

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
MEDICAL MARIJUANA ADVISORY BOARD MEETING

* * * * *

BEFORE: DEBRA BOGEN, M.D., Chair
Matthew Eaton, Member
Diana Briggs, Member
Colonel Christopher Paris, Member
Christine Roussel, Pharm.D., Member
Royce Engler, Member
John Adams, Member
Geith Shahoud, M.D., Member
Bhavini Patel, Member
I. William Goldfarb, M.D., Member

Reporter: Jessica L. Ashman

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HEARING: Wednesday, September 6, 2023

10:34 a.m.

LOCATION: Capitol Media Center

State Capitol

501 North 3rd Street

Room 01 East Wing

Harrisburg, PA 17126

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NONE OFFERED

P R O C E E D I N G S

CHAIR: Good morning. Sorry for the delay. Everyone, welcome. Thank you for attending today's Medical Marijuana Advisory Board meeting. I'm going to officially call this meeting to order now.

This is the Medical Marijuana Advisory Board meeting being held at 10:30 a.m. on September 6, 2023.

First, I will take roll. For your reference you were provided with a Board member list in your packet. When I read your name, please acknowledge that you're present, for the record.

Colonel Christopher Paris. Christine Roussel.

Christine, are you there? Hold on.

MS. ROUSSEL: I'm sorry. Present.

CHAIR: Great.

And Colonel Paris, we had our mute on.

So are you here as well?

COLONEL PARIS: Yes, ma'am. I'm present. Good morning.

CHAIR: Good morning. Thank you.

Chief Royce Engler. Matthew Eaton.

1 MR. EATON: Present.

2 CHAIR: John Adams.

3 ATTORNEY ADAMS: Present.

4 CHAIR: Dr. Geith Shahoud.

5 DR. SHAHOUD: Present.

6 CHAIR: Bhavini Patel.

7 MS. PATEL: Present.

8 CHAIR: Dr. Kambic.

9 DR. KAMBIC: Present.

10 CHAIR: Dr. Goldfarb.

11 DR. GOLDFARB: Present.

12 CHAIR: Great. And Diana Briggs.

13 MS. BRIGGS: Present.

14 CHAIR: Wonderful.

15 Anna, do we have a - confirm that we
16 have a quorum for today's meeting?

17 ATTORNEY LAMANO: The bylaws require -
18 sorry.

19 As the bylaws require eight for a
20 quorum, we do have a quorum for today's meeting.

21 CHAIR: Wonderful.

22 We have sort of a packed agenda for
23 today's meeting. And Board members were queried
24 ahead of the meeting to determine if they had
25 additional or specific agenda items that they'd like

1 to include, that may require deliberation.

2 Before proceeding with the rest of the
3 agenda, I have a few announcements.

4 Since we met in June, we have a few
5 changes to the Board. Shalawn James, who was the
6 Governor's appointee, resigned effective August 13.
7 Ms. James was a strong advocate and her guidance
8 will be missed.

9 Thank you for your service, Shalawn.

10 Diana Briggs has graciously stepped in
11 as the new Chair for the Patient and Caregiver
12 Subcommittee.

13 Diana, I look forward to working with
14 you on that committee.

15 Chief David Splain, of the Nether
16 Providence Police Department in Delaware County,
17 resigned since his term as President of the Chiefs
18 of Police Association ended in July.

19 We thank Chief Splain for his service
20 and commitment to this Board.

21 The newly-elected President of the
22 Chiefs of Police Association is Chief Royce Engler,
23 of Wright Township in Luzerne County. And he now
24 joins us as a new member of the Board.

25 Chief Engler, we'd like to take a

1 moment to introduce yourself and thank you for
2 serving on the Board.

3 Doesn't seem like he's on the phone,
4 so Chief Engler will have to introduce himself next
5 time when he's here.

6 With these changes on the Board, we
7 now have three vacancies on the Board, as noted on
8 the membership list posted on the website and
9 included in your electronic Board packets.

10 Also, we did select dates for the 2024
11 meetings. The Board is expected to meet every other
12 month or six times a year. Dates were noted in the
13 PowerPoint slides. I can read them off, January 24th,
14 March 20th, May 22nd, July 24th, September 18th and
15 November 13th.

16 These dates all fall on a Wednesday
17 and we'll hold the meeting in the same time frame,
18 10:30 to 12:30.

19 If any of these dates don't work with
20 your schedules, please let Siri know as soon as - so
21 we can make sure we have a quorum for all of our
22 meetings.

23 The next order of business is to
24 approve the minutes from the previous meeting. You
25 were all sent the Meeting Minutes for the last Board

1 meeting that was held on June 28th, 2023. I hope
2 you've had a chance to review those Minutes.

3 We did not receive any suggested
4 changes. So at this time, if there are no
5 corrections to the - to the notes, may I give a
6 motion - can I get a motion to approve the Minutes
7 of the meeting from the June 28 Board meeting?

8 DR. KAMBIC: Dr. Kambic. So moved.

9 MR. EATON: So moved.

10 CHAIR: Thank you.

11 Second?

12 MR. EATON: Matthew Eaton, second.

13 CHAIR: Thank you.

14 All in favor of the motion, say aye.

15 AYES RESPOND

16 CHAIR: Anyone opposed?

17 Are there any abstentions?

18 Okay, looks like the Minutes from the
19 June Board meeting are approved.

20 The next agenda item is an Office of
21 Medical Marijuana program update. And I'll turn
22 things over to Laura Mentch, Director for the Office
23 of Medical Marijuana, to provide the program update.

24 Laura, thank you for being here.

25 MS. MENTCH: Thank you.

1 Is this on?

2 Okay. Thank you. Thank you, Dr.
3 Bogen and good morning, everyone. It feels like
4 just yesterday that I was offered this job. And
5 believe it or not, next week will be one year - my
6 one year anniversary of being the Director of the
7 Medical Marijuana Office for the State of
8 Pennsylvania.

9 As I look back at what we've been
10 able to achieve over the last year, I will proudly
11 take a minute and brag a little about - about all of
12 our accomplishments.

13 Since my arrival, the team has
14 promulgated the preeminent regulations for the
15 program. And I just want to be completely
16 transparent and acknowledge that it was a huge
17 effort by many people long before I got here.

18 We eliminated a backlog of product
19 marketing, advertising approvals, along with strain
20 names, all those requests.

