COMMONWEALTH OF PENNSYLVANIA

MEDICAL MARIJUANA ADVISORY BOARD

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PUBLIC MEETING

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BEFORE: DENISE JOHNSON, Chair
Colonel Robert Evanchick, Member
Christine Roussel, Member
Carolyn G. Byrnes, Member
Chief David Splain, Member
Geith Shahoud, M.D., Member
Bhavini Patel, Member
Daniel Kambic D.O., Member
I. William Goldfarb, M.D., Member
Diana Briggs, Member
Holli Senior, Member
Peter Blank, Member
Laura Mentch, Member

HEARING: Tuesday, September 27, 2022
10:01 a.m.

LOCATION: Zoom

Reporter: Amber Garbinski

A P P E A R A N C E S

KATELYN N. MALTAIS, ESQUIRE
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Counsel for Medical Marijuana Advisory Board

ALSO PRESENT:
Mariah Turner
Joanna Waldron

I N D E X

# E X H I B I T S

| Number | Description | Page Offered |
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NONE OFFERED

P R O C E E D I N G S

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CHAIR: Good morning everyone and welcome. Just as a reminder, this meeting is being recorded and it's being broadcasted live. So thank all of you for joining us today for another Medical Marijuana Advisory Board Meeting. I do want to note that our future board meetings, we will be in person and the next one is scheduled on November 22nd. We've not identified a location yet, but we're going to make sure you have that information prior to the meeting.

We've realized that all of you are not local to Harrisburg and some of you might want to still take advantage of the virtual option. So we will make sure that that is still available. Also for board members, you can be reimbursed for reasonable travel expenses that you incur as a result of attending the board meetings. So don't hesitate to reach out to us if you have any questions.

Before we start with roll call, I just want to welcome a new board member and that's Chief David Splain, who is joining us for his first meeting today.

MR. SPLAIN: Thank you, Dr. Johnson.

CHAIR: Thank you, Chief.

Chief Splain is the chief of police at the Nether Providence Police Department in Wallingford, Pennsylvania. And he was sworn in at the end of July as the newest president of the Pennsylvania Chiefs of Police Association. And in accordance with Chapter 12 of the Medical Marijuana Act, that position earns him a seat on the Board. Additionally, Chief Splain is going to be joining the medical research subcommittee. We've invited him and he's accepted. So thank you for service on that committee.

And Chief David Stefan will be ending his time on the Board. I want to take this time to formally express my gratitude for his commitment to the Board over these last few years. We have valued his expertise in law enforcement and that he brought to the Board. And it's really been a key component in the success of our medical marijuana program. We were lucky to have Chief Stefan as a board member when he was the president of the Chiefs of Police Association. And we were thrilled when he continued to serve on the Board after he was appointed as the designee. Really proud of the work of the Board, but Chief Stefan's efforts were also critical of those accomplishments. So thank him on behalf of the

Department of Health, as well as the advisory board for all that he has contributed. So that is the only change in board members right now.

So I'd like to call the meeting to order. So this is the Medical Marijuana Advisory Board Meeting. It's being held at 10:00 a.m. on September 27th, 2022, and again, it's being broadcasted live. And right now, I'd like to take a rollcall. All of you in your board member packets do have a list of the board members in there. So when I read the name, read your name, please acknowledge that you're here and present for the record. So I don't know if Colonel Robert Evanchick has been able to join us.

MR. EVANCHICK: I am here.

CHAIR: Great. Thank you.

Christine Roussel?

MS. ROUSSEL: Good morning. Here.

CHAIR: Great.

And Commissioner Claggett, I think, is not going to be able to join.

Carolyn Byrnes?

MS. BYRNES: Here.

CHAIR: And Chief Splain?

MR. SPLAIN: I'm here.

CHAIR: Great.

I don't know if District Attorney Adams was able to join. Okay.

Dr. Geith Shahoud?

DR. SHAHOUD: Hi. Good morning.

CHAIR: Good morning.

Bhavani Patel?

MS. PATEL: Here.

CHAIR: Great.

Dr. Daniel Kambic?

DR. KAMBIC: Here.

CHAIR: Great.

And Dr. William Goldfarb?

DR. GOLDFARB: Here.

CHAIR: Okay.

And I think Shalawn is not going to be able to join us.

And Diana Briggs?

MS. BRIGGS: Here.

CHAIR: Great.

I think that I have all of the board members now. I'd ask right now Chief Counsel to the Board, Katelyn Maltais, to confirm that we have a quorum for today's meeting.

