

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HEALTH

MEDICAL MARIJUANA ADVISORY BOARD

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IN RE: REVIEW THE QUALIFYING MEDICAL CONDITIONS FOR
MEDICAL MARIJUANA USAGE

VIRTUAL MEETING AND LIVE BROADCAST

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BEFORE: DR. RACHEL LEVINE, Chair
Janet Getzy Hart, R.P.H., Member
Sarah Boateng, Member
David Steffen, Member
Dr. Bill Trescher, Member
Bhavini Patel, Member
Molly Robertson, Member
Jennifer Shuckrow, Member
Dr. Lanie K. Francis, Member
Dr. I. William Goldfarb, Member
Shalawn James, Member
Luke Shultz, Member

Reporter: Kelly Gallick

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HEARING: Tuesday, November 10, 2020

10:00 a.m.

LOCATION: video conference

WITNESSES: John Collins, Laura Fassbender, Art
McNulty, Parker Beene

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KATELYN MALTAIS, ESQUIRE
CAROL MOWERY, ESQUIRE
Pennsylvania Department of Health
625 Forster Street, Room 825
Harrisburg, PA 17120
Counsel for Board

ALSO PRESENT:
JAY HRICAK, BOARD ADMINISTRATOR
HOLLI SENIOR, SPECIAL ASSISTANT

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CHAIRWOMAN RACHEL LEVINE: Good

morning everybody. Nice to see you all. Thank you for joining us today as we continue to navigate our new virtual world and virtual roadmap given, of course, the global pandemic of COVID19. It is nice to be here and to see everybody and speak with everybody and to have our meeting even under the current circumstances. Certainly, I hope that all of you and your families are safe and stay well.

So at this time, I am going to officially call the meeting to order. This is the Medical Marijuana Advisory Board meeting, being held at 10:00 a.m. on November 10, 2020.

So we're going to start with the roll call. So as Secretary of Health, I am here. And I know that Colonel Evanchick could not be here.

Dr. Janet Getzy Hart?

Please unmute yourself.

DR. GETZY HART: Present.

CHAIRWOMAN: Thank you.

Kalonji Johnson, Commissioner, could not be here.

Sarah Boateng?

1 MS. BOATENG: I am here.

2 CHAIRWOMAN: That's why we have masks
3 on. Sarah and I and Laura are all in the same room,
4 so we are masked. We practice what we say.

5 David Steffen, President of the Chiefs
6 of Police Association?

7 MR. STEFFEN: I'm here.

8 CHAIRWOMAN: Thank you.

9 District Attorney John Adams,
10 President of the Pennsylvania District Attorneys
11 Association?

12 Mr. Adams? He said he might have to
13 go off, although this is a little early. Mr. Adams,
14 are you muted?

15 All right. Dr. Bill Trescher?

16 DR. TRESCHER: I am here.

17 CHAIRWOMAN: Great. Bhavini Patel?

18 MS. PATEL: Present.

19 CHAIRWOMAN: Did I pronounce it
20 correctly?

21 MS. PATEL: Bhavini.

22 CHAIRWOMAN: Bhavini. Thank you so
23 much.

24 Molly Robertson?

25 MS. ROBERTSON: Here.

1 CHAIRWOMAN: Great. Jennifer
2 Shuckrow?

3 MS. SHUCKROW: Here.

4 CHAIRWOMAN: Dr. Lanie Francis?

5 DR. FRANCIS: Here.

6 CHAIRWOMAN: Dr. I. William Goldfarb?

7 DR. GOLDFARB: Present.

8 CHAIRWOMAN: Shalawn James?

9 MS. JAMES: Present.

10 CHAIRWOMAN: And Luke Shultz?

11 MR. SHULTZ: I'm here.

12 CHAIRWOMAN: Okay. Thank you.

13 So I know you were provided the
14 meeting minutes prior to this meeting. I'm sorry
15 that I could not attend at the last meeting in
16 August because of COVID19, but may I have a motion
17 to approve the meeting minutes from August 11th,
18 2020 Board meeting?

19 MS. JAMES: Motion to approve.

20 JANET GETZY HART: Hart, second.

21 CHAIRWOMAN: All in favor say aye.

22 AYES RESPOND

23 CHAIRWOMAN: Any opposed? Any
24 abstentions? Very good. The meeting minutes are
25 approved.

1 So now I'm going to turn things over
2 to our esteemed Director John Collins. And kudos to
3 John and our whole team for keeping the medical
4 marijuana program not just going but thriving in the
5 midst of these very challenging circumstances. So
6 John, thank you and the whole team. And please
7 proceed.

8 MR. COLLINS: Good morning everyone
9 and thank you, Secretary. One procedural step
10 before I provide an update on the program is I'm
11 going to hand this off for just a moment to Board
12 Counsel to affirm that we have a quorum for today's
13 meeting.