21 In fact, we improved response times
22 tremendously and continued to turn requests around
23 within a maximum of a two week time period. We did
24 this by reevaluating the process, staffing, revising
25 the forms and instructions for ease of use, and

1 improved how we communicate responses for enhanced
2 transparency and assistance.

3 We updated various other compliance
4 forms to make them more user-friendly and readily
5 available on our website. We improved communication
6 with stakeholders. We've done this by proactively
7 sharing information that may have an impact on the
8 industry and/or operations.

9 Even though we are the regulators, we
10 are also partners in sharing a common goal when it
11 comes to patients having access to their medication.
12 It is important to me that we continue to have an
13 open line of communication to better serve the
14 stakeholders, the program and the patients.

15 We have developed a process to review,
16 revise and update all Office of Medical Marijuana
17 standard operating procedures for accuracy,
18 consistency, and to ensure that they still align
19 with the program goals. To achieve this, we created
20 a standard format and trained staff for how to
21 effectively complete them.

22 In addition to communication as a
23 means to improve relationship - relationships with
24 stakeholders, we make it a point to get out and tour
25 Medical Marijuana organizations. I'm pleased to say

1 that along with staff, I was able tour a lab, two
2 grower processors, and while the Assistant Director
3 and staff were also able to make it to a dispensary.
4 These trips are always interesting, very worthwhile
5 in the relationship building, as well as allows the
6 stakeholders to show off their hard work and
7 dedication to the program.

8 We also have the pleasure of being
9 asked to speak with Thomas Jefferson University and
10 Delaware Valley to make - to give an overview of the
11 Pennsylvania program and enjoy any time we have to
12 educate students and broaden awareness.

13 It is always time well spent.

14 We establish quarterly research
15 meetings to provide a space where we can engage with
16 ACRCs and learn about their research. While they
17 can share best practices and lessons learned with
18 one another, as well as explore opportunities for
19 research collaboration. We continue to expand upon
20 the office's commitment to transparency and
21 accessibility.

22 And when permitted under the law, we
23 will begin publishing disclosable aggregate data on
24 our website in a designated program data session, so
25 that it is easy to find. We intend to use a phased

1 approach and in phase one, we will be posting
2 preexisting datasets that we were authorized to
3 share externally.

4 Currently, what you will find there
5 are the Medical Marijuana program update slides that
6 are used to present at these Board meetings. The
7 slides were pulled directly out of the Board
8 presentations. And since they share - program data
9 over time, we thought sharing them in this section
10 of the website made a good place to start.

11 Moving forward, we will continue to
12 add aggregate datasets that we are authorized to
13 share. Although I will caution by saying that the
14 Department of Health itself is in the midst of a
15 website project that will impact what we post and
16 when, but we anticipate additional datasets being
17 added in the near future.

18 Last, over the almost full year, we
19 have expanded the office by hiring 12 staff members,
20 with a few more in the pipeline. Although hiring is
21 not typically an expedited task, we are very proud of
22 the number of hires we were able to acquire over a short
23 period of time. And I would like to thank Assistant
24 Director Diana Nordtomme for leading those efforts and
25 working diligently to get additional support for the

1 office.

2 While I'm happy with all of those
3 achievements, there is always more work to be done and
4 improvements to consider, and I am excited for what
5 lies ahead. Before we get to the program metrics, I
6 wanted to share some program updates since our last
7 Board meeting and address them.

8 As mentioned previously, the aggregate
9 data section on the Office of Medical Marijuana
10 website, this established the section on our website
11 dedicated to House program related data and the -.

12 Addressing one of these updates since
13 our last Board meeting was that earlier this summer,
14 the Department of Revenue sent a letter to Medical
15 Marijuana organizations informing them of its
16 determination that as of September 1st, 2023 all
17 Medical Marijuana accessories are subject to sales and
18 use tax. This is a new - this new change will impact
19 both the industry and patients.

20 Although specific questions on the
21 taxability of questions are to be directed to the
22 Department of Revenue, we wanted to ensure that the
23 Electronics Tracking System and permittees were
24 prepared for making this change, by offering tools for
25 how to make the necessary systematic changes, and will

1 continue to monitor the situation.

2 Feedback we received this week already
3 is that permittees were aware of this change well in
4 advance and had proper instruction to make the
5 necessary changes, with no issues.

6 Now we can look at the program
7 metrics.

8 The first slide shows the current
9 program statistics through July of 2023. 942,231
10 patient and caregivers were registered. 430,293
11 active patient certifications. 1,867 approved
12 practitioners. 34.4 million patient dispensing
13 events. 97 million product - 97.8 million products
14 dispensed. 8 billion in total sales. 4.9 billion by
15 dispensaries, and 3.1 billion by G/Ps to dispensaries
16 and 178 operational dispensaries.

17 Next, we have a month-to-month
18 dispensary sales. There's nothing out of the ordinary
19 to see here. You'll notice that the sales were a
20 little higher each month this year than they were for
21 the same month last year, except for - every month
22 except for April, which is odd. Although April sales
23 were still high compared to other months.

24 The program continues to grow, but
25 that increase continues to level out.

1 This next slide shows a similar trend,
2 but it is a combination of all years from 2020 to
3 March of '23. Sales have been steady for the last few
4 months.

5 The next slide you can see is a closer
6 look at June and July for the last four years, and
7 then pricing trends. Patient purchase trends by
8 product. As you can see, this has never changed, I
9 don't think. Dry leaf is the number one seller, with
10 vape standing firm at number two, followed by
11 concentrates.

12 And the last slide shows dry leaf
13 retail and wholesale pricing. You can see how that
14 trend has looked since - trend has looked like since
15 January of 2021 to July of '23. Of note, you can see
16 there that we are seeing the lowest prices in both
17 categories since the inception of the program.

18 Does anyone have any questions? Thank
19 you, Dr. Bogen.

20 CHAIR: Thank you, Laura. And
21 congratulations. Thank you for your one year of
22 service to the program. You've made lots of amazing
23 changes, so thank you.

24 I also understand that we have Chief
25 Royce Engler on the phone.

1 Can you unmute and tell us that you're
2 present?

3 CHIEF ENGLER: I am present now. I'm
4 - I apologize.

5 CHAIR: Thank you so much for joining
6 us. And welcome. Before I give you an opportunity,
7 are there any questions for Laura from any of the
8 Board members?

9 CHIEF ENGLER: I don't, ma'am. No.

10 CHAIR: Okay.

11 Hearing no questions for Laura.

12 Chief Engler, do you want to just take
13 a moment to introduce yourself to the group and then
14 we'll go back to the agenda as we had it.

