ALSO PRESENT: Patrick Nightingale, Esquire, Dr. Marina Goldman, Dr. Andrew Peterson, John Collins
<table>
<thead>
<tr>
<th>INDEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISCUSSION AMONG PARTIES</td>
</tr>
<tr>
<td>PRESENTATION</td>
</tr>
<tr>
<td>By Patrick Nightingale</td>
</tr>
<tr>
<td>PRESENTATION</td>
</tr>
<tr>
<td>By Dr. Andrew Peterson</td>
</tr>
<tr>
<td>DISCUSSION AMONG PARTIES</td>
</tr>
<tr>
<td>PRESENTATION</td>
</tr>
<tr>
<td>By Dr. Marina Goldman</td>
</tr>
<tr>
<td>DISCUSSION AMONG PARTIES</td>
</tr>
<tr>
<td>Number</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
PROCEEDINGS

CHAIR: All right.

It is 10:00 a.m. and we have a quorum.

So at this time I would like to call the meeting to order.

This is the Medical Marijuana Advisory Board Meeting. And it is now 10:00 a.m. on Wednesday, November 13th, 2019.

I'd like to start in terms of our roll call about. Those on the phone.

So Dr. William Goldfarb, are you on the phone? Dr. Goldfarb, you might be muted.

DR. GOLDFARB: Yes.

CHAIR: Thank you.

DR. GOLDFARB: Yes.

CHAIR: And - and Jennifer Shuckrow are you on the phone? Are you muted, Jennifer?

Jennifer Shuckrow, are you on the phone? We heard you before.

MS. SHUCKROW: I'm - I'm here.

CHAIR: Great. Thank you.

And we also were expecting Scott Bohn, Chief, West Chester Police Department.

Sir, are you on the phone? Chief
Bohn, are you on the phone? I know that rhymes, but - okay. So not yet.

So now let's take a roll call. We know that District Attorney Ray Tonkin, Dr. William Trescher and Dr. Lanie Francis will not be available today.

So Rachel Levine is here.

Lieutenant Colonel Robert Evanchick?

MR. EVANCHICK: Present.

CHAIR: Janet Getzy Hart?

MS. GETZY HART: Present.


CHAIR: Sarah Boateng?

MS. BOATENG: Present.

CHAIR: Molly Robertson?

MS. ROBERTSON: Here.

CHAIR: Shalawn James?

MS. JAMES: Present.

CHAIR: Luke Shultz?

MR. SHULTZ: Present.

CHAIR: Did I miss anybody? Anybody else on the phone? All right. Well, we do have a quorum. Am I correct?
BOARD MEMBER: Yes. So we - so we can do business.

CHAIR: All right.
So the first order of business is we would like to approve the minutes from our Medical Marijuana Advisory Board Meeting on August 14th, 2019.

May I have a motion to approve the minutes?

MS. JAMES: Motion to approve.

CHAIR: Thank you.
May I have a second?

MS. ROBERTSON: Second.

CHAIR: Okay.
And all in favor say aye.

AYES RESPOND

CHAIR: Aye.

On the phone?


CHAIR: Okay.
And do any say nay? Any abstentions?
All right. So the meetings (sic) are approved.

So we'd like to start today's meeting by hearing from a number of speakers that have been
invited today to address the Board.

Thank you all very much for coming.

One speaker is still not here yet, but we'll see if she's able to come. I wanted to remind our speakers that they have five minutes to speak. And so given those time limitations we won't be having questions or - basically you're addressing the Board.

Sunny Horvath will raise her hand when you have one minute remaining. She'll raise her hand in the completion of the five minutes. You know if you're finishing a sentence, I'll let you finish the sentence, so don't worry about it, but - but please don't go on -.

And the first speaker today is Mr. Patrick Nightingale, an attorney from Allegheny County, to speak about challenges facing the medical marijuana system and patients and the criminal justice system.

Mr. Nightingale?

ATTORNEY NIGHTINGALE: Thank you.

Thank you for giving - oh, wait.

What -?

CHAIR: Well, that way they'll be able to hear you on the phone.

ATTORNEY NIGHTINGALE: Hopefully it's
not counting against my five minutes. I'm moving a little slow.

CHAIR: No. No, you're okay. It's all right. It's all right.

ATTORNEY NIGHTINGALE: I'll reset my phone.

CHAIR: Yeah. Yeah. Reset your timer. We're all good.

ATTORNEY NIGHTINGALE: Thank you for giving me the opportunity to address the Board this morning. My name is Patrick Nightingale. I'm an attorney from Pittsburgh and the Director of the Pittsburgh chapter of the National Organization for the Reform of Marijuana Laws also known as NORMAL. I will take this opportunity to address a few issues that directly impact Pennsylvania's growing medical cannabis patient community.

As both a criminal defense attorney and reform activist, I continually - continually experience what I call a lack of law-enforcement education regarding patient rights and what constitutes a legal medical cannabis product. Officers often do not know that dry leaf is legal or that patients may possess paraphernalia needed to consume medical cannabis products. Even Prosecutors
and Judges are unaware of the specifics of the program. The patient community suffers when law enforcement file charges and seize products out of a lack of education of the program.

We implore the Advisory Board to recommend to the Department of Health that it lead the effort to educate. This is simply too big a task to outsource to nonprofit organizations such as NORMAL and Keystone Cannabis Coalition or even to our license holders.

Additionally, I do not believe that law enforcement will be receptive to being educated by activists from NORMAL or other cannabis reform organizations. The Department could, for example, enlist the - the support of the Attorney General's Office as Attorney General Shapiro is on record supporting full legalization.

Similarly, I urge the Board to recommend that the Department spearhead a patient educational forum or host a series of webinars that address patients' rights, risks and responsibilities. Patients do not know, for example, the risk of DUI prosecution under Pennsylvania's Zero Tolerance DUI statute regarding cannabis. Pennsylvania's patients need to know that
Pennsylvania's Implied Consent Law means they cannot refuse a chemical test request from a police officer. Patients do not know that smoking is prohibited or that smoking paraphernalia, such as a bowl, a blunt or a bong remains a misdemeanor-level offense.

The Employment Antidiscrimination Provisions of our law do not offer blanket protections. Patients in public housing have faced eviction and have been forced to cease medical cannabis use. The Supremacy Clause causes Pennsylvania patients to lose valuable Second Amendment rights, as the federal government does not recognize medical cannabis.

Many have surrendered their patient identification as a result. Others risk violating Pennsylvania law by failing to disclose patient status when applying for a Conceal to Carry Permit or a new firearm purchase. As with law-enforcement education this task is simply too great for volunteers and nonprofits. We need the Department's help.