ATTORNEY MALTAIS: We have a quorum.

CHAIR: Great. Thank you very much. All right.

Next on our agenda is to approve the minutes from the last meeting. And you all would have gotten a copy of the minutes from the last meeting. That meeting was held on July 28th, 2022 and I hope you've had a chance to review it. May I have a motion to approve the minutes from the July 28th, 2022 board meeting?

DR. KAMBIC: Dr. Kambic, so moved.

CHAIR: Okay. Dr. Kambic.

Do I have a second?

DR. GOLDFARB: Second, Goldfarb.

CHAIR: Thank you, Dr. Goldfarb.

All in favor say aye.

(ALL RESPOND AYE)

CHAIR: Great. Anyone opposed? Any extensions? Okay. All right. So the minutes from the July 28th board meeting are approved.

So the next item on the agenda is the board update. But before we turn things over to Pete Blank, which to give his last program update, I want to take a moment to brag about some very exciting news that's occurred in the medical marijuana office. So on September 12th, Ms. Mentch officially joined the

Department of Health to lead the office of medical marijuana. We couldn't be more pleased with our selection. We are so excited. I think many of you are aware that it's been difficult to find a new director, but we were really committed and determined.

We needed to find the right fit for the program, and we know that we found it in Laura. We are so excited that she's joining us. Laura is currently a registered pharmacist in Pennsylvania and she's also a certified medical marijuana pharmacist and a certified immunization pharmacist. She's had an extensive career in hospital pharmacy, both critically and administratively before she went into dispensary work.

She obtained a bachelor's of science degree at Philadelphia College of Pharmacy and Science, the University of Sciences, which is currently St. Joseph's University in Philadelphia. She also has a master's in business administration from the University of Scranton. She is certified from the Lambert Center at Thomas Jefferson University for medicinal cannabis. She also served a two year term as a board member for the international society of cannabis pharmacists.

We're so excited to bring her on because of her expertise and her leadership. And she's going to be a great fit not only for the program, but for patients. Please welcome me in welcoming Laura to her new role and I'll give Laura a chance to say hello and anything else she'd like to say, introduction. Laura?

MS. MENTCH: Thank you, Dr. Johnson, for your very kind introduction. You've summed up my bio, so you've got the overview of myself. But I just - I look forward to honoring the trust that you've bestowed upon me with this position and for this outstanding program. I'm very excited to get into the weeds of all the things you've got going on here and I just can't say enough about - I've only been, you know, in the job going on my third week, but the one thing that resounds the most loudly with me is how incredibly enthusiastic the team is for what they're all working on and for one purpose, which is, you know, the patient first and foremost, our stakeholders, and the Commonwealth. So they're all so enthusiastic and really only, not only the parts of the areas that they're involved in, but the overall program. So I can't say enough about it so far. I'm really excited to get into it. So I appreciate your

intro.

CHAIR: Great. Thank you so much, Laura. As you get to know Laura, I'm sure that you're all going to agree that she's just a fantastic addition to our team. So we're very, very excited.

So right now, I'll turn it over to Pete Blank for a program update.

MR. BLANK: Thanks so much, Dr. Johnson. Appreciate that. And also want to extend my warm welcome to Laura. She's been a great addition to the team, and I've certainly enjoyed working with her over the last few weeks. So as Dr. Johnson noted, this will be my last program update in this interim capacity now that Laura is on board. But just wanted to make sure that we were still able to provide a good update from where the program was since we last met in July.

I think one of the primary updates before we look at some of the numbers relate to the medical marijuana regulations. So I know that all of you have been really familiar with this process over the last five years or so. And happy to announce that on September 19th, the Department did submit to IRC, the Independent Regulatory Commission, the final form regulations for medical marijuana program. And those

are on the agenda to be considered by IRC for hopeful approval on the October 20th IRC meeting.

So as a reminder, IRC will consider this regulatory packet in totality. And should they approve, there will be some additional steps to finalize before hopefully, you know, taking effect, you know, later this year. This has been a tremendous lift by the team, and I think really goes to show how this program has matured over the last, you know, five years or more. So I just wanted to provide the Board an update with that process. And if you do, would like a copy of the final form regulations as they were submitted to IRC, we'd be happy to send that out to you. They are on IRC's website as well for your review.

