

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HEALTH

2024 MEDICAL MARIJUANA ADVISORY BOARD MEETING

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HEARING TRANSCRIPT

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BEFORE: DEBRA L. BOGEN, M.D., Chair
COLONEL CHRISTOPHER PARIS, Member
CHRISTINE ROUSSEL, PharmD, Member
MATTHEW EATON, Member
GEITH SHAHOUD, M.D., Member
BHAVINI PATEL, M.D., Member
MICHAEL J. LYNCH, M.D., Member
BRITTNEY RODAS, Member
DIANA BRIGGS, Member

HEARING: Wednesday, May 22, 2024
10:33 a.m.

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

WITNESSES: None

Reporter: Emily Cowfer

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CHARLINA DAITOUAH, ESQUIRE
Assistant Counsel, Department of Health
Harrisburg, PA 17120
Counsel for DOH

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DISCUSSION AMONG PARTIES 5 - 40

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DR. BOGEN: Good morning. It's a beautiful, summery kind of day out here in central Pennsylvania. Welcome, everyone, to the Medical Marijuana Advisory Board. I'm calling this meeting to order 10:30 a.m. A little late, on May 22, 2024. These meetings are broadcast live. And so first, I'm going to take the roll. Here we go. Colonel Paris? No. Doctor Roussel? Doctor Roussel, are you on? Can you unmute and say you're present? Do you see her? Is there a reason she can't unmute? All right, come back. Matt Eaton?

MR. EATON: Present.

DR. BOGEN: We heard that Chief Engler and John Adams would not be able to attend, so marking them as absent. Doctor Shahoud?

DR. SHAHOUD: Present.

DR. BOGEN: Great. Bhavini Patel?

MS. PATEL: Present.

DR. BOGEN: Doctor Kambic? Doctor Lynch?

DR. LYNCH: Present.

DR. BOGEN: Brittney Rodas?

MS. RODAS: Present.

1 DR. BOGEN: And Diana Briggs?

2 MS. BRIGGS: Present.

3 DR. BOGEN: Excellent. I'm going to
4 go back and see if we got Doctor Roussel ready to
5 say yes. I see her, but I can't hear her yet. All
6 right, well, you can type in the chat. Oh, here she
7 goes.

8 DR. ROUSSEL: Hi, Christine Roussel.
9 Present. I'm sorry, I couldn't hear you up until
10 this two seconds ago. Sorry about that.

11 DR. BOGEN: Lovely. Thanks for
12 joining us. And then Colonel Paris, has he joined?

13 Colonel Paris, can you let us know
14 you're on? I can see him. Doctor - Colonel Paris,
15 I'm going to mark you present because I see you
16 online. All right. And Doctor Kambic? Still not
17 online.

18 Okay, so you have - Ms. Daitouah, can
19 you please confirm that we have a quorum for today's
20 meeting?

21 ATTORNEY DAITOUAH: We have a quorum.

22 DR. BOGEN: Thank you so much.
23 Before proceeding with the rest of the full meeting,
24 I just have a few announcements. First, I'd like to
25 take a few moments to recognize a former patient

1 advocate appointee, Molly Robertson. Molly passed
2 away last month from breast cancer.

3 From what I've read and heard about
4 her from others, she was a loving mom, passionate
5 advocate, and an artist. She was also one of the
6 first appointees to this Board, and she'll be missed
7 by many.

8 And I know that Diana Briggs, who
9 knew her well, would like to share a couple of
10 reflections.

11 MS. BRIGGS: Thank you, Doctor Bogen.

12 As Doctor Bogen stated, Molly Robertson was a
13 force. I had the pleasure to meet her for the first
14 time at an event here in the rotunda. Bear with me.
15 While we were advocating for this program, she
16 boldly stepped up to the microphone in front of
17 media and legislature alike, where she shared that
18 she was illegally treating her beloved husband,
19 Randy with cannabis with success.

20 He also was diagnosed with cancer. I
21 remember thinking in that moment what a badass she
22 was. Many others in that rotunda that day were also
23 secretly treating their loved ones with cannabis,
24 but were not as bold to share it. We, however, all
25 became kindred spirits in that moment. We were all

1 just trying to heal our loved ones with this amazing
2 plant. Molly unfortunately lost Randy after a long
3 fought battle to this awful disease and most would
4 have stepped away from the fight. She, however,
5 continued to help others heal with her knowledge and
6 of course this plant.

7 When she was appointed to the Board,
8 she brought her boldness, knowledge and strength and
9 helped our medical marijuana program continue to
10 grow. She was a wonderful advocate for all in our
11 patient and caregiver community and she will be
12 greatly missed by all of us and we send her love and
13 our loving condolences to her family and friends and
14 also a huge thanks for sharing her with us all of
15 these years. But we do take comfort in knowing that
16 she is back in the arms of her beloved Randy.