14 MS. MALTAIS: Good morning. Yes, John
15 and Secretary Levine, I can confirm that we do, in
16 fact, have a quorum.

17 MR. COLLINS: Thank you, Katelyn.

18 Before we begin on these topics, I'm
19 pleased to report that last week, for the first
20 time, sales by dispensaries for patient and
21 caregivers exceeded one billion dollars program-to-
22 date. That brings our total market in Pennsylvania
23 to just slightly higher than \$1.7 billion, or a 30
24 percent growth since our last Board meeting in
25 August. Sales by grow of processors to dispensaries

1 are approaching \$680 million. Weekly sales by
2 dispensaries are around \$21 million and growing at a
3 rate of about two percent a week.

4 Looking at patients and caregivers, we
5 have more than 460,000 registrants, 425,000 of those
6 are patients. In any given week, we have 280,000
7 patients who can visit a dispensary with what is
8 deemed an active certification. On a weekly basis,
9 more than 140,000 patients visit our dispensaries,
10 and that's up from about 120,000 a week in August.

11 It's important to know that weekly purchases of
12 medical marijuana products that are dispensed to
13 patients and caregivers are now approaching 400,000
14 units a week. That is up from 370,000 in August.

15 I'm pleased to report that we have
16 more than 2,000 physicians that have registered with
17 the program to date. Nearly 1,500 of those have
18 completed education in order to be an approved
19 practitioner. And we're very pleased with that
20 level of engagement, Secretary.

21 Our top serious medical conditions
22 continue to be, in this order: pain, anxiety, and
23 PTSD. Those three make up approximately 80 percent
24 of the total and are unchanged since the last Board
25 meeting.

1 Now turning to growers and processors
2 and dispensaries. We're very pleased with the
3 performance and the expansive nature of our
4 permittees and how they continue to work with
5 patients and caregivers to get them the medicine
6 that they need. We have 27 operational
7 grower/processors at this point, 20 on any given
8 week are actively shipping. And that total is the
9 combined amount of both the Chapter 20 eight and the
10 non-Chapter 20, 25. Once again, 27 operational
11 grower/processors.

12 We have eight additional dispensaries
13 that have come online since our last August meeting.
14 That brings our total currently to 97 operational
15 dispensaries servicing patients and caregivers
16 across the Commonwealth. We hope to be nearing 100
17 by the end of this calendar year. In closing,
18 Secretary, on Chapter 20 research, I'm very happy to
19 report that patients are already benefitting from
20 published studies, most notably one released by
21 Hershey Medical, Penn State not too long ago. And
22 with that, we have more IRB-approved studies
23 currently underway. Thank you.

24 CHAIRWOMAN: Thank you, John. And
25 thanks, again, for the update and then all of your

1 and our whole teams' hard work and success. Does
2 anybody have - any of the Board members have
3 questions regarding the information that John has
4 provided?

5 MR. SHULTZ: Yes, this is Luke. I
6 have a question.

7 CHAIRWOMAN: Sure, please proceed.

8 MR. SHULTZ: Also a comment. Patients
9 continue to experience product shortages across the
10 state of both flower and concentrations. They are
11 also seeing some rising prices on some products.
12 Since the Financial Hardship Fund has not become
13 operational yet, I would hope that the Office is
14 doing all it can to get every single grower to start
15 shipping product and/or completing expansions as
16 soon as possible to help alleviate shortages and
17 reduce prices through competition.

18 On a related note, it's come to my
19 attention that many of the growers are storing
20 flower that has not passed initial testing due to
21 mold or other hyper-organism contaminants and I'm
22 told that over 1,000 pounds of flower is sitting in
23 quarantine vaults that could conceivably be
24 processed into safe products and be allowed for
25 remediation of flower. It's my understanding that

1 our processing methods currently being used in PA,
2 if the flower was extracted using these methods,
3 such as CO2 and hydrocarbon extractions, it would
4 render the products safe and essentially be the same
5 as the products that are currently made with flower
6 that passed the initial testing. Is remediation
7 something that we can pursue here in Pennsylvania?

8 MR. COLLINS: A couple of comments and
9 then I'll hand it off to Carol because much of what
10 you went through is subject of current regulations.
11 I am pleased to report that our patient and
12 caregiver workgroup has met recently and will
13 continue to do so to help growers understand what
14 strains are important to them. While there is ample
15 supply in the entirety of the network, stock out at
16 local dispensaries are very problematic for patients
17 seeking relief by continuing use of a particular
18 strain or formulation. So we appreciate everyone's
19 efforts as early as last week, again, communicating
20 directly to growers as to what is important to them.

21 Regarding remediation and lab tests, I
22 will hand it off to Carol who can comment about the
23 regulations as they pertain to those two subjects.

24 ATTORNEY MOWERY: So basically the
25 regulations does - the Act and the regulations do

1 not allow for remediation. They allow for a test, a
2 retest of the same sample, and - a retest of the
3 same sample if the first test fails. Nowhere in the
4 Act and regulations allow for remediation and
5 statutory changes are not something that we can
6 review.

7 MR. SHULTZ: Okay.

8 I think I understood that. What about
9 a flower that initially does not pass the test but a
10 subsequent test from the same lab is passed and then
11 another lab test is passed, can that flower be
12 released for sale?

