

COMMONWEALTH OF PENNSYLVANIA
MEDICAL MARIJUANA ADVISORY BOARD

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PUBLIC MEETING

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BEFORE: DR. DENISE JOHNSON, CHAIR
Colonel Robert Evanchick, Member
Christine Roussel, Member
Matthew Eaton, Member
Carolyn Byrnes, Member
Dr. Geith Shahoud, Member
Bhavini Patel, Member
Dr. Daniel Kambic, Member
Dr. William Goldfarb, Member
Diana Briggs, Member
Chief Splain, Member
Molly Robertson, Member

HEARING: Tuesday, November 22, 2022
10:01 a.m.

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LOCATION: 400 North Street
Harrisburg, PA 17120

Reporter: Erica Correia

A P P E A R A N C E S

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KATELYN MALTAIS, ESQUIRE

PA Department of Health

625 Forster Street, Room 912

Harrisburg, PA 17120

JOANNA WALDRON, ESQUIRE

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2005 South Easton Road, Suite 100

Doylestown, PA 18901

ALSO PRESENT:

Laura Mentch, Director of the Office of Medical
Marijuana

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20
21
22
23
24
25

DISCUSSION AMONG PARTIES	6 - 50
CERTIFICATE	51

E X H I B I T S

1
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12
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<u>Number</u>	<u>Description</u>	<u>Page Offered</u>
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NONE OFFERED

P R O C E E D I N G S

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MS. ROBERTSON: Welcome to our first in-person Medical Marijuana Advisory Board meeting since Pre-COVID. While some of us are resuming back to in-person, it's a relief for some of us. Some of us are attending our first ever in-person board meeting.

So with that I just wanted to be able to go over some housekeeping items. For everyone's awareness this is a public meeting. We do have a number of board members that could not physically be here today that are joining us virtually. So in order to make sure that they can hear and participate in the meeting appropriately, I need everyone to speak into the microphones whenever they're speaking. I know this is a little different for us. I will try to remind everyone.

And that goes for all board meetings including anyone that may ask a question or need to respond to something, I'd just ask that you come up to the microphone so that everyone can hear.

For those of you that are not aware, the closest bathrooms are down through the atrium under the Fourth Street sign down either end of the

1 hallway. There are also agendas available for those
2 that are joining us out on the table. And we ask that
3 you would please sign in if you haven't already done
4 so. There is a table outside where you can do that.

5 Thank you again for joining us. At
6 this time I will turn it over to Dr. Johnson, the
7 Secretary of Health and share the medical marijuana
8 advisory report.

9 Dr. Johnson.

10 CHAIR: Great. Thank you, Molly.

11 Can everyone hear me okay? Am I a
12 good volume?

13 Well good morning everyone and
14 welcome. This is my first in-person meeting for the
15 Medical Marijuana Advisory Board and so it's good to
16 see you all here. And many of you have not met in
17 person. So it is really great to be here.

18 Before we get started I want to
19 introduce a new board member who's joining us today
20 for the first time. And this is Commissioner Matthew
21 Eaton.

22 He is replacing Commissioner Flaget
23 from the Department of State and he's joining us here
24 for his first Board meeting. So welcome Mr. Eaton.

25 MR. EATON: Thank you everyone.

1 CHAIR: And Commissioner Flaget is no
2 longer serving with us on this board. And so we
3 appreciate his contributions and appreciate him
4 designating Mr. Eaton to join us here.

5 So I think that's the only new board
6 members that we have today. So we'll go ahead and
7 officially call the meeting to order.

8 This is the Medical Marijuana Advisory
9 Board meeting being held at 10 a.m. on November 22nd,
10 2022. And we'll get started by taking the roll call.

11 So first Colonel Evanchick.

12 COLONEL EVANCHICK: Hi I'm present.

13 CHAIR: Christine Roussel.

14 MS. ROUSSEL: Present.

15 CHAIR: Commissioner Eaton.

16 MR. EATON: Present.

17 CHAIR: Carolyn Byrnes.

18 MS. BYRNES: Present.

19 CHAIR: Keith (David) Splain.

20 District Attorney John Adams.

21 Dr. Shahoud.

22 MS. ROBERTSON: Can you guys hear?

23 Dr. Johnson is calling roll call. Can you guys hear
24 her?

25 CHAIR: If they don't have audio can

1 they put in the chat let me know that they can hear
2 us.

3 We'll just pause for a moment to make
4 sure that those who are joining us virtually are able
5 to weigh in that they're present.

6

7 (WHEREUPON, THERE WAS A PAUSE IN THE PROCEEDINGS.)

8

9 CHAIR: Thank you for your patience.
10 We want to make sure that our board members who are
11 participating virtually are able to hear us and
12 respond. We want to make sure we have a forum before
13 we get started. Thanks for your patience.

14

15 (WHEREUPON, THERE WAS A PAUSE IN THE PROCEEDINGS.)

16

17 CHAIR: On the roll call Chief Splain
18 are you on?

19

20 District Attorney Adams. I think I
heard Dr. Shahoud.

21

DR. SHAHOUD: Yes, yes I'm here.

22

CHAIR: We thank you.

23

Bhavini Patel.

24

MS. PATEL: Yes here.

25

CHAIR: Dr. Kambic.

1 DR. KAMBIC: Present.

2 CHAIR: Dr. Goldfarb.

3 DR. GOLDFARB: Present.

4 CHAIR: Thank you.

5 And Shalawn James.

6 Diana Briggs.

7 MS. BRIGGS: Present.

8 CHAIR: Well thank you again. We
9 really appreciate your patience.

10 I'm going to ask the board legal
11 counsel Katelyn Maltais to confirm we have a forum for
12 today's meeting.

13 ATTORNEY MALTAIS: Yes Dr. Johnson we
14 have a forum.

15 CHAIR: Thank you so much. Okay
16 great. All right.

17 So let's move onto the minutes of the
18 last meeting, October 27th meeting. All board members
19 would have gotten a copy of the meeting minutes
20 emailed to you.