So if there are no questions on the regulations, I'm happy to move on to some of the program metrics. Next slide, please. So again, I wanted to make sure that board members saw a snapshot of the program statistics to date. And so you'll see that again compared to our July meeting, the program does continued to grow. A few of the slides coming up will show that that slow, a slowing of that growth, but still nonetheless, I'm really excited to see that level of active patients increase since the July

meeting, as well as approved practitioners and total sales has continued to increase over time. Next slide, please.

Again, looking at some of the month to month dispensary sales and some other metrics continued to show us that the program does continue to grow, although you'll see that especially the July and August period, June, July, and August period of this year and how it relates to previous years, that growth has slowed a little bit over time. And that a few more slides will show the same. Next slide, please.

Again, another view of the program, dispensary sales by month since January of 2020. So looking at about two and a half, almost three years of complete data now. And you can see, especially that kind of orange trend line compared to the '21 data where that growth has slowed a bit in recent years, in recent months. Next slide.

Again, a similar view just focused on the last two months, July and August, over the same three year period, you can see that slowing growth trend. Next slide. So the fourth one is providing a quick update on some permit pricing trends as well. And again, following similar trends that we've reviewed with John in March and myself in July. So

you'll notice the prices here, but wanted to provide a quick update by the numbers. So these data are through, current through August of this year. Again, you'll see that dry leaf continued to be the primary product by patients. And you'll see that's followed closely by vaporization products. Next slide.

So I know this is a very busy slide and all of you should have received this ahead in your packets and this will be posted as well on the Department's website for, you know, kind of more detailed viewing after the fact. But you'll see here two trend lines, one of which the black line is focusing on the wholesale price of product. This is for dry leaf specifically. And one, the orange trend line is looking at, again, the trending of the price per gram on the retail side. So you'll see that they're both trending in the right direction. However, the wholesale price trend, we do see that's coming out a little quicker than the retail price per gram for dry leaf. And again, this is inclusive of data through August of this year. Next slide.

And again, another kind of closer view of both that orange trend line retail price per gram and that black trend line that we saw previously, the wholesale price per gram. So right now, again, both

have been dropping time over time. So since we last met in July having that August data point well, you do see that the retail price came down slightly and the wholesale price came down, again, a little steeper than the retail price. But both trending in the right direction and I think that's a benefit to patients and caregivers and providers of the programs. So we're happy to see that those trends continue downward.

And I believe that's it for the program updates. So I'm happy to pause and take any questions related to the statistics presented or the regulatory update. If not, Dr. Johnson, happy to turn it back over to you.

CHAIR: Great. Thank you very much, Pete. Any questions for Pete on any of that program update?

MS. ROUSSEL: This is Christine Roussel. I did have two questions about the current regulations, and I know I had been discussing them previously. Could you clarify as of today what the ratio is of healthcare providers to dispensaries, healthcare provider requiring and in-person healthcare provider, whether it's pharmacists or physician and the dispensary. Is that currently the case of our regulations today?

MR. BLANK: So I'd like to take that back if you don't mind, Christine and consult with legal counsel. So whether that's included in the temporary regulations, but certainly that's what's kind of written in statute. So act 16 in subsequent updates in Act 44 does indicate kind of medical professional coverage for easy dispensary. And I know that could be done, whether that's telemedicine or in-person.

If there are separate locations, that medical professional doesn't have to be a pharmacist. It could be another advanced practice provider, so a P.A. or a CRMP. As far as the ratio, I'd like to again take that back and see how it's currently worded in the regulations. I will note that the final form regulations do offer some clarification on that point exactly. And so I'm happy to point you to that section in the packet as well, if you're interested in reviewing.

MS. ROUSSEL: Excellent. Thank you. I have the packet, so I appreciate it and I am new to the Board so I want to make sure I'm interpreting the regulations correctly. Can I ask you one more clarification I'm asking? And again, I was speaking to Holli about this earlier trying to get

clarification. In the act, it speaks to healthcare providers, a physician, a pharmacist, or you know, in the case of a nurse practitioner or a P.A., that the healthcare provider is the one to consult with the patient related to cannabis products and their serious medical condition.

Is that also the way it is written? I'm just curious. I know that the regulations don't mention wellness consultants or technicians or other entities working in the dispensary. So I was just wondering for clarification on that, too, if that's okay. Just I want to be thoughtful with regards to understanding the regulations and there seems to be a lack of clarity to whom you were discussing, if that's okay.