I know there is some question as to whether the Advisory Board retains its authority in making recommendations to the Department of Health,
considering the final report, which was submitted in May of 2018. I would submit that Section 1201, Subsection G of the Act provides for the appointment of Board Members for two, three and four-year terms. And that demonstrates legislative intent that the Board remain viable and retain its authority to make recommendations to the Department of Health beyond recommending new qualifying conditions.

Product costs remain a very serious issue for patients, especially patients of limited means. Patients are very appreciative that dispensaries can offer discounts, including customer loyalty discounts.

I urge the Advisory Board to recommend that the Department of Health conduct cost analysis of other medical cannabis states pursuant to Section 705 of the Act, with a focus on states where Pennsylvania cultivation license holders are operational. The Department will see that Pennsylvania's retail medical cannabis prices are significantly higher than states such as Michigan, Colorado, Oregon, California, et cetera.

The Department has within its authority to impose price caps pursuant to Section 705. Pennsylvania patients should not face a 300
percent retail markup because license holders are trying to recoup their investor's dollars as quickly as possible.

I also ask that the patient (sic) recommends to the Department that the Indigent Patient Access Fund be made a priority immediately, even if the startup costs of the program have not been fully repaid. Patients of limited means need help now.

Patients have become very good at finding the particular product or strain that is effective for them. Not having access to the product because of product shortages can have a serious effect on patient treatment.

I ask the Advisory Board to urge the Department of Health to use whatever means within its power, including the threat of revoking licenses, if cultivation license holders do not meet their operational time tables as they said they would in their license applications. The license holders who are shipping product are under great pressure to meet demands of the growing patient community. This has resulted in some rushing flower to marker and/or reducing product availability.

Therefore I ask that the Board
consider recommending to the Department that it add

cultivation licenses, as it is authorized to do

pursuant to Section 616 and 1201(j).

Finally, I ask that the Board

recommend to the Department of Health that it work

with the legislature to introduce legislation that

protects patients from Pennsylvania's Zero Tolerance

DUI laws regarding cannabis metabolites and to treat

medical cannabis similarly to a schedule II

controlled substance requiring actual proof of

impairment. Thank you for this opportunity.

CHAIR: Thank you very much.

That was quite impressive. Thank you

very much for - for your comments. And I know it

was challenge to get everything in, in the time.

Thank you so much.

ATTORNEY NIGHTINGALE: Thank you,

Doctor.

CHAIR: I appreciate your being here.

Now, Dr. Goldman? I don't see her.

Okay. So we're going to move one.

Dr. Andrew Peterson, who is here to
talk about medical marijuana package and labeling.

Dr. Goldman? All right. Well - well,

why don't - why don't you catch your breath and
everything. That's fine. Thank you for being here. Dr. Peterson will speak and then you will speak.

Okay?

DR. PETERSON: Sure. Okay. Thank you, Secretary Levine and distinguished Board Members. My name is Andrew Peterson. I'm a Professor of Clinical Pharmacy and Professor of Health Policy at the University of the Sciences in Philadelphia. And I also serve as the Executive Director of the Substances Abuse Disorders Institute.

I'm here today to bring forward some concerns regarding the labeling standards and practices currently in place in the Pennsylvania Medical Marijuana Program. As you may know, a recent letter to the editor of the New England Journal of Medicine described a case of a Pennsylvania resident being hospitalized because they received too much THC from a liquid marijuana product. The authors of this case highlighted the need for the standardization of medical marijuana products so end users can use them safely. Proper labeling, both under primary and extended labels, is part of that standardization.

I have a few examples that I'd like to
share with you, to show how labeling in the
Commonwealth can be confusing and potentially create
medication errors and jeopardize the safety of those
patients.

I'd like you to pass some exhibits, if
you don't mind.

If you take a look on Exhibit 1, we
have the Pennsylvania's label - label is put on two
boxes. The box is on the left labeled Bio-Jesus box
notes it contains 500 milligrams both on the box and
the Pennsylvania label, but of what? It's not clear
on that label.

Similarly the box on the right,
labeled Harlequin, also says 500 milligrams, but the
box has, in big letters, CBD written across. One
would presume that this contains only CBD, since
there is no other indication anywhere about it.
Except if you look at the Pennsylvania label, which
is placed on there, which says that it is one to one
Harlequin 500 milligrams.

And the average consumer would then
presume that it might be 500 milligram, 200
milligram - 250 milligrams of THC and 250 milligrams
of CBD or is it 500 milligrams of each? In this
particular case the labeling is not clear.
A further example is shown in Exhibit 2. Turn the page. There is no standardization with respect to the labeling of the ratio of THC to CBD. On the top we see a tincture with a label of THC to CBD of one to ten, and on the bottom we see a CBD to THC level of ten to one. Essentially the same product, but the typical consumer may not know that. And this type of unstandardized labeling across manufacturers, grower/processors can certainly lead to medication errors and even overmedicating.

Lastly, if you would take a look at Exhibit 3 and take a look at the cartridges that were removed from those same boxes. These cartridges are indistinguishable from one another, yet they are two different products. If a consumer removed both of them from their respective cartridge packages there exists a possibility that they could be mixed up and misused, thus potentially resulting in a medication error and potential consequences like those seen in the case report noted earlier.

With the goal of improving care and safety for patients using medical – cannabis to treat their health conditions, the Substances Abuse Disorders Institute organized a series of meetings
to discuss the labeling of medical cannabis products provided to the citizens of the Commonwealth. During these three meetings, more than 30 advisors, representing cannabis growers and processors, dispensaries, academia, healthcare providers, the Patient Safety Organization, labeling professionals within the pharmaceutical industries and other medical cannabis-related industries identified specific issues related to the labeling of medical cannabis products and provided suggestions to address the areas of concern.

The outcome of these meetings and multiple e-mail communication is this report. Holly has a copy of that report and will provide an electronic version of that to you.

I encourage you to read the full report, paying particular attention to Appendix E, where we propose 14 general, 9 specific and 4 extended labeling recommendation.

For time's sake I will highlight my top four. All products containing THC should bear the statement, this product contains THC and has the potential for mind-altering events on the primary label. For all products containing both THC and CBD, the exact ratio with a grower's process specs.
must be reported using the THC to CBD format.

The immediate container must be the - the third one. It has to be labeled with the drug name, strength, manufacturer and batch number.

And finally the content, THC to CBD, needs to be on the inner products not just on the box in which it is packaged.

We believe that these recommendations and the one provided in the report will improve the quality of the labeling and thus reduce the risk of medication errors and, therefore, improve the safety and quality of care for the citizens of the Commonwealth.

Marijuana Board, Secretary Levine, I want to thank you for giving me the time today to review our report with you. I want to emphasize the Substances Abuse Disorders Institute is here to help in any way we can to improve the use of medical cannabis in the Commonwealth of Pennsylvania. Thank you.

CHAIR: Dr. Peterson, thank you so much for your very - very important presentation. We appreciate it very much.