17 DR. BOGEN: Thank you so much. All
18 right, moving to next announcements. Brittney
19 Rodas, sitting next to - down for me - was appointed
20 by the Governor and now joins us as a new member of
21 the Board. Thank you for your service. If you'd
22 like to take a moment to introduce yourself, we'd
23 appreciate that. Thank you.

24 MS. RODAS: Thank you. Hi everyone,
25 my name is Brittney Rodas. As stated, I was

1 appointed by the Governor a little over a month ago.
2 In my day job, I work for UFCW Local 1776. I'm a
3 lawyer there and I also do their legislative and
4 political work. I'm excited to be a part of this
5 Board and have a lot of interest in the patient
6 representative side under the Act. So thank you.

7 DR. BOGEN: Thank you so much for
8 your service. With this change, we do still have
9 two vacancies on the Board as noted in the
10 membership list posted on the website and included
11 in your electronic Board materials. Today we have
12 Charlina Daitouah, who is assistant counsel to
13 assist with today's Board meeting. All of our Board
14 meetings are held on Wednesday in the same time
15 frame, starting about 10:30 to about 12:30 here in
16 the Capitol Media Center with a virtual option.

17 Due to summer schedules and
18 scheduling conflicts, the July 24 meeting is
19 canceled. Board members, if any of the other
20 selected dates don't work for your schedule again,
21 because we need a quorum, can you please let us know
22 as soon as you know a challenging date for you so we
23 can make adjustments if needed. Thanks so much.

24 Today's agenda does reflect the items
25 that have been identified by the Board for

1 discussion. So our next - those end our
2 announcements.

3 The next order of business is to
4 approve the corrected minutes from the January 24
5 meeting as stated at the March meeting. Corrections
6 were necessary to the January 24 meeting minutes.
7 Those minutes were recirculated to the Board for
8 review, so I hope you've all had a chance to review
9 them. May I get a motion to approve the corrected
10 meeting minutes from January 24, 2024?

11 MR. EATON: Matthew Eaton, motion.

12 DR. BOGEN: Thank you. Do I have a
13 second?

14 MS. BRIGGS: I'll second.

15 DR. LYNCH: Lynch, second.

16 DR. BOGEN: Great. All in favor to
17 approve the minutes from January 24, 2024, say aye.

18 ALL RESPOND AYE

19 DR. BOGEN: Is anyone opposed? Are
20 there any abstentions?

21 Okay, looks like the minutes from
22 January 24 are now approved. Minutes will be posted
23 to the website by the end of this week. The next
24 agenda item is to approve the March 2024 meeting
25 minutes. May I get a motion to approve the meeting

1 minutes, please?

2 MR. EATON: Matthew Eaton, motion.

3 DR. BOGEN: Do I have a second?

4 DR. SHAHOUD: Doctor Shahoud, motion.

5 DR. BOGEN: Thank you so much. All
6 in favor to approve the minutes, please say aye.

7 ALL RESPOND AYE

8 DR. BOGEN: Is anyone opposed? Are
9 there any abstentions? Wonderful. The minutes from
10 March 2024 are now approved, and again, minutes will
11 be posted to the website soon. The next agenda item
12 is the Bureau of Medical Marijuana Program update,
13 which we all look forward to every other month.
14 Thank you, Laura. So I'm going to turn things over
15 to Laura Mentch, Director of the Bureau, to provide
16 program updates. Thank you, Laura.

17 MS. MENTCH: Thank you, Doctor Bogen,
18 and good morning, everyone. As mentioned at the
19 last meeting, Act 63 of 2023 was slated to open for
20 applications on May 12. We have begun accepting
21 those applications as of that date and will continue
22 to accept applications until June 12 of 2024. A
23 cross-agency scoring committee has been gathered and
24 trained, and we are looking forward to expanding the
25 industry in Pennsylvania. This expansion will bring

1 more jobs, a larger footprint, expanded patient
2 access and choice, and increase the number of
3 vertically integrated stakeholders in the market.
4 Permits for this first window will be in the fall of
5 2024, and a second window for applications is
6 planned for early 2025 and every nine months
7 thereafter as now necessary. Next slide. Next
8 slide.

9 Many media posts have been dedicated
10 to the questions surrounding the impact of
11 rescheduling marijuana from a schedule one drug,
12 meaning that it has no medical use, to a schedule
13 three under the Controlled Substance Act. The
14 Justice Department announced that the Attorney
15 General submitted proposed regulations to reschedule
16 marijuana from a C1 to a C3 last Thursday.

17 The 60 day comment period has opened,
18 and while the impact of rescheduling are not
19 concrete at this time, the Bureau is tracking the
20 issue and will provide its patients, caregivers,
21 practitioners, and medical marijuana organizations
22 notice of any changes to the program and
23 stakeholders' responsibilities. On April 15 of this
24 year, members of the Bureau traveled to Erie,
25 Pennsylvania to present and/or attend the annual

1 Medical Marijuana Research Summit hosted by Lake
2 Erie College of Osteopathic Medicine and its
3 clinical registrant partner, Air.