13 ATTORNEY MOWERY: So possibly. We do
14 have a process. We are working through some of
15 those scenarios. As always, our primary goal is
16 patient safety and keeping that in mind, so we're
17 making sure that we are very cautious with those.
18 Those Acts and regulations do allow for release if
19 you have a fail, pass, pass, but the Department has
20 to approve that. And we're being very careful of
21 that as well as making sure that no remediation is
22 performed on the products between the first and
23 second test.

24 MR. SHULTZ: Okay. Thank you.

25 MR. COLLINS: Thank you.

1 CHAIRWOMAN: Any other questions?

2 MS. ROBERTSON: Yeah, I have a
3 question. Molly Robertson.

4 CHAIRWOMAN: Sure, please proceed.

5 MS. ROBERTSON: Is it true that the
6 Chapter 20 research can only do research on approved
7 conditions?

8 CHAIRWOMAN: That is correct. In
9 terms of clinical research. I mean, you can be
10 doing research, you know, in the laboratory. You
11 could theoretically be doing research, you know, on
12 laboratory animals and things like that. But in
13 terms of clinical research, it can only be on
14 approved conditions.

15 MS. ROBERTSON: Okay. Thank you.

16 CHAIRWOMAN: Mr. Collins, can you
17 confirm?

18 MR. COLLINS: Yes. Agreed.

19 DR. TRESCHER: This is Bill Trescher.
20 I have a question.

21 CHAIRWOMAN: Sure, Bill.

22 DR. TRESCHER: So if we could just -
23 it doesn't have to be right now, but could we have
24 regular updates on the number of pediatric providers
25 who have been approved for approving medical

1 marijuana? I just would like to just know where we
2 stand in terms of pediatric providers.

3 And I guess the second question
4 related to that first one is we had talked about
5 recommending or actually requiring that children or
6 people under 18 years of age, be approved by a
7 pediatric provider. And I fully understood the
8 reason why we suspended that requirement, so I'm not
9 objecting to the suspension of the requirement. But
10 it would be nice if we could get some idea of where
11 we're moving forward with that, emphasizing that I
12 recently saw a person under 18 who was approved by -
13 for getting medical marijuana by a non-pediatric
14 provider.

15 CHAIRWOMAN: John, do we have an
16 update right now?

17 MR. COLLINS: Yes. There continues to
18 be, Secretary, a rather constant level of engagement
19 with pediatric specialists or Board eligible
20 pediatric specialists. So we are around a 12-18
21 rate, certainly not enough at this point to service
22 the entirety of the Commonwealth. The other
23 observation is we did look a little bit more detail
24 at the service area provided by each of our
25 approving pediatric specialists and it's rather

1 condensed. So while we'll continue to seek more
2 pediatric specialists, we're not seeing that level
3 of engagement occur at this time.

4 CHAIRWOMAN: Thanks, John.

5 MS. ROBERTSON: I would also just add
6 to that. It is - it is true that a person under 18
7 cannot go to a dispensary by themselves and purchase
8 medicine. They have to have a caregiver.

9 Correct?

10 CHAIRWOMAN: That is correct.

11 MR. COLLINS: Yes.

12 DR. FRANCIS: I have a question. This
13 is Lanie Francis.

14 CHAIRWOMAN: Yes?

15 DR. FRANCIS: Can we get an update on
16 the telemedicine/telephone plan for certifications
17 and renewals?

18 CHAIRWOMAN: John?

19 MR. COLLINS: Certainly. And then,
20 Carol, I'm going to hand it off to you.

21 Around the middle of March, it may
22 have been around March 20th-25th, the Department
23 published on its website a series of waivers which
24 included remote certification. So Dr. Francis,
25 that's unchanged since the last Board meeting and is

1 still in place during the emergency proclamations
2 occurring during the pandemic.

3 Carol, did you want to add anything
4 there?

5 ATTORNEY MOWERY: Sorry, I missed the
6 question. What was the question?

7 MR. COLLINS: The question was about
8 the status of remote certifications.

9 ATTORNEY MOWERY: Okay. Yeah.
10 It's - that will remain in effect as
11 long as the proclamation, the Governor's emergency
12 proclamation remains in effect.

13 DR. FRANCIS: And is that for
14 telephone and telemedicine meaning simultaneous
15 audio/visual?

16 ATTORNEY MOWERY: Correct. That's
17 part of the waiver. Absent the waiver, there are
18 more regulations required for in-person
19 consultations.

20 DR. FRANCIS: Okay.

21 So just to be clear, telephone and a
22 portal where someone's seeing someone, both are okay
23 for certifications and renewals?

24 ATTORNEY MOWERY: Yes.

25 DR. FRANCIS: Okay. Thank you.

1 CHAIRWOMAN: Thank you.

2 Any other questions? All right.

3 Let's move on now to new business. So
4 I know that there was robust discussion about the
5 two-year final medical marijuana report that was
6 issued on May 2020. Within that report is Section -
7 including six recommendations which were discussed.

8 Aside from those six recommendations, the
9 Department also requested that the waivers remain in
10 place that were implemented, as we were just
11 discussing, as a result of the Governor's
12 authorization with the proclamation of disaster
13 emergency issued on March 6th, 2020 and then
14 continued to be renewed.