DR. PETERSON: Thank you.

CHAIR: Dr. Goldman, are you cool?
DR. GOLDMAN: Yes, thank you.

CHAIR: Yeah. Do you need some water or something or are you good?

DR. GOLDMAN: I'm good.

CHAIR: You're good. All right. What I reminded all the speakers before is that there's a five minute time limit -.

DR. GOLDFARB: Can't hear.

CHAIR: Okay.

BOARD MEMBER: One more on the phone now.

CHAIR: Huh?

BOARD MEMBER: I think we have one more on the phone.

CHAIR: Do we have another person on the phone now? Chief Bohn?

DR. GOLDFARB: Cannot hear.

BOARD MEMBER: Hello, (610) 436-1324. What's your name who just joined us?

CHAIR: Ask if it's Chief Bohn.

BOARD MEMBER: Chief Bohn, is that you?

CHAIR: Chief Bohn, are you on the phone? If you are, you're muted?

CHIEF BOHN: I am. Thank you.
CHAIR: All right. Thank you very much for joining us.

We'll try to - to make sure that all the comments are - are able to be heard from the phone.

So Dr. Goldman, thank you very much. I think you understand the five minutes and that we're not taking questions, so it's just a presentation. Thank you very much for coming.

DR. GOLDMAN: Thank you for giving me this opportunity to address the Board today.

I would like to start with an introduction of who we are. I'm a psychiatrist with additional Board Certification in Addiction Psychiatry. I'm a member of the American Psychiatric Association and the American Academy of Addiction Psychiatry.

I'm speaking on behalf of the Pennsylvania Psychiatric Society, which is the local branch of the American Psychiatric Association.

The Pennsylvania Psychiatric Society initiated the petition I am discussing today. The petition is supported by the Foundation of the Pennsylvania Medical Society, the American Academy of Addiction Psychiatry, the Regional Council of
Child and Adolescent Psychiatry of Eastern Pennsylvania and Southern New Jersey, the drug and alcohol service providers of Pennsylvania, the Pennsylvania State Coroners Association, the Pennsylvania Recovery Alliance and Dr. Jennifer Zampogna, from the Pennsylvania Advisory Council on Drug and Alcohol Abuse.

Additionally the American Society of Addiction Medicine collaborated on this petition by granting us permission to use their letter as the body of our petition.

Combined these organizations, the APA, the AAAP, the Council of Child and Adolescent Psychiatry and ASAM comprise, both at the local and national levels, the vast majority of experts in the field of the addiction and addiction psychiatry, experts in the field of clinical treatment of addiction and experts in the field of research geared at improving and developing new treatments for addictive disorders.

All these organizations, representing thousands of members who are experts in the field of addiction, have joined together on this one petition for one reason. We are all concerned that continuing to maintain opiate use disorder as a
qualifying condition for the State's medical cannabis program is putting our patients at greater risk.

There is reliable empirical evidence that the use of cannabis can worsen opiate addiction. With the opiate addiction and the overdose epidemic significantly impacting the country and Pennsylvania, it is important that patients have access to the clinically-proven treatments and services that help people recover from addiction.

It is also important that they not be given sham treatments or treatments which might worsen their addiction. Ensuring patients have access to all FDA-approved medications to treat opiate use disorder is a critical part of our organized efforts to improve the care and treatment of patients with chronic disease and addiction.

Currently there are three categories of FDA-approved medications available in the U.S. for treatment of opiate use disorder, buprenorphine, methadone and naltrexone. Each of these medication categories have been proven to be effective for the treatment of opiate addiction and proven to be cost-effective in reducing drug use and promoting
recovery when used in conjunction with psychosocial services.

In a recent study, patients who came to the ER having survived an opiate overdose were followed for one year, to help identify interventions which can protect these patients from dying of a repeated overdose. Prescription of buprenorphine or methadone was associated with reducing all causes of death and opiate-related death. These were literally life-saving medications. Medical marijuana has never been demonstrated for these benefits.

When we are talking about treatment of patients with deadly life-threatening illness, offer them sham, unproven treatments puts them in direct harm. This is why we are concerned about allowing opiate use disorder to be a qualifying medical condition for access to the State's medical cannabis program, specifically as the Medical Marijuana Advisory Board has adopted.

Jointly, we have - we have been unable to find any evidence of scientific literate showing that cannabis use is beneficial for the treatment of opiate use disorder. There's no reliable empirical data indicating that there's either - that it is
either safe or effective to use cannabis as an adjunctive therapy with conventional therapeutic intervention or that cannabis use is associated with remission or recovery from opiate use disorder.

Listing cannabis as an alternative for patients for whom conventional therapeutic conventions are contraindicative or ineffective gives - gives cannabis a false validity of being perceived by patients as a safe and effective treatment for opiate use disorder.

There's reliable empirical evidence that the use of cannabis can worsen opiate addiction. Cannabis use is common among those in treatment for addiction. Cannabis used by individuals with opiate use disorder has been associated with worse treatment outcomes.

Individuals with opiate use disorder are at a higher risk for addiction through cannabis. Cannabis can be addictive for upwards of 30 to 50 percent of daily users. Cannabis can cause transient psychosis, a break from reality, in just a single episode of use. Risk is especially high with edibles and high-potency cannabis.

Our patients are accessing products with greater than 80 percent THC concentration.
through State-regulated dispensaries. Cannabis can cause and worsen psychiatric symptoms, especially for individuals vulnerable to mood, anxiety and trauma-related disorders. Many of our opiate use disorder patients are also struggling with these co-occurring conditions.

The developing brain in persons age under the age of 25 is especially vulnerable to the use of cannabis on cognitive performance and increasing the risk for later development of mood or substance use disorders.

Given these concerns, we strongly recommend the Department reverse the decision to add treatment of opiate use disorder as an approved indication. Thank you.

CHAIR: Thank you very much. Thank you. Appreciate your comments.

All right. So I'm going to go here, because I think the people on the phone are otherwise having difficulty.

I'd really like to thank all of our speakers for coming to address the Board with your very important comments. Thank you very much.

I had some other things that I wanted to talk about. And one of the things is vaping. So
on October 4th I issued a press release urging caution in terms of vaping. At that time we had had - and right now we have one death. I reported one death in - in multiple case of what is now called EVALI or E-cigarette Vaping Associated Lung Injury. It's been called E-V-A-L-I by the CDC. And so these lung injury cases are very serious, life-threatening. And unfortunately, tragically, in some cases fatal.

We don't completely know, still, what is making people sick and whether this is due to the products being used or potentially the delivery of those products and the devices.

There was a report last week with some preliminary information about Vitamin E acetate. That many of the - the products reported actually in New York had contained Vitamin E acetate used to - actually in the cartridges to cut the THC oil. And they actually had now lung samples from the CDC from - from patients. And all of them, of the 29 of the cases that they looked at had Vitamin E acetate.