21 Do I have a motion to accept the
22 minutes from the October 27th meeting?

23 MS. BYRNES: Carolyn Byrnes motion to
24 accept.

25 DR. KAMBIC: Daniel second.

1 CHAIR: We have a motion from Carolyn.
2 I have a second from --- was that Dr. Kambic?

3 DR. KAMBIC: Kambic yes.

4 CHAIR: Yes, thank you.

5 All right.

6 All those in favor say aye.

7 (ALL RESPOND AYE)

8 CHAIR: Do we have anyone opposed?
9 Any abstentions?

10 MR. EATON: Abstained.

11 CHAIR: Thank you Mr. Eaton.

12 Okay. So the minutes from the October
13 board meeting are approved.

14 The next item that we have on the
15 agenda is a program update. And from our last board
16 meeting we introduced our new director Laura Mantch
17 and this is her first time being here in person and
18 also I think her first time presenting an update.

19 So welcome Laura. As you recall,
20 Laura is a pharmacist who's had extensive clinical
21 experience and also has had experience working in the
22 medical marijuana dispensary. So experience of all
23 kinds. So we are really happy to have her as our new
24 lead for the program. And so I'm turning it over to
25 Laura now for our program update.

1 Thank you, Laura.

2 MS. MENTCH: Thank you, Dr. Johnson.

3 Can everyone hear me okay? Very good.

4 Good morning everyone. Thank you for
5 your patience in getting started. I'm feeling a
6 little rusty.

7 It's an honor to stand before you
8 today as the new director of the office of medical
9 marijuana. My limited time in the office has been
10 extremely busy, but very interesting. I do love the
11 variety, I love the team. I think we have a great
12 program.

13 I was hired at a very interesting
14 time, the transition phase of very important projects
15 were wrapping up gave the ability to fine tune some
16 areas that are settling in and of course expansion
17 opportunities are present.

18 I needed to catch up quickly on the
19 history of the program to date and understand the
20 expectations moving forward.

21 My first big assignment of course was
22 regulations with a short time to prepare I'm happy to
23 say that the hearing was held on October 20th and
24 happy to announce that final regulations were
25 approved.

1 We are hopeful that they will be
2 passed and published soon and are preparing frequently
3 asked questions and guidance in anticipation of that.
4 Which we plan to propose in conjunction with
5 publishing.

6 As you have heard at every board
7 meeting and you will see the program has been
8 consistently grown since it's inception and it is
9 imperative that we are adequately staffed to continue
10 to accommodate that growth.

11 With that, we are continuing to expand
12 the office of medical marijuana and are adding
13 positions. Additionally, we are working to improve
14 communication with our pharmacy department. We intend
15 to publish updated fillable compliance forms to be
16 used by permittees. These forms will be posted on our
17 website by the beginning of December.

18 We will send out reminder
19 communication for example to our permit prosper
20 permittees reminding them that the office will be open
21 for a 30 day period December 1st to December 30th of
22 this year. This is set annually in accordance with
23 Act 44 2021 which states that grow processors may
24 obtain and transport seed for plant material from
25 outside of the Commonwealth during at least one 30 day

1 period as designated by the department to process
2 marijuana.

3 There is certainly much more to do but
4 overall I'm pleased with what we have managed to
5 accomplish in my short time here so far and with the
6 direction hat we are in.

7 Next item is another accomplishment
8 I'm proud to be able to share with you today because I
9 know it's been a long time in the making and has been
10 highly anticipated by many folks. It is the updated
11 medical marijuana assistance program or MMAP.

12 As you recall the passing of Act 44
13 2021 the office debated to expand and implement the
14 medical marijuana assistance program. To expedite
15 it's assistance, the program decided to expand the
16 MMAP in three phases. The first phase would eliminate
17 an annual parking of eligible participants registered
18 in an existing commonwealth financial hardship
19 program.

20 Phase two eliminated all background
21 check fees for eligible caregivers. And phase three
22 was to distribute a yet to be determined benefit
23 amount for a one year period for eligible patients.

24 Phases one and two were implemented on
25 March 1st of 2022 and the program continued to design

1 infrastructure and support system required for phase
2 three. It was important that the financial benefit we
3 were providing in phase three would be meaningful to
4 patients and make a difference in the cost of their
5 medical marijuana expenses while also attempting to
6 assist the greatest number of participants.

7 With patients spending an average of
8 \$275 a month, it was determined that \$50 a month could
9 potentially provide five to six days of medication for
10 a patient. But we felt that was a good place to
11 start. We all typically learned that current funding
12 is not sufficient to allocate the \$50 benefit to all
13 financial hardship patients at this time. Because
14 it's important to remember that the office also must
15 continue to fund the first two phases of MMAP and
16 maintain the infrastructure and support system for
17 phase three.

18 And this is all required to be
19 allocated from the relief fund. So with the
20 infrastructure for phase three almost complete for
21 funding. The office decided to launch a pilot program
22 as a first step to implementing phase three of MMAP.
23 Aside from assisting as many patients as we can with
24 the funds we have available, the pilot familiarized
25 entree on MMAP systems and procedures.

1 Today I am pleased to announce that
2 MMAP phase three pilot was launched earlier this
3 month. This phase will distribute a \$50 a month
4 financial benefit to patients registered in a selected
5 PACE/PACENET, their financial hardship program to
6 reduce the fee of their medical marijuana
7 identification card or annual fee for medication.