15 CHIEF ENGLER: Thank you. I'm Chief
16 Engler. Been a Wright Township police officer for
17 the past 45 years. Wright Township is located
18 between Wilkes-Barre, Pennsylvania and Hazleton area
19 here. I look forward to learning more about Medical
20 Marijuana and serving on this Board. Thank you.

21 CHAIR: Thank you so much. And again,
22 welcome.

23 All right, let's move on to old
24 business.

25 First is regarding Board members'

1 review of policies and processes by the
2 subcommittees. No revisions were provided from any
3 Board members, so we will continue using these
4 policies and processes that are in place. If any
5 member has a suggestion to improve upon any of these
6 policies or processes, please pass along those
7 suggestions to Siri Reddy.

8 Next on the agenda are the
9 subcommittee updates. As discussed in previous
10 meetings, each subcommittee Chair will provide an
11 update at each Board meeting regarding the activity
12 since the previous meeting. At this time, I'll ask
13 each subcommittee Chair to share an update.

14 First, let's start with the Medical
15 Review Subcommittee. And before they begin, I note
16 that there is still a vacancy for the Chair of that
17 position of this subcommittee, and my goal is to
18 fill this role as - in the near future.

19 I want to announce that last week the
20 Board received a serious medical condition for
21 Chapter 20 research application. Some of you may
22 recall, in July of 2022, the Board approved a policy
23 that established a process for accepting
24 recommendations from academic clinical research
25 centers for a qualifying serious condition to be

1 added to Chapter 20, research purposes only. The
2 application was submitted from the Penn State
3 College of Medicine for a moderate to severe
4 traumatic brain injury with chronic symptoms.

5 The policy that was approved in the
6 past specifies that applications must be received 15
7 days prior to the scheduled Board meeting to be
8 considered as an agenda item. Since this
9 application was submitted just last week, it didn't
10 meet the required deadline to be reviewed and
11 discussed at today's meeting. Thus, though it's -
12 we thought it was best to distribute the application
13 - to wait to distribute it until today's meeting.

14 Siri will be following up with the
15 Medical Review Subcommittee regarding next steps.

16 That said, does anyone else who
17 participates in the subcommittee have anything to
18 add or report today?

19 Hearing no additions. Let's move on
20 to the Patient Caregiver Subcommittee, chaired by
21 Diana Briggs.

22 MS. BRIGGS: Good morning. The
23 subcommittee met just last month. Christopher,
24 Matthew and I went over our patient comments and had
25 a really detailed discussion. The Colonel had some

1 great input.

2 Unfortunately, some of the comments
3 resulted in patients unable to access their medicine
4 while in a correction facility. And Colonel Harris
5 shared that, unfortunately, with the FDA scheduling of
6 that it would make it very difficult in our state.

7 So sadly, there isn't much as a Board
8 or an advocate that we can do until that
9 classification changes. So we completed what we could
10 of those and we discussed our edible discussion from
11 our last meeting.

12 CHAIR: Are there any questions for
13 the subcommittee?

14 Okay. Thank you. Next is a
15 Regulatory Subcommittee chaired by Christine
16 Roussel.

17 Dr. Roussel?

18 DR. ROUSSEL: Yes, hi. Our main focus
19 was discussions around podiatrists as practitioners
20 in the Medical Cannabis -

21 CHAIR: Christine, can you - .

22 DR. ROUSSEL: - Program.

23 CHAIR: I'm having a hard time hearing
24 you. Are you able to turn up the volume or can
25 our -?

1 DR. ROUSSEL: Sure. I can speak
2 louder.

3 Is that better?

4 CHAIR: Much better. Thank you.

5 DR. ROUSSEL: Thank you.

6 Our committee did not meet in person.
7 We did have electronic communications related to the
8 addition of podiatrists to the practitioner list for
9 the Medical Marijuana Program, and it will be
10 discussed later on in the agenda. So there are no
11 other topics from the subcommittee at this time.

12 CHAIR: Wonderful.

13 Look forward to that discussion coming
14 up.

15 And our last subcommittee report is
16 from the Medical Research Subcommittee chaired by
17 Bhavini Patel.

18 MS. PATEL: Yes, hello. So the
19 subcommittee did meet and we had a discussion on
20 revisiting the proposal before by Organic Remedies.
21 And we will have more additional information on that
22 and would like to make a recommendation, but I will
23 save that for the next section - section of our
24 conversation.

25 CHAIR: Wonderful. Thank you.

1 So thanks to all to the subcommittee
2 Chairs that spoke today and shared your updates. I
3 want to turn things over to Bhavini Patel for
4 discussion regarding organic remedies presentation,
5 and consideration of the Research Subcommittee's
6 recommendations regarding the findings of the
7 research.

8 So Bhavini, I'm going -

9 MS. PATEL: Thank you.

10 CHAIR: - to turn it over to you.

11 MS. PATEL: Thank you.

12 So on April 12th, 2023, the Medical
13 Research Subcommittee presented a recommendation to
14 the Board. The presentation focused on the question
15 to amend the Act to allow cannabis product
16 remediation when products exceed microbial
17 contamination thresholds.

18 We did not recommend moving forward
19 with the underlying assumption that we were being
20 asked to change the PA DOH regulations on allowable
21 quantities of colony-forming units.

22 So upon further dialogue via the
23 subcommittee, and taking in more information, it was
24 brought to our attention that the request was not to
25 change the allowable levels of microbials. In fact,

1 the request is that DOH allow medical marijuana
2 operators to process flower that has failed microbial
3 testing using solvent-based extraction methods.

4 So taking that new information into
5 consideration and sort of revisiting our initial
6 dialogue, the subcommittee learned that this is
7 actually a common practice for 35 other Medical
8 Marijuana Programs. And can stop the sort of
9 unnecessary product loss which, if not mitigated, can
10 actually have the unintended consequences of
11 increasing the cost of product per program
12 participants.

13 And so based on this information and
14 consideration, the subcommittee would like to make a
15 recommendation to approve the proposal. But I'd
16 also like to open this up for discussion and then
17 call for a vote to approve recommendation.

18 Thank you.

19 CHAIR: Would any of the Board members
20 like to discuss this?

21 Please unmute and comment.

22 DR. ROUSSEL: Hi. This is Christine
23 Roussel. I was - I am part of the Medical Research
24 Subcommittee and part of the group that did the
25 initial review.