So Vitamin E, you know, we - we can put it in a cream and rub it on hands and you can even take a Vitamin E capsule. But as - as an oil, it's extremely dangerous and toxic. When it's
vaporized into the lungs, it can cause inflammation. And seems to be associated with the lung injuries that we're seeing, but that is not conclusive. This is 29 patients out of the - the many patients that the CDC had seen. And so it's not conclusive that that's the only addictive that could be - that could be causing, but it certainly is very suggestive.

The CDC is continuing to look at this and the Department of Health and our great epidemiologists are looking at this. We are in contact with the CDC and with other states, in terms of these investigations. So this was really the first lead about what might be at least one of the causative agents.

So really the - the main products that seem to be associate with these lung injuries and primarily associated, but not exclusively - so it gets complicated - are illegally bought, illegally sourced THC cartridges. So these are cartridges that are made by people in their basements or whatever they do. Some - one - one - some of them have the label Dank, but they're - D-A-N-K - but there are other labels as well.

But these are illegal substances. And it seems to be that Vitamin E acetate or maybe other
compounds are being added to them and that is what is causing the vast majority of the - of the lung injury.

We - these seem - the CDC, however, is not conclusive that that's all of the cases. There are some cases where it seems that - that people were only using nicotine products and not THC products.

Of course you have to remember these are self-report. Meaning that these are people giving that information versus to our researches. They're not in other states and other researches. This is 49 out of 50 states where this has been seen.

And so it is possible to question the validity of whether they were buying illegal substances or not. So we don't know. So it seems to be primarily associated. We will continue to work with our federal partners.

And so we really want people using vaping products from our dispensaries to safely use these products. Remember in - in our dispensaries, there are medical professionals, such as pharmacists, to educate patients on the safe and effective use of the product. And so we want to
make sure that people are using the right product with the right type of vaping device at the right temperature to enhance safety.

You know, there have been some questions whether vaping itself is completely safe or not. And so, you know, we'll continue to - to see what CDC says. But really primarily the main risk is from these illegally-sourced cartridges. And we strongly recommend, in - in the - in the strongest terms I can - I can use, that people do not source and not buy these illegally - illegal cartridges from the street or use them at parties or whatever, because the Vitamin E acetate and other compounds can cause severe issues.

People should, if they have any concerns about vaping in terms of our program, talk with your doctor or talk with the pharmacy - pharmacists at the dispensaries. We can assure you that there is - we - we know what is in our cartridges. We know what substances are in the cartridges through the Medical Marijuana Program.

We have two sets of laboratory testing on - on - on the products. And we know that there is no Vitamin E acetate in any of the medical marijuana cartridges in our program. So we have
great confidence in that. So there is no Vitamin E acetate. It's been very well-tested and we - we know what's in the cartridges.

So as you can see, the physician plays a really important role in terms of - the physician and the pharmacist, but I'm going to concentrate on the physicians in our program. And you know, as part of our program, patients will see a physician, M.D. or D.O., to diagnose whether they have one of the 23 serious medical conditions and whether medical marijuana would be correct for them, and then refer them to a dispensary, where the patients usually will meet with a pharmacist.

I want to emphasize, again, as I did at the last meeting, what I consider to be a patient consultation. So I know as a - until five years ago, a practicing physician in adolescent medicine at the Penn State Hershey Medical Center, what goes into a patient's evaluation. You would do a complete history and physical examination.

You would review all - all - any pertinent previous medical records. You would review any pertinent laboratories or order laboratories that you would make a diagnosis. And then you would do an assessment and then you would
do a plan or what would be the treatment.

That type of patient consultation is what I expect from the physicians in this program. That they will make a - a - the consultation in a manner that's appropriate, to make the medical determination as to the condition and to the treatment. That you establish in the medical record and maintain that record in terms of what was done. That you will consult, which is - really required in the Act - that you will consult the - the Prescription Drug Monitoring Program, to see if the patient is on any substance which could interact or - or change your - your management.

That - that you'll receive an informed consent from the patient or possibly from the - from the caregiver, custodial parent, legal guardian or spouse that explains the - either the risks and benefits of medical marijuana.

And so, you know, that's what I would do if I - when I was seeing a patient at Penn State Hershey Medical Center in adolescent medicine, to determine a diagnosis and a treatment. And that's what I expect from our physicians. And so I'm a little bit of a broken record, because I said it last time and I'm going to say it again, because I
wanted to emphasize that point. We expect a thorough history, physical examination, review of records, a - an appropriate and thorough consultation from our physicians as they see patients.

One of the things that - that we're looking forward to is the continuation of the - of the - the Chapter 20 Program, in terms of - in terms of research into the medical - into the risks and benefits of medical marijuana. And we - we are in the midst of round three, is that correct, of the - of the clinical registrants?

We expect that that announcement will be made sometime in the new year, John. Would that be correct? So we're - we're - and - and the three clinical registrants that are working with ACRCs are sort in process of their collaboration.

Researchers and physicians and the patients now have 23 conditions. As you know, we voted on a process in the past about how to add new conditions, reduce or add or change conditions. Requesters must submit their application at least 15 days prior to the next scheduled meeting to be considered. There are no new conditions that were submitted to be considered at this meeting, so we're
In order to have your submission considered for review at the next Medical Marijuana Advisory Board meeting, which is February 13th, you will have to have your application submitted no later than close of business on January 29th, 2020. So the next deadline for people to submit new conditions will be January 29th, 2020 for the Board meeting on February 13th.

Is that clear? Did – I made it clear?

Please, if you're going to submit new conditions, submit one condition at a time. If you submit three conditions all on the same petition, it makes it for the Medical - for the Medical Subcommittee and the Board and me almost impossible to - to untangle what condition you really are talking about.

While I do review the medical literature really carefully, in terms of considering new conditions, if you ask for three conditions all at the same time, it makes it impossible. So if - if a condition is going to be requested to be evaluated, please add one condition at a time.

Are there any questions from the Board about what we talked about today? Any questions on
the phone from the Board Members about the vaping, the EVALI or E-cigarette Vaping Associated Lung Injury or - or the new conditions or - physician evaluation?

DR. GOLDFARB: No.
MS. SHUCKROW: No.
CHAIR: Okay.

And now we will turn things to John Collins to give us an update about the program.

Thank you, John.

MR. COLLINS: Yeah. Thank you, Secretary.

Good morning, everyone.

MEMBER: Good morning.

MR. COLLINS: Following up on the Secretary's comments regarding vaporization, labeling, interaction with the medical professionals at our dispensaries. I wanted to cover a couple of talking points pertaining to the importance of that engagement.

But first of all, I appreciate the prior guidance, Patrick, for you about engaging law enforcement, getting much more, in terms of inpatients. Appreciate the connections that the PSP is providing me with local law enforcement, to be
able to facilitate that.