4 The summit provided valuable insight
5 into the research being conducted within the
6 Commonwealth, as well as gave the academic clinical
7 research centers the opportunity to collaborate on
8 issues impacting research and next research steps.
9 Also valuable was the time spent in conversation
10 with the permittees and stakeholders that represent
11 the foundation of this program, as well as listening
12 to all the fascinating research they are conducting.

13 Featured schools and colleges of
14 medicine included Drexel, Geisinger, LECOM, Penn
15 State, PCOM and the University of Pittsburgh. I
16 have no doubt that the research will continue to
17 expand and evolve and further establish the
18 medicinal value of medical marijuana in the future.
19 Next slide. I'd like to wrap up with the program
20 metrics.

21 As of May 1, 2024, we have 441,083
22 active patient certifications, 9,135 active carded
23 caregivers, 1,946 approved practitioners, 181
24 operational dispensaries, 32 operational grower
25 processors and have distributed \$565,139 in MMAP

1 phase three financial benefits. This chart
2 represents the dispensary sales by month since
3 January of 2020. The anomaly of April of 2023 sales
4 did not repeat itself in 2024 and so aside from that
5 outlier, every month's sales have exceeded the same
6 month of the previous year, and there has been \$6
7 billion in sales in the program to date.

8 This slide shows the dry leaf retail
9 and wholesale pricing details from January of 2021
10 through April of 2024. The average retail price per
11 gram is \$8.26, down from a high of \$14.90 and the
12 average wholesale price per gram is \$3.73, down from
13 a high of \$10.65. And that concludes the Bureau's
14 program overview. Thank you for your attention.

15 DR. BOGEN: Thank you so much. Does
16 any member of the Board have questions regarding the
17 information that was just presented?

18 MS. MENTCH: Thank you.

19 DR. BOGEN: Looks like -.

20 DR. ROUSSEL: This is Christine. I
21 was just wondering if possible, we used to have the
22 ability to see what the percentage of active
23 patients were by disease state. I don't know if
24 it's possible to see that again at some point in the
25 future, if it's available.

1 DR. BOGEN: So you're asking if that
2 can be added to the presentation that our program
3 gives? Thanks for that question. I don't know if
4 you want to address that at this time, Laura, if
5 you'd like to wait

6 MS. MENTCH: I just want to be clear
7 that what she was asking, I was behind the monitor.
8 Active patient by disease state, how many active
9 patients we have registered -.

10 DR. ROUSSEL: Yeah, their serious
11 medical condition. I know in previous
12 presentations, you guys did that to give us
13 understanding of what percentage of patients were,
14 you know, approved for different serious medical
15 conditions.

16 MS. MENTCH: Sure, we can look into
17 that. Thank you for the suggestion.

18 DR. ROUSSEL: Thanks.

19 DR. BOGEN: Any other questions
20 before we move on? All right, hearing no more
21 questions, we'll move to old business.

22 As discussed in previous meetings,
23 each Subcommittee chair will provide an update at
24 each Board meeting regarding the activities since
25 the previous Board meeting. So, let's start with

1 our Medical Review Subcommittee. In July of 2022,
2 the Board approved a policy that established a
3 process for accepting recommendations from academic
4 clinical research centers for a qualifying medical
5 condition to be added for Chapter 20 research
6 purposes only. This policy is posted on our Medical
7 Marijuana Advisory Board website.

8 We received two serious medical
9 conditions for Chapter 20 research applications from
10 Penn State College of Medicine. One is regarding
11 traumatic brain injury with chronic symptoms, and
12 the second is regarding type two diabetes mellitus.

13 That said, I'm going to turn things
14 over to the Medical Review Subcommittee for
15 discussion on the serious medical conditions to be
16 added for Chapter 20 research applications. Doctor
17 Shahoud.

18 DR. SHAHOUD: Thank you. The Medical
19 Review Subcommittee was in the receipt of a serious
20 medical Chapter 20 research application in Penn
21 State College of Medicine for moderate to severe
22 traumatic brain injury with chronic symptoms. That
23 was last August. Application is to conduct clinical
24 and preclinical studies to document therapeutic
25 potential of cannabis and traumatic brain injury.

1 Application was approved in January.

2 Based on discussions, the
3 Subcommittee members drafted a formal report stating
4 our justification to approve this application.
5 Subcommittee found that the application and research
6 aimed to support this research are practical and
7 from a safety perspective, the research is
8 reasonable. Research is needed to study the impacts
9 and the potential use of cannabis to treat
10 conditions.

11 That being said, on behalf of the
12 Medical Review Subcommittee, I would like to make a
13 motion to approve the submission of that report
14 stating a Subcommittee approval of the serious
15 medical condition Chapter 20 research application
16 from Penn State College of Pennsylvania regarding
17 traumatic brain injury.