MR. BLANK: Absolutely, yes. So again, I think the act is more explicit here, but the regulations do offer that clarification of the medical professional's duties. And so that does include, as you mentioned, kind of not only checking patient certifications, but also being available for that patient consultation. So that language is currently in statute and again is carried over with some more clarity in the final form regulations that were submitted. Happy to, again, Christine, if it’s

helpful to back up and walk through those specific provisions and sections in more detail if that works for you.

MS. ROUSSEL: Great. Thank you so much. I really appreciate it.

MR. BLANK: Uh-huh (yes).

CHAIR: Great. Thank you, Christine. Are there any other questions -

DR. GOLDFARB: Yes.

CHAIR: - on the program? Yes.

DR. GOLDFARB: While the wholesale prices come down significantly, the margin as reflected by the retail price, at least over the past year, appears to have remained stable, if not actually increased slightly. Is there any strategy to bring down the retail cost?

MR. BLANK: I appreciate that question, Dr. Goldfarb. You know, I know John was committed to this, you know, same analysis as well in trying to think through what those strategies are. You know, I know that as the market continues to mature, I'd like to take the opportunity to, you know, discuss this with Laura and put our heads together to think through what strategies we could come up with on the Department's side. I know this is top of mind as

well to a lot of the patients, to a lot of the caregivers, and certainly to the permittees. But, you know, I'm not prepared this morning to speak directly to strategies. I want to make sure that we have time to consult and certainly learn from and gather Laura's perspective on that as well as move forward.

DR. GOLDFARB: Thank you.

MR. BLANK: Uh-huh (yes).

CHAIR: Thanks, Dr. Goldfarb.

Other questions?

DR. KAMBIC: Yes, Dr. Kambic. Yeah. I'd like to do the comment by the presenter right before Dr. Goldfarb is - I'm getting complaints weekly, if not several times a week about patients having lack of access to the providers, with actual providers with the pharmacy and instructions at the dispensary or through the dispensary. And they're saying that they're told well, they can get online, but apparently they're striking out and it's not practical. The problem you have is you have to ask some questions under the CEV to get recertified, but on day in and day out basis they're going to dispensary.

And look, a lot of this has to do with the products and what are the different products that

are available for the needs for the individual patient. So that's where I believe that we need to take a step back and have pharmacy or providers live at the dispensaries so in real-time, patients can ask questions to those knowledgeable people. There was comment at the physician board that a lot of people that work there, they have a high school education and don't have the advanced knowledge that's needed to discuss this with patients that have significant medical problems.

And I just think it's a giant step backwards that we allow these dispensaries not to have that professional consultation available. And I think this is becoming somewhat dangerous and it seems to be more and more of a question or concern with patients. I had three yesterday, questions say why don't they have those people there anymore. I said it's interesting you ought to bring that up because we're having a meeting tomorrow and I'm going to make sure that's discussed.

CHAIR: Yeah. Thank you so much for bringing that up, Dr. Kambic. I think Laura has a comment. Laura?

MS. MENTCH: I do. In my experience at the dispensary, patients always had access to

whatever medical professional was covering that dispensary, whether in-person or if it was telework. What would happen in my experience was if I was there in-person, we can certainly work in a conversation if they had questions about product. But even the telemedicine wasn't a - didn't stop any kind of conversation. What it might do is a matter of having to place a phone call to that patient. But I think what you - are you finding that it's on-site immediate needs a question answered kind of issue or is it just that we never get back to them with a question?

My patients used to call in say I have a question for the pharmacist, can she get back to me. My receptionist would take name and number. In-between any actual first-time patient consults that I was doing, I would return those phone calls. And it was often questions about I like this product. You don't have it on your menu. Can you help me find something else or help me find it somewhere else? And we'd work through that and that's how I would go about my day. We'd work in the questions in-between the live consults and I could do it from home. It was just a matter of communication between the dispensary and myself. So if you're having issue with that, it is really definitely on the dispensary end or whoever

is, those pharmacists are answering to, to make sure those patients are getting cared for.

DR. KAMBIC: Are we assuming then that there would be computer comment access in the dispensary so those folks could get an answer fairly quickly because they already are there?

MS. MENTCH: Yes.

DR. KAMBIC: What to assign or what to switch with and maybe they had to have family members drive them there. And to sit there and say okay, well, somebody will call you in the next 24 to 36 hours at home, and then okay, now I've got to go back to the dispensary again. It just seems like we've gotten a little bit sloppier. It's a little bit worse than it was access-wise. And once again, what we're doing right now is working well. I certainly don't solicit these complaints of patients. They're volunteering this information.

