, the largest one is fear
17 that you will lose reimbursement from CMS, which is
18 the major payer for all health systems. So when we
19 come back with the subcommittee, I think we can
20 provide that because we did review it. And I - you
21 know, if you look to date, and I don't want to curse
22 anyone, but CMS doesn't seem to have taken any action
23 against any health systems across all states. So I -
24 you know, I wonder and I would give it up to counsel,
25 because I am - I don't even pretend to be a lawyer on

1 TV. But I'm hoping that some state protections - and
2 limited only to patients who have valid Pennsylvania
3 medical marijuana access cards and product that is
4 specifically from Pennsylvania state dispensaries.
5 So I'm hoping that if we craft something that is
6 conservative and thoughtful, I don't know if that
7 balances, but at least we can try. But we'll bring
8 back the - you know, the concerns that you cited as
9 well when we talk about it as a group.

10 CHAIR: Anyone else have comments or
11 questions?

12 MEMBER KAMBIC: Dr. Kambic.

13 Can you hear?

14 CHAIR: Great.

15 MEMBER KAMBIC: Can you hear me?

16 CHAIR: Yes, we can. Thank you, Dr.
17 Kambic. Go ahead.

18 MEMBER KAMBIC: Okay.

19 I totally agree with the federal and
20 CMS restrictions. That's going to be an issue. We
21 probably can go a little bit slower since that bill
22 was introduced in the U.S. Senate nine weeks ago
23 today. So that's breaking across all 50 states. And
24 so it looks like that settled a lot of the situation,
25 like it remedied that in the next four to six months.

1 And that would be a big plus, whatever discussion was
2 made, which protection for school nurses. Well, one
3 of the issues there are those who practice should be
4 the actual -. You know, we all have to write orders
5 to give to the nurse team or get them - their school.
6 So now you're going to get into a situation where
7 you're going to have paperwork for medical cannabis
8 certifying practitioner that will now have to fill
9 out and send it to a school district in order to have
10 it registered in schools. So basically you have a
11 big conflict in your path.

12 And perhaps we all run to federal
13 markets, work out ends, and it'll have a domino
14 effect all the way across the board. I think we have
15 - they allow us to use medical cannabis for their
16 health. But all the responsibilities of that is
17 directly under the physician. As we all know, they
18 point it out to us rather quick, if there's any kind
19 of problem with their actions with anything about
20 possible drugs, that's strictly on the prescribing
21 doc. Well, our medical group has turned around, and
22 we have 163 providers certified for medical cannabis.
23 And the attorneys were quick to point out that these
24 were very sticky areas from a malpractice standpoint
25 and they're going to provide something that does not

1 even have standard prudence.

2 CHAIR: Dr. Kambic, thank you. That
3 was a lot. And we were having a little bit of a hard
4 time hearing you. So perhaps when the subcommittee
5 meets, you could speak with them about your concerns
6 because again, it was very hard to hear your
7 comments.

8 Christine, were you able to
9 understand?

10 MEMBER ROUSSEL: I did hear some of
11 them, but I would really appreciate your insight at
12 the subcommittee level for this matter just because
13 we want to do our due diligence. We want to be
14 thoughtful. And most of all, we want to allow
15 patients to take the medications that improve their
16 quality of life and make it the most.

17 MEMBER KAMBIC: I will be happy to.

18 CHAIR: Thank you so much.

19 I also - sorry about that. I
20 appreciate that you bring this forward and I also in
21 my ongoing education around medical cannabis, I've
22 been doing a lot of reading. And I wanted to mention
23 an online resource that I found particularly helpful.
24 I think I sent the link to all the Board members,
25 which is - there's a living systematic review on

1 cannabis and other plant-based treatments for chronic
2 pain. And this is a website that's administered by
3 the Agency for Healthcare Research Equality and
4 includes systematic reviews of the effectiveness and
5 harms of cannabis and other plant-based treatments
6 for chronic pain conditions. And what I particularly
7 like about it is it is updated quarterly, and so the
8 information is current, available, and it provides
9 again the evidence that's published in the literature
10 on this topic. So again, just a nice resource.

11 I don't know if anyone else has any
12 discussion about that resource that they've looked at
13 or other topics related.

14 MEMBER ROUSSEL: Thank you. I enjoy
15 it actually. I thought it was really nice. And it's
16 always hard. I'm always doing literature searches
17 over and over and over again. So it's nice to have
18 somebody else do that work and not a poor unassuming
19 pharmacy student.

20 CHAIR: That was one of the things I
21 appreciated about it, too. And it shows you what's
22 been added. So you - you know, if you read through
23 the whole thing before, you can just see what's been
24 added in the last quarter.

25 So are there any other questions or

1 items for discussion from the Board?