8 You may want to know why we selected
9 PACE or PACENET as the financial hardship program for
10 the pilot. Given the complicated technical
11 infrastructure of the MMAP program, we wanted to use a
12 single financial hardship program to start. Couple
13 that to the amount of funds available at the time we
14 were ready to launch, PACE/PACENET was the only
15 financial hardship program that allowed the office to
16 serve all potential participants in that program for
17 the remainder of the fiscal year.

18 This important program will initially
19 allow nearly 1,400 medical marijuana patients who also
20 attest to being active PACE/PACENET participants to
21 receive \$50 per month benefit at a point of sale.

22 Patients will be able to use their
23 monthly financial benefit at any dispensary to assist
24 with the purchase of their medical marijuana for the
25 remainder of the fiscal year 2023.

1 We did a soft launch as we continue to
2 communicate and educate both dispensaries and patients
3 to this new initiative. The office of medical
4 marijuana partnered with the department of aging PACE
5 program provider Magellan Health to supply the
6 required infrastructure and to execute and manage
7 benefit transactions. We continue to work in
8 conjunction with them and the call centers to
9 administer the program and to assist patients who may
10 be eligible for MMAP.

11 I will share updates on the highlights
12 as we move forward.

13 The next item I wanted to update you
14 on today is something I would consider a huge
15 accomplishment. I am proud to share it and I know
16 everyone is waiting to hear all about it - the update
17 on the serious medical conditions for research
18 process.

19 As some of you may recall that the
20 medical review subcommittee was tasked by a previous
21 board chair to determine if a serious medical
22 condition could be approved for research purposes only
23 and if so, what would be the best way to accomplish
24 that.

25 At the July 28 board meeting, the

1 subcommittee presented policy and application that
2 allowed academic clinical research centers or ACRC to
3 request that a serious medical condition be approved
4 for research purposes only. While the board approved
5 the policy and application at the time, it was made
6 clear that those applications could not be submitted
7 prior to the office issuing guidance for the ACRCs
8 explaining the process for both compliance and
9 systematic benefits.

10 Today I'm happy to announce that
11 guidance has been finalized and is ready to be sent to
12 the ACRCs which will allow them to begin submitting
13 applications to the board for consideration.

14 With this guidance completed, there's
15 opportunity for the board to consider diagnoses other
16 than those already approved on the serious medical
17 condition list for the purpose of research. This
18 research can lead to an expansion of the serious
19 medical condition section and the ability to treat a
20 greater span of patients.

21 That is all I have before we move onto
22 program metrics and prices.

23 I think you're familiar with these
24 slides. They were presented prior to myself and what
25 you can see is the program to date it shows current

1 program statistics. Of note, all of these numbers are
2 increased from September save for one and that is the
3 number of dispensing events.

4 We added an additional statistic to
5 show the current number of operational dispensaries.
6 This is a month to month dispensary sales shows
7 continued trend on increased sales from the previous
8 year as the program continues to grow. As you can see
9 that growth is leveling out, continues to level out.

10

11 The next slide shows consumer trend
12 based upon the last three years. Next slide shows
13 sales for September and October for the last three
14 years. Clearly still growth, but that growth has
15 slowed.

16 Patient purchase trends will be next.
17 No changes there. Garden leaf it's still the top
18 seller followed by paste, concentrates, infused and
19 other. And then this slide is showing retail and
20 wholesale pricing. The prices have continued to
21 decrease.

22 DR. GOLDFARB: Question.

23 MS. MENTCH: Yes.

24 COLONEL EVANCHICK: I have a question.

25 DR. GOLDFARB: At our last meeting we

1 reviewed a slide that showed wholesale prices
2 decreasing and retail prices increasing.

3 I asked why that was occurring. I
4 didn't get an answer.

5 Is that still the situation? I can't
6 see your slide so I'm not sure what the retailer price
7 is doing relative to the wholesale price.

8 MS. MENTCH: The slide that I am
9 looking at is showing a decrease from September.

10 DR. GOLDFARB: In retail pricing or
11 wholesale?

12 MS. MENTCH: Both retail and
13 wholesale.

14 DR. GOLDFARB: Okay. Thank you.

15 COLONEL EVANCHICK: Colonel Evanchick
16 here.

17 I've been getting a lot of inquiries
18 about online advertising by businesses, that you can
19 apply online for a card. They will hook you up with a
20 doctor for a TeleMed consult, no in-person consult.

21 Can you explain that or clarify that?
22 Because a lot of misconception is that that's not
23 allowable out there and you probably need to clarify
24 that for the general public?

25 MS. MENTCH: Sure.

1 Telemedicine consults are permissible.
2 I think that was instituted when COVID changed the
3 regulations such like we had allowed teleworking for
4 other healthcare individuals.

5 So the telemedicine consult is
6 permissible. There are some of course expectations of
7 what that consult should constitute. I think the
8 controversy is around the quality.

9 DR. GOLDFARB: Question. It's Dr.
10 Goldfarb again.

11 In a telemedicine consult, how will
12 the provider have the opportunity to review past
13 medical records which are an important part of the
14 decision as to whether or not to issue a card?

15 MS. MENTCH: I don't know exactly how
16 each individual physician asks for that information.
17 But I can certainly check on it and get back to you,
18 Dr. Goldfarb.

19 DR. GOLDFARB: So in the absence of
20 having access to prior records, there would be no
21 objective basis for issuing a card.

22 Correct?

23 MS. MENTCH: My understanding is that
24 the patients are providing their medical records. How
25 they're getting them specifically to the physician I

1 can't speak to that. I haven't had a consult with a
2 physician to know how they got the information. I
3 don't know ---.