18 DR. BOGEN: Thank you for sharing
19 that information, Doctor Shahoud. Any discussion by
20 the Board, questions for the committee? I don't
21 think we have any questions. So Doctor Shahoud to
22 clarify, can you please restate the motion regarding
23 traumatic brain injury report?

24 DR. SHAHOUD: Yes. So the medical -
25 on behalf of the Medical Review Subcommittee, I

1 would like to potentially to make a motion to
2 approve the submission of this report stating the
3 Subcommittee approval for a serious medical
4 condition Chapter 20 research application from Penn
5 State.

6 DR. BOGEN: Do we have a second?

7 DR. ROUSSEL: Roussel, second.

8 DR. BOGEN: Thank you. So I will do
9 a roll call for this vote as well. We'll start with
10 Colonel Paris?

11 COLONEL PARIS: Yes.

12 DR. BOGEN: Doctor Roussel?

13 DR. ROUSSEL: Aye.

14 DR. BOGEN: Matthew Eaton?

15 MR. EATON: Yes.

16 DR. BOGEN: Chief Engler's not on.
17 John Adams is not on. Doctor Shahoud?

18 DR. SHAHOUD: Yes.

19 DR. BOGEN: Bhavini Patel?

20 MS. PATEL: Yes.

21 DR. BOGEN: Doctor Kambic? Also not
22 on. Doctor Lynch?

23 DR. LYNCH: Yes.

24 DR. BOGEN: Diana Briggs?

25 MS. BRIGGS: Yes.

1 DR. BOGEN: Brittney Rodas?

2 MS. RODAS: Yes.

3 DR. BOGEN: Oh, no, sorry. You - I
4 think because this is your first meeting and have
5 you had chance to read all the materials yet? Oh,
6 you did?

7 Okay.

8 Does she need to abstain? So I was
9 just consulting because you weren't present for the
10 discussion that was presented last time, in the
11 present, we're going to ask if you would abstain,
12 just from a policy standpoint. Great.

13 Okay. And I'm also abstaining. So
14 the number of ayes, can you please confirm the
15 number we have?

16 ATTORNEY DAITOUAH: I have seven
17 ayes.

18 DR. BOGEN: So the motion passes?

19 ATTORNEY DAITOUAH: It does.

20 DR. BOGEN: Great. So this report,
21 ayes have it. The report is approved and the report
22 will be distributed to the Governor, the Senate, the
23 House of Representatives, and to me, and will be
24 public record under the right-to-know law.

25 Approval of the report does not mean

1 that the condition is automatically added as a
2 serious medical condition. The Board's
3 recommendations will be taken into review and
4 consideration, and may or may not be effectuated by
5 the Secretary with reason. Effectuation of any
6 recommendation will be done via publication of a
7 notice in the Pennsylvania Bulletin.

8 Upon effectuation of a
9 recommendation, the condition will be deemed
10 approved for Chapter 20 research studies. Upon
11 approval, the ACRCs that wish to conduct a research
12 study must comply with the Bureau of Medical
13 Marijuana's policies and procedures for Chapter 20
14 research studies on the approved research condition.

15 All right, we now have a motion regarding the type
16 two diabetes. Doctor Shahoud, I'll turn things back
17 to you.

18 DR. SHAHOUD: Thank you. Thank you.
19 The Medical Review Subcommittee was also in a
20 receipt of Chapter 20 application for type two
21 diabetes medicines from Penn State College of
22 Medicine. In January 2024, this Applicant conducted
23 clinical and preclinical research to study the
24 potential use of cannabis to moderate
25 glucose/insulin regulation, and pain associated with

1 type two diabetes mellitus. Based on the merit of
2 this application and the Medical Review Subcommittee
3 discussions, I would like to make the motion to
4 approve the serious medical condition Chapter 20
5 research application from Penn State College of
6 Medicine regarding type two diabetes mellitus.

7 DR. BOGEN: Do I have a second?

8 DR. ROUSSEL: Roussel, second.

9 DR. BOGEN: Thank you. We'll do
10 another roll call. Colonel Paris?

11 COLONEL PARIS: Yes.

12 DR. BOGEN: Doctor Roussel?

13 DR. ROUSSEL: Yes.

14 DR. BOGEN: Mr. Eaton.

15 MR. EATON: Yes.

16 DR. BOGEN: We have Chief Engler
17 missing and John Adams missing. Doctor Shahoud?

18 DR. SHAHOUD: Yes.

19 DR. BOGEN: Bhavini Patel?

20 MS. PATEL: Yes.

21 DR. BOGEN: Doctor Kambic? Still not
22 here. Doctor Lynch?

23 DR. LYNCH: Yes.

24 DR. BOGEN: And Diana Briggs?

25 MS. BRIGGS: Yes.

1 DR. BOGEN: And I'm voting as an
2 abstention. Same. Brittney Rodas for the record is
3 also abstaining, so it looks like the ayes have it
4 again. One, two, three, four, five, seven. So
5 Doctor Shahoud noted, a written report is the next
6 step in the approval process for Chapter 20 research
7 applications.