MS. MENTCH: No, I'm glad to hear it. That's why I was trying to clarify if you were asking that they never had access to a medical professional or if it was immediate on-site. So what they would do if somebody was in the store, we do all of our - in my experience, we did all of our communication through basically an instant messenger for lack of better - it

was Teams, and they'd write me a new message because that's how we would have to communicate.

If I - it was constant with our staff, open line of communication. So they'd say patient so and so is here with a question. They'd type it out for me just for the sake of time because I have to be doing the certifications for all the patients that are walking through the doors with no questions or issues. That still has to be happening. So they type the question and then I can type back the answer. There wouldn't necessarily be an option for a conversation on a phone call if - it depends. Some dispensaries won't allow cell phones in their dispensaries from a privacy perspective. So I wouldn't have access to call them. I can certainly call them from my end, but I don't know what phone they would use on theirs.

But we definitely through messenger, there's plenty of ways to address questions on-site or from home. They always have access and there should be a medical professional in for that dispensary from beginning opening hours until the close. So there's not any time of day that it's not accessible. Even if you have the privilege of a lunchtime, another pharmacist is covering while you're taking your break.

CHAIR: Thank you for that, Laura.

And I think Dr. Kambic, if there are specific dispensaries that are having issues, I think our program would like to know so that we can reach out to clarify that issue. But thank you so much for bringing that up.

MS. ROUSSEL: And Dr. Kambic, if I could make another comment off that. I think that's a thoughtful statement. And when a patient is purchasing a product, that really is the best time for intervention because otherwise, the patient has a question about what product to purchase and take with them. They may be at risk of purchasing a product that is too concentrated for them, not appropriate. And that's definitely the concern. And if they can't speak to that healthcare provider at that moment, they're going to possibly get communication from a non-licensed healthcare provider that really shouldn't be providing that advice. So I think it's well-noted.

Can I ask a question, I guess? I don't know if it's Pete Blank, but I guess it would now be Laura. I know that there are adverse events that are reported to the Board. Could - do we ever look at them in terms of more than the number, but really maybe some of the causative factors that may

have led to the adverse events where it might be inappropriate product, or patient missing not getting education, or maybe that could help provide some clarify to the scope of the issue? I don't know if that's something that we could be provided in terms of data. Obviously that patient in an identified manner.

MR. BLANK: Sure. I can speak to that, Christine. So the program does collect adverse events as they're reported to us. If you as a board member receive something as well, we're happy to share with you the form that we do collect to make sure that we have those adverse events captured. And then, you know, our programming staff will reach out to whether that's the dispensary, to the grower processor, to anybody else that might be impacted by that to get exactly your point, some more clarity on the product at question. Understand, you know, kind of what the event was, what went wrong, things of that nature. So we do look into those and take them very seriously. I'm happy to again share some more of that process. And if you are receiving those types of adverse events, I guess complaints, we'd absolutely like you to send those to us for further investigation. But there is a process in place to follow up.

MS. ROUSSEL: Thank you. And then do

you - I was just wondering if there was a reporting aggregate was my question with that. Obviously I would refer anybody, any patient complaints or adverse events to the Board. But I just wasn't sure if - I know you guys present data. I don't know if it was an opportunity to get that type of data presented, you know, with the understanding what the causative events were. Maybe some are higher level, you know, data. Sometimes patients break them into categories, wrong formulate dispensed or product too high, expected adverse event, non-expected adverse event, that type of thing. I don't know if you have anything like that or that's an opportunity.

MR. BLANK: Yeah, I'd like to take that back. And certainly if that's an analysis that the board, you know, would like to consider, I think we can look at the data that we do have and how to present that, as you mentioned, in that - in the identified manner. So we'll - we can take that back certainly and talk through what that might look like to present to the board.

MS. ROUSSEL: Thank you so much.

MR. BLANK: Uh-huh (yes).

CHAIR: Great. Thank you for that Christine. Great feedback. Any other questions on

the program update? Okay. Great.

So one more - I guess we'll move on to old business. One more thing that I wanted to bring up here. The medical review subcommittee presented a policy and application that would allow academic clinical research centers to request that a serious medical condition be approved for research purposes only. So while the board approved the policy and the application, it was made clear that we can't begin to accept those applications until the office of medical marijuana issues guidance. So the office is actively working with our legal counsel to develop that guidance. Just an update for you.