15 Soon after our last Board meeting at
16 the beginning of September, Representative
17 introduced a co-sponsorship memo regarding the
18 recommendations that the Department of Health
19 submitted in our two-year report. As a result, the
20 memo was issued before four members introduced
21 bills. So before they introduced the bill, they
22 will introduce a post-sponsorship memo which was
23 used as a means to inform other members of a
24 proposed bill, try to gather support by encouraging
25 others to co-sponsor the bill. And then, on October

1 19th, House Bill 2945 was introduced.

2 And John, that included all six
3 recommendations?

4 MR. COLLINS: Earlier, I believe it
5 had three, Secretary, and then went to a little bit
6 more than three, maybe five or six.

7 Carol, do you have the detail on that?

8 ATTORNEY MOWERY: The Bill as
9 currently drafted includes five of our six
10 recommendations.

11 CHAIRWOMAN: Great. So that's good
12 that the legislature is listening and responsive.
13 Now, of course, the legislature is back in session
14 to deal with the budget. But then there will be a
15 new - a new legislature in January so everything
16 would have to start from scratch, but I think that
17 it was a good sign.

18 Does anybody else on the Board have
19 any other updates, observations, or discussion about
20 the legislature and what they might be hearing?

21 MR. SHULTZ: Yeah, this is Luke. That
22 bill that you just described, one of the
23 recommendations, as far as I know, that was not
24 included was to reauthorize the powers back to the
25 Advisory Board. And I would certainly hope that in

1 future versions of that and other bills that we
2 could get that back in there.

3 CHAIRWOMAN: I would certainly agree.

4 Well, so I think it would be unlikely
5 that a lot is going to happen in the next month or
6 so. Hopefully, you know, the budget is finalizing
7 as we speak at this time. I think it would unlikely
8 that further medical marijuana bills would go
9 through, so we will start from scratch. But I guess
10 all of you, many of you, might have the ear of some
11 legislators about this issue, so it would be good to
12 talk about having all six of our recommendations,
13 including the very important one outlined by Luke to
14 be included in a new bill. Any comments or
15 questions or discussion?

16 Okay.

17 So I am very pleased to share that we
18 have scheduled another Department of Health medical
19 marijuana research summit. This will be our second
20 research summit. Our last one occurred in July
21 2019. We were all set to have one in the spring of
22 2020, but then 2020 and COVID19 reared its head and
23 it had to be postponed. This will be remote, so
24 it's going to be a virtual research summit. We're
25 going to have separate two-hour sessions over two

1 days to, you know, accommodate peoples' schedules.
2 The research summit will be held on December 8th and
3 December 10th from 11:00 a.m. to 1:00 p.m. This is
4 not a public meeting. The other one was not.

5 We have invited the eight academic
6 clinical research centers (ACRCs) as well as their
7 clinical registrants. As you know, all of our ACRCs
8 have clinical registrants now that they are
9 collaborating with so that included Drexel
10 University College of Medicine, the Lewis Katz
11 School of Medicine at Temple, the Penn State College
12 of Medicine, the Sidney Kimmel Medical College at
13 Thomas Jefferson University, the Perelman School of
14 Medicine at the University of Pennsylvania,
15 University of Pittsburgh School of Medicine, Lake
16 Erie College of Osteopathic Medicine, and
17 Philadelphia College of Osteopathic Medicine.

18 So we, and I in particular, are really
19 excited to hear about what they're doing in their
20 medical marijuana research. You know, I think that
21 this is really one of the highlights and most
22 progressive parts of the medical marijuana
23 legislation and program that we have that are
24 actually facilitating, we're not financially
25 sponsoring, but facilitating cutting edge medical

1 marijuana research in Pennsylvania, hopefully so
2 that Pennsylvania is really the leader in the
3 country.

4 Sarah had mentioned that Penn State,
5 partnering with PA Options for Wellness, and John
6 had just mentioned this, developed a detailed,
7 comprehensive, and updatable cannabinoid drug/drug
8 interaction list published in a peer-reviewed
9 journal. And it's not like a one-time thing, it's
10 continually updated. Is that right, Sarah? Yeah,
11 so that's great.

12 There's a new study underway at Thomas
13 Jefferson that has received approval from their IRB,
14 their Institutional Review Board, so that's really,
15 really good.

16 Any comments or questions about the
17 Chapter 20 and the summit for research?

18 DR. FRANCIS: I have a question. Are
19 we allowed to participate or observe the research
20 summit sessions at all?

21 CHAIRWOMAN: John, Carol?

22 MR. COLLINS: I think we can take that
23 back and discuss that, Secretary.

24 CHAIRWOMAN: So thank you for bringing
25 that up. We'll check on that, Dr. Francis, we'll

1 get right back to you.

2 DR. FRANCIS: Thank you.

3 CHAIRWOMAN: Very good.

4 So now we're moving on to the next
5 part of our agenda, which is to review and discuss
6 qualifying medical conditions for the use of medical
7 marijuana and the applications that have been
8 received for new conditions.