2 MEMBER ROUSSEL: I think there's just
3 one additional agenda item about labeling standards.

4 CHAIR: Did I miss that?

5 Thank you.

6 MEMBER ROUSSEL: I wanted to seek
7 advice from Board Counsel about how to go about
8 considerations for reviewing the regulations for
9 labeling standards. I think as a subcommittee, we're
10 always happy to do our due diligence tackling
11 something as big as labeling standards with the
12 insight from others, certainly Director Mentch and
13 then people who actually use the products.

14 I admit the only time I see the
15 labeling on products is when a patient shows it to
16 me. But over the years there's been concerns just on
17 - even the ratio of CBD to THC being listed. Whereas
18 US Pharmacopeia is now asking all labeling to
19 standardize THC to CBD, which we don't have in our
20 regulations at this time. USP made some
21 recommendations. I know, I think about three years
22 ago Philadelphia College of Pharmacy had communed a
23 couple groups to stakeholders, and they actually
24 presented some recommendations for labeling.

25 So I was wondering if there was an

1 opportunity to talk to some stakeholders. I think
2 stakeholders need to be at the table when we discuss
3 it because there's not a lot of real estate on some
4 of the products, especially the vapor - the vape
5 cartridges. You know, ASTM has some recommendations,
6 especially the universal symbol for THC. So I think
7 it's a nice opportunity.

8 As a pharmacist, labeling is safety
9 because the patients need to be using it in a safe
10 manner. So I was wondering how we might go about,
11 you know, engaging some of the stakeholders as a
12 subcommittee, as opposed to working on
13 recommendations in isolation, which I think would not
14 be as meaningful.

15 CHAIR: Agree that labeling is really
16 important.

17 So are other members of the Board have
18 any questions or comments about labeling and moving
19 forward with discussions on that?

20 MEMBER EATON: Matthew Eaton.

21 I would just like to comment that as a
22 member of the Board and a card carrier, I fully agree
23 that the labeling can be confusing, especially when
24 it comes to the percentages of CBD to THC and what
25 all that means. So I would fully support that and

1 would like to be part of the conversation.

2 MEMBER ROUSSEL: So I guess my
3 question is how do we engage others? You know, I
4 mean if we had a meeting with the subcommittee, we'd
5 definitely want Director Mentch there. And I think
6 it's important to have industry stakeholders at the
7 table, too.

8 So how does one go about organizing
9 something in that manner?

10 ATTORNEY HOFFMAN: Just for a
11 completely process-based issue here, you are free to
12 reach out to individuals in the stakeholder industry.
13 I promise you they'd be very excited to tell you what
14 they think about labeling standards. So if you want
15 to do that as a member of the subcommittee, the
16 subcommittee can do that and reach out to those
17 individuals, have communications with individuals,
18 and come back to it. Individuals can also present to
19 the Board if the Board would like them to do so.
20 You've had in the past individuals have come and
21 presented various topics. So that's probably the
22 quickest and easiest way to get to where you want to
23 go.

24 MEMBER ROUSSEL: And if we were to
25 have a meeting, would it be acceptable that, you

1 know, we highlighted the date and time to the Board?
2 I would feel concerned if we didn't reach out and
3 offer all stakeholders equally to attend and provide
4 insight.

5 Is that - is that fair? I just want
6 to be thoughtful in doing that.

7 CHAIR: Kevin, did you have more
8 comment?

9 Okay.

10 Any other comments or thoughts for
11 Christine?

12 MS. MENTCH: Just that there is a
13 regulation 1151a.29 that does say that the
14 cannabinoids must be listed on the label and if
15 they're in a ratio form, the THC must be first. And
16 that was the final form, 1151a.34 and 1151a.29.

17 MEMBER ROUSSEL: Thank you. And that
18 is why I definitely want you present as we review
19 them. I acknowledge that. Thank you so much.

20 MS. MENTCH: Sure.

21 CHAIR: Thank you for bringing these
22 important topics to the - to the Board for
23 discussion.

24 Are there any - any other topics for
25 discussion that people want to raise to the Board?

1 Well, hearing no more discussion or
2 any questions, I want to thank everyone for your
3 participation and for joining today. I look forward
4 to seeing you all at next meeting on January 24th,
5 same time, same place. Again, we have our 2024 dates
6 listed on - I think this slide that's showing now.
7 Please check your calendars and let Siri know if you
8 have any conflicts.

9 May I have a motion to adjourn the
10 meeting, please?

11 MEMBER ROUSSEL: Roussel. I make a
12 motion to adjourn.

13 CHAIR: And a second?

14 MEMBER KAMBIC: I'll move.

15 CHAIR: Wonderful.

16 MEMBER KAMBIC: Motion for
17 adjournment.

18 CHAIR: Thank you so much.

19 The meeting is officially adjourned.

20 * * * * *

21 MEETING CONCLUDED AT 11:14 A.M.

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CERTIFICATE

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I hereby certify, as the stenographic reporter, that the foregoing proceedings were taken stenographically by me, and thereafter reduced to typewriting by me or under my direction; and that this transcript is a true and accurate record to the best of my ability.

Dated the 7 day of December, 2023



Daniel Powers,
Court Reporter