Also, today is the second meeting where you're receiving the health contact form feedback in your board packets. Just to remind you that at the previous meeting, the board members asked about a means for the public to be able to interact with them or to send feedback. Since we already had a way for the public to send feedback through the health contact form, we modified the pre-existing form now to allow individuals to submit information directly to the board for attention. So we committed to collecting and sharing this information to the board members. And you will see that in your packet, you've

got an update of that information there. So wanted to find out from the board how to handle these requests. These are feedback that come directly to the board.

When individuals go to that health contact form, they are directed to the program if they've got a program question. So these are specifically coming to the board and individuals who submit know that they're coming to the board. So I think some of them do seem a little bit more like program questions, but want to get your feedback on how we should handle this. Do we need one of our subcommittees of the board to go through them and decide on a disposition or a response for them, or open to any suggestions. It's a very quiet board today.

MS. ROUSSEL: I'll join in. I'm also on the board of pharmacy. So when we do get, you know, letters written, we will draft feedback to respond back to them depending on what it is. I think it's a very reasonable suggestion that you had for the subcommittees to possibly draft feedback and see if it meets the standard of the board to respond, so the people who are submitting commentary feel like they're being heard and they're closing that loop.

So possibly they could be dealt to the different

committees. I know that I've looked at some of the - I looked at all of the health contact form feedback and they were of different topics. So there's definitely a place for them amongst the four subcommittees. And I'd be willing to help.

CHAIR: Great. Thank you for that, Christine.

MS. BYRNES: This is Carolyn. I agree. I think that the program staff can like, I guess triage them of like topic area which committee would be the most appropriate to provide a response. Do we have contact information for the folks who submitted these at all or are some of them anonymous?

MS. SENIOR: Hi, Carolyn. It's Holli.

MS. BYRNES: Hi.

MS. SENIOR: We do have contact information for most submitted information. We don't obviously provide that in the packet. But yes, typically we have a way to contact individuals.

MS. BYRNES: Thank you.

MS. SENIOR: Sure.

CHAIR: Yeah. That's great, Holli. And when individuals submit these contact forms, do they automatically get a reply or not?

MS. SENIOR: Yes, Dr. Johnson. There

is a reply that automatically gets sent to every submitter. We really worked hard to let the submitter know exactly what will be done with this information. And also when we receive information in there that appears to be, for example, a complaint, we make it clear to the submitter that there is, that this information will be provided to the board.

However, we also make it clear that this if is something that they would like the program to investigate or look into, that it's important for them to complete a complaint form. And we then provide that complaint form and make sure that they have everything that they need to make sure that that information gets to the right place.

CHAIR: Great. Thank you for that, Holli.

MS. SENIOR: Sure.

CHAIR: So my understanding then is that when we get these forms in, we'll ask our program staff to triage them to the subcommittees based on their content. And then within the subcommittees will respond to these inquiries.

Correct? Does that seem reasonable?

MS. ROUSSEL: I agree with that.

MS. BRIGGS: That's a great idea.

CHAIR: All right. Wonderful. Thank you.

ATTORNEY MALTAIS: Dr. Johnson, this is Katelyn Maltais.

CHAIR: Yes, Katelyn.

ATTORNEY MALTAIS: I don't know if we can go through - legal counsel has some further input on this, but I know that when we had initially developed this contact form it was determined that we weren't able to respond to them because certain contact information has to be kept confidential because of requirements under the Medical Marijuana Act. I don't know if Laura, not to put her on the spot, if she has any more to add to that. But it might be something that we'll need to consider offline and follow-up on at a future meeting.

CHAIR: Thank you for that, Katelyn. Yeah. I certainly understand the confidentiality of patients. But I think, as you say, offline we can go through this with our legal team and then get back to the Board with a resolution on that. But yeah, thanks for bringing that up. Okay. Any other questions on this topic? Great. Again, great conversation. All right.

So just want to acknowledge that

because we've had some change in board members, we've also had some changes in the subcommittee. And as I said before, Chief Splain is going to be on the medical research committee replacing Chief Stefan. You all have gotten updated subcommittee lists in your board packet. And Holli and the team are going to be reaching out to make sure that you are all onboard and oriented to your subcommittees.

And then Holli is also - and the team also look into the subcommittee chairs to help to welcome your new board members, to reach out to them and answer any questions that they have. So for those of you who are new, your subcommittee chairs may be trying to reach out to you and just to make sure that you both connect so that you could get just better oriented to the board. Also if you have any other questions, don't hesitate to reach out to Holli or Dylan. Both of them can help to support this effort. Any questions about any of that? All right. Okay.