4 DR. GOLDFARB: It would be extremely
5 worthwhile to explore that process and let us know how
6 that's happening.

7 MS. MENTCH: Sure. I can do that.
8 I assume individual physicians might
9 have them emailed to them or scanned to them.

10 DR. GOLDFARB: That would be a
11 remarkable expectation.

12 CHAIR: So just so --- we'll come back
13 to that, so. But Dr. Goldfarb the expectations I
14 think it's laid out in our guidance is that medical
15 records are reviewed.

16 And so there should be a process to
17 get those medical records to the provider to review
18 them.

19 Are you going to volunteer to answer
20 the question or comment?

21 MS. BRIGGS: I actually have a
22 comment. My son Brian and myself were both certified
23 yesterday by telehealth. And my therapist had to send
24 over my diagnosis as she does every year and my son's
25 neurologist gives me a printout of his diagnosis.

1 So they had to see that before we got
2 our certifications completed yesterday.

3 MS. MENTCH: Dr. Goldfarb, were you
4 able to hear that information?

5 DR. GOLDFARB: No, I was not.

6 MS. BRIGGS: I'm sorry Dr. Goldfarb.
7 Yesterday myself and my son had our certifications for
8 the program. My therapist had to send over a
9 diagnoses sheet for myself and my son's neurologist
10 prepared a diagnosis sheet which is pretty much every
11 discharge from his office or their office that has the
12 intractable epilepsy diagnosis on it.

13 So those have to be sent to the
14 physician that certifies.

15 DR. GOLDFARB: That's excellent. I
16 certainly applaud that. But I'm not confident that a
17 vast majority of individuals who are willing to
18 provide certifications by telemedicine are that
19 thorough. And I would certainly like to know what the
20 oversight is for that process.

21 CHAIR: Well thanks for that, Dr.
22 Goldfarb. We can follow-up on that with you. But our
23 guidance and our expectation is that medical records
24 are reviewed. But we can give you some more
25 information on how that's accomplished by next time.

1 DR. GOLDFARB: Thank you.

2 CHAIR: But thank you for that
3 question.

4 MS. MENTCH: Did you still have a
5 question?

6 COLONEL EVANCHICK: Yes. I'd like to
7 just --- I think we need to follow-up on that and to
8 make sure that everything is being followed as it
9 should be.

10 So I guess we hear a lot of
11 advertising on the radio out there. There's concern
12 that perhaps some of these businesses are --- that's
13 not what they looked forward to.

14 CHAIR: Colonel, and just to clarify
15 we within the statute, we have the authority to
16 regulate what is advertised for our certifying
17 physicians.

18 There are companies that do
19 advertising that is beyond our authority to police or
20 control because there's no statutory authority for us
21 to do that to those companies. But, again, we can
22 keep an eye with as much as we can.

23

24 COLONEL EVANCHICK: Okay. Thank you.

25

1 CHAIR: Great thank you.

2 All right. Just a little bit to add.
3 Compliments to the staff on getting the MMAP program
4 up and running. Certainly something that we've heard
5 throughout all of this is the cost of these products
6 for patients who really need them but can't afford
7 them.

8 So to be able to roll out the program
9 and get started helping individuals to afford these
10 medications I think is great. We'll be looking
11 forward to seeing the response and to the outcomes of
12 these. But we're really glad that we can get that
13 program up and running. So thank your team for the
14 work on that.

15 And then also I think Pennsylvania's
16 program is quite unique in that we offer the
17 opportunity for research and that is all part of our
18 medical marijuana program. And those that have the
19 ability to research and have the body for research for
20 conditions that have not yet been approved I think
21 it's outstanding.

22 So we're really looking forward to
23 seeing those academic extensors start some research
24 that will add to the not only knowledge but also add
25 to the conditions that patients will be able to

1 qualify by showing that there is some benefit. So
2 really great work being done by the board committee in
3 terms of coming up with that policy that for all of
4 the parties in terms of getting research up and going.

5

6 So we thank you for that.

7 MS. MENTCH: Any other questions?

8 CHAIR: So any other questions, any
9 board members have questions for Laura?

10 MS. ROUSSEL: Christine Roussel the
11 representative for the Board of Pharmacy.

12 In the Board of Pharmacy we look at
13 some of our measures with regards to processing time
14 for applicants and, you know, are already taken.

15 Did you guys have any measures? I
16 heard you guys were adding more staff. If that's to
17 help. I know my patients find that it takes time to
18 get cards. I know we've got to have greater
19 communication comments. But it does take time for
20 cards to arrive for patients. I have heard that very
21 often. I know sometimes --- my patients talk about
22 their cards and have questions about how they can find
23 them.

24 MS. MENTCH: And I as a pharmacist, I
25 agree. So I know there was great strides made in the

1 beginning of the program where there was an extreme
2 delay. And everything, you know, just like any other
3 new process until you work out the bugs. A lot I
4 remember about six to seven --- five to seven days I
5 would say people were getting cards. What we're
6 trying to work out is the on one end you will get your
7 card and it's not quite active yet and we have
8 patients who got a card and can't use it tomorrow or
9 the next day.

10 The flip side is that there are
11 patients who get their card and it has already been
12 active for five days or so. And so they have lost five
13 days of treatment. So we're trying to dial that back
14 and get the card date active when the patient is
15 getting it. Now I can't control USPS and given
16 holidays and things like that. But the normal amount
17 of time from what I understand is five to seven days
18 from the time the cards are sent out.

19 I think we've made great strides in
20 making it better but we can always, you know, make it
21 even better.

22 CHAIR: Thank you so much.

23 MS. MENTCH: Absolutely. Glad to
24 answer questions.

25 Anyone else?

1 MS. BRIGGS: I just had a question on
2 the patients who are able to receive that \$50 benefit,
3 how are they contacted and how do they know?