   Also Dr. Peterson, your prior

willingness to share is - share with us your work in
progress has resulted in some of those labeling
changes already. The balance being in the permanent
regs, which will be made available for public
comment soon. So thank you very much.

   Regarding vaporization. A couple of

things that we're trying to accomplish here that the
office feels are absolutely critical to keep
patients safe. First of all, we want to ensure that
there's compatibility between the vaporization
cartridge that's purchased and the supporting
device. Meaning cartridges and batteries are
designed to work together. That one doesn't
necessarily overheat the other for the - for the
reasons already stated.

   In practice, this results in requiring

any device purchased from a dispensary for use with
a cartridge to be deemed compatible. The most
compatible device that can be purchased, in my
opinion, is something called a sealed device. This
is a component that's sealed. It's also called or
referred to as a pen, meaning the cartridge and the
battery heating device are one unit.
Stepping back from that would be branded products. So purchasing, as an example, a Standard Farms cartridge with a Standard Farms heating device, called a battery, is preferred. All of those things are available at our dispensaries.

It is also very important for the medical professional at the dispensary to educate the patient on that device's safe use. And make sure that they understand the appropriate heat be applied when administering the product.

And as has already been pointed out, the importance of labeling and understanding, from the medical professional, what the appropriate amount of this product is to take for a specific disease state and symptomology.

And at the end of the day we want to make sure that the patient leaving the dispensary is assured that they are using a compatible device. So a lot of attention is paid on the drug, but we also want to make the connection with the device; just as important or more so with the appropriate use and safe use of the product.

In our program we try to accomplish three things, driving a single goal. And that is safe outcomes. Safe outcomes are achieved by safe
access to product, safe product, and safe use of that product. Those three things are critically important to accomplish.

We also appreciate the work and our collaborative efforts with the Pennsylvania Cannabis Coalition, the collective that represents about 90 percent of our permittees, working with us and finding a pathway forward to implement our good work here as a group.

We also appreciate patient feedback. We have had several patient feedback sessions that speak to patient safety and what they like to see about product availability and what they also would like to see on the label. So while we're trying to establish pharma standards and consistencies for labeling, we also want to expand the information that's provided on the label. Because patients are looking for more information, particularly as it relates to terpenes.

We also have information that sits in what would be called a package insert, an advisory that probably also should go on the labeling about warnings that you've already pointed out this morning.

Regarding our grower/processors and
dispensaries. Last I spoke I thought I could give you an update. Those operational grower/processors that are critical to putting more product in this channel have been cultivating product. Since the last time I was here, two more grower/processors are shipping - actively shipping product, which takes some pressure off availability of certain strains, which our patient population has become very specific about, not just any dry leaf, but a particular strain and particular THC/CBD formulation.

So those inventories are continuing to increase. We check them every morning. And I'm pleased to see that more of the menus, which are the online representation of what's available, continue to expand.

We had one - one dispensary report that her facilities sell about 30 to 40 pounds of dry leaf a week. That's a significant volume. That's about 16,000 grams a week. So we know patients are actively seeking this product and more inventory continues to be available, including today.

We also will see more grower/processors who have been cultivating product,
shipping into the channel over the next three to four weeks.

Regarding dispensaries, these are the outlets that everyone is aware of where our patients engage our medical professionals. The last time I was here I mentioned that we had operationalized 60, that's 6-0. So in the course of about three months we've gone from 60 to 72. So we now have 72 operational dispensaries.

And I'm pleased to report that as of this morning 71 of them are actively dispensing. The latter is located here in Harrisburg and will be coming online soon.

Regarding how the program is evolving.
There are some important numbers that I think represent the engagement that not only the medical professionals have, but our patient community has, as well as the permittees that are a part - an important part of this program.

We have nearly a quarter of a million registrants at this point. That's 225,000 patients that are registered to balance our caregivers. But any given week we have nearly 147,000 active certification holders. These are the people that can go in at any particular time and make a
purchase. What that results in, is on a weekly average we have 65,000 patients visiting our operational dispensaries, purchasing in total about 160,000 products.

Since the program has been operationalized, and we began dispensing February 15th, 2018, we've totaled two-and-a-half million patient visits, resulting in six-and-a-half million products sold; all tracked through our MJ Freeway electronic tracking system. No small task for everyone involved.

In terms of what does this mean financially to the viability of the business? Because we count on viable organizations to be able to sustain what's - what's happening in the market, which is a competitive market, and to be able to provide the necessary service to the patients.

Medical professionals are a necessary component of our program. Since the - since the program began dispensing, to date we have a total of $524 million in sales. Those are the global sales, which include purchases at the dispensary and - and sales made by grower/processors to dispensaries.

So I'll break it down. $309 million are purchases made by patients and caregivers at our
dispensaries, again $309 million. $215 million represent purchases made by dispensaries from grower/processors. The total being $524 million representing the entire market.

It continues to grow, especially at the purchasing front. It continues to grow about two to three percent a week. Likely, sales by grower/processors have exceeded that in some cases in a - in a substantial way, as new cultivations begin ending up in the market, sometimes at 12 to 15 percent increase weekly, which indicates product moving through the channel.

In terms of what are the disease states looking like? I'll - reference a few things, but the Board has a particular packet in your folder that provides a little bit more specificity. As allowed under the - under the law, you have the information that you have. It's a confidential document. But for the sake of additional notations, I think it's helpful to understand what's driving our serious medical conditions and what's not.

All right. Right now pain or pain-related serious medical conditions continue to be the top amount. So if we take pain directly and we add to that cancer, and we add to that neuropathies,
that totals 60 percent. So pain and pain-related symptomology represent and still represent the largest chunk of our serious medical conditions recommended by our more than 1,200 approved practitioners. That leading indicator hasn't really changed since the program started. It's represented in any other - in every other state that has a program like this and it's what we anticipate in seeing here.

The Secretary mentioned anxiety. And at the last update I mentioned that we saw a pretty significant uptick in anxiety during the first couple of weeks. That's no longer the case. It had been increasing at a decreasing rate. So currently it represents something around the neighborhood of ten percent. I know externally it - it carries a - a bigger number, but it's - it's about ten percent.

So with that, I'll go ahead and move on to the Chapter 20 update piece.

As the Secretary pointed out, research is critical, critical to this program, it's critical to the success. Dr. Goldman pointed out a few things that are - are very noteworthy to us regarding where research needs to head.

The majority of the research that's
been submitted supports the use of medical marijuana, determining its role with pain and in OUD. That's been mentioned previously at the Research Summit.

Also as the Secretary pointed out, sometime during the first quarter in the new year we would anticipate being able to permit the next round of - of clinical registrants. It's already been mentioned we have three.