8 This requirement is set forth by
9 policy and requires that the Medical Review
10 Subcommittee provide a written report containing its
11 findings and recommendations that the application be
12 approved for research purposes only. If the report
13 is approved, then the report is distributed as we
14 discussed with the last report and will be available
15 under the Right-to-Know law.

16 Approval of the report does not mean
17 the condition is automatically added as a serious
18 medical condition. The Board's recommendations will
19 be taken under review and consideration by the
20 Secretary and may or may not be effectuated.

21 All right, thank you guys for your
22 work on reviewing those two applications. The next
23 is the Patient and Caregiver Subcommittee chaired by
24 Diana Briggs.

25 MS. BRIGGS: Thank you, Doctor Bogen.

1 The Patient Caregiver Subcommittee met earlier this
2 month where we were joined by our newest member,
3 Brittney Rodas. The committee is super excited to
4 have her on our Subcommittee. She has a lot of
5 experience as she shared lots of knowledge of our
6 medical model marijuana program and we're excited to
7 work with her closely.

8 We also want to thank all of those
9 who are instrumental in educating us over the last
10 several months on the solvent based extraction
11 methods. Your time and knowledge was greatly
12 appreciated by us all and as always, we look forward
13 to the continued growth of our medical marijuana
14 program.

15 DR. BOGEN: Thank you so much. The
16 next is the Regulatory Subcommittee chaired by
17 Doctor Christine Roussel.

18 DR. ROUSSEL: Good morning. Hi. The
19 Regulatory Subcommittee met most recently on April
20 24. The meeting was specifically focused on the
21 medical marijuana regulations related to healthcare
22 facilities and institutions, which is a separate
23 topic, so we have no updates other than the new
24 business that we intend to bring later on the
25 agenda. Thank you.

1 DR. BOGEN: Thank you so much.
2 Moving right along, our last Subcommittee report is
3 from the Medical Research Subcommittee chaired by
4 Bhavini Patel, to include submission of report
5 regarding the Organic Remedies' findings of the
6 research initiative. I'm going to turn things over
7 to you Bhavini.

8 MS. PATEL: Thank you, Doctor Bogen.
9 The Medical Research Subcommittee had been in
10 discussion. We finalized a report regarding
11 recommendations and findings related to our Organic
12 Remedies discussion and their solvent based
13 extraction method and the process on microbial
14 contamination. This report was submitted to the
15 Board for their review in advance of this morning's
16 meeting.

17 Report includes the research and
18 rationale that Subcommittee members considered
19 during our approval process. Rationale includes
20 consideration of experts, written documentation,
21 research of other states' medical marijuana
22 programs, and the written report with findings from
23 organic remedies. The Medical Research Subcommittee
24 now calls for a motion for those in favor of
25 submission of this report regarding recommendations

1 and findings related to Organic Remedy, solvent
2 based extraction method and process on microbial
3 contamination to vote aye and those not in favor to
4 vote nay.

5 DR. BOGEN: So I'm just going to open
6 this up for any questions from the Board, any
7 explanations or expansion on your recommendations.
8 Does anybody want to share their rationale for the
9 decision making? All right, hearing no discussion,
10 Bhavini, can you please restate the motion?

11 MS. PATEL: Yep. The Medical
12 Research Subcommittee now calls for a motion for
13 those in favor of submission of this report
14 regarding recommendations and findings related to
15 Organic Remedies, solvent based extraction method
16 and process on microbial contamination to vote aye
17 and those not in favor to vote nay.

18 DR. BOGEN: Okay, do I have a second?

19 MS. BRIGGS: Second.

20 DR. BOGEN: All right, I'm going to
21 do roll call for this one as well. Colonel Paris.

22 COLONEL PARIS: Yes.

23 DR. BOGEN: Doctor Roussel.

24 DR. ROUSSEL: Yes.

25 DR. BOGEN: Matthew Eaton.

1 MR. EATON: Yes.

2 DR. BOGEN: Chief Engler. No. John
3 Adams is absent. Doctor Shahoud?

4 DR. SHAHOUD: Yes.

5 DR. BOGEN: Bhavini Patel?

6 MS. PATEL: Yes.

7 DR. BOGEN: Doctor Kambic, no.
8 Doctor Lynch.

9 DR. LYNCH: Yes.

10 DR. BOGEN: Diana Briggs.

11 MS. BRIGGS: Yes.

12 DR. BOGEN: All right. And you and I
13 are - I'm abstaining. And Brittney Rodas?

14 MS. RODAS: I'll be abstaining.

15 Thank you.

16 DR. BOGEN: So the motion has passed.

17 The report is approved and will be distributed to
18 the Governor, the Senate, the House of
19 Representatives, and the Secretary of Health. This
20 report will be public record under the Right-to-Know
21 law. These findings and recommendations of the
22 Board will be taken under advisement and a
23 determination as to whether to effectuate will be
24 made within a year of receipt of the report. For
25 further clarification and as a reminder, if this

1 recommendation is effectuated, organic remedies must
2 still ensure that it complies with all requirements
3 set forth in the Act before using its extraction
4 methods. I want to thank the Subcommittee and the
5 Subcommittee chairs for their work and all their
6 updates. I will now move on to new business.
7 There's a discussion of the medical marijuana
8 regulations related to healthcare facilities and
9 institutions.