So now we're going to move to the subcommittee updates. We had discussed before that we're going to ask the subcommittees to provide an update to the board at each meeting, just to tell us about their activities, anything that's going on. And before each board meeting, we also query the

subcommittee head chairs to see if they have anything to add to the agenda. So today with the updates, we're going to start with the regulatory subcommittee that's chaired by Christine Roussel. So Christine, any updates for us?

MS. ROUSSEL: Good morning. So our committee does not have any updates at this time. We're anticipating a subcommittee meeting in October. And at that point, we'll also be reviewing the bylaws for the medical marijuana advisory board as the reporting subcommittee is no longer part of that structure. So we will have a nice robust update at the next meeting. Thank you.

CHAIR: Great. Thank you so much for that, Christine. Any questions for Christine? All right.

Next, with the medical review subcommittee, that's chaired by Carolyn Byrnes. Carolyn?

MS. BYRNES: Hi. Can you hear me?

CHAIR: Yes.

MS. BYRNES: Okay. Great.

The medical review subcommittee met in August. We've remained in contact with the program staff regarding the anticipated guidance for medical

conditions for research. And then as Dr. Johnson mentioned, that guidance document is currently being developed by the program staff. And just for awareness, there were no serious medical condition applications that were received since the last board meeting. So we don't have any of those to present today. And that's my update.

CHAIR: Thank you, Carolyn. Any questions for Carolyn? Okay. Great.

So next is the medical research subcommittee chaired by Bhavini Patel. Bhavini?

MS. PATEL: Thank you, Dr. Johnson.

So our subcommittee did meet. We had two sort of robust conversations given the mediation proposal that was presented at our last board meeting. And during those conversations, we sort of discussed the proposal and a high level overview from me. It seems like we are as a board collectively inclined to recommend approval of that proposal, but I would like to hand it off to Christine Roussel given her background as a pharmacist and specific focus on toxicology to sort of outline some of the questions that we had in consideration in requesting follow-up information to sort of move that discussion forward. So I will hand it off to you, Christine.

MS. ROUSSEL: Thank you. So what was proposed was to allow cannabis products to have remediation when products exceed microbial thresholds. Microbial contamination is usually measured as colony-forming units meaning its viable bacteria or viable molds but will grow into a group or cluster. So that's how it's measured, CFU's per gram, in our state. So our state uses a threshold of 10,000 colony forming units as the threshold.

So if bacteria levels are less than that, it's acceptable. If bacteria levels are higher than that, it is not acceptable. And then the same thing, mold and yeast are added together to form that. Our state also has separate requirements. It cannot have salmonella. It cannot have E. coli at all. So there is no acceptable threshold.

And then there's also something called coliforms or grant negatives that are really more similarly related to say ecoflora, for example, that have a lower threshold limit. So the feedback and the presentation we received was that the goal would be to allow for some form of solvent-based extraction to reduce microbes. And then there was a separate letter that was sent stating that they felt that the board's thresholds for contamination were not set

appropriately.

So one thing that we did was we investigated other states. So in looking at a cohort, over 20 states. Usually the threshold limit ranges from 100,000 colony forming units of bacteria at the upper max down to only 100 colony forming units of bacteria or mold as the upper limit. So it's definitely a very wide range. And Pennsylvania's actually smack dab in the middle, you know, with 10,000. So we are neither very strict nor very lenient. We're in the middle. So we felt that where Pennsylvania is I guess generally reasonable.

So the consideration was reading the manuscript. One of the feedbacks that we had is we would like a full copy of the manuscript. An abridged version was provided to us. So it has not been peer-reviewed and it wasn't complete. And we would also like references provided with the manuscript.

And to highlight that, in one of the batches that they looked at, they took a product that had about 1,000,000 colony forming units of mold and fungus and tried to remediate that down to a level below 10,000. So one of the questions that we had was shall we put an upper limit on what is allowed to be remediated. And that's kind of where we land. We

think that there's a role for remediation, but I think it needs to be more narrow in terms of scope.

So some of the language considered was to not allow any changes to when the plant is tested in the process, as is in current regulations. So keep testing prior to remediation to determine if remediation is needed. But only allow remediation in products when the level is less than 100,000 colony forming units for bacteria or less than 100,000 colony forming units of molding. So there's an upper limit to what they can remediate and then that remediation is listed on the labeling of the products were some of the discussions.