9 As you all are aware, the Board voted
10 to adopt a process for adding, changing, or reducing
11 serious medical conditions. As part of the process,
12 the requester must submit their application request
13 at least 15 days prior to the next scheduled meeting
14 of the Medical Marijuana Advisory Board to be
15 considered. And then it goes to the Medical Sub-
16 Committee for their review, and as a result, we
17 actually have two applications that were submitted
18 and met the timeline requirements.

19 And so I would like to turn things
20 over to Sarah Boateng, Executive Deputy Secretary
21 for the Department of Health and Chair of the
22 Medical Sub-Committee, to lead the discussion.

23 MS. BOATENG: Thank you, Secretary,
24 and thank you to my fellow sub-committee members.

25 So as you all know, our task as the

1 Medical Sub-Committee is to review application
2 requests and present those applications to the
3 Board. Today, we have two applications. Each
4 applications must be in within 15 days. Each
5 application has a condition that we, as a Board, are
6 voting on applications and the sub-committee will
7 provide our thoughts on the application.

8 The first application is SMC20-0002.
9 This application is for traumatic brain injury. The
10 second application is SMC20-0003, and this
11 application is for insomnia. I am going to actually
12 start with application SMC20-0003 for insomnia. I'm
13 going to share the Medical Sub-Committee's
14 collective thoughts with the Board and then for the
15 Secretary to ask for a vote. I'll share the
16 collective thoughts, but I certainly ask my fellow
17 sub-committee members, Molly, Drs. Goldfarb and
18 Trescher, and Jennifer Shuckrow, to add any
19 additional context to my comments.

20 So when we looked at the application
21 SMC20-0003 related to insomnia, we had a number of
22 discussions around a concern about pediatric
23 patients, you know, just a global concern about the
24 importance of balancing the treatment of a serious
25 medical condition and the pediatric population. It

1 was noted that the application included in our
2 article referenced sleep apnea as well as insomnia.
3 And the sub-committee wanted to lift up the very
4 important distinction that we not conflate
5 conditions, that we are looking at insomnia as a
6 stand-alone condition as per the application and
7 sleep apnea would be a separate condition. And I
8 ask if the sub-committee is for those differing
9 conditions to be presented in two different
10 applications.

11 The sub-committee talked about the
12 various levels of severity of insomnia in that not
13 all experiences of insomnia rise to the level of
14 being a serious medical condition, that some
15 individuals may experience insomnia at various
16 points but not always have that insomnia rise to a
17 level of a serious medical condition.

18 And we also talked about that there
19 might be other conditions that we already have as
20 serious medical conditions that might cause
21 insomnia, such as pain, anxiety, or PTSD. And
22 individuals may qualify under those conditions for
23 medical marijuana.

24 Any other comments from my fellow
25 sub-committee members on SMC20-0003?

1 MS. ROBERTSON: I have a few. I think
2 insomnia - my personal opinion is we should approve
3 it. I think it's a good research condition and I do
4 realize that insomnia could be caused by chronic
5 pain, PTSD, but if it's not an approved condition,
6 it can't be studied. So that's my opinion.

7 CHAIRWOMAN: Thank you, Molly.

8 Other people have a thought that were
9 on the committee?

10 DR. TRESCHER: Well, this is Bill
11 Trescher. I'm just going to echo what's already
12 been said, but I would like to make sure that it's
13 very clear that we have to be attentive to the
14 effects of these substances on the developing brain.
15 And the brain is really developing well past age 18.
16 Today, you know, as a society, we've decided that
17 people of 18 can make their own determinations,
18 which I'm fully supportive of. But before that, I
19 have great reservations and great concerns about the
20 effects of these substances on the developing brain.

21 And collectively, between parents and
22 physicians, decisions were made on some very severe
23 conditions and, that is, conditions that are
24 associated with the potential that the condition is
25 going to further deteriorate the brain function

1 itself, but we thought it was advisable to go ahead
2 with using medical marijuana for those conditions.
3 But with some of these newer conditions,
4 particularly Tourette's syndrome and insomnia, there
5 is - these conditions do not have severe
6 deterioration of the brain function.

7 But conversely, the medical marijuana
8 could have effect on that brain function and I'm - I
9 just want to really emphasize my strong and grave
10 concerns that using these conditions in the
11 developing brain could have their own deleterious
12 long-term effects.

13 And as such, that's my reservation in
14 incorporating these conditions into general approval
15 specifically, and frankly recognizing that we have
16 not allowed - we've not held to the position that
17 pediatric-trained physicians or pediatric - yeah,
18 pediatric-trained physicians need to do this.

19 If there's any chance that these go
20 through, I would want to stipulate a specific
21 prohibition of the use of medical marijuana in
22 people under 18 years of age for these conditions.
23 Frankly, I think the same thing applies for
24 Tourette's syndrome.