4 MS. MENTCH: We send communication to
5 patients that were eligible and at the dispensaries
6 themselves that stipend or that amount of money will
7 show up at the register and they can use it whenever
8 they want to. They don't have to use it on the first
9 visit. It will roll over for 12 months when they
10 renew their card.

11 So it's not just \$50 one month and
12 then it disappears.

13 MS. BRIGGS: Oh that's wonderful.
14 Thank you.

15 MS. MENTCH: Sure.

16 CHAIR: We thank you.

17 Any other questions for Laura?

18 MS. MENTCH: Thank you for your time.

19 CHAIR: All right.

20 Let's move on to old business. One of
21 the things I wanted to address is from the board
22 contact feedback.

23 I think maybe you all recall we wanted
24 to create a process so that if there are members of
25 the public that wanted to give any feedback to the

1 board there was a mechanism to do that.

2 Though there's already a mechanism to
3 give feedback to the program in the program period
4 And adjusting that to that form so that when people
5 submit information to that form they know that it's
6 going to move forward onto the program and you in your
7 packet have gotten that contact feedback form.

8 So we just really want to streamline how
9 we do these forms. Certainly if there are elements of
10 it that need to be referred to the program that being
11 done, but as we get those forms we want them to
12 continue to get it in your packet as you are to be
13 used once the board's committee to review those forms
14 and elevate to the board any items that we need to
15 look at.

16 So we are open to the board members'
17 feedback on how we should use that contact form
18 feedback?

19 MS. ROUSSEL: I think getting it in
20 the packet is nice but I think it would be nice to
21 have a committee so we can respond at the meeting in
22 advance. I think these are very nice that we're able
23 to get this positive response of something this
24 focused but I think people would appreciate it more
25 and want to participate in it more. So if the

1 committee wants to take that on or whatever is fine
2 with me. And I don't accepting.

3 CHAIR: Okay. Thank you.

4 Other board members any other thoughts
5 or comments?

6 MS. BYRNES: I think Shalawn would
7 want to be a part of that. I don't know if it's
8 appropriate since she's not here. I don't want to
9 assign it to her if she's not here.

10 MS. BRIGGS: I think that's a really
11 important for communication and that's what we're here
12 for so. I think our committee could do that.

13 CHAIR: So you have volunteered
14 Shalawn to do that.

15 MS. BRIGGS: I would as well.

16 CHAIR: Okay. Thank you for that.
17 You know one of the dangers of being here you get
18 volunteered for tasks.

19 I think, it is important people are
20 taking the time to submit their feedback. And we want
21 to make sure that we thoroughly consider the feedback.

22 So I think it would be helpful then once we get these
23 forms in to have them sent to the patient caregiver
24 subcommittee and then you can update those at the
25 board meeting.

1 Any other thoughts or any other
2 suggestions around that suggestion?

3 Okay. Great.

4 Well thank you all for that. That
5 will be a great step addition to our process. Okay.

6 So the next item on the agenda will be
7 new business. And I'll start with the 2022 board
8 meeting.

9 The last board meeting scheduled for
10 --- this is our last meeting scheduled for 2022. So I
11 want to make sure that we got on our calendars when
12 the meetings will be in 2023. And I believe already
13 circulated a list of those meetings.

14 I think we need to define how ---. I
15 think that we were having our meetings more frequently
16 when we were all virtual and sensitive to the fact
17 that now that we can start in-person, some individuals
18 will need to travel. We still do have the virtual
19 option for board members but want to give some
20 feedback from the board members on how we want to have
21 those meetings.

22 So do you want to have these quarterly
23 or some other cadence, you know, of how long until the
24 next meeting? Any other suggestions for our 2023
25 board meetings?

1 Any board members have any
2 suggestions?

3 COLONEL EVANCHICK: This is Colonel
4 Evanchick. I think the board meeting might be too far
5 out, especially if we have feedback coming in from the
6 comment sections of the so permittees maybe we need to
7 address those issues more frequently.

8 So I'm recommending bi-monthly or
9 something to that effect.

10 CHAIR: Thank you very much.

11 Any other board members?

12 MS. BYRNES: Carolyn.

13 I just wanted to agree with that. And
14 I think doing it every other month will give the
15 subcommittee time to intervene and work on whatever is
16 to report.

17 CHAIR: Okay thank you Carolyn.

18 Any others?

19 Anyone joining us virtually have any
20 comments?

21 DR. KAMBIC: I agree it should be
22 every other month.

23 CHAIR: Thank you Dr. Kambic.

24 CHIEF SPLAIN: And Chief Splain. I
25 agree with the Colonel as well.

1 CHAIR: Great. Thank you Chief.

2 And we'll just add for the record that
3 Chief Splain is present. Great.

4 CHIEF SPLAIN: Doctor, my apologies.
5 I was having some issues with the video. I could hear
6 you calling roll call but I couldn't answer you.

7 CHAIR: I'm glad that you're able to
8 join us. Thank you.

9 CHIEF SPLAIN: Thank you.

10 CHAIR: Okay.

11 Based on that feedback then we will
12 have our meetings bi-monthly then starting in 2023 and
13 we will create a meeting schedule and make sure that
14 we send it out to board members in advance.

15 Board members these meetings have been
16 back in-person so you do have the option to
17 participate virtually. Certainly we know it can be
18 quite an undertaking to make it in-person to some of
19 these meetings.

20 So in terms of time, timeframe, right
21 now we've been having meetings of 10 to 12.

22 Would that be reasonable going forward
23 or if anyone suggests a change?

24 Okay. Reasonable?

25 MS. ROUSSEL: And I think it's very

1 helpful for people for traveling.