1 Unfortunately, I was not able to make
2 the follow-up meeting to review it, but I did not
3 have any misinterpretation of the original request
4 of the presentation from organic remedies. And I
5 still personally do not agree that a company should
6 be permitted to take product with contamination up
7 to 1,000 colony-forming units of fungus per gram of
8 cannabis, which was in their research study to
9 remediate for patients.

10 I think the product that is so highly
11 contaminated should not reach patients, even if they
12 chemically remediate it. And there are some states
13 that allow it, but if you look very specifically,
14 certain states actually require lot-to-lot approval
15 for remediation, such as in California, and even
16 those have thresholds for maximums, which they allow
17 remediation.

18 So I think if we move forward, I think
19 it should be very clear, you know, what threshold
20 should be allowed for remediation. And I don't
21 think the sky should be the limit for products that
22 are contaminated with bacteria and fungus that are
23 going to patients with serious medical conditions.

24 MS. BRIGGS: I was wondering, could we
25 also recommend a stability test, you know, every

1 three months, every six months, something like that,
2 as we move forward, as Christine said. Instead of
3 offering carte blanche and hoping that everything
4 continues to work well.

5 DR. ROUSSEL: And maybe if our
6 threshold is, say, 10,000 colony forming units of
7 what would be normally allowed in a single gram of
8 cannabis, which is about the size of the grape, you
9 know, maybe if we allow remediation, allow more than
10 double the current threshold, so possibly not be
11 allowed to remediate something that has more than
12 20,000 colony-forming units of low yeast combined
13 bacteria. I don't know if -. It may be helpful to
14 look towards other documents.

15 The U.S. Pharmacopoeia Convenient
16 Expert Panel on Cannabis in 2016, they published,
17 you know, regulation guidance documents that are
18 accepted by regulatory bodies was published for
19 comment at the end of 2022. It's not finalized.

20 For people who don't know U.S.
21 Pharmacopoeia, they write regulations about
22 medicinal products, dietary supplements, even food,
23 and then regulators accept them.

24 For example, Pennsylvania Board of
25 Pharmacy Regulation actually directly cites follow

1 USP chapters related to compounding of sterile
2 products, chemotherapy, other drugs. And so
3 something like that deserves consideration.

4 Maybe reflecting to that document,
5 which actually does - did not have anything related
6 to remediation and used very strict thresholds
7 around bacteria and fungal contamination for
8 products, for oral intake as well as inhalation.

9 CHAIR: Any other comments or thoughts
10 from the Board?

11 DR. KAMBIC: Yeah, Dr. Kambic. I
12 totally agree with the last commenter. We shouldn't
13 - we need to have better data to decide if we're
14 going to be changing this to allow more
15 contamination. I just - I agree with her. These
16 are some sick people, and I'm not for allowing
17 additional contamination just to increase product.

18 DR. ROUSSEL: And I do want to be
19 clear. I realize that they're not asking us for to
20 change the limits. They're asking us for them to
21 accept product that would not be acceptable to
22 patients, but then chemically treat it, to try and
23 reduce the waste products.

24 And I will say the government's main
25 supplier, DA's main supplier of cannabis through

1 University of Mississippi, actually uses irradiation
2 to reduce bacterial and fungal load. And I think
3 it's something for consideration, but I don't know
4 if I feel that - if we have the expertise to allow,
5 based on a single study from a single company, based
6 on a proprietary method.

7 MS. BRIGGS: Could we come up with
8 like a guideline for them?

9 MS. PATEL: So - same - so, because of
10 the subcommittee met and Christine wasn't able to be
11 a part of that initial discussion, I think what
12 makes sense that instead of sort of calling for a
13 vote on this as I initially had intended -. Perhaps
14 we could meet again with the subcommittee and come
15 to some sort of understanding of potentially
16 allowing Organic Remedies to present, and sort of do
17 the questioning with them here on the call in our
18 next Board meeting. And then sort of revisit this
19 and - to sort of clear up any questions and then
20 bring it to a vote.

21 DR. ROUSSEL: May I ask if a physician
22 is willing to participate also in that meeting?
23 That might be helpful as well. Anybody else
24 familiar with dispensing medication might be helpful
25 to, you know, help add context to the data that we

1 review.

2 CHAIR: Is there any further
3 discussion?

4 So Bhavini, what I think I hear you
5 saying is you'd like to postpone this to the next
6 meeting to reconvene with the committee, perhaps
7 with a few more folks on the call to get further
8 input.

9 Is that correct? Are you asking to
10 delay the - the vote?

11 MS. PATEL: That is correct. Given
12 that Christine wasn't able to join our last
13 subcommittee meeting, I would like to take into
14 consideration the points that she's made, and sort
15 of have more of a deeper understanding on the
16 information that was provided. And make sure that
17 there is some clarification on any questions that
18 were brought up. And then we can hopefully make a
19 recommendation at the next meeting. That is
20 correct.

21 CHAIR: Thank you.

22 So I need a motion to set aside this
23 vote at this time, if that's your decision.

24 MS. PATEL: I call for a motion to set
25 aside the vote.

1 CHAIR: Do I have a second?

2 MS. BRIGGS: I second.

3 CHAIR: That was Diana. Okay. All
4 right. We've - all in agreement with that motion
5 say aye.

6 AYES RESPOND

7 CHAIR: Any nays?

8 And any abstentions?

9 Okay. The motion carries to delay the
10 discussion to the next meeting.

11 MS. BRIGGS: And it will be a motion
12 to set aside to a specific time, which would be the
13 next Board meeting, not indefinitely.

14 Is that correct?

15 DR PATEL: That is correct.

16 MS. BRIGGS: Okay. Thank you.

17 DR. PATEL: Thank you.

18 CHAIR: Thank you for the
19 clarification.

20 So Diana, I'm going to turn to you
21 next to discuss your recommendations regarding
22 edibles, as an approved form of medical marijuana.

23 MS. BRIGGS: Thank you, Dr. Bogen.

24 At our last meeting, Counsel had
25 shared that the Secretary of Health didn't have the

1 legal ability to add this form to our Medical
2 Marijuana Program, that the only way to move forward
3 with that edible discussion would be for us to
4 prepare a report and pass it on to the Legislature
5 and the Governor's Office.

6 While we do plan to do that, I also
7 wanted to share with my fellow sub - committee
8 members that these are some of the findings that I
9 found in the last year that has brought this
10 conversation up over and over again.

11 In November, I had the ability to
12 speak with the Board about my wanting us to discuss
13 the edible form. At the end of that Board meeting,
14 a pharmacist from the audience came up and
15 introduced herself. She was a local dispensary
16 pharmacist and shared that she was actually offering
17 in their dispensary now a form called Troche.