25 CHAIRWOMAN: Thank you, Dr. Trescher.

1 Other comments?

2 DR. GOLDFARB: I agree with everything
3 that Bill just said and would only add that, Molly,
4 if we're going to use the research criteria as a
5 means of approving conditions, then by extension, we
6 would approve every condition so that we could
7 perform research on it. That, to me, is not a
8 justifiable reason to approve a medical condition,
9 with all due respect.

10 MS. ROBERTSON: Point taken. Sorry.

11 CHAIRWOMAN: Thank you.

12 MS. ROBERTSON: I didn't hear any of
13 that.

14 CHAIRWOMAN: Please proceed, Molly.

15 MS. ROBERTSON: I do not disagree with
16 Bill on the approval of pediatric patients using
17 medical marijuana for something like insomnia. And
18 if we could approve it with that stipulation, that
19 would be acceptable to me. As far as Dr. Goldfarb,
20 with respect, the drugs that are approved for people
21 to sleep, you know, Lunesta, Ambien, Tylenol PM, you
22 know, they have a host of side-effects that medical
23 marijuana, frankly, just doesn't. And until we can
24 get some studies done and show people that it's -
25 you know, a viable medication or alternative too,

1 it's kind of like the chicken and the egg situation,
2 in my opinion. But thank you.

3 DR. FRANCIS: This is Lanie Francis.

4 CHAIRWOMAN: Dr. Francis?

5 DR. FRANCIS: Yeah?

6 CHAIRWOMAN: This is just for the
7 committee and then we'll open it up.

8 DR. FRANCIS: Okay, apologies.

9 CHAIRWOMAN: Thank you, Dr. Francis.
10 Anybody else that was on the committee
11 have a comment?

12 Okay.

13 May I have a motion to approve or
14 reject the application?

15 MS. BOATENG: Secretary, I would like
16 to make a motion to reject the application
17 SMC20-0003.

18 CHAIRWOMAN: So there's a motion to
19 reject the application. Is there a second?

20 DR. GOLDFARB: Second.

21 CHAIRWOMAN: Okay. Who was that?

22 DR. GOLDFARB: Goldfarb.

23 CHAIRWOMAN: Got you, Goldfarb as a
24 second. So now I open it up for discussion. Dr.
25 Francis?

1 DR. FRANCIS: Sorry about that. I
2 just wanted to say I certify a lot of people with
3 cancer and many, many, many of them have insomnia as
4 one of their main complaints. And anecdotally, I'll
5 tell you that they get a lot of relief and many have
6 said it's life-changing to be able to sleep, which
7 as we know has a snowball effect on so many other
8 things.

9 And so, you know, when I talk about
10 it, I would say insomnia is one of the most
11 effective ways that I'm using medical marijuana for
12 my patients. And I find it very effective. That's
13 all I'd like to say.

14 CHAIRWOMAN: Thank you, Dr. Francis.
15 Open for discussion from the Board.

16 MR. SHULTZ: Yeah, this is Luke. I'd
17 like to reiterate some of the comments that we
18 already made. Indeed, the use of medical marijuana
19 for insomnia by patients in the program is pretty
20 widespread. One example is myself included, that
21 I've been using some of the products that are
22 specifically formulated for sleep, so it's already a
23 big part of the program.

24 And for those who have insomnia
25 without having another condition that they qualify

1 for to get in to the program, they're kind of out of
2 luck that they almost have to wait until they get
3 chronic pain or anxiety or something else so that
4 they can get into the program to use these products
5 for their insomnia. I really think we're doing them
6 a disservice by not approving this condition.

7 And to Molly's point about the side-
8 effects from some of the pharmaceutical sleep aids,
9 I've had friends tell me that they've been on Ambien
10 and they try to get off of it and were unable to
11 because of the horrible side-effects of withdrawal
12 that they stayed on it. I just can't imagine
13 comparing those types of side-effects with using
14 cannabis. So I fully support approving the
15 application. I know the motion is to deny it, but I
16 really would like to see insomnia as part of our
17 program. Thank you.

18 CHAIRWOMAN: Thanks, Luke.

19 Other comments? All right.

20 So we are going to take a vote. I'm
21 going to actually call each of your names to - and
22 the vote is to reject the application. So if you
23 vote aye, you're voting to reject. If you vote nay,
24 you're voting to approve.

25 Is that correct?

1 MS. BOATENG: Just please confirm with
2 Carol.

3 CHAIRWOMAN: Carol, is that right?

4 ATTORNEY MOWERY: Yes, if you want to
5 be technical, this is a motion to reject and if it
6 fails, then there technically could be a second
7 motion to approve.