And just keep in mind that research involves the determination of what that research protocol looks like getting IRB approval. Our patients will be protected and informed via informed consent. These need to be approved by the eight academic clinical research centers, those eight medical programs that are guiding research under this initiative.

The next phase is to recruit patients, and to put together studies protocols, and to work with us in terms of framing up an efficient pathway forward and helping those physicians and those institutions that are a part of that research. That's already started.

Okay. So it's a little different than a commercial phase, where nothing happens until
something is purchased at the dispensary. This
actually starts the other way around. Which means
we'll be able to get a good traction on research
much sooner than I think most folks would
anticipate.

I've mentioned training. We have
spent a considerable amount of our energy trying to
train everyone and anyone in any institution that
comes in contact with a patient, whatever that
engagement point is. And more recently that's
included law enforcement. It's also been expanded
to include those managing a patient's parole.

And so we're training hundreds of
people. In fact, around the first week in January
we have the pleasure of presenting and educating 46
law-enforcement agencies and we need to do more of
that. So we're - we're getting good traction and
we're getting those requests and we will fulfill
those as they come in.

That summarizes, Secretary, my update.
And I'll pause if there are questions about anything
that I've covered.

MS. ROBERTSON: I have a question
about the vaping.

MR. COLLINS: Sure.
MS. ROBERTSON: So is there any comparison to vaping cartridges in our state compared to what is in other states?

CHAIR: So you know, there are - there are 33 states that have medical marijuana and then a number of states that have recreational. They're all different. So I don't know the details in terms of - of the ingredients that are in - in the other state's program. But we know what's in ours.

And so, you know, there has been - so we have a lot of confidence in - in your program and the testing of the program that there's no Vitamin E acetate. And John and - and the team know what's in all of the - the vaping cartridges in - in your program.

MS. ROBERTSON: So I - I guess my concerns are like someone takes their medical card from Pennsylvania and let's say goes to Washington, D.C. and buys vaping cartridges -. You know, I mean, I know there's no control over that here, but it is a cautionary tale, because just because you get it from dispensary from another place doesn't mean it's as safe as ours.

CHAIR: So that's correct. So each state is different, in terms of - of the amount of
the lab testing, in terms of what's in it. I think that - I mean, the Vitamin E acetate was suspected before and it now confirmed in the lungs of 29 patients. So I think that you'll find that other states will make sure that there's no Vitamin E acetate in the - in the cartridges that are under their purview.

The - the biggest danger that - the biggest danger, in terms of the illegal market, where - both in Pennsylvania and then throughout the country -. You know, unfortunately in states that even have - in some states that even have legal recreational marijuana, there is still an illegal market, particularly California, but in others. Other states have been a little bit more successful in terms of wiping that out.

But the vast majoring of cases have been associated with that illegal THC vaping market and the additive solvents, other compounds thrown into the vaping cartridges. Some of which is to cut the THC, so they don't - they don't have to use as much, et cetera.

MS. ROBERTSON: It's very hard to tell. I mean, when you - I've seen some of the illegal ones that are packaged. I mean, they look -
They're very -.

CHAIR: They're - it's very sophisticated. So we - we - for our program, we strongly recommend that people use only the - the vaping cartridges that are obtained from our dispensaries. If you go to another state, I guess it is better to use something bought from a dispensary then bought illegally or - again, it's not - people don't always buy it.

They might be at party and - and handing it around. You don't - you have no idea of what you're getting. And so there is a risk associated with that. There is absolutely a risk.

And then there are those other cases that seem to - that CDC hasn't been able to place yet. Meaning it seemed - they - they didn't have any - they say, didn't use any THC at all. They only used nicotine.

So it's not clear, was that nicotine that was used from illegal cartridges of nicotine?

Did they think - or was bought in a - in a vaping shop or was it bought in a - in a convenience store? So we actually don't know that specificity of data.

And so that's why this - this series of conditions - this situation is really complex.
So the best advice we give from Pennsylvania is that for patients who are in our Medical Marijuana Program that they're very careful in terms of where they get vaping cartridges. But that also - I mean, we really want to make sure that the systems work together, that the vaping cartridges and the vaping pens and the - and the batteries and stuff are all - are all consistent with each other and that they use the right temperature.

You know, there was some concern that - that if you - if you heat it with a much higher temperature than is recommended, that it can change the chemical composition of the substances, because it's a different chemical reaction.

So we really want patients to learn how to use their devices really carefully. We want the pharmacists to educate patients how to use it really carefully. And I think that's the best protection that people can have. And if they have other concerns, talk with your doctor, talk with the - with the pharmacist in our program.

And please do not use illegal THC cartridges anywhere in Pennsylvania or the United States. You - you know, people die every day now of this condition.
Did that -?

MS. ROBERTSON: Yes.

CHAIR: There's still some ambiguity from the data coming out of the CDC. I mean, it's not that they're ambiguous, meaning they don't know everything now. But the - the information last week about Vitamin E acetate was very important, but it - it might not describe the whole situation, meaning there might be other compounds. But we don't know that yet. So you know, we're learning new information every week.

MS. ROBERTSON: Thank you.

CHAIR: For John or I are - are there other questions from the Board?

MR. SHULTZ: Yeah, I have a question. I'm glad to hear that you brought up about more growerprocessors shipping product as - as well as even more coming online and shipping within the next weeks, three to four weeks. Because the - the product supply issue has been a - a real tough issue and a - a hardship for a lot of patients.

I hear reports of patients driving up to five hours around Pennsylvania looking for product, only to get to a dispensary and find that there's nothing that they need that's available.
A lot of patients have transitioned totally over from pharmaceuticals and other traditional treatments to medical marijuana. Now they're finding a lack of product is disrupting their treatment protocol. And they go back to their doctor to see if they can go back on some pain meds or something else.

The doctors are saying no. So it's forcing some patients to go to the black or the gray markets. And as you just mentioned -

CHAIR: You don't want to do that.
MR. SHULTZ: - there is - there is risks with that whole situation.

Can you comment on what can be done, policy or regulatory-wise, so that in the future we aren't faced with similar situations with products, physical -?

CHAIR: So I'd like to talk globally and then I'll have John maybe get more in - more - more specifically -. We take this issue really seriously. And you know, hear about it from - from advocates, from the Board, and even from the news about - about that.

I think that it is somewhat where the - where the challenge is our own success. Meaning
we have a lot of patients that are - they're a part of the program, which is good. We have a very successful program.

I think that some of it is that we added new conditions and so - particularly anxiety disorder, which now is - is leveled off and has plateaued, but - but caused an increase in the number of patients seeking medicine. And it's not a mature market.

So one - one thing that John pointed out is that I mean, it's been less than two years that - that this program has been up and running. So we have had a tremendous amount of success, but it's not a mature market, in terms of the grower process - numbers of grower/processors and dispensaries.