18 She explained it is exactly how
19 Director Mentch had described it last meeting. That
20 it was a form kind of used sublingually through the
21 mucosa, and that there was no swallowing or chewing.

22 I did share with all of the members,
23 through Siri, a package of pictures. The first
24 picture is that original Troche. It kind of was a
25 clear yellow color by nature and easily - easily

1 absorbed through the mouth.

2 I purchased that, I believe, in
3 November of last year - I'm sorry, the spring of
4 this year, because it was not available in the
5 Pittsburgh area, which is where I live, until then.
6 I was seeing it on the menus here in the Harrisburg
7 area.

8 At that first purchase, I then asked
9 if there was anything else resembling that Troche?
10 And that dispensary shared that another local
11 dispensary to me was sharing selling a soft Troche.
12 That is the second picture.

13 And obviously, I don't have to
14 describe it. The picture speaks for itself. It is
15 a little gummy-esque, with a sugar coating, that was
16 purchased April of this year.

17 Just last week I went out again
18 because, as you can imagine, when people see that
19 second picture, our patient community is filled with
20 comments. When did edibles get approved? That
21 looks like an edible. Does it taste like an edible?

22 So basically, I'm here today because I
23 want to make it very clear that a Troche form was
24 approved somewhere in a past administration of our
25 program. And that Troche has evolved, especially in

1 the last six months. It has gone from, I'm finding
2 in one or two, to now pretty much every dispensary
3 has a Troche form.

4 And they all look similar. I can
5 share - as you see the final pictures. These were
6 purchased just last week by me in two different
7 dispensaries in the Pittsburgh area. The first two
8 no longer have the sugar coating. They are still a
9 very gel form. You - you can absorb it, but it has
10 to sit in your mouth a very, very long time for it
11 to absorb.

12 The last picture is one of the newer
13 ones that I found in the dispensaries. It is so
14 sticky, after 30 minutes or so, it still was not
15 absorbed. My biggest concern is, obviously patients
16 are allowed to purchase this in our state, in our
17 program.

18 And when you look at this, it
19 resembles very much an edible. So more than
20 anything, I wanted it on the record today that a
21 Troche in every color, shape, form, flavoring,
22 because they all are flavored now, are legally being
23 purchased in this program, so that our patients do
24 not get negatively impacted by this.

25 I think that certainly a way of, you

1 know, resolving this issue, I would love to stop all
2 of that confusion. And I would like to make a
3 motion to recommend that edibles be an approved form
4 in our program.

5 And we can move forward with a report
6 to pass that on to our Legislature and our Governor,
7 if that's what needs to be done to make this, you
8 know, a positive, instead of a possible negative.

9 CHAIR: So I'd like to open this for
10 discussion from the Board.

11 Thank you, Diana.

12 MS. ROUSSEL: This is Christine
13 Rousseau. I have a question for Director Mentch.

14 I was just wondering if there is any
15 requirements for approval of packaging before
16 product sales are sold? And if there is any
17 consideration for packaging that could look like
18 food or candy or possibly be confused by a child?

19 MS. MENTCH: There are requirements
20 for packaging. It can't be attractive to children.

21 As Diana mentioned, the sugar coating
22 is no longer available. Admittedly, that was
23 approved as - by an administrative error, but has
24 been rescinded, and we do know exactly how many were
25 made, if they are still out there, and they won't be

1 remade.

2 As far as the timing of how long it
3 takes to dissolve, that is not one of the requirements
4 we have with the approval of a Troche, but it is
5 certainly something that we can consider. It is only
6 ever approved through the Office as dissolvable in the
7 mouth, sublingually or buccally, and it cannot have
8 anything on the packaging about chewing it.

9 As far as how long they take, it
10 wasn't something that I had considered. I don't - I
11 can certainly look into how they can prove how long it
12 sits in the mouth, if that is the issue - if that is
13 one of the issues.

14 You asked about the requirements for
15 the packaging, I'm sorry, I can't see you anymore, so
16 I'm just going to assume. If you have anything else,
17 Christine, we do have standards for packaging,
18 labeling, marketing, advertising, all of it.

19 MS. ROUSSEL: Thank you. And I'm
20 assuming you all - and if I am correct, there's also
21 regulation around childproof packaging as well, -

22 MS. MENTCH: Yes.

23 MS. ROUSSEL: - which I'm sure is a
24 little complicated and thoughtful - difficult for
25 adults as well as children?

1 MS. MENTCH: Absolutely. Childproof
2 packaging, and it cannot be attractive to children.
3 And that it is often a debate on what your - what
4 the opinion is on what is attractive. So we take a
5 very firm look at that.

6 DR. ROUSSEL: Thank you so much for
7 the clarity.

8 MS. BRIGGS: I can share that that
9 last picture of the orange, I couldn't get the
10 container opened. My husband had to help. I don't
11 know what I was doing wrong, but literally could not
12 get the lid off.

13 And they all are very blank packaging.
14 I think the original Troche was in more of a bag
15 kind of situation, but they are very plainly
16 packaged, of course.

17 MS. MENTCH: Some of their consistency
18 has to do with the base that they use in Troches.
19 So much like a cough drop, some of the cough drops
20 that you get are very hard and you don't want to
21 chew them, because you'd break a tooth. And some of
22 the cough drops are softer, all the way up to the
23 ones that you feel like you could chew.

24 And so the Troche, it can have a
25 glycerin base or certain bases, but that's even in

1 pharmaceutical Troches, that's true as well.

2 Some of those come in tablets, like a
3 Mycelex Troche, is going to be a very hard tablet
4 that is meant to stay in the mouth for an extended
5 period of time, because it's treating usually like,
6 thrush in the mouth. So you actually want it to sit
7 in there and stay hard and take a long time to
8 dissolve, so the medication has direct contact with
9 the mucosa that is affected.

10 So that's where there's variety in -
11 in those differences as far as the consistency of
12 the Troche.

13 MS. BRIGGS: Right. And I think, you
14 know, I'm not opposed to the Troches at all. 100
15 percent. Every flavor, every size, every shape. My
16 only concern is somebody who doesn't know.

17 And when I showed Colonel Harris these
18 pictures, this was not something he was expecting to
19 see in our program. So really, more than anything I
20 just wanted out there that these Troches are here.
21 They've been here for a year.

22 And in the patient community, as an
23 advocate, a caregiver in this, you know, program,
24 these look very much like what I have bought in
25 legal states as an edible.