2 CHAIR: Okay.

3 So if there are no objections bi-
4 monthly in-person with virtual option attendance as
5 well and then we will get that on the calendar.

6 Any other comments or questions?

7 Okay.

8 All right. Next on the agenda are the
9 subcommittee updates. And we will start with the
10 regulatory review subcommittee. Christine.

11 MS. ROUSSEL: The regulatory review
12 subcommittee has no update at this time but we are
13 very excited to read the final board regulations being
14 published.

15 CHAIR: Okay. Great. Thank you.

16 Our medical review. Carolyn.

17 MS. BYRNES: We don't have any updates
18 at this time but we anticipate that we will have our
19 research conditions at the next meeting. Hopefully we
20 have an update on that.

21 CHAIR: Yes. Thank you for getting
22 that item completed and then you heard they will be
23 going to the academic censors and we'll be looking
24 forward to getting an update.

25 Okay. The medical research committee.

1 Bhavini.

2 MS. PATEL: We do not have any update
3 at this time.

4 CHAIR: Okay. Well thank you Bhavini.
5 for your patients and for you here Diana since you
6 designated Shalawn.

7 MS. BRIGGS: Sorry Shalawn.

8 CHAIR: Okay.

9 MS. PATEL: It's okay.

10 CHAIR: Okay. So next up we planned
11 to have a guest speaker presentation on oral
12 ingestibles. Thank you Diana for helping to reach out
13 to us by phone.

14 I understand though that our
15 presenters are not quite ready with their
16 presentation. We really haven't gotten the materials
17 yet. We all are interested in hearing this
18 presentation but it sounds like we will need to defer
19 it to another time.

20 Are there any further comments,
21 anything else that you want to add Diana?

22 MS. BRIGGS: Yes, I'd like to speak if
23 that's okay. Thank you so much for letting me talk
24 about this very important subject.

25 I have met with Dr. Kiplan and Dr.

1 Locke. They are truly knowledgeable, passionate
2 medical marijuana advocates. And unfortunately as Dr.
3 Johnson said due to the timeline they were unable to
4 attend this meeting with us today. I do hope to have
5 them in the future once we get all of that in place.

6 So today I want to share, I am
7 certainly a new member of this board. However, some
8 of you don't know, I am not new to the program. I was
9 a founding member and advocated for it as well with
10 our children in Harrisburg all of the time.

11 And I also was in a lot of what we
12 call focus groups with Dr. John Collins and his group,
13 advocates board members alike that would speak about
14 concerned speed bumps in the process and problems that
15 caregivers like myself and patients were having.

16 Also on February 15th, 2018 I had the
17 distinct honor of being the first person to legally
18 purchase medical cannabis in the State of
19 Pennsylvania. At that purchase I was caregiver for my
20 minor son Ryan, who has been a patient in the program
21 since the beginning of the program.

22 Edibles and oral ingestibles whatever
23 you want to call them, they're not new to our program.
24 In fact every purchase that I have made since 2018 for
25 my son Ryan I have taken that product home and I have

1 then created a edible for my son to use. Our law
2 expressly permits the caregiver of patient to
3 incorporate medical marijuana products into a form
4 that is easier for administration to a patient. And
5 as my son does not swallow, all of his medications are
6 administered by his feeding tube.

7 And unfortunately by doing so, that
8 added stress/fear has been passed on to the caregivers
9 and patients in our program. The fact that in trying
10 to help my son, I could actually harm him with my lack
11 of knowledge. And in speaking to these experts in the
12 last few months I can assure you that my fear has only
13 grown because I am not providing this medicine in a
14 safe sanitized lab.

15 But I also wanted to share this. I'm
16 a mom. And I'm making a cannabis infused product in
17 my own house for my son. And as scary as that is, it
18 also has been life-changing for my son. For those who
19 don't know, Ryan has suffered from intractable
20 epilepsy since birth. At it's absolute worst in 2013
21 he was having over 400 seizures a day. And that's
22 what his physicians thought control looked like.

23 Since the implementation of this
24 product, this medical marijuana, my son rarely has a
25 day above 25 seizures. He sleeps for the first time.

1 So it is certainly a passion for us
2 and I want everybody to understand that there are so
3 many being left out of our program because of the lack
4 of an edible option, a chew, a lozenge, a lollipop.
5 And I know that sounds horrifying to some. But we
6 also have medically fragile children that without this
7 medicine may not be here.

8 So I think we need to open our minds
9 and our hearts and get into that deep discussion. I
10 watched board meetings over the past, even though I
11 wasn't a member at the time, I've seen the concerns
12 and the stigma associated with the edibles. And in
13 fact they're very similar to the stigmas around
14 medical marijuana back in 2013.

15 However, I believe like then, it is
16 due to being uneducated or even seeing what is
17 currently available in other state's markets.

18 One example is that very limited
19 medical market and the marijuana market their program
20 in Florida allows a chew. It's a clear, non-colored
21 little square or disc as some refer to it. So it
22 doesn't look like what I see most people opposed to it
23 think a chew or a gummy or something like that. They
24 don't have to look like that.

25 And I think that we would all benefit

1 in learning from the experts, from the people who
2 brought these products to the markets and used it
3 successfully, used it safely with little to no
4 diversion to children.

5 And I want to be, you know, noticed to
6 provide the medication. I think that education is key
7 in learning what we can do. And I think that we as
8 the medical marijuana advisory board members are
9 required by law to examine and analyze the law and
10 events in other states with respect to medical
11 marijuana.