And then also none of the - none of the ACRCs and the clinical registrants are up and running yet. So that will add a lot of diversity to that. I think that will bring the cost down and have a more stable market.

But we take it really seriously. I probably ask John about this every week, about how we're doing. And he kind of keeps me up-to-date. So it isn't that we're neglecting it and it - it
really is - it's very important. So I just wanted to emphasize that.

John?

MR. COLLINS: Yeah. Thank you, Secretary, and - and thanks for the question.

We - we take the feedback very seriously. We - we don't want a patient who depends upon a particular product and strain not to have it available to them.

So where we transition to is - you asked for the regulatory perspective, so this response is to you, but it's globally to our permittees as well, Luke. Is product and inventory must be put on the menu immediately. We don't want patients driving.

Online reservation systems are encouraged. Some do it very well. We also have been working closely with the Pennsylvania Cannabis Coalition to encourage growers, from a regulatory perspective.

And just for clarity for others that may not be aware, that unlike other states or neighboring states, our growerprocessors are not limited to how much they can grow. There's no limitation on plants. There's no limitation on
square footage. And the importance of that, I'll illustrate by one our earlier grower/processors coming online and one of the last one coming online and how much they had under canopy, which is how much is growing.

The first one coming online had between 7,000 and 10,000 square foot under canopy, which sounds like a lot. It's probably an entire square footage of this building here. The last one that came online went live with 100,000 square feet. There's literally no limit. Our 25 grower/processors can behave like 250, if they would double or triple or quadruple their - their square footage. That we're paying very close attention to.

We're also paying very close attention to the wholesale price. Although dispensaries legally own the product and can price it at what point they feel is necessary, there's also the transition, Luke, as you know, a product sold by grower/processors to dispensaries. And we're carefully monitoring and have been from the start.

All right. So grower/processors, current ones expanding their grow operations, which is allowed under the regulations. Us working closer with the Coalition, to look at more strategic levels
to where we target volume to be a year from now is important.

Getting feedback from patients.
Although the discussion, I think, has been recently about dry leaf, the feedback I've gotten is, don't forget us, John. We - we want concentrates, we want RSO, we want certain strains.

So that's important. So volume and mix are two things that we need to pay very close attention to. Especially as both our patients become much more attuned through their interaction with the medical professionals about what specific strain works for them and their children.

And as an aside, we really appreciate - I don't know if Eric Hauser is here in the audience today, but we really appreciate his efforts. Because I talked to patients who have children that are autistic. I have one as well.

So knowing that a medical professional like Eric, who's a pharmacist, PharmD, is willing to spend a lot time with a patient and parents on the phone much past the point of sale, go to the credit of the - a medical profession that he's a part of. Others do that as well, which is critical to have that interaction. So in that case someone wasn't
looking for dry leaf. They were looking for a concentrate of a very specific strain.

Also being able to call the grower/processor and say to the CEO, your product is noted in four or five instances where it's particularly helpful to patients. So putting your strain out but changing the THC/CBD relationship is a problem for someone that's looking for a particular mix. And he said, I'd be happy to do that now. I wasn't aware.

So what - what you're hearing me say, Luke, at this point is, we want to make sure that what patients need, what medical professionals are seeing that they're advising, gets back to the people that are making the product. So we appreciate your participation and others in - in our patient feedback session and we need to do more of it.

CHAIR: Other questions from the Board?

MS. ROBERTSON: Do - do - is there - is there the ability to put a price cap on - on the product? Because I know in the driving shortage, I mean, the - the prices seem to almost triple in some of the dispensaries.
MR. COLLINS: Well, I'll have the legal folks address what's allowed for under the law.

CAROL: Sure. Yes. The statute does provide that the Department may set a price cap. But I think, John, you may have some business end comments on why that may not be necessarily the best thing to do.

MR. COLLINS: Yes. There - there - there are other tactics that are more productive. Some of those I just mentioned, which is expanding capacity, expanding invested capital, which is what is happening in Pennsylvania because of the success of its program; leads to more competition.

So we've seen pricing come down. I know it's still viewed as expensive. An average purchase through yesterday is $119.76, when purchasing an average of 2 - 2.4 products. So that's about $45, $46 an item, whatever that item is.

I know when it's not covered by insurance, it's too much. But it's come down from the high $300s from a year ago. And we're continuing to see it come down every week.

One - one thing I think that, Carol,
you're referring to, just this year in my private industry experience, being on the other side of price caps, is what they generally accomplish, and the government uses it now with weight average wholesale pricing for pharma companies, is they actually set price floors, which means everybody rises to that level.

So you end up paying more and it's something we need to be very careful about. But we're not ringing our hands over it, Molly.

We've seen a couple of instances, one within the last two weeks, where we're on the phone and had the price adjusted immediately. We were told it was an error. The price that was posted was $123,456 a gram. Okay.

**MS. ROBERTSON:** Of dry leaf?

**MR. COLLINS:** And what I heard - yes. What I - what I heard from - from the - from the business owner is trying to send a message. I said, message received, take it down, which they did immediately.

And I was told it was just advertisement. I said, yes, of a product price which you have just tripped the switch here. And not our intent, it's down, and in 30 seconds it was
down. How we knew about that was from the patient community.

I'm sorry, Molly, you had follow-ups?

**MS. ROBERTSON:** I - I just - the - the dry leaf, because it - the price has literally tripled in a lot of dispensaries. I just - I mean, that really impacts the patients who are already struggling to get the product that they need to get.

**CHAIR:** I think the concern and - and John's more the business person than I am, but I think that the idea is if you set a price X, then - and - and that - and that puts a cap on the price in Philadelphia, actually, all the - all the other ones in the state will rise to X, even if they're lower.

**MS. ROBERTSON:** Yeah.

**CHAIR:** So you'll find that - that it ends up becoming what the price is even if the price in Johnstown was less, now it's going to be X because we set that ceiling.

And so from a business perspective I think it's going to be counterproductive. I - I think - again, we take it all really seriously. It - it is not a mature market yet. And - and so I think that as more grower/processors come online and are - and are actually distributing product, as we
get more information from the patients about which strains, et cetera are - and forms are best, as we have more - more and more dispensaries, then you add the - the academic research centers. Each - each clinical registrant can have six dispensaries. So that as the - as the market matures, I think you'll find that the - that the price will come down.

MS. ROBERTSON: Yes. I understand that.

CHAIR: And - and - yeah.

MS. ROBERTSON: But you know, as long there's not going to be statewide shortages again, -

CHAIR: Right.

MS. ROBERTSON: - you know, that -

that -

CHAIR: Yep.

MS. ROBERTSON: - makes perfect sense.

CHAIR: Yep.

MS. ROBERTSON: But if we're going to be facing the shortages regularly -.

CHAIR: So we watch it really carefully. As a Board Member, if you think there's something we should do, give us a call and we will certainly consider it.