10 I'm going to turn things over to you,
11 Christine, for that.

12 DR. ROUSSEL: Good morning. Hi. So
13 the Regulatory Subcommittee has had two meetings,
14 and including those with stakeholders specifically
15 focused on the administration of medical marijuana
16 products within healthcare facilities and
17 institutions. I work at a hospital, and I will tell
18 you there are, as Director Mentch showed, the scope
19 of the medical marijuana program in the Commonwealth
20 is pretty broad and wide, and there's a lot of
21 patients taking cannabis as therapeutic medicine.

22 And when they come into the hospital
23 with acute medical conditions, there has to be
24 decision making around whether it is one,
25 appropriate two, and two, if they can continue their

1 cannabis while they're in a healthcare facility.
2 This also applies to other institutions, such as
3 long term care facilities, as well as other
4 residential healthcare settings. So what we did was
5 we convened a stakeholder group that included people
6 from the Hospital Association of Pennsylvania.

7 We included the Hospital Pharmacy
8 Association, Pennsylvania Society of Health System
9 Pharmacy, the School Nursing Association, as well as
10 some other stakeholders. And our focus really was
11 to provide protection for healthcare professionals'
12 licenses. The goal was to ensure that facilities
13 are protected when the decision is made to either
14 allow or not allow patients to use medical marijuana
15 on their property.

16 And really, the focus was, how can we
17 do what's in the best interest of the patient,
18 considering the risk, benefits. So we kind of
19 wanted to bring it to this committee. We met as a
20 group and decided a few things. One, you know, we
21 wanted to understand - we wanted to make it clear
22 that, you know, we're putting forth some state
23 protections, but they can only go so far until
24 there's federal reclassification of cannabis and
25 marijuana, which also, you know, looks like that's

1 progressing.

2 And then we really think that, you
3 know, it's important that healthcare facilities,
4 with their leadership and legal counsel, can make
5 their own decisions related to whether they allow
6 medical marijuana cannabis, considering the current
7 federal class one prohibition, because there's a lot
8 of concerns from facilities about DEA action and CMS
9 reimbursement.

10 So our group here reviewed highlights
11 from the Code of Federal Regulations, you know,
12 which could be a barrier to this. And then we put
13 forth some regulatory language. So I just kind of
14 want to give a little scope of what we thought
15 first. You know, we had included the schools with
16 us when we did this, and we were surprised. We, the
17 School Nursing Association did quite a survey of
18 their membership, and obviously, the request for
19 medical marijuana in schools was more frequent than
20 we thought.

21 But they have some different
22 barriers, including getting specific physician
23 orders. So ultimately, when we draft regulatory
24 language, we did not include schools. Our
25 regulatory language was around hospital draft

1 recommended wording, should I say - I'm sorry.
2 Hospitals, nursing homes, and other healthcare
3 facilities licensed by the Pennsylvania Department
4 of Health. And we want to advocate that they adopt
5 reasonable internal policies related to medical
6 marijuana by patients certified to access medical
7 marijuana through the state program.

8 You know, we're actively receiving
9 care there, and we also wanted to make sure the
10 facilities felt empowered to make patient specific
11 decisions based on the clinical complexity of care,
12 because it really relates to each individual patient
13 as there's some adverse effects. So what I want to
14 hear is the discussion and thoughts of the committee
15 and get some feedback.

16 And if you guys are open to it, we'll
17 send around some proposed language, you know, to
18 hopefully bring a formal proposal that we can vote
19 on as a committee.

20 DR. BOGEN: I think this is open for
21 discussion.

22 MS. BRIGGS: Can I just share
23 something? Christine, back in 2019, I was an
24 approved caregiver for the Department of Health, and
25 I was contacted by a social worker at a hospital in

1 Pittsburgh. They had a current patient, who did not
2 live in Pittsburgh, who was being treated for
3 cancer, and he was demanding to be able to use his
4 cannabis while in the hospital.

5 So the hospital got together and they
6 gave him his own little lockbox, and that lockbox is
7 where I delivered his medical cannabis to. So he
8 did have to administer it himself, but the medicine
9 was kept safely in his room, locked up from anybody
10 else having access to it. So something that maybe
11 others could, you know, learn by, because the last I
12 talked to him, he was in remission.