1 So that is really the line here that
2 I'm drawing today. Love them. I think they need to
3 stay. I think we need more. But I just wanted to
4 make sure that everybody sees that this is what is
5 actually currently available in our program, legally
6 to be purchased.

7 MS. MENTCH: Any other questions for
8 me?

9 CHAIR: Any other discussion?

10 CHIEF ENGLER: I have a comment. I
11 think from the perspective of law enforcement, we
12 are concerned with the fact that if we go and
13 approve edibles, they will get into the wrong hands.
14 Maybe preferably - not preferably, but they will get
15 into children's hands.

16 That is what we fear. And quite
17 frankly, for those of us who deal with medical
18 marijuana on somewhat on a daily basis, by the fact
19 that if a car gets pulled over, users generally do
20 not keep their product in a - the packaging for - in
21 which they bought it.

22 They generally remove the product from
23 the packaging and divert it to other packaging.
24 Even though that could be illegal, it happens on a
25 daily basis. And our concerns are that edibles will

1 be much more accessible to children. And that is
2 our fear from our perspective.

3 MS. BRIGGS: I understand your
4 position, but as a mother who has children in this
5 program, this is a much better option for my
6 children than plant material or a vapor.

7 CHAIR: Any other discussion?

8 DR. KAMBIC: Dr. Kambic. My patients
9 that I've certified in the program have also been
10 using the Troche form quite successfully. And I
11 also share with what I'd rather have them use,
12 especially younger patients, having them use a vape
13 pen or flower or the Troche method. I support the
14 Troche also.

15 I do agree with the Chief that there
16 is the concerns with children. And I know I'm
17 asking a lot, and I say, well, the patient is going
18 to have to be responsible for that medication, just
19 like they are with their other medications. And so
20 there's got to be some responsibility across the
21 Board.

22 But overwhelmingly, I think we're
23 evolving at the Troche method that could be adapted
24 or looked upon as a hybrid to truly edibles. But so
25 far I've had no problems or ill effects reported to

1 me by the patients who are using them.

2 CHAIR: Laura, did you have a comment?

3 MS. MENTCH: My - well, I have an
4 overall comment. Just that to be clear, the
5 Department of Health's Office of Medical Marijuana
6 does not approve Troches at all as an edible form.
7 They are approved in sublingual or buccal.

8 To Diana's point about medication
9 being attractive to children, we do have the
10 packaging. It is childproof. The packaging itself
11 is never going to be attractive to children.

12 And setting aside my Director hat,
13 putting back on my pharmacist hat, in the world of
14 medicine, you have children that aren't going to
15 take certain medications. They can't swallow pills
16 they don't like. Maybe you can't get your child to
17 swallow a liquid. So then you have chewable Tylenol
18 and things like that.

19 I think that there's ways to do this
20 safely. If Diana has pointed out that she doesn't
21 like some of maybe the shapes or things like that, I
22 think that there's ways to venture into - just like
23 you don't want children to eat a bottle of Tylenol
24 because the chewable Tylenol is yummy. It comes in
25 a package, it is childproof. Patients and parents

1 have a responsibility to keep that out of the reach
2 of children.

3 I think that when went into Troches,
4 we understood that there were some patients out
5 there that were missing a dosage form that was
6 agreeable. So you have elderly patients who do not
7 use inhaled medication or the tinctures. Often the
8 oil base will have a residual GI effect on them.

9 So this fills that gap for those
10 patients who are just missing an opportunity to use
11 the program effectively. But again, we do not ever
12 approve Troches as an edible, and it is only
13 supposed to be dissolved in the mouth. Thank you.

14 CHAIR: Thank you, Laura, for that
15 clarification.

16 Any other discussion?

17 DR. ROUSSEL: I'd just like to add, as
18 a pharmacist that is well-versed in compounding,
19 it's actually very common to specifically for
20 hormone replacement therapy, make soft gelatin
21 Troches. So some may appear to be gummy to
22 facilitate rapid dissolution in the mouth. So even
23 - even soft gelatin.

24 So it may - even if the intended
25 purpose is for oral dissolution, it may look like a

1 gummy, but it still falls under the definition of a
2 Troche. And I think it's a reasonable dosage point.

3 CHAIR: Any other discussion?

4 Diana, do you want to make a motion -
5 formal motion of any kind?

6 MS. BRIGGS: I do.

7 I'd like to make a motion today that
8 we vote to recommend edibles as an allowed form in
9 our program. Move forward.

10 CHAIR: Do I have a second?

11 MR. EATON: Matthew Eaton. Second.

12 CHAIR: All right. I think for this
13 I'll take a roll call, if that's okay, from all the
14 Board members.

15 Colonel Paris? I'll come back to you.

16 Dr. Roussel?

17 DR. ROUSSEL: I am going to abstain,
18 because I wasn't part of the more detailed
19 conversation to really understand the scope of what
20 her definition of an edible is. I'm just going to
21 abstain at this time.

22 CHAIR: Okay. Matthew Eaton?

23 MR. EATON: Yes.

24 CHAIR: John Adams?

25 ATTORNEY ADAMS: No.

1 CHAIR: Dr. Shahoud?

2 DR. SHAHOUD: I abstain, too.

3 CHAIR: Bhavini Patel?

4 MS. PATEL: I'd like to abstain as
5 well.

6 CHAIR: Dr. Kambic?

7 DR. KAMBIC: I need a point of
8 clarification, and I was going to ask it under the
9 discussion.

10 The motion was to accept edibles. I
11 thought the discussion we had was on Troches, that
12 the reason they got approved or used in our state is
13 because when they melt, that actually is a
14 sublingual or a mucosal absorption and not an
15 edible, which is swallowed or eaten.

16 So I'm a little bit confused on how
17 the motion changed now to allow edibles.

18 CHAIR: So - so we already have
19 Troches as an approved form in the Medical Marijuana
20 Program, and the motion is to, again, to make a
21 recommendation to include edibles in the program.

22 DR. KAMBIC: Okay. That said, do we
23 have a clear working out all the detail about
24 packaging and all the other concerns that
25 Pennsylvania has had against edibles up until now?