MR. SHULTZ: Something that Mr.
Nightingale mentioned, that sort of ties into this.
As the - the program matures and we get all of the
grower/processors online, if it's anticipated that
we need additional grower/processors here in PA, we
no longer have the authority to make recommendations
on that.

Is there any efforts or any ideas on
how we can get the authority back to the Board to go
forward with recommendations on things like adding
grower/processors?

CHAIR: My impression, looking at the
attorneys, is that would be legislation.

But remember, because - as John said,
because there's no limitation on how much product a
grower/processor produces, you can - I mean, if - if
X grower/processor doubles their - their growth,
then you essentially have the same thing without
having more specific grower/processors.

MR. SHULTZ: Yeah.

CHAIR: But to add more
grower/processors, we would need legislation.

MR. COLLINS: Yeah.

CHAIR: Yeah.

MR. SHULTZ: But even beyond that the
Board is kind of in limbo without being able to make
recommendations on expanding the program, making —
making changes. And that basically came about
through interpretation of Act 16 by the lawyers in
the Department of Health.

Can we revisit that, take another look
at it? As you mentioned the legislative intent
seems to be that the Board was to continue.

CHAIR: Well, the Board continues. I
think that we have a — a robust Board with many
different types of participation from advocates,
from law enforcement, from the medical community,
from, you know, the Department of State, from — I
think we have a really active Board.

I think that — I mean, I'm always
pleased to challenge our attorneys in terms of
different things. I do it all the time. But I
think that — that we have a robust Board, but
there's things we can't do unless the legislature
changes.

So we do have to follow the — the law
and we'd be glad to revisit everything, but I don't
think that's going to change. But I'm glad you
talked about it.

In terms of the number of
grower/processors, I think the — the way — I mean,
remember, we - I mean, how many grower/processors are shipping product now?

     MR. COLLINS: Twelve (12).

     CHAIR: So we don't even have half of the grower/processors shipping product. So I think that - again, it's not a mature market yet. It has been less than two years.

     It has been really one of the fastest growing Medical Marijuana Programs in the country, but we don't even have half of the - so before we talk about whether we should reinterpret the law, we don't even have 50 percent of the grower/processors shipping product.

     So I, you know, I can't - I can't - I can't tell you when that will be, but - you know, and over the next couple of years I think you're going to find that a lot of these problems are going to go away. Because we're going to have 25 grower/processors plus 8 clinical registrant grower/processors shipping product.

     If you add that together, what's that, 33? Is my math right? Right, 25 plus 8, 33. See I - I went to medical school. And - and so we have 12 now.

     So I think - I - I mean, I know that
patience is a challenge when we're talking about people and their pain and their symptoms, but there's only so - so fast this program can grow and it's growing as fast as we can get it to grow.

MR. SHULTZ: I was just thinking of other issues that we should be working on and would like to work on for the future and I'm just adding grower/processors. Just -

CHAIR: Right.

MR. SHULTZ: - trying to figure out a way to - to get the legislature to - to change things to -.

CHAIR: Sure. So we'd be pleased to talk to you and pleased to engage with the legislature. But for instance, I'll give you an example. You made a recommendation to me to add edibles.

MR. SHULTZ: Right.

CHAIR: And I agreed with that recommendation. I can't do that. I can't do it. The Board can't do it. I can't do it. Only the legislature can add edibles to the venue. So we have to go back to the legislature and see their ruling.

MR. SHULTZ: Yeah. Thank you.
CHAIR: Anything else from the Board?
No, we don't take questions from the -
from the floor. I'm sorry. But there will be a -
an - a patient engagement.
Yes?
MR. COLLINS: We have - I thought I
saw two folks from Lehigh Valley NORMAL sitting
there. So I'll - I'll get to them.
CHAIR: Right, but some other people
had questions.
Will - will you be talking to
stakeholders afterwards?
MR. COLLINS: To some.
CHAIR: To some. Okay.
MR. SHULTZ: I actually have one
question for you, -
CHAIR: Sure.
MR. SHULTZ: - not necessarily for
John.
CHAIR: Absolutely. Go for it.
MR. SHULTZ: Any word on the
replacement for the position left vacant by Tim
Keller?
CHAIR: We are actively working with
the Governor's Office. It's actually the Majority
Leader of the Senate's position.

Is that correct?

MR. SHULTZ: Minority Senate Leader.

CHAIR: Minority Senate Leader.

Please - we have reached out. I'm sure, you know, in the midst of everything it's challenging, but feel free to reach out.

MR. SHULTZ: I did.

CHAIR: Okay.

MR. SHULTZ: I even offered them a name.

CHAIR: Okay.

We'll check again, but - but we have checked. Yes.

MR. SHULTZ: Okay. Thank you.

One other thing. I have a number of requests from patients, advocates, caregivers to see if these meetings could be live streamed or otherwise broadcast, if that's something that's a possibility?

CHAIR: I don't know. We'll ask. I have no idea. But broadcast where?

MR. SHULTZ: Through PCN or just live streamed through Facebook or -.

CHAIR: I don't know.
MR. SHULTZ: For those who can't make
it to the meetings.

CHAIR: Thanks. We'll talk about it.
Sure.

MR. SHULTZ: Okay.
That's all I have.

CHAIR: Okay.
Well, so is there anybody - any other
questions or comments or - that the Board would like
to make?

Any - any comments from the phone?

John?

MS. SHUCKROW: No.

MR. COLLINS: No.

CHAIR: Well, thank you very much.
I - I just want to say, I - I want to
thank the Board for your robust and active
participation in the past, now and in the future.
I'd like to thank the people who gave their
presentations.

I'd really like to thank our staff,
John, and really all the staff in the Medical
Marijuana Office and our - our attorneys for all of
their hard work. I think that - when I heard -
well, because we had a presentation - a regional
presentation in terms of vaping, these vaping issues and medical marijuana with - with other states in the region. And I really think that we have one of the best Medical Marijuana Programs in the country and that's because we have great staff, we have great attorneys, we have a great Board. And so I thank you very much.

May I have a motion to complete the meeting?

MS. ROBERTSON: I make the motion.

CHAIR: Motion.

May I have a second?

MS. JOHNSON: Second.

CHAIR: All in favor say aye.

AYES RESPOND

CHAIR: Aye.

Any opposed say nay.

BOARD MEMBER: Nay.

CHAIR: Any - any abstentions?

All right. Thank you very much.

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HEARING CONCLUDED AT 11:10 A.M.

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CERTIFICATE

I hereby certify that the foregoing proceedings, hearing held before Chair Levine, was reported by me on 11/13/2019 and that I, Michael G. Sargent, CVR, read this transcript, and that I attest that this transcript is a true and accurate record of the proceeding.

Dated the 16th day of December, 2019.

[Signature]

Michael G. Sargent
Certified Verbatim Reporter