13 DR. ROUSSEL: Well, I'm certainly
14 glad he's in remission. That's awesome. I know -
15 you know, speaking with a lot of different hospital
16 pharmacists, we use a variety of different methods,
17 but most of it includes the patient being
18 responsible for self-administration. And in a lot
19 of scenarios, that's acceptable.

20 But sometimes there are scenarios
21 where self-administration to a patient is not
22 feasible, and further, they may have barriers to
23 having a caregiver present to administer as well.
24 So those are all very reasonable factors. And then
25 different hospitals, I've heard everything from

1 certain hospitals actually locking the drug up in
2 the medication rooms where it's witnessed by family
3 members or the patient to lock it up.

4 So, yeah, no, that's very thoughtful,
5 and I think some hospitals are very forward in
6 trying to be creative in allowing patients to
7 continue previously initiated drug therapy, which is
8 what medical marijuana is. Some are more concerned.
9 You know, we're specifically looking for legal
10 protections for healthcare facilities licensed by
11 the Department of Health, and so they shall not be
12 subject to prosecution, search, seizure, or penalty
13 in any matter, including, but not limited to
14 criminal and civil penalties or disciplinary action
15 by the Occupational or Professional Licensing Boards
16 or entities.

17 And we want to see that nobody's been
18 denied license or registration or privileges just
19 because they have provided care to a patient
20 consistent with the medical marijuana program.

21 DR. BOGEN: Is there any other
22 comments?

23 MR. EATON: Dr. Roussel, could you
24 speak a little bit more to the policy that you see
25 in your own facility?

1 DR. ROUSSEL: Sure. Actually, I'm
2 very fortunate. In 2016, when the state first
3 allowed pediatric patients to bring cannabis in from
4 outside the state, we brought it to our pharmacy and
5 therapeutics committee, and our physicians voted to
6 allow patients to bring in their own medical
7 cannabis to our facility.

8 We actually have a policy where we,
9 one, we included as part of medication
10 reconciliation when a patient presents to the
11 emergency department. Further, we do have a process
12 for physicians to order it, but we use very specific
13 language for inpatient doctors around continuing
14 previously initiated medical marijuana therapy,
15 because there's limitations to only certified
16 physicians can enable a patient to access it. Now,
17 we also have a patient communication document that
18 they agree that they will only administer the
19 medical cannabis in the presence of a nurse.

20 So it's documented on the MAR, every
21 patient who states that they have medical cannabis
22 actually gets interviewed by a pharmacist. Pictures
23 of the product, pictures of their card become part
24 of the EHR, and we actually interview them to best
25 understand the dosing and schedule of their products

1 to make sure we adhere to that. And the physicians
2 are allowing for very specific administration.

3 And I will say we have our own data,
4 but we've actually allowed administration by about
5 50 discrete patients in our hospital. We've had no
6 issues. Every patient has been 100 percent
7 compliant with the requests. If there were any
8 concerns for drug interactions, our patients have
9 been thoughtful to remove the product from the
10 hospital and not take them.

11 And I will say it's also interesting
12 that there's been many cases where doctors have
13 decided to allow a patient to continue medical
14 cannabis while inpatient, and the pharmacist who
15 interviewed them actually discovered a drug
16 interaction where actually an adverse effect, such
17 as new onset atrial fibrillation, or, you know,
18 falls related to consumption, and sometimes even
19 intervene where it might not be appropriate.

20 So our program has worked very well,
21 and again, we've been doing it at this point for,
22 you know, I guess, over seven years, and the
23 patients have all been grateful and respectful, and
24 really, it's about patient quality of life and
25 patient care and satisfaction. And certainly when

1 they're in the hospital, we want to do it everything
2 we can to keep them well, and that includes allowing
3 them to continue previously initiated therapy if
4 it's appropriate.

5 So, yeah, so thank you for asking.
6 And there are other health systems which do a very
7 thoughtful job as well, but there are also other
8 health systems that are so afraid that the policies
9 are very much based on exception, which makes it
10 difficult. And hospitals are regulated by a couple
11 agencies, but we choose sometimes to get regulated
12 by the joint commission, for example, for
13 certifications, and they say all medicinal products
14 need to be regulated. So medical marijuana should
15 be just like another medication by hospitals, which
16 is why we need some worker protection.

17 DR. BOGEN: Thank you so much.
18 Doctor Lynch, you have your hand up.

19 DR. LYNCH: Yes, thank you. Yeah,
20 I'm definitely all for clarity and consistency, for
21 rules and regulations that people can follow to
22 avoid some of the variation and variability that
23 patients experience, which is, I think, ultimately
24 what we want to, one of the things we want to avoid.
25 I guess, since, you know, there are things within

1 the control of the state and state regulations and
2 things that are not, you know, and as you brought up
3 as far as federal regulation, which is currently in
4 some flux or at least potentially in some flux and
5 enforcement, which I think will also potentially
6 vary or at least we can't control.