1 I really haven't heard adequate discussion, and my -
2 - my point to - to say that part has been answered.

3 So I would say no as - as the way the
4 motion has been made, -

5 CHAIR: Okay.

6 DR. KAMBIC: - in my book.

7 CHAIR: Thank you.

8 Dr. Goldfarb?

9 DR. GOLDFARB: Abstain.

10 CHAIR: I'm sorry. I didn't hear
11 that.

12 DR. GOLDFARB: Abstain.

13 CHAIR: Abstain. Thank you.

14 Diana?

15 MS. BRIGGS: Yes.

16 CHAIR: Chief Engler, are you still on
17 the call?

18 He's off the call. Okay. And Colonel
19 Paris, is he still on the call? He's off the call?

20 COLONEL PARIS: I'm sorry. No, I'm
21 still here. I apologize.

22 I've had two phone calls going. We're
23 in the middle of the manhunt for Cavalcante down in
24 the southeastern portion of the state, Chester
25 County. I apologize. I've been trying to listen

1 with one ear to the manhunt,

2 CHAIR: Okay.

3 COLONEL PARIS: - one ear -

4 CHAIR: So the vote -.

5 COLONEL PARIS: - to this discussion.

6 So - so the vote is to approve edibles. My concern
7 is, you know, is it a distinction without a
8 difference? I don't know. To Chief's earlier point,
9 you know, on the side of the road, how do you discern
10 one from the other? If I understood, the doc's
11 distinction would be it has to be kept in its original
12 packaging. Am I correct? And that would be kind of a
13 statutory scheme.

14 CHAIR: So I think at this point,
15 we're at the vote stage. So it's just do you vote
16 yes, no, or abstain for the inclusion of edibles as
17 a form of medical marijuana in the Commonwealth?

18 COLONEL PARIS: Okay. I apologize.
19 Like I said, I'm trying to juggle multiple things
20 here.

21 I'm going to abstain, just because I
22 don't feel like I have a firm understanding of the
23 issue.

24 CHAIR: Thank you so much, and good
25 luck with your other work.

1 COLONEL PARIS: Thank you. Thank you.

2 CHAIR: Anna, so how are we in terms
3 of the vote?

4 ATTORNEY LAMANO: So by my count, I
5 have two yeses, two nos, six abstentions, and we
6 lost one participant.

7 So that is not a majority, though. So
8 motion fails.

9 If anyone would like to confirm or if
10 anyone has a different count, please speak now.
11 That was my count, and if that's the case, then the
12 motion fails.

13 BOARD MEMBER: Anna, I think someone's
14 trying to talk.

15 BOARD MEMBER: I think in the blue
16 shirt.

17 BOARD MEMBER: The gentleman in the
18 blue shirt. I don't think that he can be heard. I
19 don't know who he is, so I'm not sure if he was heard
20 or voted or - I don't know.

21 BOARD MEMBER: That's Chief Engler.

22 CHAIR: Oh, he's - okay, great. Then
23 he can -. I'm sorry, Chief, we're having a hard
24 time hearing you.

25 Is he muted?

1 CHIEF ENGLER: Ma'am, can you hear me
2 now?

3 CHAIR: Yes, we can. Wonderful.

4 CHIEF ENGLER: Okay.

5 Again, I don't know why, but I vote
6 no, just for the same reasons as Mr. Adams explained
7 earlier.

8 CHAIR: Thank you so much for your
9 vote.

10 Okay, Anna, do you want to recall the
11 vote response?

12 ATTORNEY LAMANO: Certainly. With
13 Chief Engler's vote, we have two yeses, three nos,
14 and six abstentions.

15 So the motion does not carry.

16 CHAIR: Okay. Thank you.

17 Next on the agenda is discussion and
18 consideration of recommendation to add podiatrists
19 to the list of practitioners who can certify medical
20 marijuana patients in Pennsylvania. And that will
21 be led by Dr. Roussel.

22 DR. ROUSSEL: Hello. I would, you
23 know, the motion again, you know, to make a motion
24 for Doctors of Podiatric Medicine to be eligible to
25 apply to be included in the registry of

1 practitioners, who can certify patients for medical
2 marijuana using a specific medical condition of
3 severe chronic intractable pain of neuropathic
4 origin or severe chronic or intractable pain as
5 described within the scope of the Podiatric Practice
6 Act.

7 So very specific wording, but just as
8 perspective. Doctors of Podiatric Medicine, you
9 know, have a Practice Act where they are allowed to
10 care for patients. Specifically they treat, they
11 diagnose, mechanical surgical treatment for the
12 elements of the foot, and the anatomical structures
13 related to the leg and bringing those functions.

14 Being that they can provide oral
15 medications related to treating them, you know, from
16 my perspective, in terms of previously filling their
17 orders, I do feel it's within their scope of
18 practice. And that's one of the items that was up
19 for discussion.

20 I don't know if the wording is up
21 there, but I could say the wording again, if it
22 helps everyone. But it really was focused on
23 Doctors of Podiatric Medicine to be eligible to
24 apply to be included in the registry of
25 practitioners who can certify patients for medical

1 marijuana using a specific serious medical condition
2 of severe chronic or intractable pain of neuropathic
3 origin, as designated within the scope of the
4 Podiatric Practice Act.

5 CHAIR: Thank you, Dr. Roussel.

6 Are there openness for discussion or
7 any other presentation materials at this time?
8 Anybody on the phone virtually have any questions,
9 comments, discussion?

10 MR. EATON: Matthew Eaton. For the
11 record and for the Board to consider, I would just
12 like to add that the State Board of Podiatry and its
13 Counsel agrees with the findings of Dr. Roussel.
14 Thank you.

15 CHAIR: Thank you.

16 Any other comments? Otherwise, if
17 there's no further discussion, I will call for a
18 vote on the motion.

19 Do you want to read the motion one
20 more time, Dr. Roussel, just to make sure everybody
21 understands the motion?

22 DR. ROUSSEL: Yes. So the Regulatory
23 Review Committee makes a motion for Doctors of
24 Podiatric Medicine to be eligible to apply to be
25 included in the registry of practitioners who can

1 certify patients for medical marijuana using a
2 specific serious medical condition of severe,
3 chronic or intractable pain of neuropathic origin,
4 as designated within the scope of the Podiatric
5 Practice Act.

6 CHAIR: Do I have a second?

7 MS. BRIGGS: Second.

8 CHAIR: I'm going to take a roll call
9 for -.

10 DR. GOLDFARB: Wait a minute. Dr.
11 Kambic has a question.

12 CHAIR: Oh.

13 DR. KAMBIC: Will the podiatrist, or a
14 podiatric also have to take the training course that
15 we certified physicians had to do at the time in
16 order you said they're eligible? They're eligible
17 to take the training course and then apply or they
18 can just apply because they're a licensed podiatrist
19 in our state?