12 And I really hope that we can educate
13 ourselves on this and Act 16 and Act 44, to add this
14 option to our medical marijuana program. And by doing
15 so, bring relief and comfort to those who most need it
16 our most vulnerable patients.

17 CHAIR: Okay thank you for that Diana.
18 I think we all are really looking forward seeing
19 these presentations and I hope we can get them on the
20 agenda for next time.

21 So any board members, anyone with
22 comments or questions for Diana?

23 MS. ROUSSEL: I would just like to say
24 as a pharmacist I view a lot of medical information in
25 my daily work life and certainly, you know, there's a

1 lot of barriers to the administration tube and I also
2 read a lot about the concentration.

3 I also get a lot of questions and
4 things about that and they are important because the
5 patients need them. So I can see how you're saying we
6 need education as well.

7 CHAIR: Thank you Christine.

8 Anyone joining us virtually have any
9 questions or comments?

10 DR. GOLDFARB: I do. Bill Goldfarb.

11 Diana I really appreciate your
12 comments. I'm just wondering if you can steer us to
13 some educational material that some of us might be
14 able to review before the presentation?

15 MS. BRIGGS: I can certainly have that
16 before we do and then have you look at it and even
17 share some of the things that I've seen.

18 I also forgot to mention I have
19 reached out to multiple certifying physicians in our
20 state. I have a few letters today. Every single one
21 of them has agreed this is an option their patients
22 are demanding daily they are asking about it.

23 CHAIR: Okay. Thank you for that.
24 And we certainly would appreciate getting materials
25 that can be shared with board members. That would be

1 great. Thank you.

2 MS. ROUSSEL: May I ask a question?

3 If the board was to feel strongly
4 about that what would be the process for that,
5 legislative change or would that be board change?

6 CHAIR: So it's a change I believe
7 that could be done by the board but I will let our
8 Board Expert, Katelyn Maltais explain the process.

9 ATTORNEY MALTAIS: Yeah.

10 So the board has the authority to
11 recommend changes to the form of medical marijuana.
12 And the way that would be done is through the reports
13 process that was previously established by the board.

14 So there would be a recommendation
15 that would be made for the board to vote on that
16 recommendation, prepare something that I believe is
17 the regulatory supplement form or the patient
18 caregiver supplement form. And they would enter into
19 the report. The report would be presented to the
20 board for adoption of the act.

21 And once that report gets adopted, it
22 goes to the Secretary of Health and they 12 months to
23 act on it.

24 MS. ROUSSEL: Thank you.

25 And that's where they say limitations

1 on potency of products and the total potency limits
2 would also be performed as well.

3 ATTORNEY MALTAIS: Certainly the board
4 is welcome to make any recommendations in that context
5 with the recommendations of the Secretary.

6 Ultimately the Secretary of Health
7 would place any limitations on it.

8 MS. ROUSSEL: Thank you so much.

9 CHAIR: Thank you for that Katelyn and
10 thank you for that question.

11 Any board members have any other
12 questions about the costs, about the upcoming
13 presentations or anything else?

14 Okay. Thank you so much for that
15 Diana. And, again, we're going to be looking forward
16 to the materials. We'll also be looking forward to
17 the presentation. Okay.

18 So any other questions from the board
19 members?

20 Do we have any other questions?

21 DR. KAMBIC: Daniel Kambic. Hello?

22 CHAIR: Yes, we can hear you.

23 DR. KAMBIC: Okay.

24 I also want to be copied on that. I
25 totally agree with Dr. Goldfarb about the telemed

1 visits and all that and the proper record review and
2 proper record documentation. I had a patient just in
3 the last two weeks come in to me that was new to our
4 area to get recertified. And stated well I didn't
5 have to have records to get certified last time and,
6 you know, I don't understand how with sending all
7 three inhalers for oxygen and then let them inhale
8 marijuana.

9 So that's one of the restrictions we
10 are going to want to research as soon as possible. So
11 I think we need to tighten it up a little bit. I
12 think we are supposed to be getting some information
13 at least all the board so we all can see. I think we
14 are getting a little sloppy out there.

15 CHAIR: Thank you for that Dr. Kambic.

16 Yes, we'll make sure that you get that
17 information as well. Again, we do have guidance that
18 should be followed but we can follow-up with you on
19 how that guidance is being followed.

20 But thank you.

21 Other questions?

22 DR. GOLDFARB: I wanted to follow-up
23 comment. I do think it is time we address the
24 edibles. Because I can tell you a neighbor of mine
25 just on Sunday the paramedics were at the house cause

1 somebody in the house was making edibles in brownie
2 form and people were in and out of the house. So it
3 is now time to produce something that is safe and
4 regulated and so we are being safe and no longer
5 produced by someone who's not qualified to do so.

6 CHAIR: Great thank you. We really
7 appreciate that feedback.

8 MS. BRIGGS: May I respond?

9 Doctors now carry a complaint form
10 that can be filled out and submitted to us so that we
11 can investigate the physicians that you have that
12 you're questioning.

13 We have done it in the past so we have
14 heard the people say things and I totally --- or you
15 know we hear but we actually need that complaint form
16 filled out so that we can do a proper investigation
17 and come to a conclusion.

18 So if you do keep happening --- if you
19 want to fill one out for the instances that you
20 already are aware of, I please encourage your patients
21 to pass that information on. Those complaint forms
22 need to be in writing. That way we can conduct a
23 proper investigation and get to the bottom of it.

24 DR. GOLDFARB: So everything is
25 anonymous?

1 MS. BRIGGS: It absolutely can be
2 sure. Yes.

3 We would not be ---.

4 DR. GOLDFARB: Well that's what I'm
5 getting at I certainly don't want to say unless we
6 have backup on how well our program should be
7 regulated and make sure there's clarity on what are
8 the expectations for the dispositions. Similar to
9 what as most recently pharmacists have more readily
10 available at dispensary sites and at private centers
11 so to return where it should be.