And then we also wanted to make it clear that the evidence they presented was only related to bacterial and fungal remediation, not remediation from pesticides or mycotoxins, so they would still stand. But the big thing also is we'd like some more references to show that this wasn't just an isolated study. What was presented to us was a proprietary company's extraction method. So we'd like to know that this is actually able to be reproducible by other, you know, facilities using similar extraction methods and what that looks like.

So that was kind of the summary of

what we discussed. So yes, we'd like more information, please. There is likely a path forward and we'd have some possible draft language but research showing broader efficacy would be helpful.

CHAIR: That's great, Christine and Bhavini. Thanks so much to your subcommittee. You know, really sounds like a good, thorough evaluation of that presentation and looking forward to getting more information to make that determination, but really great work. Thank you so much.

Any questions for Bhavini or Christine? That's great. Thank you. All right. So next, the last subcommittee we have is the patient and caregivers subcommittee. That's chaired by Shalawn James, and I know that Shalawn couldn't join us today. Is there anyone from the subcommittee that wants to give an update?

MS. BRIGGS: Yes. This is Diana Briggs. Shalawn asked me to speak on our behalf today. Our basic caregiver subcommittee met two time since our last board meeting. We discussed patient access to the overall medical marijuana program, as well as doctors and dispensaries. The committee as a whole agrees that great strides have been made since the start of our program and we really look forward to

the continued progress. Our one question is we are interested in knowing the status of the financial assistance to the families and patients in our program.

CHAIR: Great. Thank you for that, Diana. Do we have anyone from program that can update on the financial assistance, where we are?

MR. BLANK: Dr. Johnson, this is Pete. I can provide a quick update on that. So the team has been working diligently on end map. So that's phase three. So again, phase one and two took into effect earlier this spring and we're pleased to provide somewhat of an update. So we have been engaging with some of the dispensaries and other stakeholders to really put forward the implementation structure that it will take to provide that base rate benefit to patients directly at the dispensary.

So we've had some exploratory sessions with a few dispensary permittees to just, again, figure out how that would work from a technology and logistics perspective. And so we're very close. We hope to have more information later this fall on a soft launch date for the end map based rate program.

So I will say that in reviewing what we have to date, we want to make sure that first and

foremost, this program works effectively for patients and there aren't, or at least we can minimize as many glitches as possible when they proceed for this benefit. And we also want to make sure that the funding available is able to cover patients that would be eligible.

So we're still have some discussions about what that level of funding might be and how we can best implement that, you know, across the Commonwealth to provide the most benefit to as many patients as possible with the amount of funding that's allocated under the act for this hardship program.

So we're making good progress. I hope to have a more firm announcement or maybe Laura and I in combination at the next board meeting of how that program is taking shape. But that's a quick update for now. Diana, happy to answer any questions you might have or others in the subcommittee.

MS. BRIGGS: Thank you. That's great, Peter.

CHAIR: Great. Thanks, Pete. And thanks, Diana for that update. Does anyone have any questions for that subcommittee? All right.

So I think we've covered all the subcommittee updates and now we're open for any

questions from board members, any topics that you want to address. All right. Well, I really appreciate all of this participation. Really seeing a good, energized group and I know that your subcommittees are continuing to do this work.

Really thank you for the time and the expertise that you contribute to this board because it really has made our program better and continuing to get better every day. So thank you all for that. Again, we're excited to have Laura on board and you'll be hearing from her next board meeting as well.

So our next board meeting is Tuesday, November 22nd, 2022 at 10:00 a.m. to noon. Remember that we're going to resume in person. So once we identify a location, we'll make sure we get that out to you prior to the meeting. And we will maintain a virtual option for those who would like to participate, but are not able to travel. So I just want to make that clear. So may I have a motion to adjourn the meeting?

DR. KAMBIC: So moved, Kambic.

CHAIR: Thank you, Dr. Kambic.

All right. The meeting is adjourned. Again, thank you very much and enjoy the rest of your day. Bye-bye.

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MEETING CONCLUDED AT 10:51 A.M.

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CERTIFICATE

I hereby certify that the foregoing proceedings, hearing held before Chair Johnson, was reported by me on September 27, 2022 and that I, Amber Garbinski, read this transcript and that I attest that this transcript is a true and accurate record of the proceeding.

Dated the 13 day of October, 2022

Amber Garbinski,

Court Reporter