20 DR. ROUSSEL: The way I wrote it, and
21 my intention is, they would have to follow all the
22 requirements of any other practitioner applying to
23 be in the program. Their license would have to be
24 in good standing. They need to complete the same
25 exact education, and comply with all the standards

1 of any other practitioner, certifying any patient
2 for any other serious mental condition.

3 DR. KAMBIC: Perfect. I just wanted
4 to add a point of clarification for everybody
5 voting. Thank you.

6 CHAIR: Sorry. According to Robert's
7 Rules, if there's no further discussion, I'm going
8 to ask you to call - make a motion one more time and
9 then we'll take the roll.

10 DR. ROUSSEL: So I, Christine Roussel,
11 make a motion on behalf of the Regulatory Review
12 Committee for Doctors of Podiatric Medicine to be
13 eligible to apply to be included in the registry of
14 practitioners who can certify patients for medical
15 marijuana, using a specific serious medical
16 condition of severe chronic or intractable pain
17 neuropathic origin, as designated within the scope
18 of the Podiatric Practice Act.

19 CHAIR: Do I have second?

20 ATTORNEY ADAMS: I second.

21 CHAIR: And who was that?

22 ATTORNEY ADAMS: John Adams.

23 CHAIR: Thank you. All right. I'll
24 take the roll now.

25 Colonel Paris?

1 COLONEL PARIS: Vote yes.
2 CHAIR: Christine Roussel?
3 DR. ROUSSEL: Yes.
4 CHAIR: Matthew Eaton?
5 MR. EATON: Yes.
6 CHAIR: John Adams?
7 ATTORNEY ADAMS: Yes.
8 CHAIR: Dr. Shahoud?
9 DR. SHAHOUD: Yes.
10 CHAIR: Bhavini Patel?
11 MS. PATEL: Yes.
12 CHAIR: Dr. Kambic?
13 DR. KAMBIC: Yes.
14 CHAIR: Dr. Goldfarb?
15 DR. GOLDFARB: No.
16 CHAIR: Diana Briggs?
17 MS. BRIGGS: Yes.
18 CHAIR: Chief Engler?
19 CHIEF ENGLER: Yes.
20 CHAIR: Anna, can you do a count for
21 us?
22 ATTORNEY LAMANO: In response to the
23 motion, there are nine yeses, one no and Dr. Bogen's
24 abstention.
25 The motion carries.

1 CHAIR: Thank you.

2 This motion is passed. So our next
3 step is for the subcommittee to submit a report by
4 the next Board meeting scheduled for November 15th.
5 This report will be distributed to the Legislators
6 and the Governor's Office. And as Secretary of
7 Health, I will have up to one year to consider this
8 recommendation and subsequent report.

9 DR. ROUSSEL: Thank you. I
10 acknowledge that the committee will make that
11 report.

12 CHAIR: Thank you so much. There were
13 no agenda items for new business, other than what
14 we've already discussed for additional discussion.

15 Christine, you had asked to speak
16 about cannabis standard settings, so I'm going to
17 give the floor to you.

18 DR. ROUSSEL: I just wanted to provide
19 an informational, you know, discussion for people to
20 know that there are two documents out there that are
21 definitely worth reading.

22 You know, as I referenced with the
23 U.S. Pharmacopoeia, you know, I don't know if many
24 people know its role with the FDA, but the FDA
25 actually cites them for regulatory guidance around a

1 variety of food, dietary and medication products.

2 And they published The Cannabis
3 Species Inflorescence, proposed version one, and
4 that was published in 2022. It is available online
5 to download, if people are interested in looking at
6 that.

7 And there's also another document
8 which is a little bit easier to obtain. It's
9 cannabis inflorescence for medical purposes, USP
10 considerations for quality attributes that was
11 published in the Journal of National Products in
12 2020.

13 But my reasoning for highlighting
14 these are just it's informational. And while these
15 are not final regulatory documents, it's always very
16 helpful. I know in my own practice, I like to look
17 ahead and understand what regulatory documents may
18 be available two, three years down the line to plan.

19 So I just thought it would be helpful
20 to highlight them as informational to this group.
21 And certainly I can provide the references for
22 people if they want to read them in detail as they
23 talk about things such as heavy-metal contaminants,
24 bacterial and fungal contaminants. And then
25 different discussions around processing and then

1 also safety for labeling and wood cannabinoids and
2 terpenes are - are of greatest importance for, you
3 know, laboratory analysis and testing.

4 CHAIR: Thank you so much for
5 providing those materials.

6 Is there any discussion? Has anybody
7 had a chance to read them or have questions?
8 Discussion?

9 Well, thank you. It looks like no one
10 has a discussion at this time.

11 Are there any other issues that people
12 want to raise at this time? Okay. I'm giving time
13 for people to unmute. I know it's sort of a process
14 on the virtual meeting.

15 But hearing no more discussion or
16 questions, I want to thank everyone for your
17 participation and for joining us today. I look
18 forward to seeing you at our next meeting scheduled
19 November 15. Please check the calendar. The dates
20 are currently up on the slides for the proposed
21 dates for next year. If you have any issues, please
22 let Ms. Reddy know as soon as possible.

23 May I have a motion to adjourn this
24 meeting?

25 DR. ROUSSEL: Dr. Roussel, make a

1 motion to adjourn.

2 CHAIR: May I have a second?

3 MR. EATON: Second.

4 CHAIR: Great. All in favor, aye?

5 AYES RESPOND

6 CHAIR: Anyone opposed to ending the
7 meeting? Anybody want to abstain from that? All
8 right.

9 The meeting is adjourned. Thank you.

10 * * * * *

11 HEARING CONCLUDED AT 11:32 A.M.

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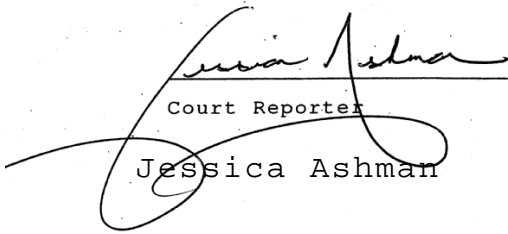
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CERTIFICATE

I hereby certify that the foregoing proceedings, hearing held before Chair Bogen, M.D., was reported by me on September 6, 2023 and that I, Jessica Ashman, read this transcript and that I attest that this transcript is a true and accurate record of the proceeding.

Dated the 27 day of September, 2023



Court Reporter
Jessica Ashman