8 CHAIRWOMAN: Thank you. I'm on mute.
9 So thank you, and so this is the motion to reject.

10 Janet Getzy Hart?

11 JANET GETZY HART: Approve.

12 CHAIRWOMAN: All right.

13 So you're voting to reject the
14 application?

15 JANET GEZTY HART: Yes.

16 CHAIRWOMAN: Okay.

17 So why don't we say aye or nay.

18 Okay. Aye.

19 Sarah Boateng?

20 MS. BOATENG: Aye.

21 CHAIRWOMAN: David Steffen?

22 MR. STEFFEN: Aye.

23 CHAIRWOMAN: Is John Adams here? I
24 know he had to step out.

25 Bill Trescher?

1 DR. TRESCHER: Aye.

2 CHAIRWOMAN: Bhavini Patel?

3 MS. PATEL: Aye.

4 CHAIRWOMAN: Molly Robertson?

5 MS. ROBERTSON: Nay.

6 CHAIRWOMAN: Jennifer Shuckrow?

7 MS. SHUCKROW: Aye.

8 CHAIRWOMAN: Dr. Francis?

9 DR. FRANCIS: Nay.

10 CHAIRWOMAN: Dr. Goldfarb?

11 DR. GOLDFARB: Aye.

12 CHAIRWOMAN: Shalawn James?

13 MS. JAMES: Nay.

14 CHAIRWOMAN: Luke Shultz?

15 MR. SHULTZ: Nay.

16 CHAIRWOMAN: All right.

17 So what I have is seven ayes and four
18 nays. Please confirm.

19 MS. SENIOR: Madame Secretary, that is
20 accurate. This is Holli Senior confirming that
21 that's accurate.

22 CHAIRWOMAN: Thank you.

23 HOLLI SENIOR: Seven ayes, four nays,
24 total of 11 voters.

25 CHAIRWOMAN: Okay.

1 So the motion carries to reject the
2 application.

3 Is that correct everybody?

4 Now I just want to run through this.
5 I want to remind everybody of what happens when an
6 application is rejected or approved. An approved
7 application comes to me, the Secretary, for
8 consideration. Rejected applications do not.

9 However, a requester has the ability
10 to request reconsideration by the Chair, myself, in
11 writing, providing the reasons for a requested
12 reconsideration. I will consider that. Upon a
13 grant of reconsideration, the requester will be able
14 to present their case directly to the Board.

15 If reconsideration by the Chair is
16 denied or after granting reconsideration, the
17 request is rejected, then you have to wait a year
18 with more new scientific evidence.

19 Is everybody clear on that?

20 Okay.

21 Now we have the second condition. Do
22 I have a - am I calling for a motion?

23 MS. BOATENG: I would like to present.

24 CHAIRWOMAN: Oh, you're going to
25 present the second. Thank you.

1 MS. BOATENG: So we received another
2 application, SMC20-0002. This was an application
3 for traumatic brain injury, or TBI. The Medical
4 Sub-Committee had robust discussions around this
5 application, you know, very interested in looking at
6 the articles and information the submitter had
7 provided.

8 Again, the Medical Sub-Committee did
9 talk about the concerns around pediatric patients
10 and being mindful of the impact. We had discussion
11 around concussion, severe concussion, and you know,
12 as extreme as a gunshot wound, and the differences
13 amongst those, something the Medical Sub-Committee
14 noted was not distinguished in the application.

15 The Medical Sub-Committee would've
16 looked to see an application that was more specific
17 to a specific type of TBI or class of TBI for
18 reference. It was also noted by the Medical Sub-
19 Committee that some of the articles referenced were
20 animal models and, again, looking for additional
21 medical references.

22 Finally, there was discussion on the
23 Medical Sub-Committee that there'd be value in
24 hearing from other members of the Board on this
25 application and just general interest in hearing

1 from others about TBI and the potential benefits of
2 medical marijuana and risks of medical marijuana
3 being a treatment for that condition.

4 Any of my fellow sub-committee
5 members, Molly, Dr. Goldfarb or Trescher, or
6 Jennifer want to add any additional context?

7 MS. SHUCKROW: I'll just say
8 anecdotally, my nephew is a soccer player, 17, had a
9 concussion in the middle of the season. Pretty
10 common in high school sports. And right now, I
11 think as the application is written, he would be
12 eligible for consideration.

13 And that does cause me a little
14 concern, A, because of his age and, B, because
15 there's distinguishing features between a one-time
16 concussion and a knife wound, for example, something
17 like that. So there was some concerns when I read
18 the application about the range of conditions
19 covered by the one term TBI.

20 CHAIRWOMAN: Thank you.

21 Molly, Dr. Trescher, Dr. Goldfarb, any
22 other thoughts from the committee?

23 DR. TRESCHER: This is Bill Trescher.
24 So I'm just going to echo my previous comments so I
25 won't repeat them in great detail like I did before.

1 But my - as already said by Jennifer Shuckrow, I
2 have serious concerns. Number one, about using this
3 in the pediatric population and, two, I would really
4 like to highlight the nebulous quality of this
5 application in terms of what is considered traumatic
6 brain injury. So I have both concerns.

7 CHAIRWOMAN: Thank you, Dr. Trescher.
8 Other comments from the committee?

9 All right. I'll entertain a motion.

10 MS. BOATENG: Secretary, this is
11 Sarah. I would like to make a motion to table this
12 application to provide the larger Board an
13 opportunity to share their thoughts and
14 considerations of the application to inform a reject
15 or approve motion at our subsequent Board meeting in
16 February.