12 So the complaints are these little
13 strip mall sites, which obviously a couple years ago
14 worked for them. The problem is though we're
15 certifying patients that won't be certified for
16 another year.

17 DR. KAMBIC: I'd like to add to that.

18 I think it's our job not to rely on
19 complaints but our job to actually make sure there's a
20 process in full place that provides open site to
21 telemedicine certifiers.

22 I don't know what that process is.
23 I've never seen it. I'd certainly like to know what
24 process we're utilizing to ensure compliance with our
25 guidelines and how that's being enforced.

1 CHAIR: Okay. Thank you for that Dr.
2 Goldfarb. I think that we really have to have those
3 and by next meeting will follow-up with you on the
4 topic that we have in terms of oversight.

5 But certainly we're not able to
6 oversee every situation. And so we do need to get
7 those specific reports as well. So if there's anyone
8 aware of guidelines not being followed or a situation
9 that's not safe or recommended, we do want those as
10 well. So we will follow-up and hopefully we get an
11 idea what we're doing for oversight but we still do
12 want those specific complaints as well.

13 DR. GOLDFARB: So Dr. Johnson, what
14 I'm hearing and I'm not trying to be difficult, but
15 what I'm hearing is that we have no mechanism in place
16 that allows anyone to go into any provider's office,
17 look at the records that they're reviewing for
18 certification before they issue a card.

19 We have no ability to do that?

20 CHAIR: So no. That's not what I'm
21 saying. And go ahead.

22 MS. WALDRON: Hi this is Joanna
23 Waldron. And I am counsel to the office of medical
24 marijuana.

25 And I did want to assure you that

1 there are mechanisms in place in terms of enforcement
2 as practitioner as well as cooperation with department
3 of state which does oversee physicians. So it's sort
4 of a two pronged approach in that as I'm sure you
5 understand. These are physicians first and foremost
6 who have a license and are subject to the requirements
7 of telehealth which, you know, has been around since
8 well before the pandemic. Telehealth was permitted to
9 conduct applications.

10 DR. GOLDFARB: So if those mechanisms
11 are in place, we shouldn't have to wait for the next
12 meeting to see --- I think Dr. Kambic and I what we're
13 saying here is send them to us. We'd like to see what
14 those mechanisms are. That doesn't need to wait until
15 the next meeting.

16 CHAIR: Yes, Dr. Goldfarb.
17 Absolutely. I was not clear. We will get those
18 before the next meeting but we will get them to you.

19 DR. GOLDFARB: Okay.

20 I'd like to raise one other point
21 relative to the retail and the wholesale pricing.

22 I appreciate the fact that the retail
23 pricing is going down but doesn't the gap remains
24 exactly the same at about six dollars.

25 One of our efforts has been to try to

1 reduce the cost of medical marijuana to the public.
2 Whether we do need to bring that level down below six
3 dollars, particularly when there are growers with
4 products still on the shelf.

5 MS. MENTCH: This is Laura, Dr.
6 Goldfarb.

7 I, again, was at the last meeting I
8 believe this question was asked of Pete. And he has
9 been leave and is coming back shortly. He and I will
10 focus on your question.

11 If I may be honest between the final
12 regulations and this meeting and a few other things it
13 did not get on the top of my radar to investigate and
14 I was looking forward to having Pete's input into some
15 of those solutions.

16 But it will be something that I am
17 focused on with his return.

18 DR. GOLDFARB: Thank you.

19 MS. MENTCH: You're welcome.

20 MS. ROUSSEL: May I ask that on the
21 next meeting on the graphs if you could do a line that
22 shows the cause that may be helpful. I see that the
23 jump of seven dollars increasing price of wholesale
24 over retail as opposed to someone in the five dollar
25 region retail, so that I can help her reference that.

1 Thank you so much.

2 MS. MENTCH: Yep.

3 CHAIR: Board members are there any
4 other questions?

5 Well, thank you. Thank you board
6 members for ---.

7 MS. ROUSSEL: Oh sorry. If we're - I
8 reviewed the board's area education material that we
9 had, I'm curious about what the oversight is in the
10 inspection and the process for the dispensaries. So
11 if I can be, again, very clear with pharmacy part
12 dispensary.

13 So thank you so much. Appreciate it.

14 CHAIR: That information will
15 certainly be here for all board members. So thank
16 you.

17 Okay. Well great. I really
18 appreciate all of you the board members because you
19 are this advisory board. And so that, you know, our
20 presence being here so that we can improve our program
21 and that we're reaching individuals and getting them
22 their product that they need. So we really depend on
23 all of you and your engagement and your input to make
24 our program better. So thank you.

25 And thank you for those board members

1 joining us virtually as well. We really appreciate
2 it.

3 So, any other questions from board
4 members, before we adjourn?

5 Looking forward to a very safe and
6 enjoyable holiday season and looking forward to seeing
7 you all next year for the next board meeting.

8 Is there a motion to adjourn?

9 MS. ROUSSEL: I'll make a motion to
10 adjourn.

11 DR. KAMBIC: Second Kambic.

12 CHAIR: Thank you all.

13 Have a great rest of your day.

14 * * * * *

15 MEETING CONCLUDED AT 11:04 A.M.

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CERTIFICATE

I hereby certify that the foregoing proceedings,
hearing held before Chair Johnson, was reported by me
on November 22, 2022 and that I, Erica Correia, read
this transcript, and that I attest that this
transcript is a true and accurate record of the
proceeding.

Date the 27 day of December, 2022



Erica Correia,

Court Reporter