7 I think I would just suggest, and I
8 know you will be and are be very sort of cognizant
9 of any sort of language and things like that sort of
10 accounts for those concerns and how, you know, that
11 may influence decision making from hospitals that
12 are billing through CMS and so forth.

13 Just, you know, I think because we
14 can't, there is no control from the stateside on
15 what the federal government does, I think that will
16 continue to be a concern and a question. And while,
17 you know, I think it's very appropriate and
18 responsible for the state to have consistent
19 regulation and a way of approaching how hospitals
20 are licensed and able to operate within the laws of
21 the Commonwealth, you know, we will also be subject
22 to the federal laws, which we can't control.

23 So I think that's just going to be a
24 very challenging line to balance on creating
25 thoughtful regulations or language, protective

1 language, as well as the decisions that hospitals
2 and healthcare providers have to weigh and balance
3 and make.

4 And again, I know you are considering
5 that the complexity of the issue. It can't be
6 overstated, but just that I know will be something
7 that continues to come up.

8 DR. ROUSSEL: May I respond to that?
9 So I think what you're saying is very thoughtful,
10 and what we did was really, it's more protection.
11 So protections for healthcare facilities and
12 protections for the employees and agents.

13 So it really is not prescriptive in
14 how a hospital, nursing home or healthcare facility
15 would handle it. It really just says that if they
16 choose to allow patients to use it, there are
17 protections for them. But it's also very clear that
18 one of these entities could also choose not to allow
19 medical marijuana in their facility or has the right
20 to refuse it to any patient. So we'll send it
21 around.

22 I just want to make sure we had the
23 appropriate feel before we showed the wording unless
24 it needed editing, but it's actually very minimalist
25 in terms of how an organization should respond to

1 it, only that they could or could choose not to with
2 protections.

3 DR. LYNCH: Thank you. Yeah. And I
4 think that clarity that the protections are at the
5 state level. This was all we'd be able to guarantee.

6 DR. ROUSSEL: Yeah. Acknowledging
7 that it's only at the state level. Yeah, no, I
8 totally agree. And the committee was concerned
9 about that as well.

10 DR. LYNCH: Thank you very much.

11 ATTORNEY DAITOUAH: Doctor Roussel,
12 this is Charlina. The Board should also consider
13 having a discussion about the scope of the Board's
14 authority with regard to the types of
15 recommendations that the Board would make regarding
16 regulations.

17 DR. ROUSSEL: We will definitely seek
18 to do that before we write a formal report. Thank
19 you.

20 DR. BOGEN: Any other comments or
21 thoughts before we move on, please?

22 MS. RODAS: Doctor Roussel, thank you
23 for bringing this topic up. I think it's a critical
24 one to consider. It's been my experience that the
25 Medical Marijuana Act is woefully lacking in any

1 employee protections, even outside the healthcare
2 industry.

3 So I just want to make mention that
4 other states are considering additional regulations
5 to protect employees across the spectrum, you know,
6 all the way up from healthcare down to people that
7 are legally using in grocery stores and being
8 terminated for their legal use. So I hope we can
9 continue the conversation to see how we can expand
10 employee protections for lawful use under the Act.
11 Thank you for considering this.

12 DR. ROUSSEL: Thank you. You make
13 excellent points.

14 DR. BOGEN: Great. Any other
15 discussion on this topic before we move on? All
16 right, hearing none. Are there other topics people
17 would like to bring forward at this time? Anyone
18 online?

19 All right, hearing no more discussion
20 or any questions, I want to thank everyone for your
21 participation, for joining this Board meeting today.
22 As mentioned earlier, due to summer schedules and
23 conflicts, the July 24 meeting is canceled. I look
24 forward to seeing everyone here on September 18 for
25 our next scheduled meeting. The remaining dates are

1 listed, I think - here we go. Up on the slide.
2 Please check your calendars and let Ms. Reddy know
3 if there are any conflicts. May I have a motion to
4 adjourn this meeting, please?

5 MR. EATON: Matthew Eaton, motion.

6 DR. BOGEN: Thank you, Matthew.
7 You're always a very reliable meeting - ending
8 motion maker. Thank you. A second, please.

9 DR. ROUSSEL: Roussel, second.

10 DR. BOGEN: Thank you so much. All
11 in favor?

12 ALL RESPOND AYE

13 DR. BOGEN: Is there anyone else who
14 would like to continue this meeting? All right,
15 thank you so much. The meeting is adjourned.

16 * * * * *

17 HEARING CONCLUDED AT 11:15 A.M.

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CERTIFICATE

I hereby certify that the foregoing proceedings,
hearing held before FAAP Bogen, was reported by me on
May 22, 2024 and that I, Emily Cowfer, read this
transcript, and that I attest that this transcript is
a true and accurate record of the proceeding.

Date the 30 day of May, 2024

Emily Cowfer
Emily Cowfer,
Court Reporter