17 CHAIRWOMAN: All right.

18 Do I have a second to table the
19 motion?

20 MS. ROBERTSON: I second.

21 CHAIRWOMAN: Molly Robertson seconds.
22 A discussion from anybody on the Board now?

23 MR. SHULTZ: Yeah, this is Luke.
24 Would it be possible for me to arrange to have an
25 expert on the use of medical marijuana for TBI to

1 present to the Board at the February meeting?

2 MS. BOATENG: I defer to Board
3 Counsel.

4 CHAIRWOMAN: So why don't you email us
5 that and then we can consider. Does that make
6 sense, Luke?

7 MR. SHULTZ: Okay.

8 CHAIRWOMAN: Email us who it is and
9 their qualifications and then we'd be glad to
10 consider them.

11 MR. SHULTZ: Okay, thank you.

12 CHAIRWOMAN: I think that's what we've
13 done in the past. Isn't it? Yeah.

14 Okay.

15 Any other comments from the Board?
16 Discussion from the Board?

17 MR. SHULTZ: This is Luke again. Just
18 one point as to the seriousness of this condition,
19 or at least the potential seriousness. As it's
20 stated in the summary portion of the application,
21 traumatic brain injury is one of the leading causes
22 of death in individuals under the age of 45. I did
23 a little research on that and I found on the CDC
24 website they now state that suicide has the leading
25 category of TBI-related deaths. So essentially, for

1 many TBI patients, suicide is the best option to
2 control their TBI symptoms, and in my mind, it
3 doesn't get any worse than that. And I'd really
4 like to see us pursue adding this to the program to
5 allow people to use a plant-based treatment before
6 considering suicide. Thank you.

7 CHAIRWOMAN: Thanks, Luke.

8 Other discussion points? All right.

9 So we will consider the motion to
10 table the condition for further review and
11 consideration and discussion and research for the
12 next Board meeting.

13 Janet Getzy Hart?

14 JANET GETZY HART: Aye.

15 CHAIRWOMAN: Sarah Boateng?

16 MS. BOATENG: Aye.

17 CHAIRWOMAN: David Steffen?

18 MR. STEFFEN: Aye.

19 CHAIRWOMAN: John Adams, are you back,
20 sir?

21 Dr. Bill Trescher?

22 DR. TRESCHER: Aye.

23 CHAIRWOMAN: Bhavini Patel?

24 MS. PATEL: Aye.

25 CHAIRWOMAN: Molly Robertson?

1 MS. ROBERTSON: Aye.

2 CHAIRWOMAN: Jennifer Shuckrow?

3 MS. SHUCKROW: Aye.

4 CHAIRWOMAN: Dr. Lanie Francis? Dr.
5 Lanie Francis? Are you there, Doctor? We'll come
6 back.

7 Dr. William Goldfarb? Dr. Goldfarb,
8 did we lose you? All right.

9 Shalawn James?

10 MS. JAMES: Aye.

11 CHAIRWOMAN: Luke Shultz?

12 MR. SHULTZ: Aye.

13 CHAIRWOMAN: Dr. Lanie Francis? I see
14 you there, Dr. Francis. Could you put it in the
15 chat? Maybe she had to step away from the computer.

16 All right, well so that's unanimous.

17 DR. FRANCIS: Sorry.

18 CHAIRWOMAN: Oh, there you are. Can
19 you vote?

20 DR. FRANCIS: I'm sorry. Can you
21 repeat what I'm voting for? I apologize, I had to
22 step away.

23 CHAIRWOMAN: Absolutely. So for
24 traumatic brain injury, the motion which was
25 seconded was to table it for further review,

1 discussion, and research until the next meeting.

2 DR. FRANCIS: Aye.

3 CHAIRWOMAN: Thank you. So that is
4 unanimous that it is tabled to the next meeting.
5 And so there we go.

6 So actually we can open up for any
7 other discussion, questions about anything at this
8 time. The floor is open to the Board. Questions,
9 concerns, complaints - no complaints, sorry.

10 All right.

11 So our next Board meeting is Tuesday,
12 February 23rd in 2021. So, yeah, it's amazing how
13 time flies. And may I have a motion, then, to end
14 the meeting?

15 MS. JAMES: Motion to adjourn.

16 CHAIRWOMAN: And who was that?

17 MS. JAMES: Shalawn.

18 MS. ROBERTSON: I second.

19 CHAIRWOMAN: Okay, thank you. All
20 right, now Molly seconds.

21 All in favor say aye.

22 AYES RESPOND

23 CHAIRWOMAN: Any opposed? Or
24 abstentions?

25 All right.

1 Thank you all. I appreciate your time
2 and all your work on the Medical Marijuana Board.
3 And we'll see you in February. We will be checking
4 back about the - about Board attendance at the
5 research meeting. We'll check in on that. Thank
6 you all.

7 * * * * *

8 HEARING CONCLUDED AT 10:55 A.M.

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CERTIFICATE

I hereby certify that the foregoing proceeding was reported by me on 11/10/2020 and that I, Kelly Gallick, read this transcript, and that I attest that this transcript is a true and accurate record of the proceeding. This notarial act involved the use of communication technology.

Dated the 20th day of November, 2020



Kelly Gallick,
Court Reporter